BETWEEN ENHANCEMENT AND EXCESS: LOOKSMAXXING IN THE CONSULTATION ROOM

As looksmaxxing moves from online subculture to mainstream aesthetic medicine, practitioners are encountering a new generation of male patients influenced by algorithm-driven ideals. Anna Dobbie examines the clinical and ethical challenges of balancing self-improvement with unrealistic expectations

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THE RISE OF 'LOOKSMAXXING' HAS introduced a new type of male patient to aesthetic medicine: younger, highly informed, deeply influenced by social media, and often arriving with a remarkably specific vision of how masculinity should look.

Once confined to niche internet forums, looksmaxxing has moved firmly into the mainstream. The term broadly describes the pursuit of maximising physical attractiveness through interventions ranging from skincare, grooming, and fitness to injectables and surgery. While many aspects of the trend overlap with traditional self-improvement, its online evolution has produced a highly codified aesthetic ideal centred on sharp jawlines, hollowed cheeks, straight noses, prominent brows, and deeply set eyes.

For aesthetic practitioners, the phenomenon grants both an opportunity and a challenge. Male patients are becoming increasingly engaged with aesthetic medicine and are more willing to invest in their appearance. At the same time, clinicians are reporting growing numbers of younger men seeking treatments shaped less by individual anatomy and more by algorithmically reinforced beauty standards.

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> ***Riccardo Frati, MD***

The central question is how practitioners should respond when demand for aesthetic procedures is driven by ideals that may be unrealistic, unhealthy or fundamentally at odds with a patient's natural features.

Plastic surgeon Dr Riccardo Frati believes the trend shows wider psychological pressures affecting young men: 'The rise of looksmaxxing points to a deeper crisis of self-esteem and body dysmorphia among young male patients. For many, as traditional markers of success feel further out of reach, the body becomes the only domain where a young person feels they can exert absolute control.'

The rise of the algorithmic male face

Male aesthetics is no longer a niche market. Over the past decade, treatments once mainly associated with female patients have become increasingly accepted among men, particularly younger groups. Social media has dramatically accelerated that shift.

Platforms like TikTok and Instagram reward visual extremes. Dramatic before-and-after transformations, exaggerated facial structures, and highly curated appearances drive engagement. At the same time, filters, editing tools, and AI-enhanced imagery simultaneously blur the distinction between achievable outcomes and digital fantasy.

All the practitioners interviewed for this article identified social media as a major driver of changes in male aesthetic expectations. While previous generations may have compared themselves to occasional celebrity images in magazines or films, young men today are exposed to a constant stream of artificially optimised faces and physiques.

Dr Edel Woods believes algorithms are promoting a particularly narrow version of masculinity: 'Algorithms tend to favour defined angles, extreme proportions and uniformity of features which can of course cloud individual perceptions of beauty and masculinity.'

This growing emphasis on facial optimisation reflects broader cultural changes. Though discussions around skincare, grooming, and cosmetic treatments become increasingly normalised among men, appearance is playing a more prominent role in shaping identity. However, the pursuit of self-improvement can become problematic when enhancement gives way to homogenisation.

The influence of internet culture is clearly visible in the language patients now bring into consultations, with concepts once confined to anonymous online forums now entering mainstream aesthetic discussions.

Oculoplastic surgeon Prof Daniel Ezra stresses the rising interest in hypermasculine eyebrows and narrowing of the eye aperture, called 'Hunter eyes' within looksmaxxing communities: 'The popularity demonstrates how online aesthetics have moved beyond general appearance concerns into highly specific anatomical ideals.'

Features that were once rarely discussed outside specialist circles are now routinely analysed in social media videos, web forums, and influencer content. Patients are increasingly arriving not simply with a desire to look better, but with highly specific visual targets formed by digital subcultures.

Kam Dogan of The PRP Lab believes social media has amplified unrealistic aesthetic expectations among younger male demographics. 'Unfortunately, social media plays a very negative role in looksmaxxing,' he adds. 'Unnatural-looking facial aesthetics, hairlines that scream hair transplant from miles away – all fuelled by social ▷

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media and the algorithms that only make it worse.'

The consequences go beyond aesthetic medicine itself. Dr Frati warns that trend-driven attempts to achieve idealised physiques can encourage harmful behaviours, including extreme dieting and the use of unregulated substances such as peptides and anabolic steroids: 'There is a psychological burden associated with constant monitoring and comparison of appearance.'

What male patients are actually requesting

Practitioners say most requests from younger male patients remain relatively conventional, with a focus on skin quality, hair restoration, and subtle facial refinement rather than dramatic transformation.

Dr Woods reports growing demand for treatments aimed at improving skin health, plus reducing visible signs of ageing. 'We are seeing a clear rise in young male patients presenting with a desire to look healthier, fresher, and more youthful, rather than dramatically different,' she adds. 'There is an element of wanting to optimise masculinity, but this is typically subtle and grounded in proportion rather than exaggeration.'

However, alongside these more conservative requests, practitioners are increasingly encountering patients seeking highly specific hypermasculine features that have been popularised online.

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Jawline enhancement remains one of the most common examples. Dogan says some patients arrive seeking heavily sculpted lower faces inspired by celebrity aesthetics: 'Jaw and chin fillers to give the "Brad Pitt" look – very chiselled and the "plastic fantastic" look, as I say. We are talking about 12–15ml in one go, a definite no for me.'

Plastic surgeon Dr Paul Tulley says other common requests include rhinoplasty, chin implants, high-definition liposuction, toxin, and filler for facial contouring, with a focus on the jawline and chin.

Collectively, these requests reflect the emergence of a standardised masculine ideal: strong facial structure, low body fat, visible musculature and minimal signs of ageing. The concern for many practitioners is not the treatments themselves but the increasingly uniform vision of attractiveness driving the demand.

The consultation challenge

Perhaps the most considerable impact of looksmaxxing is not procedural but psychological, with many practitioners describing spending more time discussing motivation, expectations, and self-perception than treatment plans. Younger male patients frequently arrive having conducted extensive online research, armed with terminology, trend references and highly specific goals.

In some cases, this knowledge can be beneficial. In others, it may reflect unrealistic expectations formed by heavily edited imagery and online comparison. Common warning signs include celebrity reference photos, fixation on minor asymmetries, requests for trend-driven procedures, and resistance to professional advice.

For Dr Woods, the language patients use often reveals more than the treatment they request: 'A key marker is when the requested outcome does not match the patient's underlying anatomy or would require disproportionate intervention to achieve.'

Similarly, Dr Tulley notes that some patients become preoccupied with clinically insignificant imperfections.

'Often they are analysing very slight differences between the two sides of the face, minor asymmetries or tiny imperfections,' he adds. 'The reality is that nobody is perfectly symmetrical or proportionate.'

Increasingly, consultation skills have become as important as technical expertise. Practitioners must not only assess anatomy but also determine whether a patient's goals are grounded in reality.

The ethics of saying no

The growth of looksmaxxing culture raises a wider ethical question for aesthetic medicine: Where does patient autonomy end and practitioner responsibility begin?

The commercial pressures of the sector make this particularly challenging. Dramatic transformations often perform well online, generating visibility and attracting new patients, but refusal remains an essential part of ethical practice.

For Mr Dogan, the decision is clear when patient expectations conflict with safety or natural outcomes: 'Safety first: if the expectation is not only unrealistic, but unsafe to carry out, we simply say no and do not go ahead with any treatments.'

At the same time, practitioners caution against dismissing all appearance-related concerns as superficial or trend-driven. Prof Ezra argues that outcomes should ultimately be assessed according to patient wellbeing rather than the origin of the request: 'Focus on what's best for patients, with a natural look, while being safe and effective; in the right patient, even changes like this can improve quality of life.'

While clinicians must identify unrealistic expectations and psychological vulnerabilities, they must also recognise that carefully selected treatments can improve confidence and wellbeing for appropriate patients. The difficulty lies in separating healthy self-improvement from the pursuit of impossible ideals.

Beyond trends

Looksmaxxing may be rooted in internet culture, but the challenges it presents are unlikely to disappear overnight. Social media will continue to shape aesthetic demand, and younger male patients will remain an increasingly important demographic for the sector.

In many respects, growing interest in skincare, preventative treatments, and self-care represents a positive cultural shift. The concern emerges when algorithm-driven beauty standards replace individuality with conformity. Looking forward, male aesthetics may depend less on available treatments and more on the sector's willingness to uphold ethical limits and realistic expectations in a culture that increasingly rewards visual perfection.

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