

Facial masculinity is related to perceived age but not perceived health

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Abstract

Variation in women's preferences for male facial masculinity may reflect variation in attraction to immunocompetence or to maturity. This paper reports two studies on (a) the interrelationships between women's preferences for masculinity, apparent health, and age in male faces and (b) the extent to which manipulating each of these characteristics affects women's attributions of the remaining characteristics. Both studies were carried out with a large sample of the general public (Studies 1a and 2a) and independently in a laboratory environment with smaller undergraduate samples (Studies 1b and 2b). In both samples, masculinity and age preferences were positively related, and masculinity preferences were not associated with preferences for apparent health. There was also a positive relationship between perceived age and perceived masculinity in both samples, but evidence for a link between perceptions of masculinity and health was equivocal. Collectively, these findings suggest that variation in women's preferences for masculine proportions in male faces

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reflect variation in attraction to male age and do not support a strict immunocompetence explanation of preferences for facial masculinity.

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1. Introduction

Facial masculinity is due to the sexual dimorphism in facial features that emerges at puberty when boys' cranial bones grow, producing heavier brow-ridges, and larger jaws, while girls' faces grow less and retain small brows (leading to a perception of larger eyes), jaws, and noses (Enlow & Hans, 1996; Penton-Voak et al., 2001). Research has shown varying preferences for masculinity in male faces, with some studies finding a female preference for feminine-looking males (e.g., Perrett et al., 1998; Rhodes, Hickford, & Jeffery, 2000) and some a preference for masculine-looking males (e.g., Johnston, Hagel, Franklin, Fink, & Grammer, 2001). Rather than being arbitrary, however, women's preferences for masculinity in male faces vary systematically as a result of their own attractiveness (Little, Burt, Penton-Voak, & Perrett, 2001; Penton-Voak et al., 2003), the phase of their menstrual cycle (Johnston et al., 2001; Penton-Voak et al., 1999), and whether they have a partner (Little, Jones, Penton-Voak, Burt, & Perrett, 2002).

Two different explanations for the possible benefits of masculinity and femininity in male faces have been proposed. The "immunocompetence" explanation rests on a possible direct link between sex hormones and facial features, while the "neoteny" explanation rests upon the link between facial growth and age.

1.1. Immunocompetence

The Immunocompetence Hypothesis of Folstad and Karter (1992) proposes that secondary sexual features (those resulting from sex hormones) are honest signals of genetic quality because sex hormones, specifically testosterone, are deleterious to the immune system (Angele & Faist, 2000; Messingham, Shirazi, Duffner, Emanuele, & Kovacs, 2001). Only high-quality, healthy males may be able to tolerate the immunosuppressive effects of testosterone and develop exaggerated secondary sexual traits. Testosterone injections cause increased craniofacial growth (Verdonck, Gaethofs, Carels, & de Zegher, 1999), and jaw size and perceived facial masculinity are positively related to circulating testosterone levels in adult males (Chen, 2002; Penton-Voak & Chen, 2004). Attraction to masculine proportions in male faces may therefore reflect preferences for men displaying cues associated with immunity to infectious disease. This explanation has been widely adopted within facial attraction research (e.g., Johnston et al., 2001; Penton-Voak et al., 1999; Rhodes et al., 2000; Thornhill & Gangestad, 1999). Ratings of men's facial masculinity are also related to their rated apparent health (Johnston et al., 2001; Rhodes, Chan, Zebrowitz, & Simmons, 2003), as

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