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## Partner characteristics associated with masculinity, health and maturity in male faces

Lynda G. Boothroyd<sup>a,b,\*</sup>, Benedict C. Jones<sup>c</sup>, D. Michael Burt<sup>b</sup>,  
David I. Perrett<sup>a</sup>

<sup>a</sup> *School of Psychology, University of St Andrews, United Kingdom*

<sup>b</sup> *Department of Psychology, University of Durham, South Road, Durham DH1 3LE, United Kingdom*

<sup>c</sup> *School of Psychology, University of Aberdeen, Aberdeen AB24 2UB, United Kingdom*

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### Abstract

This research investigated the partner characteristics that are attributed to male facial masculinity, and how these characteristics compare to those attributed to increased age or health in faces. We found that masculinity is perceived as reflecting heightened dominance, but reduced suitability as a long term partner. This is concordant with previous studies and supports the proposal that a masculinity preference could reflect attraction to dominance rather than immunocompetence. Increased health in faces was perceived as increasing dominance, wealth and pro-social traits (faithfulness, commitment, parenting, etc.), which weakens the widely held supposition that health is closely related to masculinity in facial attraction. Results regarding facial maturity were mixed across studies. Furthermore, Study 2 found that the perceived attributes of faces clustered into two dimensions; the first dimension being a 'halo' of all seven desirable traits (which varies with healthiness), and the second dimension being a perception of dominance and unsuitability as a partner (which varies with masculinity).

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\* Corresponding author. Address: Department of Psychology, University of Durham, South Road, Durham DH1 3LE, United Kingdom. Tel.: +44 191 334 3289.

*E-mail address:* [l.g.boothroyd@dur.ac.uk](mailto:l.g.boothroyd@dur.ac.uk) (L.G. Boothroyd).

## 1. Introduction

In recent decades, the study of physical attraction has been dominated by the evolutionary approach in which it is assumed that individuals are attracted to those who historically would have been beneficial to the individual's reproductive success. In terms of male facial attractiveness, a great deal of research has focussed on facial masculinity. Masculinity has been assumed to be of benefit to women because of its putative association with heritable immunity (i.e. good genes; known as the immunocompetence hypothesis), but also is believed to be associated with potential costs in terms of poor suitability as a long term partner (see e.g. Penton-Voak et al., 1999; Perrett et al., 1998; Thornhill & Gangestad, 1999).

Boothroyd et al. (2005) found that preferences for masculinity in male faces constructed using an identical methodology to that used in previous masculinity studies (Little, Burt, Penton-Voak, & Perrett, 2001; Penton-Voak et al., 1999; Perrett et al., 1998), did not relate to preferences for apparent facial health. Similarly, Rhodes, Chan, Zebrowitz, and Simmons (2003) found that although perceptions of masculinity and health related to each other in black and white male facial photographs, the relationship was independent of how attractive observers found the faces. Such results suggest that women do not necessarily select masculine faces on the basis of health cues and cast doubt on whether previous findings using similar stimuli (e.g. investigations of the effects of menstrual cycle, relationship status and own attractiveness on masculinity preference) can be explained by facial masculinity acting as a cue to men's heritable immunocompetence. Boothroyd et al. (2005) suggested instead that it may be beneficial to consider other personality and behavioral aspects of masculinity (e.g. dominance and investment).

There has been a limited amount of research into the behavior and personality traits perceived to be associated with masculinity. Perrett et al. (1998) found in both Caucasian and Japanese samples that masculinized male and female faces were perceived as more dominant, but less warm, emotional, honest and cooperative, and as poorer quality parents than average or feminized faces. Similarly, Johnston, Hagel, Franklin, Fink, and Grammer (2001) found that increasing masculinity increased perceptions of antisocial traits, while increasing femininity increased perceptions of pro-social traits. Moreover, both Swaddle and Reiersen (2002) and DeBruine et al. (2006) have found that increased masculinity (using a variety of methods in DeBruine et al's case) is associated with an increase in perceived dominance. These findings suggest that masculine faces signal dominance, but also a less pleasant personality, and lower suitability as a long term partner and parent.

There has also been research into the traits perceived to be related to facial maturity and neoteny/babyfacedness. McArthur (1985, see also McArthur and Apatow (1984)) found that neotenous faces were perceived as warmer, kinder, more honest and more naïve than mature faces. Keating, Mazur, and Segall (1981) also found that sexually mature faces of both sexes were perceived as more dominant, stronger and higher status than less sexually mature faces.

There has been very little attention paid to how perceptions of personality traits relate to apparent health of faces. This is surprising given that apparent health is an important determinant of attractiveness (e.g. Jones, Perrett, et al., 2005). As attractiveness has long been known to create a halo effect (e.g. Dion, Berscheid, & Walster, 1972), we may expect healthy looking faces to be ascribed a variety of positive traits. Indeed, attribution of negative personality characteristics to unhealthy individuals may be a proximate mechanism for increasing aversion to individuals who may be more likely to pass on diseases or parasites.

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