Commentary

Myofunctional therapy and facial cosmesis: Position paper

James L. Case

Suggested Citation

Case, J. L. (1982). Myofunctional therapy and facial cosmesis: Position paper. *International Journal of Orofacial Myology*, 8(2), 10-12.

DOI: <https://doi.org/10.52010/ijom.1982.8.2.3>

This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

The views expressed in this article are those of the authors and do not necessarily reflect the policies or positions of the International Association of Orofacial Myology (IAOM). Identification of specific products, programs, or equipment does not constitute or imply endorsement by the authors or the IAOM. The journal in which this article appears is hosted on [Digital Commons](https://digitalcommons.elsevier.com/), an Elsevier platform.

Myofunctional Therapy And Facial Cosmesis: Position Paper

James L. Case, Ph.D.
Arizona State University

According to Dorland's Medical Dictionary, cosmesis is the art of increasing or preserving beauty. Seldom in the literature pertaining to myofunctional therapy is much attention directed toward the role of facial cosmesis. The literature in cleft palate, orthodontics and plastic and reconstructive surgery, of course, contains many articles relative to facial cosmesis. However, no single article specific to myofunctional disorders was found in the review for this paper relative to increasing or preserving facial "beauty" as a factor in myofunctional therapy. The purpose of this paper is to review some of the recently appearing literature with regard to facial cosmesis. Specific attention will be directed toward describing the effect facial cosmesis appears to have on human judgments of attributes which ordinarily are not related to cosmesis such as intelligence, achievement, self-concept, self-image and social acceptance. The final aspect of this paper will include a position statement regarding the role of facial cosmesis in traditional myofunctional therapy.

Not all pertinent literature with regard to facial cosmesis has been reviewed. I have reviewed the literature appearing during the past five years in the more widely read journals of speech-language pathology (Journal of Speech and Hearing Disorders, and Journal of Speech and Hearing Research), The Cleft Palate Journal, and The American Journal of Orthodontics. Many articles were judged as peripheral to my specific objectives of this paper and were not included. Those chosen for comment often had references containing earlier research and some of these earlier references have been included in my comments. I apologize if

an important piece of research has been overlooked, but I do not consider this a comprehensive effort.

In 1972, I attended a conference sponsored by the Joint Committee of Speech Pathology and Dentistry funded by the National Institute of Dental Research. At this conference, Edward Clifford (1973) presented an opening paper: "Psychosocial Aspects of Orofacial Anomalies: Speculations in Search of Data." Although the emphasis of this conference was concerned with persons requiring extensive surgical ablation as a result of cancer or orofacial anomaly, Clifford's paper set the tone of the conference: What are the psychosocial implications of orofacial anomaly and surgical change? Should surgeons and other professionals working with such persons spend significant time and professional effort in management of psychosocial adjustment? The conclusion reached at this conference seemed to be that too little time and effort has been directed toward issues pertaining to psychosocial aspects of orofacial anomaly. Most of us left with an increased dedication to improve our efforts in this regard. Clifford's paper provides an extensive overview of this topic and I recommend it highly.

After my literature review, I have come to the conclusion that Glass and Starr (1979) are correct when they state: "Cosmetic appearance . . . is a powerful factor in determining interpersonal attitudes and behaviors." It is unfortunate, I suppose, that humans are still harboring feelings and prejudices to the extent that on initial examination our judgment is that the essence of a toad is its warts, the essence of a peach is its fuzz, and that the "Elephant Man's" personality was masked by his distorted physical image. As Clifford (1973) states, "Central to estimations of physical attraction is facial appearance. Certainly it is

through the face that we are identified, and it is the face that is the primary focus of attention in interpersonal relationships There are those who use facial appearance and expression to reach conclusions about the intellectual status or personality of a person." (P. 5) These feelings and prejudicial judgments often are overcome as time and interaction allow more pertinent attributes to determine how we feel about another person. However, the question remains: Does time completely eliminate the facade of facial cosmesis? Or do we become time-locked by the impact of initial physical judgment?

Formal studies have shown that cosmetic "beauty" or attractiveness is related to judgments of intelligence (Barocas and Karoly, 1972; Richmond, 1978), social skills (Goldman and Lewis, 1977), career accomplishments (Dion, et al., 1972) and the likelihood of being guilty of a crime (Efran, 1974). Also the relationships between facial cosmesis and self-image have been extensively investigated. Klima, et al., (1979) studied four groups in order to investigate body-image, self-concept and the orthodontic patient. Comparing answers to a questionnaire from members of four groups (new orthodontic patients, retained orthodontic patients, control group, and mothers of patients) on topics including facial complexion, body build, profile, nose, teeth, eyes, hair, face, happiness and self-confidence, these researchers found orthodontic correction of malocclusion did not result in significantly improved feelings of self-image and self-concept. However, they found teen subjects tended to place more emphasis on their self-concept than did their mothers, and girls scored significantly lower in both body-image and self-concept satisfaction. It should be mentioned that this research design was not longitudinal and therefore the question as to change in self-image, etc., as it relates to orthodontic treatment, would be rather poorly answered by this design. However, some information is provided about such differences among the four populations studied.

Stricker, et al., (1979) reviewed much of the literature on psychosocial aspects of craniofacial disfigurement and posed the question as to which physiognomic traits have been found to be salient, meaning those traits which have a more powerful effect on personality impressions. They report similar findings to Malpass and Kravitz (1969) who found that dentition is not a salient feature of the face except in cases of severe malocclusion. When subjects were asked to describe a series of faces, 111 different descriptors were used with some frequency, and not one of them concerned the teeth. The lips, chin, jaw and mouth

were all commonly described.

In a contrary study, Secord, et al., (1959) found dentognathic variables to be salient. For example, a person with a normal chin was judged as better looking than one with protruding or receding chinline. Protrusion of the upper teeth was found to be significantly salient and was related to six different personality attributes: sincerity, intelligence, conscientiousness and good looks were increasingly attributed to persons with more correctly aligned upper teeth. The Stricker, et al., (1979) and Secord, et al., (1959) references cover much of the literature with regard to self-image, interpersonal relationships, sociocultural factors, epidemiology (the capabilities of current indices relating malocclusion to degree of handicap) and research methodology and opportunities.

Some rather interesting literature investigating the relationships between judgments of appearance (facial cosmesis) as well as speech was found in the cleft palate literature. Glass and Starr (1979) studied the effects of subject's appearance on listener's judgments of nasality as well as the effects of nasality on viewer's judgments of attractiveness. Frontal and profile photographs of fifty subjects were ranked on a 7 point scale of attractiveness. Subjects with mean ratings of 1 to 1.5 were placed in a group called "normal" attractiveness; those with ratings of 2 to 3 were called "mildly unattractive;" ratings of 4 to 5 were called "moderately unattractive;" and ratings of 6 to 7 were called "severely unattractive." In a design of six studies pairing photos to varying degrees of nasal speech, it was found that unattractiveness did not influence increased nasality judgments as predicted. However, increased nasal speech resulted in judgments of greater unattractiveness. Their findings were contrary to those of Podol and Salvia (1976) who reported that cosmetic factors associated with clefting produced more severe judgments of nasality.

Richman (1978) investigated the relationship between facial appearance in children with orofacial clefts and the accuracy of teacher's ratings of intellectual ability. The "cleft" children, aged nine to fourteen, were divided into two groups on the basis of independent ratings of facial appearance. The two groups did not differ on intellectual behavior or achievement data. However, the results of the classroom teacher's estimates of intellectual functioning suggest that teachers rate the intellectual ability of cleft children with more noticeable facial disfigurement less accurately than children appearing as more normal in facial cosmesis. Within the group of cleft children with more noticeable facial disfigurement, teachers underestimated the ability of brighter

children and overestimated the ability of less bright children. These results are compatible with studies investigating adult judgments of intelligence, intellectual ability and behavioral characteristics in children without specific orofacial disfigurement but who vary in physical attractiveness. It seems teachers believe that attractive children are good, intelligent and well behaved. No wonder I flunked the first grade!

With as much evidence as there seems to be that humans are prone to judgment about attributes on the basis of facial attractiveness *which have nothing to do with facial attractiveness*, perhaps myofunctional therapists should investigate the possibility of adding beauty to the beast in all of us. How can this occur? The patient with or without malocclusion, during preorthodontic, orthodontic or postorthodontic treatment, who displays oral habits similar to the "adenoid or long face syndrome" (Paparella and Shumrick, 1980) can benefit cosmetically from myofunctional therapy. Once again I turn to the title of Clifford's paper mentioned at the beginning of this paper regarding: "Psychosocial Aspects of Orofacial Anomalies: Speculations in Search of Data." I am only able to speculate at this time, and my only data comes from clinical experience, but I strongly suspect that facial cosmesis is measureably enhanced by myofunctional therapy. I am currently designing a study to investigate the role of open mouth resting postures on judgments of cosmesis and intelligence. Each subject can act as his or her own control on independent variables which might affect the dependent variable of judgment regarding cosmesis and intelligence. In my preliminary design, the only independent variables which will experimentally operate will be the composite of behaviors associated with open mouth resting postures, relaxed jaw, unapproximated molar occlusion, tongue low and forward resting between the teeth, and lips open. Photographs can be taken of each

subject in two modes: (1) experimental (open-mouth) and (2) control (teeth closely approximated and lips closed). The photographs in exhibits A & B demonstrate these conditions. Judges can then view randomly presented photographs of each subject in one of the two conditions and ordinally rank each photograph on some dependent variable: (intelligence, attractiveness, etc.) I would hypothesize that the mouth-breathing postures would result in more unfavorable judgments of cosmesis, intelligence, and any other psychosocial variable investigated. I would appreciate comments about the merits of such investigation and any design considerations.

In summary, until speculation is verified or rejected by data, I will continue to emphasize in therapy the cosmetic and psychosocial benefits of improved oral posturing. I have found this emphasis to be particularly motivating with my teenage clients. These psychosocial benefits can be coupled with the more physical considerations reported by Rubin (1980) in his article titled: "Mode of respiration and facial growth." Those of us who struggle rather constantly to improve tongue resting postures in our patients, when no significant physiological basis exists for the poor habit, can perhaps be greatly aided by appealing to the vanity most people possess. Perhaps the background provided by this paper regarding human judgment of facial cosmesis and other psychosocial attributes will provide some foundation for this aspect of your therapy.

BIBLIOGRAPHY

- Barocas, R., and Karoly, P.: Effects of physical appearance on social responsiveness, *Psych. Reports*, 31: 495-500, 1972.
- Clifford, E.: Psychosocial aspects of orofacial anomalies: Speculations in search of data. In *Orofacial Anomalies: Clinical and Research Implications*. Proceedings of the Conference. *ASHA Reports* No. 8, Amer. Sp. and Hear. Assoc., Washington, D.C., 1973.
- Dion, D., Berscheid, E., and Walster, E.: What is beautiful is good. *J. Person. and Soc. Psych.*, 24: 285-290, 1972.
- Efran, M.: The effect of physical appearance on the judgment of guilt, interpersonal attraction, and severity of recommended punishment in a simulated jury task. *J. Research in Person.*, 8: 45-54, 1974.
- Glass, L., and Starr, C.D.: A study of relationships between judgments of speech and appearance of patients with orofacial clefts. *Cleft Pal. J.*, 16: 436-440, 1979.
- Goldman, E., and Lewis, P.: Beautiful is good: evidence that physically attractive are more socially skillful, *J. of Exper. Psych.*, 13: 125-130, 1977.
- Klima, R.J., Wittemann, J.K., and Melver, J.E.: Body image self-concept, and the orthodontic patient, *Amer. J. Ortho.*, 68: 507-516, 1979.
- Malpas, R.S., and Dravitz, J.: Recognition of faces of own and other races, *J. Person. and Soc. Psych.*, 13: 330-335, 1969.
- Paparella, M.M., and Shumrick, D.A., Editors: *Otolaryngology, Volume III, Head and Neck*, W.B. Saunders Company, Philadelphia, 1980.
- Richman, L.: The effects of facial disfigurement on teachers' perception of ability in cleft palate children, *Cleft Pal. J.*, 15: 155-160, 1978.
- Secord, T.F., and Backman, C.W.: Malocclusion and psychological factors, *J. Amer. Dent. Assoc.*, 59: 931-938, 1959.
- Stricker, G., Clifford, E., Cohen, L.K., Giddon, D.B., Meskin, L.H., and Evans, C.A.: Psychosocial aspects of craniofacial disfigurement, *Amer. J. Ortho.*, 68: 410-422, 1979.

Exhibit A & B