

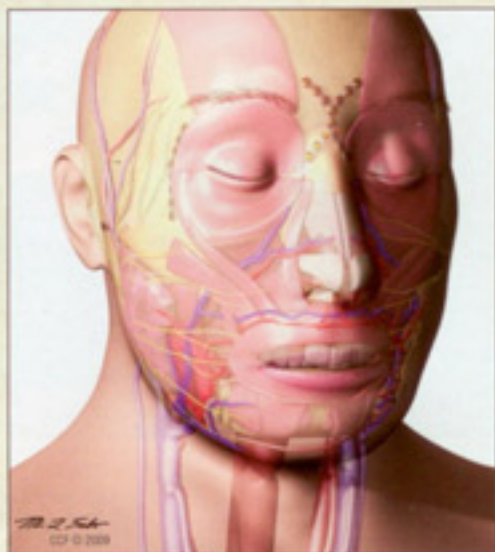
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Potential final outcome of the first human face and maxilla transplant. See page 369.

The Technical and Anatomical Aspects of the World's First Near-Total Human Face and Maxilla Transplant

D. S. Alam, MD, et al

Measurements of Orbital Volume Change Using Computed Tomography in Isolated Orbital Blowout Fractures

J. Kwon, MD, et al

Long-term Use and Follow-up of Irradiated Homologous Costal Cartilage Grafts in the Nose

R. W. H. Kridel, MD, et al

Defining the Facial Extent of the Platysma Muscle: A Review of 71 Consecutive Face-lifts

A. R. Shah, MD, and D. Rosenberg, MD

COMPLETE TABLE OF CONTENTS ON PAGE 363

OFFICIAL PUBLICATION FOR
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Cultivating a Global Aesthetic Consciousness

Culture is the process by which a person becomes all that they were created capable of being.
Thomas Carlyle—Scottish essayist and historian (1795-1881)

WE ARE IN THE midst of exciting times as the United States experiences growing diversity and changing social attitudes toward race, culture, and ethnicity. For the facial plastic surgery community, this can be a watershed moment when we openly celebrate the complexity of humanity with a renewed aesthetic consciousness.

The Eurocentric aesthetic platform is gradually expanding to allow for a more global interpretation of beauty. Consequently, the stigma surrounding facial plastic surgery has noticeably decreased over the past decade, ushering in a new demographic of facial plastic surgery patients. Evidence of this trend was provided in the 2006 American Academy of Facial Plastic and Reconstructive Surgery Member Survey, which identified people of color (Asians, African Americans, and Hispanics) as the fastest growing segment of cosmetic surgery patients.¹

A MODERN APPROACH TO FACIAL PLASTIC SURGERY

Just as Pablo Picasso found inspiration for modern forms of artistic expression outside of the classical European aesthetic canons (Picasso incorporated the ceremonial masks of the African Dogon tribe into his groundbreaking cubist work, *Les Femmes d'Alger (O. J. R. M.)* [1907-1909]²), we have a unique opportunity to adopt a "modern" approach to facial plastic surgery through redefining surgical logic to be more anatomically sophisticated and culturally sensitive.

The idea of a modern approach to facial plastic surgery has at its core the central precept of embracing individuality. For many surgeons,

achieving consistent results in patients outside of the white mainstream has proven to be unpredictable and challenging. In my opinion, technical expertise is not the most significant hurdle to overcome in achieving favorable aesthetic outcomes in patients of diverse cultural backgrounds. Techniques can indeed be taught. Cultivating a global aesthetic consciousness for beauty aligned with technical competency is a more nuanced endeavor for today's aesthetic surgeon. Surgical success ultimately relies on an ability to precisely identify anatomic variables and reconcile these anatomic realities with the patient's aesthetic expectations and their sense of ethnic identity. Among the most challenging aspects is the surgeon's ability to "culturally connect" with the patient and in turn establish a foundation for the creation of a shared aesthetic vision.

Society has placed a premium on our ability to connect with each other—by any means necessary, eg, through Internet blogs, Facebook, and Twitter. This desire to connect should translate to our relationship with prospective cosmetic surgery patients, particularly with those who have traditionally rejected facial cosmetic surgery, seeing it as a means of conforming to mainstream European ideals of beauty. The consultation is an opportunity for both surgeon and patient to share and learn from each other. The biggest complaint that I receive from patients of African descent who have visited other surgeons for consultation is a lack of confidence with the surgeon's ability to internalize their desired cosmetic goals with cultural sensitivity. Exploring ancestry and culture is an ideal means to set the stage whereby surgeons can learn from their prospective patients. This educational platform supports an atmosphere for the

"sharing of knowledge," whereby the surgeon and patient may co-create a shared aesthetic vision. Once the aesthetic vision is defined, it is up to the surgeon to formulate a plan in which the collective vision can be shaped into an anatomical reality.

THE CULTURAL CONNECTION—WHY EXPLORE ANCESTRY?

An appreciation for underlying heritage provides a link to "culturally connect" with prospective patients and serves as a tool for establishing realistic aesthetic goals. This cultural journey can be initiated by simply inquiring about ethnic heritage. Exploring ancestry with prospective patients gives the surgeon a unique pathway to establish meaningful dialogue. This cultural conversation can be the ultimate tool in surgical decision making; it may shed light on how much or how little change a patient desires and improve understanding of what anatomic variables a patient associates with ethnic identity, or it could simply position the physician in the patient's mind as someone who cares about their individuality.

The time is now to move beyond the overly simplistic use of the terms *ethnic* and *nonwhite* as descriptors directed primarily toward individuals of darker skin tones in facial plastic surgery. The genealogical reality is that we are all products of diverse, heterogeneous, "multiethnic" ancestry. As moderator for the "Ethnic Rhinoplasty" panel at our recent Advances in Rhinoplasty meeting, I posed the question, Is ethnicity relevant? In the current interpretation, ethnicity can at times be misleading and serve to limit perspective. For instance, how do you characterize the prospective rhinoplasty patient with a West African Sierra Leonean father and an East-



Figure. Sierra Leonean/Russian man whose facial morphologic features illustrate a mixture of underlying multiethnic heritage.

ern European Russian Jewish mother who now is a citizen of the United States (**Figure**)? We cannot simply say he is “black,” particularly when facial morphologic features represent a mixture of his underlying (African and European) ethnic heritage. We also cannot simply place him in the category of African American as he actively embraces his African, American, and Jewish cultural heritage. We have all too often restricted our definition of ethnicity to external features such as skin color and facial morphologic features without a deeper understanding of ancestry and culture. With racial admixture and cultural globalization, defining ethnicity is

fast becoming an elusive concept. I wonder, at some point in the near future, as the world becomes more intertwined with fusions of religion, race, and culture, will distinctions based on presumed ethnicity remain relevant. I would encourage the facial plastic surgery community to adopt a more proactive, enlightened interpretation of ethnicity through embracing culture and avoiding categorizations predicated by monolithic assumptions of race.

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