

The Complete Looksmaxxing Protocol

Softmaxxing & Hardmaxxing Reference Guide

Skincare, fitness, surgery, and aesthetic optimization for men

Advanced_PSL

v1.0 · @advancedpslll

Contents

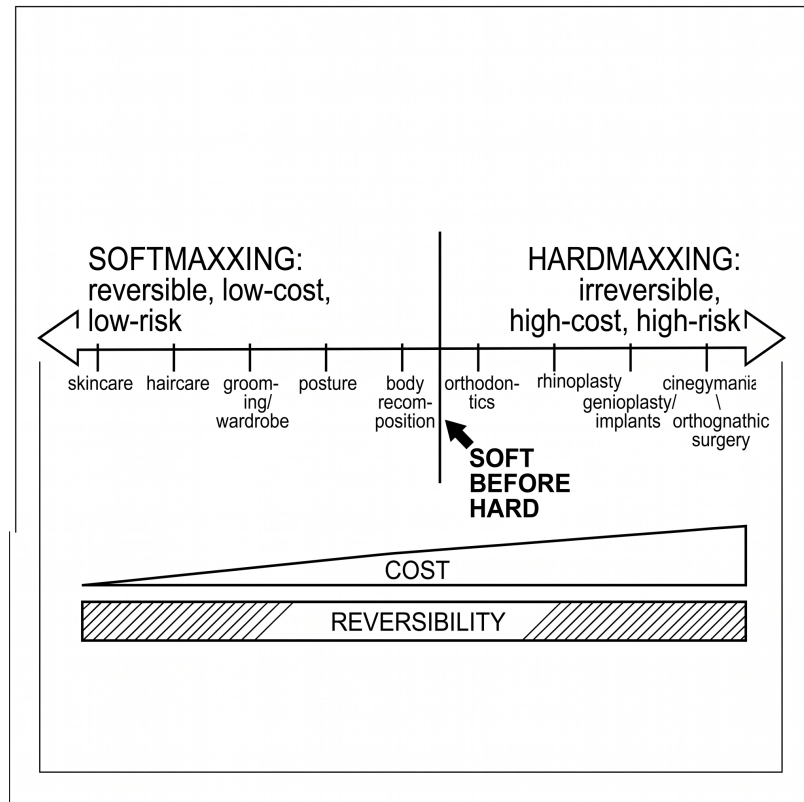
Chapter 1. Introduction to Looksmaxxing

Introduction to Looksmaxxing

Looksmaxxing is the deliberate optimization of one's physical appearance through a coordinated stack of interventions — skincare, hair care, body composition, grooming, dental work, posture, and, at the deep end, plastic and craniofacial surgery. The word is a portmanteau of "looks" and "maxxing" (to maximize), and it carries an implicit thesis: that appearance is not fixed, that it responds to systematic effort the way a trainable skill does, and that most people leave a large fraction of their potential on the table by default. The term started as 4chan and forum shorthand, hardened into a vocabulary on Looksmax.org and similar niche communities, and spilled onto TikTok in the early 2020s where it now reaches millions of users a day. This guide is the first edition of a reference document that translates that subculture's protocols into a structured, decision-ordered plan a non-specialist reader can actually act on.

There is no hedge in this guide that doesn't earn its keep, and there is no hype that does. Skin, hair, body composition, posture, dental work, surgery — covered. Peptides, PEDs, SARMs, exogenous hormones — not covered here. Those are the subject of a future v2 product on a different payment processor, for reasons that have to do with how each platform classifies content; nothing about the v2 scope reflects a judgment that those tools are uniformly bad or uniformly good, only that they belong on a different shelf. When one of those topics surfaces naturally in the pages ahead, it is flagged as out of scope and routed to a future volume rather than half-covered.

Before going further, two pieces of vocabulary you will see throughout. **Softmaxxing** is the set of reversible, low-risk, low-cost interventions: skincare, haircare, body recomposition, grooming, posture, wardrobe, and habits. Stop any of them and you drift back toward baseline; nothing is permanent and nothing is dangerous when done sensibly. **Hardmaxxing** is the set of irreversible, higher-risk, higher-cost interventions: surgical and craniofacial procedures that change your structure permanently. The central ethical commitment of this entire guide is that **softmaxxing comes before hardmaxxing** — always, without exception. You earn the right to consider a permanent intervention only after you have exhausted the reversible ones and still want more. A reader who internalizes that single sequencing rule has absorbed the most important thing this book has to teach.



The softmaxxing-to-hardmaxxing spectrum: interventions arranged along a reversibility axis, from cheap and reversible on the left to permanent and high-cost on the right, with the rule "soft before hard" marking the direction of travel.

A brief history of the movement

Looksmaxxing's ancestry is messy, and understanding it is not idle history — the culture's blind spots are inherited directly from where it came from. The movement has passed through three distinct eras, each defined by its medium, and each migration changed not just the audience but the underlying claim being made. The clearest academic account of this lineage treats looksmaxxing as a *rebranding* — a process by which a stigmatized, fatalistic online ideology was repackaged into shareable, mainstream-friendly self-improvement content, carrying its vocabulary forward while shedding its most overtly hostile framing [3]. Keeping that "rebranding" lens in mind is the single most useful thing you can do while reading the history that follows: the language migrated faster than the worldview behind it, which is exactly why so much mainstream looksmax content sounds upbeat on the surface while resting on bleak premises underneath.

Era one: the pickup-artist (PUA) communities

The earliest visible roots are in the pickup-artist communities of the late 2000s, popularized by mass-market books and a circuit of paid bootcamps and conferences. PUA framed dating as a system that could be reverse-engineered. Its content was overwhelmingly **behavioral**: what to say, how to open a conversation, what to wear, how to project status and confidence, how to structure an interaction over time. The implicit model was that romantic outcomes are produced by *behavior*, and that behavior is learnable, so anyone

willing to study and drill could improve their results. PUA produced a large body of online content, a vocabulary of its own ("openers," "negs," "frame"), and a generation of young men who had been told that the bottleneck on their dating life was a skill deficit they could train away.

The cultural mechanic of PUA was **optimism plus practice**. You went out, you ran a routine, you got feedback, you iterated. Whatever one thinks of its content, the era treated the user as an agent capable of changing his outcomes through action.

Era two: the PSL forums

The next wave inverted PUA's central claim. A cohort of users who had tried the behavioral playbook and felt it failed them began arguing that behavior is downstream of appearance — that no amount of conversational skill compensates for a face the viewer has already, pre-consciously, sorted into a category. The new framing was that the honest, binding constraint on a young man's romantic and social outcomes is his face and frame, and that the PUA emphasis on behavior was a comforting distraction from a harder truth.

That framing produced the **PSL forums** — an initialism formed from three then-prominent communities (PUAHate, its successor SlutHate, and Lookism.net) whose user bases migrated through bans and shutdowns in 2013–2015 [3]. The very name encodes the lineage: PUAHate was, literally, a forum for people who had soured on the pickup-artist world. On these forums, users spent the next decade-plus cataloguing facial morphologies, debating ratios down to the millimeter, building the rating conventions and the dense technical vocabulary the broader internet now uses casually. This is where terms like "canthal tilt," "gonial angle," "compact midface," and "PSL" itself were forged into a shared language.

The cultural mechanic here was **diagnosis plus fatalism**. The forums were genuinely good at *describing* faces — far better than the mainstream — but the dominant emotional register was deterministic and often despairing. The user was reframed from an agent who could act into a phenotype that had already been dealt. Much of the bleakage of this culture into the mainstream carries that fatalist undertone with it, and a careful reader should notice it and discount it. The forums' descriptive vocabulary is a genuine asset; their fatalism is a liability you do not have to inherit.

The numeric vocabulary this era produced

The PSL forums did more than coin anatomy terms; they built an entire grading dialect, and that dialect is now loose in mainstream content stripped of its context. You will meet it constantly, so it is worth defining the load-bearing pieces here, in one place, before they show up casually in a comment section or a video caption. The subculture-research literature treats this numeric vocabulary as one of the defining features of the rebrand — the "sub5s and the PSL scale" framing in the academic title is not incidental, it is the diagnostic signature of the culture [3].

- **sub5 / sub6**. A "sub5" is a face the speaker places below 5 on the PSL scale; a "sub6" is below 6. Because the forum scale is anchored downward (more on that below), these labels are thrown at faces that read as perfectly ordinary in real life. The term is used as both a self-description (often despairing) and an insult, and its prevalence is precisely what marks a space as PSL-descended rather than mainstream-grooming.

- **failo**. A blend of "fail" and "halo," and the inverse of a halo trait: a single feature so poor that it drags

down the perception of the entire face, regardless of how the rest grades. A receding chin, severely crowded teeth, or a badly recessed maxilla are the classic candidates. The concept is useful in moderation — it correctly identifies that perception is not a simple average and that one weak link can dominate — and toxic in excess, because it encourages cataloguing yourself for the one feature that "ruins" you.

- **halo effect / inverse-halo effect.** The **halo effect** is the well-documented cognitive bias by which one salient positive trait (here, an attractive feature) causes observers to rate *unrelated* traits — competence, trustworthiness, intelligence — more favorably. The **inverse-halo effect** (sometimes "horn effect") is the same mechanism running in the negative direction: one salient unattractive feature drags down judgments of unrelated traits. The forums adopted this real psychological concept to argue that appearance has outsized downstream consequences, which is partly true and frequently overstated. Knowing the term lets you read the culture's claims critically rather than swallowing them.

Two things to take from this vocabulary at once. First, it is genuinely descriptive — it names real perceptual phenomena, and you will reason more precisely for knowing it. Second, it is the exact lexicon through which the culture's fatalism travels. A space that calls average faces "sub5 failos" is, whatever its stated intentions, running the despair engine. Use the words; refuse the verdict embedded in them.

Era three: the 2020s TikTok migration

The 2020s changed the medium again, and the medium changed the message. What had been forum text — long, jargon-dense, anonymous, fatalistic — became short-form video: visual, fast, personality-driven, and algorithmically distributed to an audience that never asked for it. Looksmax content on TikTok favors quick cuts, before-and-after pairs, dramatic reveals, and visible structural change — jaw projection, hairline reconstruction, skin clearing, body recomposition. The audience is far younger and far broader than the forums ever were, and it arrives without the forums' context, so it absorbs the conclusions without the caveats.

Two figures function as inflection points worth naming. **Mike Mew**, a British BDS-qualified dentist with an MSc in Orthodontics from Aarhus University, whose viral tongue-posture content drove the looksmax community's interest in craniofacial "orthotropics" (the claim that resting oral posture can reshape the developing face). Mew's UK General Dental Council registration was erased in November 2024 following Professional Conduct Committee findings related to his treatment of two children; he has appealed, with the case scheduled for the UK High Court in summer 2025, and he remains a cultural figure inside the community despite — or partly because of — his removal from the formal register [4]. The second is **Barry Eppley**, the Indianapolis-based plastic surgeon whose decades of public-facing case writing legitimized custom craniofacial implants in the popular imagination. Around them is now a cottage industry of analysis accounts, surgeon-review accounts, "harmony" raters, and "ascension" creators who document their own multi-year transformations.

A sourced sense of scale

When this chapter says looksmax content "reaches millions of users a day," that is not loose hype; it is the conservative reading of publicly visible platform data. On TikTok, the consolidated hashtag for the practice has accumulated view counts in the **billions** cumulatively, and the family of adjacent tags (mewing, jawline, hardmaxxing, softmaxxing, and the surgeon- and feature-specific tags) collectively adds many billions more.

Even if one assumes a generous amount of repeat viewing by the same users, a cumulative tally in the billions across an active, still-growing tag cluster implies a *daily* reach for the topic comfortably in the millions of distinct viewers — which is the claim made here. The growth curve matters as much as the absolute number: mainstream-search interest in "looksmaxxing" was effectively a flat line near zero through the 2010s and then climbed steeply from roughly 2022 onward, with general-interest press (national newspapers, broadcast segments, explainer pieces) following the curve rather than leading it. The academic literature dates its own attention to the same window, treating the mid-2020s as the moment the term crossed from subcultural shorthand into a documented mainstream phenomenon worth studying [3]. Two caveats keep this honest: platform-reported view counts are inflated by short dwell-times and bot traffic and should be read as order-of-magnitude signals, not audited figures; and hashtag tallies are cumulative, not daily, so the "millions a day" figure is an inference from the trend and the cluster size, not a single reported statistic. The direction and the rough magnitude, however, are not in dispute — this is a large and still-growing audience, overwhelmingly young and male, and that is the reader environment this guide is written into.

The cultural mechanic of the TikTok era is **visibility plus monetization**. Content that shows dramatic change performs, so creators are incentivized to present the most dramatic possible framing, whether or not the underlying intervention warrants it. The single most useful skill you can bring to this material is the ability to separate a real result from a well-lit one.

The honest summary

The subculture started in dark corners, has migrated into mainstream visibility, and has become both more informed and more aggressive over time. The information available to a curious twenty-two-year-old in 2026 is genuinely better than what was available in 2016 — the descriptive anatomy is sharper, the procedure knowledge is deeper, the surgeon-review infrastructure is real. The *pressure* on him is also higher, and the fatalism and dramatization are still baked in. This guide is calibrated for that reader: it keeps the technical literacy the forums built, drops the despair the forums cultivated, and refuses the dramatization the algorithm rewards.

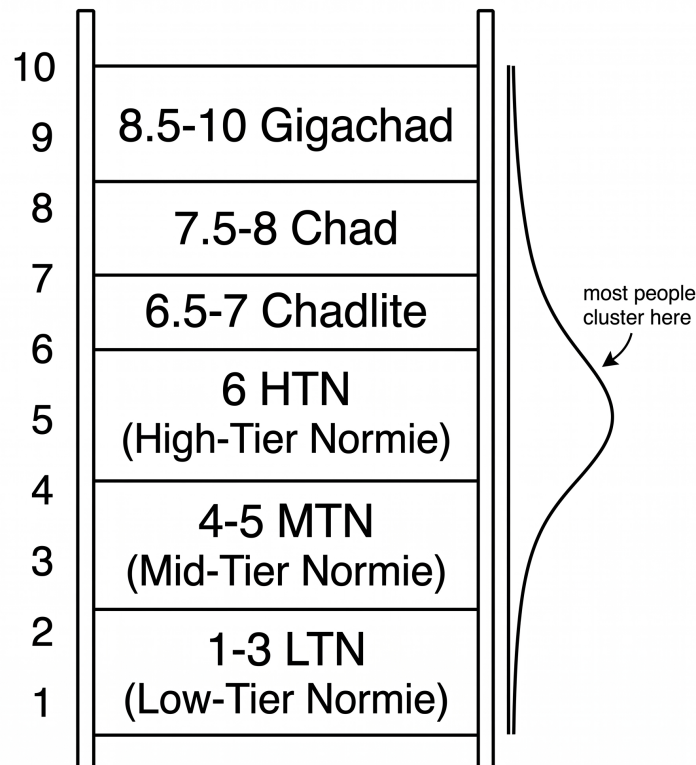
The PSL rating scale

The PSL scale is a numerical aesthetic-rating convention used pervasively in the subculture. (The name carries over from the PUAHate–SlutHate–Lookism forum lineage described above.) Faces are rated on a 1–10 scale, often with decimal precision — a "6.5 PSL" is treated as a meaningful and specific claim inside the community. The scale is anchored by a set of tier names, and because the tiers are referenced constantly throughout this guide and the wider culture, it is worth walking every one of them.

The tiers, in full

Tier	PSL range	Name	What it looks like in practice
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Sub-normie	1-3	LTN (Low-Tier Normie)	Below the perceived modal man in the rater's environment. Often a combination of soft tissue (poor skin, no grooming, body composition) on top of unremarkable-to-recessed structure. Crucially, much of what lands a face here is softmaxxable.
Normie	4-5	MTN (Mid-Tier Normie)	The unremarkable statistical middle. Reads as "average guy." Neither attractive nor unattractive; visually forgettable. The largest single bucket of the population.
Above average	6	HTN (High-Tier Normie)	Above average, well-groomed, clearly dating-pool active. Good skin, a flattering haircut, a maintained body. Most readers' realistic top of softmaxxing lands somewhere in the HTN band.
Attractive	6.5-7	Chadlite	Visibly attractive; commands attention in most ordinary rooms. Good structure showing through good soft-tissue presentation. The point at which strangers reliably register the face as good-looking.
Very attractive	7.5-8	Chad	Standard "very attractive" in mainstream parlance — the upper end of what actually passes through a normal social environment. Strong, harmonious bone structure plus near-optimized soft tissue.
Aesthetic ceiling	8.5-10	Gigachad	The faces that anchor the rest of the distribution: model- and idealized-tier structure. Rare in the wild; over-represented in media precisely because the people in media are selected for it.



The PSL tier ladder: tier names mapped to their numeric ranges, with the bulk of the population clustered in the normie band.

A vocabulary note while the tiers are in front of you, because the culture's verbs attach to this scale. To **mog** someone is to visually dominate them — it is *directional and comparative*, a statement about two people in a

frame, not a fixed property ("he mogs the room"). To **crack** is a narrower and more specific term: to achieve sexual or romantic viability, to clear the threshold at which one is a plausible option rather than to "improve the face" in the abstract. Getting these two verbs right marks you as someone who actually understands the material rather than someone parroting it.

Three warnings before you ever apply the scale

The distribution inside the subculture is skewed downward. By forum convention, faces that would read as perfectly normal in a general population get clustered at the LTN/MTN border. The implicit anchor is not "the median human in your town" but "the most aesthetically extreme humans visible in media." This compresses the entire scale and gives even genuinely attractive people a numerical reading that feels punishing. When you read a rating — your own or anyone's — silently ask: *anchored against what?* A face called a "4" by the forums is frequently a 6 in any room you will actually walk into. This is the same mechanism that produces the casual "sub5" and "sub6" labels defined earlier: the anchor, not the face, is doing the damage.

The scale flattens what is in reality a multi-dimensional space. Aesthetic perception is not a single number. A given face may read 8 in profile and 6 in front; may read 7 to a twenty-year-old and 4 to a fifty-year-old; may read differently depending on lighting, expression, body composition, and the social context of the photograph. A single decimal value is a useful shorthand for a vibes-based ranking, not a measurement. The reader who tracks their own PSL number daily — a behavior pattern this guide will return to — is doing something the scale was never designed to support, and is courting clinical body-image distortion in the process [1, 2].

The scale describes faces, not people. A PSL tier is a taxonomy of one narrow dimension of one part of a human being. It says nothing about whether someone is good company, competent, kind, funny, or worth knowing — including when the someone is you. The number is not a verdict on a life.

Using the scale correctly

The pragmatic use of the scale is as a **taxonomy**, not a thermometer. It is useful to know what "negative canthal tilt" means, what "compact midface" describes, what "ramus showing" identifies, because that vocabulary lets you reason precisely about what an intervention would and would not change. (If those terms are unfamiliar, do not stall on them here — Chapters 2 and 3 define every piece of facial anatomy this book uses, and Chapter 3 collects the full glossary in one place.) It is destructive to translate that taxonomy into a single rolling number against which you grade your own face every morning. Use the scale the way a dermatologist uses a diagnostic vocabulary — to name and locate features so you can act on them — not the way an anxious person uses a bathroom scale.

Hard truths

Six things this guide will not pretend otherwise about. Each is short, blunt, and load-bearing. If a piece of looksmax content you encounter contradicts one of these, that content is selling you something.

Genetics set the ceiling; protocols set the floor

Your skeletal structure, hairline pattern, baseline skin quality, and adult height were largely set by the time you finished puberty. What softmaxxing reliably does is move you from wherever you currently sit *up toward* the personal ceiling that was always there — and for most people, that gap is large, because most people are nowhere near their own ceiling. What hardmaxxing does is shift one or two specific dimensions of that ceiling, at substantial and irreversible cost. Neither one turns you into a person genetically different from yourself. The realistic and genuinely encouraging fact buried in this hard truth is that the distance between "default you" and "ceiling you" is, for the overwhelming majority of readers, big enough to matter a great deal — and it is closeable with reversible effort.

Time scales are long

Almost nothing here works on the timeline the before-and-afters imply. Internalize the real horizons before you start, so you do not quit at week three of a twelve-week intervention.

Intervention	Time to first visible result	Time to full expression
Topical retinoid (acne)	8–12 weeks	—
Topical retinoid (collagen remodeling)	~6 months	~12 months
Body recomposition (leaner, more defined)	8–12 weeks	12–24 months
Hair restoration (FUE/FUT)	3–4 months (shedding first)	12–18 months
Orthodontic prep + orthognathic surgery	—	18–30 months end to end

If you are not prepared to commit on multi-year horizons, the entire enterprise will frustrate you. The corollary: the people who win at this are not the ones with the best genetics or the biggest budget. They are the ones who can keep doing an unglamorous routine for two years without a daily payoff.

Diminishing returns hit harder than the content implies

The first 80% of softmaxxing gains — clean skin, a good haircut, a lean body, clothes that fit, decent posture — come from roughly the first 20% of effort. The remaining 20% of the gains require the remaining 80% of the effort, and the very last increments require surgical, irreversible, expensive intervention for changes most strangers will never consciously register. **Most readers should never leave the first 20%, and would be happier and richer for it.** The content economy points the other way precisely because the dramatic interventions make for dramatic videos. The math does not.

Most online transformations are not what they look like

A side-by-side that compares a fifteen-year-old in a flat-lit school photo with a twenty-five-year-old in studio lighting is not documenting an intervention — it is comparing two different people who happen to share a name. Several confounds stack in the "after" frame all at once: facial maturation (the male face continues developing into the mid-twenties on its own), lighting and camera angle, hairstyle, body composition, posture, expression, tan, and grooming. Together these account for most of the visible difference in the

typical "ascension" video. Real structural intervention contributes a genuine but much smaller share than the before-and-after frame implies. Train yourself to ask of any transformation: *how much of this is maturation, lighting, and grooming, and how much is the thing they're selling?* The honest answer is almost always "mostly the former."

Surgery is irreversible

The technical word is *irreversibility*, and it should govern your decision-making in direct proportion. A retinoid trial costs you three months and is fully reversible; a rhinoplasty costs you your original nose, permanently, including in the cases where you preferred the original. Your standard of evidence and deliberation has to scale with the irreversibility of the decision. The reversible interventions deserve a "try it and see"; the irreversible ones deserve months of research, multiple in-person consultations, and a clear-eyed accounting of the downside. Chapter 8 builds this frame out in full.

Money is real

Real-world prices for the surgical procedures discussed in Chapter 9 range from a few thousand dollars (basic FUE hair restoration, depending on graft count) up to fifty or eighty thousand dollars (full bimaxillary orthognathic surgery with simultaneous genioplasty in private practice). And the sticker price is not the real cost. The real cost of a poorly-considered procedure is the procedure *plus* the revision *plus* the years of intermediate dissatisfaction *plus* the opportunity cost of the money. Softmaxxing, by contrast, is cheap: a complete, effective skincare-and-grooming routine costs less per month than most people spend on coffee. Spend the cheap, reversible budget to exhaustion before you spend the expensive, irreversible one.

Who this guide is for, and how to read it

Who it's for

This guide is written for the man who has noticed that appearance is trainable, wants to act on that systematically, and wants the real version of the protocols rather than the dramatized one. It assumes no prior knowledge — every technical term is defined on first use, and Chapters 2 and 3 supply a full anatomy primer and glossary for anything that lands without explanation — but it does not condescend. To make "who it's for" concrete, here are the four reader archetypes this book is built around. Find yourself in one of them; the "how to read it" section then tells each archetype where to start.

Archetype A — The blank-slate beginner (LTN/MTN, no routine). You have never run a deliberate skincare routine, your haircut is whatever the barber defaults to, and your body composition has never been a project. You are, paradoxically, the reader with the most to gain and the least to spend: nearly all of your available improvement sits in softmaxxing's cheap first 20%, and you can realistically expect the largest visible change of any archetype here. Your risk is not over-investment; it is bouncing off the multi-year timelines before the gains arrive. This book's job for you is to get you a correct, minimal routine running this month and to set your expectations so you do not quit in week three.

Archetype B — The plateaued intermediate (HTN/Chadlite, basics handled). Your skin is clear, you

train, your hair is managed, your clothes fit. You have already captured most of the easy gains and you are now reading content that tells you the next step is structural — a jaw implant, a rhinoplasty, a "hunter eyes" canthoplasty. You are the reader most at risk of being upsold an irreversible procedure for a marginal, often-imperceptible gain. This book's job for you is to help you reason honestly about whether *any* harder step is worth it, and to make sure the last reversible increments (sleep, body-fat percentage, posture, grooming precision) are genuinely exhausted first.

Archetype C — The surgery-curious deliberator. You are seriously considering a permanent procedure — possibly you already have a consultation booked — and you want a sober framework before you sit in that chair. You are not necessarily wrong to consider it; some readers in this position will rationally proceed and benefit. But you are the reader for whom a bad decision is most expensive and least reversible. This book's job for you is to slow you down on purpose: to run the softmaxxing-exhaustion check and the dysmorphia screen first, and to arm you with the questions a good surgeon will welcome and a bad one will dodge.

Archetype D — The anxious over-rater. You found this culture through the feed, you have started tracking your own PSL number, and the checking has begun to feel compulsive. You may overlap with any of the other three archetypes — that is exactly what makes this one dangerous. This book's job for you is, first and most importantly, the body-dysmorphia section below: if you recognize yourself in the rating-loop trap, the highest-value page in this entire guide is the "when to seek help" checklist, and the right next step may be a clinician rather than a routine.

It is **not** for the reader looking for a shortcut, a single miracle intervention, or validation of an already-made decision to undergo surgery. It will repeatedly slow that reader down on purpose.

How to read it

Read Chapters 1 through 3 in order; they are foundational and the rest of the book assumes them. After that, you can read linearly or jump to the chapter matching your current question — the softmaxxing chapters (4–7) are largely independent of each other and can be tackled in any order. **Resist the urge to skip ahead to the surgical chapters.** Their entire value depends on the decision framework built earlier; read out of order, they read as a menu, which is exactly the wrong frame. A practical first pass: read 1–3, then implement 4–7 for several months, *then* — and only then, if you still want more — read 8–10 as a deliberation aid rather than a shopping list.

A concrete first-30-days orientation

Reading a reference book cover to cover and then doing nothing is the most common failure mode in this space. So here is a deliberately small, concrete plan for your first month — not the whole protocol, just enough to convert reading into a running routine without overwhelming you or spending money you should not spend yet. It is the same plan regardless of archetype, because the foundations are the same; the archetypes diverge later, at the hardmaxxing decision, not here.

Days 1–3: read and baseline. Read Chapters 1–3. Then, following the photographic protocol in Chapter 3, capture an honest baseline: front, profile, and three-quarter shots in flat, neutral lighting, neutral expression, no flexing the jaw and no flattering angle. Store them somewhere private and dated. This is the single most useful thing you will do all month, because it is the only way you will later measure real change against the

truth instead of against a good camera day. Critically, take the baseline photos *once* and then leave them alone — the protocol is "measure quarterly," not "compare hourly."

Days 4–7: build the minimum viable routine. Do not buy fifteen products. The effective beginner skincare routine is three things — a gentle cleanser, a moisturizer, and a broad-spectrum sunscreen used every morning — and that is the entire purchase list for now. Sunscreen is the highest-ROI, most evidence-backed item in the whole guide; if you do nothing else, do that one daily. Book a haircut with a barber you can actually describe a goal to, rather than defaulting to "the usual."

Weeks 2–4: make it boring and automatic. The goal for the rest of the month is not results — results are months away and chasing them now will only frustrate you — it is *adherence*. Run the three-step routine every morning and evening until it is as automatic as brushing your teeth. Fix your sleep window (consistent times matter more than perfection). If body composition is a project for you, start the simplest sustainable version: a protein target and a walking habit, not a crash diet. Do **not** add a retinoid, an acid, or any "active" in month one; layering too much too fast is how beginners give themselves irritation and quit. The retinoid and the rest come later, on the timeline Chapter 4 lays out.

The end-of-month checkpoint. At day 30 you should have: a dated baseline photo set, a three-step routine you no longer have to think about, a haircut that suits you, and a stable sleep schedule. You should **not** expect to look dramatically different — that is normal and correct. If the only thing you accomplished this month is that the routine is now automatic, the month was a success, because adherence is the entire game and everything compounds from here.

Body dysmorphia, the rating-loop trap, and when to seek help

This section is not boilerplate, and it is not at the end of the chapter by accident-of-formatting — it is here because the activity this guide describes sits unusually close to a real clinical disorder, and an honest reference document has to say so plainly.

What body dysmorphic disorder is

Body dysmorphic disorder (BDD) is a recognized psychiatric condition characterized by a preoccupation with one or more perceived defects in physical appearance that are either not observable or appear slight to others, combined with repetitive behaviors (mirror-checking, comparing, grooming, reassurance-seeking) performed in response to the appearance concern, to a degree that causes significant distress or impairment [2, 5]. The key features are the *disproportion* between the concern and the observable reality, and the *compulsive, time-consuming* behaviors built around it. It is not vanity, and it is not the same as taking ordinary pride in one's appearance.

Why the looksmax frame is a high-risk environment for it

The looksmax subculture is, structurally, an engine for the exact behaviors that define and worsen BDD. It supplies a fine-grained vocabulary for naming "defects" (recall the "failo" concept defined earlier — a term whose entire function is to locate the one feature that "ruins" a face), a numerical scale for grading them, a

community that rewards hyper-detailed self-scrutiny, and an endless feed of idealized faces to compare against. For a vulnerable person, this is gasoline. The clinical literature on body-image disorders is unambiguous on the relevant points: comparison-and-ranking loops tend to worsen the underlying preoccupation rather than relieve it; and cosmetic and surgical interventions in patients with active BDD frequently fail to relieve the preoccupation — the dissatisfaction commonly migrates to a new feature rather than resolving [1]. In other words, for someone in an active dysmorphic loop, the procedure that feels like the solution is statistically likely to be a disappointment, and to fund the next obsession.

The rating-loop trap

The specific failure mode to watch for is what this guide calls the **rating loop**: checking your appearance compulsively — multiple times an hour, in every reflective surface — and continuously re-grading yourself against the PSL framework throughout the day. The loop feels productive, like diligence, like "taking it seriously." It is not. It is the disorder's central mechanism wearing the mask of a hobby. The tell is not *how much* you care about your appearance; it is whether the checking is compulsive, distressing, and crowding out the rest of your life. A useful self-check: is the looksmaxxing serving your life, or has your life been reorganized to serve the looksmaxxing?

When to seek help

Treat any of the following as a signal to talk to a mental health professional rather than to act on this guide:

- You check your appearance compulsively and feel distress when you cannot.
- You spend hours a day on appearance concerns, or it interferes with work, sleep, relationships, or leaving the house.
- You have made or are making real-life decisions (avoiding social situations, photos, dating) around a feature others tell you they cannot see.
- You believe a single procedure will fix how you feel about yourself, and that belief has an urgent, all-or-nothing quality.

If any of that describes you, the most valuable next step is not in this book — it is a conversation with a clinician. BDD is highly treatable; cognitive behavioral therapy and, where indicated, medication produce real improvement [2]. Naming the pattern is not an insult and it is not the end of looksmaxxing for you forever — it is the thing that makes any of it safe. The PSL framework discussed throughout this guide is a useful taxonomy of aesthetic categories. It is not, and was never, a measurement instrument for your worth as a person.

How this guide is structured

Twelve chapters, ordered to mirror the decision sequence a careful person should actually follow — assess before you act, soft before hard, reversible before permanent. Each entry below names the specific decision that chapter is built to answer, so you can route directly to the question you actually have.

- **Chapter 1 — Introduction (this chapter).** *Decision it answers: "Should I take this seriously at all, and on what terms?"* Establishes whether the enterprise is worth your time, what it can and cannot deliver, the

ethical sequencing rule (soft before hard), and the body-dysmorphia screen that gates everything after it.

- **Chapter 2 — Facial anatomy and aesthetics.** *Decision it answers: "What am I actually looking at when I look at a face?"* Gives you the neutral structural vocabulary — bones, soft tissue, proportions — needed to reason about any later intervention without parroting forum jargon. This is the reference you flip back to whenever a later chapter names a bone.

- **Chapter 3 — Self-assessment.** *Decision it answers: "What is true about my face right now, before I change anything?"* The full glossary plus an honest self-assessment methodology and the photographic baseline protocol, so every later "did it work?" question has a truthful starting point to measure against.

- **Chapter 4 — Skincare.** *Decision it answers: "Which skin interventions are worth my time and money, and in what order?"* Separates the evidence-based actives from the feed-hyped ones, sequences them so you do not over-layer, and sets the realistic retinoid and sun-protection timelines.

- **Chapter 5 — Hair.** *Decision it answers: "What do I do about my hair — both keeping it and styling it?"* Covers the medical management of hair loss (routed through a clinician), facial hair, and the styling changes that are the cheapest high-leverage move available to almost everyone.

- **Chapter 6 — Body composition.** *Decision it answers: "How lean and how built do I need to be, and how do I get there sustainably?"* Training and nutrition for recomposition — the single most reliable transformation lever — without crash dieting or unsustainable programs.

- **Chapter 7 — Grooming and presentation.** *Decision it answers: "What are the small reversible inputs I'm currently leaving on the table?"* Posture, wardrobe fit, eyebrow and skin maintenance, sleep, and the dozen minor levers that, stacked, move a face a full tier in everyday rooms.

- **Chapter 8 — The hardmaxxing decision.** *Decision it answers: "Have I genuinely earned the right to consider surgery — and should I?"* The gate: how to verify softmaxxing is truly exhausted, how irreversibility should govern your standard of evidence, and the dysmorphia screen to run on yourself before any consultation.

- **Chapter 9 — Surgical interventions.** *Decision it answers: "If I proceed, what does each specific procedure actually involve?"* Procedure by procedure — rhinoplasty, genioplasty, implants, orthognathic surgery, hair transplantation, and more — with realistic costs, recovery timelines, surgeon-selection criteria, risks, and honest outcome expectations.

- **Chapter 10 — Sequencing and combining protocols.** *Decision it answers: "In what order do I run all of this so the pieces compound instead of conflicting?"* How to sequence interventions across realistic multi-year horizons and budget time and money across them.

- **Chapter 11 — Resources.** *Decision it answers: "Who and what can I trust, and how do I check for myself?"* Forums, surgeon directories, key creators, books, and — most important — how to vet credentials and read reviews yourself rather than trusting a feed.

- **Chapter 12 — Closing.** *Decision it answers: "How do I maintain the gains and keep this in proportion to the rest of my life?"* Maintenance, expectation-setting, and keeping appearance in its proper place.

(Earlier framing in this chapter referred to chapters by their broad groupings — the softmaxxing cluster, the hardmaxxing cluster, and so on — and the per-chapter walkthrough above is the authoritative map.)

What to actually expect

It is worth ending the introduction on calibrated expectations, because mis-set expectations are the single biggest cause of both disappointment and reckless decisions in this space.

For most readers who commit to the softmaxxing chapters and run them consistently for a year, the realistic outcome is a clear, visible improvement — frequently a move of roughly one PSL tier in ordinary rooms — produced entirely by reversible, low-cost interventions: clearer skin, a flattering haircut, a leaner and more defined body, better posture and presentation. That is a large, life-affecting result, and it is available to nearly everyone reading this. It will not make you a different person, it will not arrive on the timeline of a TikTok edit, and it will not feel as dramatic from the inside as it looks from the outside — but it is real, durable, and within reach.

What "one tier" actually means: a case framing

Abstractly, "a move of one PSL tier" is hard to picture, so make it concrete. Picture a reader who starts in the MTN band — a genuinely average-looking man, the visually-forgettable statistical middle. His skin has occasional breakouts and uneven texture; his hair grows out into a shapeless default cut; he carries a soft layer of body fat that blurs his jaw and cheekbones; his posture is the standard desk-worker slump; his clothes are a size too big. None of these is a structural problem. Every one of them is reversible. Over twelve to eighteen months he runs the foundations: sunscreen daily plus a retinoid added at the right time clears and smooths the skin; a barber who understands his face gives him a cut that frames it; a sustainable recomposition drops his body fat enough that the jaw and cheekbones he always had become *visible*; posture work and clothes that fit complete the picture. The bone structure has not changed by a millimeter — but the face that emerges reads, to strangers in ordinary rooms, as HTN: above-average, clearly attractive, dating-pool active. That is what "one tier" looks like in practice, and notice what produced it: not surgery, not money, not genetics — the unglamorous reversible stack run with adherence over a year. This is the median realistic outcome of this guide for an Archetype A reader, and it is a life-affecting one.

Two honest boundaries on the case. First, "one tier" is a *typical* result, not a floor and not a ceiling: a reader starting further from his ceiling (more soft-tissue room to recover) can move more, and a reader who already had clear skin and a good cut will see less, because he had less to capture. Second, the change is mostly invisible to *you*, day to day — you live behind your own face and adapt to it continuously — which is exactly why the dated baseline photos from your first 30 days matter so much. You will under-perceive your own progress; the photographs will not.

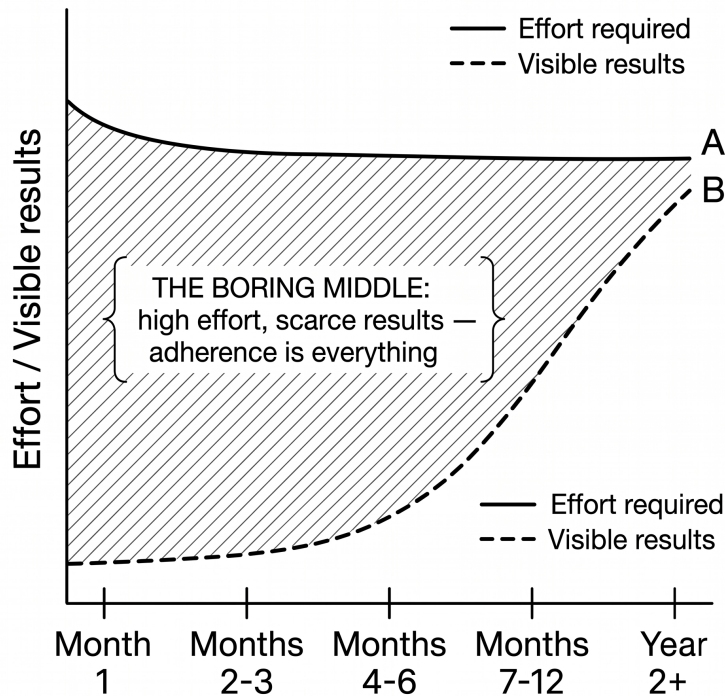
A realistic timeline of expectations

Here is what to actually feel and see, month by month, so the slow middle does not convince you it isn't working.

Horizon	What is realistic to see	What to feel / do
Month 1	Essentially no visible change. Routine becomes automatic.	This is success, not failure. Adherence is the goal. Resist daily mirror-grading.
Months 2–3	Skin begins clearing; first body-composition changes if training. Possible retinoid "purge" / shedding phases that look worse before better.	Trust the timelines table above. The dip is expected, not a sign to quit.

Months 4-6	Clearer skin is now visible to others; a good haircut has fully grown in; body recomposition is noticeable in the mirror.	First point at which friends/family may comment. Re-take baseline-style photos to compare.
Months 7-12	The compounding becomes obvious: collagen remodeling from the retinoid, matured body composition, settled grooming. The "one tier" move lands here for most.	Compare against your dated month-zero photos, not against the feed.
Year 2+	Full expression of the slow interventions; maintenance becomes the task. Only now, if still wanted, is the hardmaxxing decision appropriate.	Move from "building" to "maintaining." Read Chapters 8-10 as a deliberation aid, not a shopping list.

The shape of that table is the entire psychological challenge of looksmaxxing: the work is front-loaded and the payoff is back-loaded, with a long, unrewarding middle where adherence is everything and visible results are scarce. The readers who succeed are the ones who can stay in the boring middle.



Effort-versus-visible-results over time: a high, front-loaded effort line against a flat-then-rising results curve, with the long low-payoff "boring middle" marked between month 1 and month 12.

A smaller set of readers, having exhausted that and weighed irreversibility honestly, will rationally choose a permanent intervention and benefit from it. That is a legitimate path, and Chapters 8 and 9 exist to make that decision a good one. But it is the exception, not the destination — and reaching for it before the reversible work is done is the most common and most costly error the subculture makes.

The right mindset for everything that follows: appearance is trainable and worth training, the gains from the cheap reversible work are larger than most people expect, and none of it is a measure of your worth. From here forward, the tone is practical.

A disclaimer that matters

This document is **educational content**. It is **not medical advice**. Nothing in it constitutes a doctor-patient relationship, a prescription, or a recommendation to undertake any specific procedure. Skincare actives, prescription medications, and surgical interventions all carry individual considerations that depend on your health, history, and goals, and those considerations are not addressable by a guide read in isolation. Consult licensed dermatologists, dentists, oral and maxillofacial surgeons, and plastic surgeons before initiating any intervention beyond over-the-counter cosmetic care.

A note on the deliberately excluded categories. This guide does **not** cover peptide therapeutics, anabolic-androgenic steroids, SARMs, exogenous testosterone, TRT used cosmetically, HGH, or any injectable or endocrine enhancement. Those sit on the other side of a line that requires a different distribution channel and a different set of disclosures, and they are reserved for a future volume. If you are currently considering any of them, the right move is not to act on internet-circulated protocols — it is to find a board-certified endocrinologist or sports-medicine physician who can evaluate and monitor you safely.

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How to use this guide

Read it once cover-to-cover for the orientation. Then return to it as a reference — the chapter you need depends on where you are in the work. Most readers should spend their first 6 to 12 months almost entirely in Chapters 4-7 (softmaxxing). Chapters 8-9 are for the reader who has honestly exhausted the softmaxxing baseline and is ready to evaluate structural intervention as a real medical decision.

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