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Understanding and treating different patient archetypes in aesthetic medicine

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Abstract

Background: Factors that motivate the treatment goals and expectations of the aesthetic patient reflect evolving social, cultural, and commercial influences. The aesthetic practitioner may often be faced with the challenge of first decoding the underlying motives that drive the patient to pursue their specific goals. The challenge for clinicians is further compounded by an increase in patient diversity with respect to race, ethnicity, age, and gender.

Aims: Simplify the path to patient interpretation with identification of primary patient archetypes.

Methods: The "Going Beyond Beauty" (GBB) initiative, consisting of 27 market research projects, was conducted to survey the primary goals and motives for seeking treatment aesthetic treatment. The results were stratified into predominant patient archetypes using segmentation analysis and then validated through online surveys, 1-to-1 interviews, and focus groups conducted with patients. An advisory board of internationally based aesthetic clinicians integrated the data with their own insights to further characterize each archetype.

Results: Data from over 54 000 participants in 17 different countries were distilled into four distinct patient archetypes based on motivating factors, aesthetic goals, initial treatment requests, and treatment opportunities and challenges. These archetypes were named *Beautification*, *Positive Aging*, *Transformation*, and *Correction*.

Conclusion: The clinician's ability to recognize these four primary archetypes may provide a useful frame of reference to understand patient motives better, anticipate and manage their expectations, and provide the appropriate treatment guidance that best serves the long-term goals of their patients.

KEYWORDS

facial aesthetic patient management, facial aesthetic patient motives, individualizing aesthetic treatment outcomes

1 | INTRODUCTION

The practice of aesthetic medicine is a combination of interpreting patient goals and skillfully tailoring a treatment approach to provide an optimal aesthetic outcome, and in the process, foster a trusting clinician-patient relationship. In designing the best treatment approach, the aesthetic practitioner may often be faced with the challenge of decoding the underlying motives that drive the patient to pursue their specific goals. While one patient may be very receptive and embrace a proposed treatment approach, another patient with a completely different mindset may reject the same suggestion and withdraw altogether. This challenge is compounded by the fact that clinicians are increasingly encountering greater patient diversity with respect to race, ethnicity, age, and gender as societal comfort with the pursuit of aesthetic treatment grows. Workshops and training sessions are widely available to hone the clinician's technical competence, but there is nothing that directly facilitates the maintenance and practice of patient understanding. Clinicians need a strategy to help them streamline the challenge of patient interpretation, which ideally highlights why there is no one treatment approach that will serve the needs of all.

One way to simplify the path to patient interpretation is to identify patients by their primary type or archetype. The Oxford online dictionary defines archetype as "a very typical example of a certain person or thing; an original which has been imitated, a prototype."[1] By using commonly observed goals and motivating factors to identify patients by archetype, clinicians may have a better frame of reference to understand the patient more holistically and select those treatment approaches that will best suit their needs. Although this strategy is not absolute, as patients may fit into more than one archetype or evolve from one archetype to another, these characterizations may aid the clinician's initial ability to understand the goals and motives of individual patients in an increasingly diversifying population. Once a patient's archetype has been identified, the clinician may choose to modify their consultation approach, including the language used, the tone, the pace, and the type of initial treatment suggestion, to reassure the patient that their motivation is understood.

To characterize the aesthetic patient archetypes, a global consumer research study was conducted, which explored the motivations and barriers associated with pursuing aesthetic treatment. The "Going Beyond Beauty" (GBB) initiative was conducted by Allergan from 2014 to 2017 and consisted of 27 market research projects that captured the insights of over 54 000 participants in 17 different countries. The primary goals and motives for seeking treatment were stratified into "types" using segmentation analysis, which was then validated through qualitative methods, including online surveys, 1-1 interviews, and focus groups conducted with patients. Through these analyses, four distinct patient archetypes were identified, namely the *Beautification*, *Positive Aging*, *Transformation*, and *Correction* archetype.[2]

This overview aims to enhance the clinician's ability to recognize these four primary archetypes of the aesthetic patient by integrating the results of the GBB initiative with the peer-to-peer insight from an advisory board of internationally based aesthetic clinicians. The common motivating factors, goals, and initial treatment requests, as well as treatment opportunities and challenges, were distilled into a profile of each patient archetype. The authors hope to provide aesthetic clinicians with a means to better identify individual patient needs among a diversifying patient population and a key to cultivating a trusting clinician-patient relationship.

2 | THE FOUR PATIENT ARCHETYPES

2.1 | Beautification archetype

The Beautification archetype is characterized by the patient who is innately focused on aesthetics, well-groomed, on-trend with beauty and fashion accessories, and actively pursues maximizing their attractiveness potential. Highly influenced by trends, fashion, social media, and the treatment outcomes of their peer groups, this archetype tends to align their aesthetic goals with a glamorous "look" (eg, celebrity persona).[3-5] Common requests of this archetype include "I want to look more attractive" and "I want to look like a certain celebrity," or they want specific features similar to that of a particular

FIGURE 1 The Beautification archetype. Pretreatment (A, C) and post-treatment (B, D). The treatment approach designed for the patient involved primary management of her lower temple and lateral suborbicularis oculi fat (SOOF) using VYC[a]-17.5L[b] and deep malar fat pad using VYC-20L to increase the maxillary projection and support the orbital retaining ligament. Secondary stage involved direct management to inferior orbital rim (lateral and central) using VYC-15L onto periosteum. Patient photographs provided by Jonquille Chantrey. [a]VYC, Vycross; [b]L, Lidocaine

celebrity. Treatment goals usually include enhancement of individual features such as fuller lips, slimmer nose, more defined cheek and jawline, and glowing skin. Figure 1 provides a treatment example of a Beautification patient.

2.1.1 | Treatment opportunities and challenges

The Beautification archetype is usually open to a range of different treatments; however, they may not be loyal to a single practice as they may be inclined to shop around and be price-conscious. Their motivation may stem from wanting to look good on social media websites or in "selfies"—even if, in the clinician's opinion, their requests might reduce their overall aesthetics. Some may seek exaggerated results that do not match the clinician's aesthetic ideals or feel they are well-informed but lack insight into their own realistic outcomes. By maintaining focus on 1 or 2 aspects of a certain look, they may not consider the overall harmony of their facial features post-treatment. Some may not be concerned that results are incongruent with their racial/ethnic identity, or how the treatment of 1-2 areas may impact the potential for long-term treatment planning. Notably, a subset of patients may already be very attractive; models or actresses who have a strong sense of ownership of their beauty and pose a technical challenge for some clinicians; this may lead to conflict during the consultation and result in the patient feeling misunderstood.

2.1.2 | Treatment considerations

Because this archetype tends to be highly influenced by fashion, social media, and high beauty expectations, the clinician needs to understand the trends that influence this archetype and be able to speak their language at their level. Authors agree that primary treatment goals focused on enhancing volume, defining and projecting features, and enhancing skin quality. Racial influences played an important role; while lips and reshaping the cheeks were high priorities for Western patients, Asian patients tend to focus on facial slimming, nose, cheek, and chin definition. Within this archetype, there is a big difference between the 18-20-year-old and 25-year-old patients, as the younger patients (<25 years) may require a more attentive assessment of needs because emotional development and the confidence that comes with it may not yet be complete.[6] In addition, there is a greater potential to encounter patients with body dysmorphic disorder (BDD) in this archetype.[7] A comprehensive consultation and cooling-off period between consult and treatment can help clarify goals and identify any red flags.

2.2 | Transformation archetype

The Transformation archetype is characterized by the patient who wants to improve their social status or competitive edge in the workplace by achieving a specific beauty ideal. In some cases, this may reflect cultural pressure imposed by a culturally defined beauty ideal. This element of treatment motivation differentiates the Transformation archetype from the Beautification archetype. Most are driven to achieve a specific societal or gender ideal with a basis in their specific social culture.[8-10] Some of the trends in Korean cosmetic surgery exemplify this archetype. The Korean terms "kyoˇrhon soˇn-ghyoˇng" (marriage cosmetic surgery) or "chig'oˇpsoˇnghyoˇng" (employment cosmetic surgery) are widely accepted concepts that refer to pursuit of the "right face" to elevate your chances of success with a specific goal or aspiration.[11,12] While the Asian cultures are known for their pursuit of certain aesthetic cultural ideals, these are also shared by South American and Middle Eastern cultures. This archetype is not race-specific but rather based on social culture. Common requests of this archetype include "I want to look beautiful" and "I want to look the best I can possibly look and feel confident because of it." Most of these patients already use contouring makeup and other facial enhancing accessories (eg, tinted contact lenses, eyelash extension) to transform themselves. The Transformation treatment approach tends to reflect 3-dimensional shaping procedures by way of optimizing facial width, structural definition, and projection. Common procedures include reshaping the jaw to create a more V-shaped chin, masseter reduction, enhancing the profile of the bridge of

FIGURE 2 The Transformation archetype. Pretreatment (A, C) and post-treatment (B, D). The treatment approached designed for the patient involved reducing the submental fullness with two sessions of deoxycholic acid injections, projection of the medial cheek and dorsum of the nose using VYC[a]-20L[b], elongation, and projection of the chin and nasal tip with VYC-20L, lip enhancement with HYC[c]-24L, and correction of tear trough depressions with VYC-15L. Patient photographs provided by Steven Liew. [a]VYC, Vycross; [b]L, Lidocaine; [c]HYC, Hylacross

the nose and chin, and treatments that accentuate and enlarge the appearance of the eyes. Figure 2 provides a treatment example of a Transformation patient.

2.2.1 | Treatment opportunities and challenges

The Transformation archetype is usually realistic in their expectations, with a high potential for patient satisfaction. This archetype may also be potentially easier to treat because they have clear objectives, are open to education, and tend to accept the clinician's professional opinion to achieve their goals. Once they take time to consider suggestions, they follow through with treatments. They are committed to follow-up and maintenance plans to sustain the transformative effect and tend to show interest in pursuing additional treatments (eg, face and body). Correspondingly, these patients are usually loyal and are good social media advocates for their clinicians. Because of the structural changes sometimes required to achieve goals, treatment of the Transformation archetype may be more technically challenging. As with the Beautification archetype, a subset of this archetype may have a very high expectation of perfection or display signs of BDD.

2.2.2 | Treatment considerations

Because this archetype is focused on transformation, the most suitable treatments will be those that contribute to shaping, projecting, and defining facial structures (eg, cheek, chin, facial width, jawline, and nose). By starting with the most transformative procedure first, trust can be cultivated early. And where structural changes are involved, the use of 3-D modeling, photography, or volumetric analysis can engage the patient and be an extremely useful aid. For Transformation patients who are resistant to surgery, expectation management is necessary when the goal is to achieve structural changes in a short period of time. Reiterating questions such as "what would be an acceptable recovery time for you?" and "how long can you wait to achieve results?" may be necessary.

2.3 | Correction archetype

The Correction archetype is characterized by the patient who is motivated by a feature they perceive as having a negative impact on their life. They can be continually bothered by which may or may not be noticeable to others. The particular feature or flaw can create ongoing embarrassment and may even contribute to withdrawing socially and loneliness. There is less focus on a specific aesthetic ideal and more of a desire to rebalance or re-proportion features to simply feel more comfortable in their own skin. The range of bothersome features varies widely and can be congenital or acquired (eg, post-trauma, postsurgery, or postmedical illness). This archetype may display a dependence on coping mechanisms such as hats, long hair, and scarves. There is a pervasive self-consciousness in social situations—constantly thinking about how they look. A subset of these patients has been teased or bullied as children because of a specific issue, which has had a lasting impact on self-esteem.[13]

Common requests of this archetype include "I want to get rid of my scars," "I want my features to be more balanced," and "I want to look more normal." These patients are motivated by the emotional burden of the defect, by low self-esteem, and the perceived impact on their social relationships. Common goals include enhancing symmetry and balance, reconstructing abnormalities, with initial requests such as corrective procedures for various scars including acne scars, prominent ears, microgenia, deep tear troughs/dark under-eye circles, submental fat, gummy smile, residual facial asymmetry after cleft lip surgery, and congenital facial deformities affecting the profile of the nose and chin. Figure 3 provides a treatment example of a Correction patient.

2.3.1 | Treatment opportunities and challenges

The Correction archetype is usually very focused and specific with a treatment request. Though they are focused on finding the best solution for their issue, they are also open to additional treatments that may enhance treatment results. This archetype is extremely loyal and grateful once they sense the clinician's empathy for their concerns. This archetype can be very satisfying to treat because

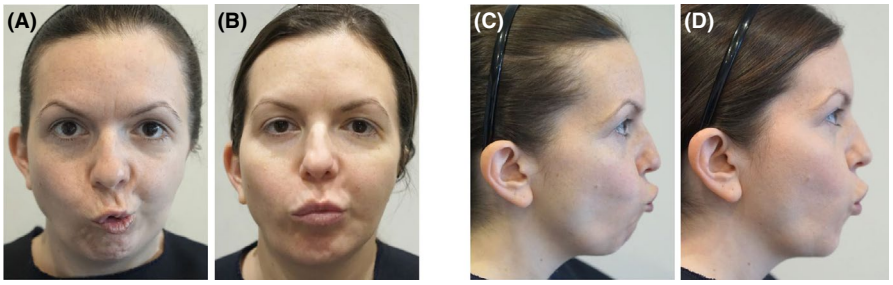

FIGURE 3 The Correction archetype. Pretreatment (A, C) and post-treatment (B, D). A detailed assessment of the patient in animation was necessary to address the expressive asymmetry due to congenital hemifacial microsomia. A complex treatment approach was required, which included VYC[a]-20L[b] to the right zygomatic arch and chin menton, VYC-17.5L to the left piriform fossa, VYC-15L to orbicularis oris, and HYC[c]-24L to the vermillion border. Patient photographs provided by Jonquille Chantrey. [a]VYC, Vycross; [b]L, Lidocaine; [c]HYC, Hylacross

treatment results have the potential to alleviate the significant emotional burden associated with a long-standing problem.

In some cases, the patient's motivation will change following their initial correction. They may become receptive to pursuing other treatments, and their motivations start to become more aligned with a different archetype. But in most cases, when a specific issue is permanently resolved, the motivation for this patient archetype to pursue ongoing or additional treatment is gone, and the patient will likely not return (particularly men).

2.3.2 | Treatment considerations

Because these patients may already be coping with long-term low self-esteem, they tend to exhibit less confidence in the potential success of their treatment and are concerned about the need for further treatment. Furthermore, they tend to be more concerned about treatment recovery (eg, pain, time away from work/school, potential complications), as well as more worried about what people will think about their pursuit of treatment. Ideally, once the initial correction is made, additional treatments can be offered to further lessen the impact of the defect and foster comfort with different treatment modalities.

2.4 | Positive aging archetype

The Positive Aging archetype is characterized by the patient who is motivated to minimize the signs of facial aging. These patients want to beautify subtly without changing "who" they are. They want to look like a better version of themselves and take steps to prevent further signs of aging. These patients tend to want natural, subtle results, whether they are short-term goals (eg, a wedding or reunion) or part of a long-term treatment plan. Often, new patients are hesitant about treatment because of their fear of looking unnatural and initiating pursuit of treatment can be a significant barrier to overcome.[14,15] Common requests of this archetype include the following: "I look tired," "I look sad," "I want to look the way I feel," and "I want to look good for my age." This archetype is often motivated by a primary desire to age gracefully and eliminate the negative emotional expressions (eg, sad, tired, angry) that can result from facial aging. Correspondingly, the goals of these patients tend to be aligned with gradual, subtle treatments with initial requests that may include improving skin quality, treatment of upper facial lines (forehead, glabellar, and crow's feet lines), addressing sagging skin, jowls, and marionette lines.

Figure 4 provides a treatment example of a Positive Aging patient.

2.4.1 | Treatment opportunities and challenges

Because this archetype has a concern with treatment results that may be perceived as looking unnatural, they require that trust is nurtured, particularly when advocating the use of dermal fillers. The first step toward treatment can be very tentative for these patients, and many are "considerers" for years before making their first appointment. However, once trust is developed, these patients are loyal to their practitioner and become more open to a range of treatments. This archetype is more receptive to the clinician's aesthetic ideals and explanations regarding treatment that will provide results that are natural and congruent with the patient's existing features.

2.4.2 | Treatment considerations

For this archetype, subtle, gradual results achieved with minimally invasive techniques are key to cultivating a long-term trusting relationship and helping them feel more comfortable with the possibility of repeat treatments. Educating patients with models or teaching aids that demonstrate the physical effects of aging will enable them to explore treatment options from a well-informed viewpoint and help them consider treatment as a regimen in a life-long holistic approach. Judicious use of (and conservative doses of) neuromodulators and a focus on treatments for skin quality improvement are generally recommended as a starting point before moving on to fillers and other treatments.

3 | APPROACHES TO CROSS-CONSULTATION: TIPS, BEST PRACTICES, AND CHALLENGES

Suggesting additional or different treatment objectives during patient consultation requires finesse. Although it may be clear to the clinician how additional treatments, beyond the current focus, could further enhance patient satisfaction, there is a risk of offending or overwhelming the patient. For some patients, it may stir feelings of insecurity when the focus of their treatment consultation (eg, upper facial lines) turns to something which they had not previously considered a problem (eg, submental fat reduction). Soft skills and a good patient/clinician relationship are key to maintaining patient trust and not damaging self-esteem. With the ability to recognize patient archetypes, clinicians can adjust their consultation approach to fit into each patient's motivation and expectation.

By practicing a few key strategies to transition between treatment areas and anticipating potential challenges, the clinician may feel better prepared to open the discussion. Strategies can include the use of brochures, videos, and dialogue with well-trained staff who can help raise awareness of the potential benefit that specific treatments can offer—even before the patient speaks to the physician. In addition, a preconsultation treatment questionnaire can help identify the patient's areas of concern. Consultations should be interactive, collaborative, and educational to engage the patient fully. Furthermore, the use of the patient's facial photograph in consultation may facilitate the transition between related areas of the face and help the patient

FIGURE 4 The Positive Aging archetype. Pretreatment (A, C) and post-treatment (B, D). The treatment approached involved a staged procedure in which stage 1 consisted of volumizing the midface with VYC[a]-20L[b] to the upper cheek and submalar region, stage 2 consisted of volumizing the preauricular region with VYC-17.5L, and stage 3 consisted of treatment of the perioral region, the prejowl, and the lips with a combination of HYC[c]-24L and VYC-17.5L. Patient photographs provided by Steven Liew. [a]VYC, Vycross; [b]L, Lidocaine; [c]HYC, Hylacross

view his/her features from a new angle. Ultimately, once initial treatment satisfaction is achieved, and the clinician-patient has been established, the discussion of related treatment areas can be approached in follow-up visits.

4 | CONCLUSIONS

In varying degrees, improvement of facial aesthetics is all about self-empowerment, and most patients pursue treatment with the anticipation that it will improve their self-confidence and psychosocial well-being.[16,17] And while the desire to improve physical appearance is nothing new, some of the factors that motivate patients and shape treatment expectations have changed to reflect changing cultural and environmental influences. Undoubtedly, there will always be a desire to amplify beauty and minimize the signs of aging. However, the desire to improve academic, social, and economic status through improved facial aesthetics is becoming a growing impetus for treatment.[8,9]

Not surprisingly, aesthetic consumer trends are also strongly influenced by commercial and social media content. The constant flow of visual stimuli through television, movies, and social media ultimately intensifies the focus of everyday aesthetics.[18-21] Paired with the plethora of information the Internet has to offer, the average patient is now a self-educated consumer who is eager to participate in treatment, but who may also have heightened and sometimes misaligned expectations.[22]

The primary patient archetypes are shaped by their patterns in treatment goals, motives, and sometimes demographics. Just as there is no single product or treatment approach that will meet the needs of all, it is possible that not every patient will be defined by a single archetype. However, elements of a prevailing archetype will likely emerge with closer evaluation and may even transition with the patient's journey. Beautification patients are considered well-researched and knowledgeable, open to different treatments, and highly influenced by fashion and social media (especially younger patients). Transformation patients are motivated by success in their careers and personal relationships. Correction patients are motivated by specific, long-standing abnormalities. They are less concerned with an aesthetic ideal and want to rebalance or re-proportion their features. Positive Aging patients want natural, subtle results —gaining their trust is a key priority, as they may have been considering treatment for many years but may have put off by the extreme look of some Beautification patients.

The utility of the patient archetype may better equip clinicians not only to understand patient motives but also anticipate and manage expectations, so they can guide patients toward treatments that best serve their long-term goals. Ultimately, a greater multidimensional understanding of the patient has the potential to enhance both clinician-patient communication and treatment approach and provides a more holistic form of patient care.

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INFORMED CONSENT

All patients have consented to the use of their photographs.

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