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A Genderfluid Approach to Aesthetic Language in Dermatology

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INTRODUCTION

Dermatologists are in a unique position to help transgender and non-binary individuals achieve an appearance that corresponds to their identity. Minimally invasive procedures for gender affirmation are relatively safe and customizable, providing an increasingly favorable treatment niche for these patients.[1–4] However, many physicians employ gendered language such as "masculine" or "feminine" to describe aesthetic features or traditional ideals of beauty that might not correspond to the way many transgender, nonbinary, and even cisgender patients see themselves or wish to be seen. Describing appearances as more 'feminine' or 'masculine' is a subjective generalization that can cause psychological upset or frank offense for a patient with a nonbinary gender identity or gender dysphoria.[5] We believe that this gendered language should be avoided or minimized in most clinical interactions with patients, in the media, and in marketing. We urge dermatologists to adopt gender-neutral aesthetic language that describes the individuals' specific goals and features rather than relying on historically gendered beauty ideals.

Dermatology's Status Quo

Dermatology has fallen behind many industries in recognizing human gender fluidity. Many fashion models and actors are scouted and celebrated for their unique and different aesthetic presentation. We routinely see fashion campaigns that blur gender lines and celebrate striking androgynous features as something to be desired (Figures 1, 2, and 3).

FIGURE 1. Dior campaign featuring cisgender male model Alexander Roth (1A) versus a makeup-free clinical image (1B).

(1A) (1B)

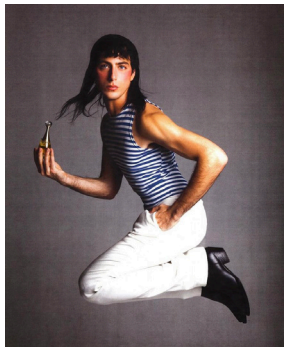
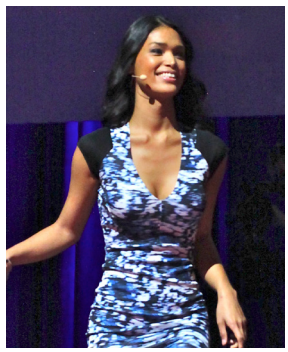


FIGURE 2. Internationally celebrated model, advocate, and intersex person, Hanne Gaby Odiele.[6]

FIGURE 3. Transgender model and advocate Geena Rocero.[7]



Dermatologists, as increasingly important healthcare providers to transgender and gender nonbinary individuals, are in a position to modernize the way physicians conceive of gender and to improve the experience of gender-diverse patients.[2] There is ample evidence that minimally invasive aesthetic procedures can improve the psychological well-being of cisgender patients.[8,9] Limited data from a recent pilot study demonstrates that transgender individuals also gain quality of life improvement following aesthetic injectable enhancements, even if the cosmetic change is subtle and the patient's perceived gender is unchanged.[10] People routinely report that small and subtle enhancements, often termed "tweaks" or "tweakments" have a profound impact on their mood, confidence, and general outlook.[11] Unlike surgical interventions, outpatient treatments such as lasers, tightening modalities, injectable fillers, threads, and neurotoxins do not require pretreatment psychological

TABLE 1.

Expanded from *MacGregor and Chang*[2] and *de Bouille et al*[1]		
	Terms for historically "masculine" features	Terms for historically "feminine" features
Upper face	Higher hairline +/- bitemporal recession	Lower hairline, shorter forehead
	Wider, more angular forehead	Smooth, convex forehead
	Flat, horizontal, or lower-set brow	Arched, tapered brows
	Prominent supraorbital ridges	Softer orbital rim
	More heavily lidded eyes or almond shaped	Wideset, open eyes or rounder shape
Mid face	Flatter midface and/or angular cheekbones	Convex, projected cheek contour
Lower face	Wider, more square lower face or more prominent jawline/mandible	Heart-shaped, more tapered, or narrow lower face
	Wider, squarer chin	Smaller, narrow, or elongated chin
	Beard hair, coarser skin texture	No hair, softer/smoother skin texture
Nose	Wider or longer nasal root or nasal dorsum (bridge)	Less prominent, narrower, or more delicate nose
	Acute nasolabial angle and straight or lower nasal tip	Obtuse nasolabial angle with more upturned nasal tip
Mouth	Wider mouth with thinner lips	Fuller lips or more prominent lip contour

assessments. These treatments are also often temporary and carry minimal risk compared to surgery. Patients can "wear" a subtle change and adjust to their chosen appearance, then add/subtract or modify.[2,12]

When studying therapeutic guides to facial proportions and beauty, dermatologists may apply the rule of "horizontal thirds" or "vertical fifths"; however, considerate clinicians avoid this terminology with patients or in the lay public when describing individuals or their features because most people do not fit these measured proportions.[13] Expert aesthetic physicians implicitly understand that preserving an individual's character is paramount and that historical generalizations should only be used to guide therapy as a reference when it suits the patient's aesthetic goals.

Many ingrained terms in dermatology accept traditional assumptions that ignore the many human variations that make us unique. Historical terms like "masculine", "feminine", or "skin of color", split humans into discrete groups that exist more in imagination than in reality. People have more complex identities than these simplistic groupings suggest, and individuals might be offended when these terms are misapplied to them. The beauty industry, for one, is reckoning with its history of anti-blackness and colorism.[14,15] Rihanna's Fenty Beauty 40-shade foundation range set a new benchmark for recognizing the nuanced shades, different ethnicities, and varying skincare concerns while describing skin shades specifically as fair, light, medium, tan, and deep, along with variations in undertones.[16,17] Medicine also faces a reckoning with ingrained and archaic terminology that must be reconsidered. We cannot and should not lump individuals into bucket groups that marginalize and disregard those of mixed cultural or racial identities, transgender or nonbinary gender identities, or gender expressions that do not fit neatly into prescribed binary categories. The use of such general terms should be reconsidered in favor of more specific and accurate word choices.

Adopting a Genderless Approach to Aesthetic Language in Dermatology

While various transgender individuals identify with the historic binary genders, others may instead express themselves on the spectrum between, seeking to look neither traditionally feminine nor masculine but preferring their own, self-identified gender.[1] Cisgender and nonbinary individuals also find themselves with varying and mixed preferences. Accordingly, dermatologists should adopt specific aesthetic language to describe facial and body features instead of generalizations. If generalizations are used to guide therapy, they should be qualified in a historical sense. For example, "A more convex, projected cheek and tapered jawline could be considered traditionally feminine." Even better would be accurate physical descriptions of features that do not reference gender, ethnicity, or culture at all. For example, "Do you prefer (or feel more comfortable with) a convex, projected cheek and tapered jawline or a wider, more angled mandible?" Providing the patient with points of contrast for each feature can help the physician align more precisely with the patient's goals.

In dermatology, we should be as exacting in differentiating an angular jawline from a softer, tapered jawline as we are in differentiating a patch from a plaque. Neutral, specific, and descriptive language enables dermatologists to provide better and more consistent care to all patients. We propose the terminology in Table 1 as a starting point for primary descriptors in aesthetic encounters.

Practical Implementations

Intake

Sensitive, thoughtful, and excellent medical care for all patients

begins with patient intake forms, greeting, and kind words throughout the visit.

a) Physicians and staff should always refer to a person according to their indicated gender identity and pronouns. Using the wrong pronoun can cause undue stress and negatively impact care. When unsure, ask the patient their preference.
b) Staff should be in the habit of practicing gender neutral pronouns as well (they/them) so that they feel comfortable using this language. They should ask for these directly when introducing themselves if it is not written. For example: "Hello, I'm ____ and I use the pronouns he/him. I noticed you did not indicate a pronoun preference on your intake form. What name and pronouns do you use?"
c) All patients should be informed that official identification will be kept private and secure. Any photographs taken should also be prefaced with the reassurance that they are private, secure, and part of the record to monitor progress. It is not required that patients view their own photographs if they do not wish to do so.
d) Physicians should keep in mind that the gender indicated on official identification cards such as a driver's license may not match a person's gender identity.[18–20]

Electronic Medical Record (EMR)

Many standard EMRs do not contain basic gender-related fields.[20] Any standard EMR should include three easily added pieces of information:

a) Sex assigned at birth (male, female, intersex)
b) Gender identity (male, female, genderfluid, nonbinary, or other with option to input)
c) Preferred pronouns (he/him, she/her, they/them, or other with option to input)

These three pieces of information (along with a complete medication list and medical/surgical history), equips the dermatologist with everything needed to give excellent care to all patients.

Approach to the Patient's Aesthetic Treatments (Figure 4)

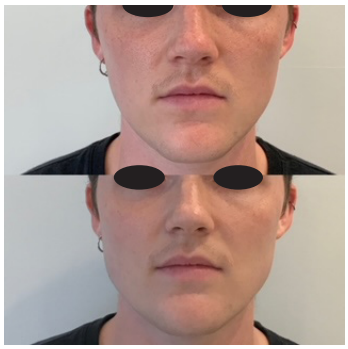
a) When seeking feedback about a desired or proposed aesthetic change or enhancement, the focus should be on how the person *feels*. Do they feel comfortable with a more prominent cheek contour or a fuller lip contour?
b) When discussing aesthetic goals of treatment, we might ask:
   i. "What do you see?"
   ii. "Do you prefer a more arched or flatter eyebrow?"
   iii. "Do you like the look of a more prominent, angular jawline or a more tapered and narrower jawline and heart-shaped face?"
c) After treatment, seek feedback.
   i. How do you feel about your results? (Intentionally vague)
   ii. Do you wish____ (…your lips could be fuller, your jawline could be slimmer, etc.)

When Masculine and Feminine Might Matter

Ultimately, some patients may prefer using gendered terms like "masculine" and "feminine" when describing their goals for aesthetic treatments. Individuals' desired appearance may align with traditional gender binaries, and they may express feminizing or masculinizing goals.[10] Physicians should respect and welcome this while continuing to use specific, descriptive language themselves. After all, dermatology is the art of describing things accurately. If a patient is unclear what a technical description means, the dermatologist may explain it using plain language in different ways and, if appropriate, by referencing historically masculine or feminine examples. Physicians should let the patient lead when using gendered language and not introduce such terminology unless first used by the patient.

FIGURE 4. This transgender woman expressed interest in smoothing her forehead and lifting her eyebrows. She was open to softening the mandibular angle if her natural, stronger jawline was preserved. She also wished for fuller, more symmetrical lips. Three weeks after her first treatment with neurotoxin to the upper face (Dysport, Galderma) and partial masseter reduction (Botox Cosmetic, Allergan), injectable filler was used in her lips (Juvederm Ultra, Allergan) and to enhance her temples while softening transitions in her lower cheeks, chin, and perioral area (Restylane and Restylane Lyft, Galderma). At follow-up, she was thrilled with her lip volume but wished for another half syringe in a second stage to further enhance and improve symmetry (not pictured).

FIGURE 4B. This transgender man underwent jaw widening with 3.0mL of Radiesse.



Another essential linguistic consideration is the need for masculinization and feminization descriptors to seek insurance coverage for procedures that alleviate gender dysphoria.[21] Since the inclusion of gender dysphoria in the DSM-5, there is hope that more medical, surgical, and minimally invasive procedures will be covered by insurance as medically necessary interventions for transgender and genderfluid patients who seek them.[22,23] In these cases, the physician should explain the usage of this historically gendered language as needed to their patients.

Going Forward

Transgender and nonbinary individuals are a vulnerable population that still face many challenges, including misgendering and judgements in social and medical contexts.[24] Making an appointment to see a physician for gender confirming care or aesthetics in general can itself be a prohibitively difficult and limiting step.[18] We invite and encourage all dermatologists to adopt inclusive and friendly information, language, and symbols on their websites and in marketing materials to give much-needed reassurance to prospective and existing patients. When a patient does present to a dermatologist seeking gender-affirming care, a genderfluid approach supersedes paternalistic and historical preconceptions of gendered beauty ideals and makes way for an inclusive, practical, and empowering physician-patient relationship. By adopting these up-to-date standards, dermatologists will lead the way to better physician-patient interactions across all specialties.

DISCLOSURES

Dr. Marc Beuttler and Dr. Jennifer MacGregor have no conflicts of interest to disclose.

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