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Acceptance Counts: A Social Psychological Perspective on Young Men's Responses to Baldness

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Supplementary Materials: Code, Data [see Index of Supplementary Materials]

Abstract

Objectives: Male pattern balding is a common and benign process. However, some men report intense distress because of it. Consistent with transactional coping theory and the idea of coping norms, this distress may not necessarily arise from baldness itself but rather from social judgments of men's responses to baldness. Across four studies (total N = 686 young adults aged 18 to 35 years; 61% women), the present research investigated which ways of responding to baldness were perceived as appropriate (Studies 1a and 1b) and to what extent appropriate responses to baldness affected social attractiveness judgments (Studies 2a and 2b).

Methods and Results: Studies 1a and 1b revealed that participants mostly recommended a hypothetical male friend to accept his baldness or to pursue medical services (e.g., using pharmaceuticals), with the latter recommendation still relatively frequently given even when participants knew about the benign character of baldness. Recommendations for cosmetic services (e.g., using special shampoos) and compensation (e.g., gaining muscle) were less frequently made, and avoidance (e.g., of mirrors) was never recommended. Assessing impression formation, participants of Studies 2a and 2b rated balding men who accepted their baldness as most, and avoidant men as least, socially attractive. Compensating men and men pursuing medical or cosmetic services were ranked as moderately socially attractive. Participant gender was controlled for in all analyses.

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Conclusions: Collectively, these results suggest acceptance of baldness is judged most appropriate and makes the most favorable social impression, offering an important counter to commercialized baldness treatment.

Keywords

male pattern baldness, androgenetic alopecia, impression formation, acceptance, medicalization

Male pattern baldness (hereafter simply referred to as *baldness*) affects about a quarter of men before the age of 30 and two thirds before the age of 60 (Budd et al., 2000; Rhodes et al., 1998). Baldness is not a medical condition, as it carries no serious health risks (Olsen et al., 2005; Trüeb & Lee, 2014). Nevertheless, some balding men, especially at a younger age, are very concerned about losing hair (Alfonso et al., 2005; DeMuro-Mercon et al., 2000; see Frith & Jankowski, 2024, for a meta-analysis). This concern is not surprising, given the strong pressure men face to look attractive, including having a full head of hair (Jankowski et al., 2014; Ricciardelli, 2011). Baldness distress can include worries about looking old and ugly and, therefore, the fear of social rejection, for example, when searching for a partner or job (Kranz et al., 2023; Razum & Vukasović Hlupić, 2022).

Indeed, some relevant social psychological studies substantiate balding men's concern that other people will react negatively toward their baldness. In particular, baldness may have an unfavorable impact on first impression formation (for an overview, see Henss, 2001). The present research adds a new, health psychological perspective to the social psychology of baldness. We base our research on two assumptions, (1) that we share common beliefs about the appropriateness of men's response to baldness and (2) that such beliefs about appropriate or inappropriate responding to baldness have a significant impact on how we perceive and evaluate balding men. In other words, we propose that the social and perhaps even physical attractiveness of balding men does not depend on their appearance alone, but also on how they respond to their baldness.

Physical and Social Attractiveness of Men With Baldness

Regarding the impact of baldness on impression formation, balding men may not only be perceived as less physically attractive but also as less socially attractive than their non-bald counterparts. This is exactly what the *physical attractiveness stereotype* (PAS; Dion et al., 1972) proposes. Accordingly, individuals assume that people who are conventionally physically attractive have a higher likelihood of possessing positive, socially desirable traits, such as openness and agreeableness. Indeed, a large body of research confirms the belief that "what is beautiful is good" and, conversely, "what is ugly is bad" (for meta-analyses, see Feingold, 1992; Langlois et al., 2000). In the case of baldness, however, experimental evidence is mixed. Most studies report that bald men are perceived as less physically attractive than non-bald men (Cash, 1990; Hellström & Telke, 1994; Mannes,

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2013; Moerman, 1988; for conflicting results, see Sigelman et al., 1990; Wogalter & Hosie, 1991). While some studies also show, in line with the PAS, uniform negative effects of baldness on the social attractiveness evaluation (Cash, 1990; Moerman, 1988), others show more ambivalent effects. For example, baldness has been shown to be associated with intelligence (Hellström & Telke, 1994) and masculinity (Mannes, 2013), which each contribute positively to social attractiveness evaluation.

To explain inconsistent PAS results for baldness, Kranz et al. (2019) suggested two antagonistic processes: the *activation* of the PAS at the implicit level and its *suppression* at the explicit level, the latter process selectively triggered by *individuating information*. Correspondingly, the authors found that lower social attractiveness ratings were assigned to images of bald men compared to images of non-bald men. However, when the images were combined with individuating information in the form of brief personality descriptions, bald men were still rated as less physically attractive, but no longer as less socially attractive. Instead, bald men now had a slight, but statistically significant, social attractiveness advantage compared to non-bald men. Irrespective of whether individuating information was provided or not, there was reliable PAS evidence at the implicit level, as indicated by the implicit association test and a source monitoring task. In sum, these results verify the automaticity of PAS activation as well as the gatekeeper function of individuating target information in PAS application (Kunda & Thagard, 1996; Macrae & Bodenhausen, 2000). They may offer hope to men with baldness, in that their social attractiveness may not be impeded if they are able to provide individuating information about themselves to others. In the present research, the individuating information does not refer to general personality traits, but to more specific baldness-related response styles, which may have an even greater impact on social impression formation.

Individual and Social Perspectives on Responding to Baldness

How do men respond to their baldness? In general, Cash et al. (2005; see also Cash & Grasso, 2005) differentiated between three types of response to body image issues: compensation, avoidance, and acceptance. *Compensation* refers to any attempt to outweigh a perceived appearance deficit by highlighting another, more favorable appearance aspect. *Avoidance* refers to any attempt to prevent or escape situations that remind one of the appearance deficit. *Acceptance* refers to the positive reappraisal of the appearance aspect, so it is no longer perceived as a deficit. Applied to baldness specifically, compensation might include improving one's physique or fashion; avoidance might include shunning mirrors or conversations about baldness, and acceptance might include positively (re-) interpreting baldness as a normal part of the aging process.

In a sample of young men with varying degrees of baldness, Kranz (2011) found that participants who compensated or avoided their baldness reported more distress than men who accepted it. Avoidance was even associated with general self-esteem problems. Acceptance, however, appeared to reduce distress, especially when the stage of baldness

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was advanced, that is, when baldness was obvious and attempts of compensation or avoidance became increasingly difficult. Furthermore, compensation and avoidance had a distress-mediated association with seeking out anti-baldness products (e.g., finasteride) or interventions (e.g., hair transplantation), whereas acceptance had an inverse association with this. Taken together, this study underlines the adaptive value of acceptance and the maladaptive value of compensation and, especially, avoidance when it comes to balding. Of course, it does not suggest that acceptance is the most adaptive way *for every man* to cope with baldness.

Cash et al.'s (2005) model is about *individual* responses to body image challenges. Importantly, such responses are always embedded in the sociocultural context a person lives in, as *transactional coping* theorists emphasize (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). In this sense, people share beliefs about appropriate ("good") and inappropriate ("bad") ways of dealing with distinct problems: *response norms* (or, *coping norms* according to Pearlin & Schooler, 1978).[1] Response norms are injunctive rather than descriptive; they are judgments of what *should be* done rather than what *is* commonly done (Cialdini et al., 1990). The less someone complies with these norms, the less respect and support they will receive (Taylor et al., 2004; Weber, 2003). At worst, the person will be blamed for their suffering, a mechanism that parallels that of *secondary victimization* (Correia & Vala, 2003; Maes, 1994). Not surprisingly, such negative social reaction aggravates a person's suffering and thus initiates a vicious circle of social devaluation and distress.

The Present Research

The present research is concerned with the following questions: Which baldness responses are perceived as appropriate, and to what extent do these responses affect the social impression formation of balding men? Addressing the questions is particularly important because baldness distress refers primarily to social rejection – which in turn might be strongly associated, beyond physical appearance itself, with balding men's response to their bodily change. The more inappropriate men's coping with hair loss is perceived by others, the greater the social rejection should be.

We investigate our questions via two different sets of studies reflecting a mixed-methods approach: two surveys assessing balding response recommendations and two experiments assessing impression formation of balding men who responded differently to their baldness. In particular, Studies 1a and 1b asked participants what they would recommend for a hypothetical male friend who had recently discovered he was balding. Our recommendation surveys should reveal participants' baldness-related response norms,

1) Whilst some research uses the term *coping*, we prefer the more neutral term *response* as balding in itself is not necessarily distressing. Furthermore, we hesitate to use the term *treatment* as this contributes to the medicalization of baldness, implying it is a disease; we prefer the term *using medical services*.

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that is, their understanding of appropriate or inappropriate responding to balding. In Studies 2a and 2b, participants were randomly presented with fictive balding men who each showed a different balding response. Targets showing appropriate responding to baldness (i.e., who adhered to response norms) should make a more favorable first impression than targets showing inappropriate responding.

Based upon *transactional coping* theory (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984), the idea of *coping norms* (Pearlin & Schooler, 1978), and the differentiation between three response types regarding body image concerns (Cash et al., 2005; Cash & Grasso, 2005), we suggest two effects: first, a correspondence between the third-person appropriateness evaluations of different baldness-related responses and their adaptive value found in previous first-person research, especially the significant advantage of baldness acceptance over compensation and avoidance (Kranz, 2011), and, second, a correspondence between third-person coping appropriateness evaluations and overall social impression making:

> **Hypothesis 1.** Participants in Studies 1a and 1b should more frequently recommend male targets to accept baldness than to compensate or even avoid it.
>
> **Hypothesis 2.** Participants in Studies 2a and 2b should perceive male targets accepting their baldness more favorably than targets compensating or avoiding it.

Participants of the four online studies were young adults (18+), as were the balding targets used across the studies. We deliberately paralleled the ages of the participants and targets to eliminate possible intergenerational effects (which would deserve and require further investigation; see General Discussion). All participants were from Germany, and the studies were conducted in German. To arrive at diverse samples and thus to increase the generalizability of findings, participants were recruited using snowball sampling via popular social networks (e.g., community and university networks). Participation was voluntary, anonymous, and unpaid. Participants were informed about the study purpose before giving informed consent. They were informed about the study results upon request via separate e-mail, which allowed us to maintain anonymity.

According to the guidelines of the German Psychological Society (Deutsche Gesellschaft für Psychologie, 2016), approval by an ethical review board is required only if the study imposes physical or mental risk to participants. Since it is very unlikely that responding to the scenarios used in the current study – social interaction with and perception of balding men – imposes any mental (or physical) risk, no ethical approval was obtained. This approach is also in line with the Ethical Guidelines of Trier University (Universität Trier, 2023).[2] The data and script files necessary to replicate our analyses are available at https://osf.io/uvmb2.

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Study 1a

Method

Sample

The sample of Study 1a consisted of 154 participants aged 18 to 33 years (M = 23.45, SD = 3.25). More than half of the participants were female (62%) and most were students (80%).

Procedure

Study 1a was introduced as a study on "how we react when people close to us ask for our advice." Participants were presented with a vignette of a hypothetical encounter with an advice-seeking friend: "You meet a good friend of yours who is around your age. He tells you that he has been losing his hair for months. Every morning when he gets out of the shower, he leaves a clump of hair behind. Your friend asks you what he should do. What recommendation or recommendations would you give him?" Participants were asked to respond using a free text field.

Coding

The first author read all answers provided by the participants and divided them into distinct recommendations (i.e., coding units). One sentence could contain several recommendations, and one recommendation could span several sentences. The first author also developed a coding scheme that referred to Cash et al.'s (2005) distinction between compensation, avoidance, and acceptance coping with appearance challenges (top-down approach) as well as to the answers provided by the participants (bottom-up approach). The latter yielded two additional categories: the use of medical and cosmetic services (for the combination of top-down and bottom-up approaches in qualitative content analysis, see Mayring, 2000). As given in Table 1, the final coding scheme consisted of five categories, plus a leftover (i.e., "other") category. Based on this, two independent coders analyzed the recommendations. Intercoder agreement of response categorization was high, 92%, K = .89. Disagreement was discussed until the coders achieved consensus.

2) Our research fulfilled the institutional criteria for dispensation from ethical review – namely, voluntary participation; informed consent; no vulnerable sample; no inappropriate exclusion criteria; no deception procedures; no intimate/stigmatizing questions; no greater than everyday strain; no physical/psychological risks; no administration of drugs; no need for insurance; no health-relevant incidental findings; no deanonymization risk.

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Table 1

Recommendation Types Used in Studies 1a and 1b

Recommendation type	Definition
Compensation	Recommendations to look attractive despite baldness, such as improving one's physique or improving one's dress and hair style (including the recommendation to wear trendy headgear; Alfonso et al. 2005)
Avoidance	Recommendations to thwart or escape any self- or other confrontation with baldness (e.g., by avoiding mirrors and other reflective surfaces or by avoiding thinking or talking about baldness)
Acceptance	Recommendations in the continuum from positive recognition of baldness as a natural part of aging to its full integration into one's positive body image (including the recommendation to shave one's head; Mannes, 2013)
Medical Services	Recommendations to undergo an examination or consultation from a medical physician (e.g., a general practitioner or dermatologist) or to use balding products or services typically accessed via a medical professional (e.g., pharmaceutical drugs or hair transplants
Cosmetic Treatment	Recommendations to use nonmedical cosmetic products designed to treat baldness (e.g., anti-baldness shampoos or lotions).

Results

Participants provided one (n = 74), two (n = 68), or three (n = 12) recommendations, amounting to 246 recommendations in total. Most recommendations concerned medical services and acceptance (40% and 31%, respectively), followed by cosmetic services and compensation (14% and 9%, respectively). Few recommendations were coded as "other" (5%) and, remarkably, none concerned avoidance. When focusing on the first and arguably most important suggestion provided, the predominance of medical services recommendations (47%) was even more striking (31% for acceptance, 10% for cosmetic services, 7% for compensation, and 5% for "other").

To get a more comprehensive picture of the data, including possible gender differences, the dichotomous (i.e., 0/1 coded) recommendation codes, indicating whether a participant provided a certain recommendation or not, were weighted inversely by their order of entry (Smith, 2000). That is, the recommendation entered first, second, and third was weighted by 3, 2, and 1, respectively, and any unmentioned recommendation was assigned a 0 (the unspecific leftover category "other" was not considered here). The resulting 4-point measures thus presumably reflect the importance that participants assigned to the different recommendations. Their means and standard deviations are given in Table 2 (upper part).

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Table 2

Means (Standard Deviations) of the Weighted Recommendation Type Measures in Studies 1a and 1b

	Recommendation type				
	Compensation	**Avoidance**	**Acceptance**	**Medical services**	**Cosmetic services**
Study 1a	0.35^{a} (0.87)	0.00 (–)	1.27^{b} (1.35)	1.74^{b} (1.37)	0.54^{a} (1.04)
Study 1b	0.23^{a} (0.69)	0.00 (–)	2.16^{c} (1.26)	0.62^{b} (1.08)	0.60^{b} (1.13)

Note. Within rows, means with different superscript letters are significant at $p < .05$ (Bonferroni-corrected).

An analysis of variance (ANOVA) was used to explore the weighted recommendation types; it included participant gender as control variable. Because of nonoccurrence, the avoidance recommendation was skipped. The assumption of sphericity was violated for the recommendation type within-subjects factor, $\chi^2(5, N = 154) = 48.07$, $p < .001$; therefore, the degrees of freedom for effects involving this factor were corrected using Huynh-Feldt estimates of sphericity ($\varepsilon = .84$). The 4 (recommendation type) × 2 (participant gender) mixed ANOVA yielded a significant recommendation type main effect, $F(2.53, 385.07) = 35.55$, $p < .001$, $\eta_p^2 = .19$, which was further moderated by participant gender $F(2.53, 385.07) = 8.01$, $p < .001$, $\eta_p^2 = .05$.

As Bonferroni-corrected pairwise comparisons showed, acceptance and medical services (which did not significantly differ from each other) were typically recommended before – indicating these were more important than – compensation and cosmetic services (with no statistical difference in-between), ps < .001. Two of the four gender comparisons were significant at $p < .01$ (again Bonferroni-corrected), indicating that men recommended acceptance more than women (Ms = 1.76 vs. 0.98, SDs = 1.42 vs. 1.23), while women recommended medical services more often than men (Ms = 2.00 vs. 1.31, SDs = 1.31 vs. 1.38).

Discussion

As hypothesized, Study 1a demonstrates the high social appraisal of baldness acceptance by using a recommendation task. Compared to compensation and avoidance, participants far more frequently recommended a hypothetical friend to accept his baldness.

Nevertheless, most recommendations concerned medical services. We cannot rule out that this was due to two features of the vignette presented. First, participants probably wanted to make sure that the target's baldness was indeed common male-pattern baldness and not another disease-related type of hair loss (e.g., infection- or trauma-provoked hair loss). Second, it is not implausible that recommending medical services was triggered by the target question *what he should do* (which might insinuate doing something *against* baldness rather than accepting it). Thus, the aim of Study 1b was to replicate

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Study 1a with an improved vignette, namely, one that was more clear-cut regarding the benign type of baldness involved and was less priming in the sense of counteracting baldness.

Another potential criticism of Study 1a could be the category weighting procedure which was based on the premise that participants implicitly ordered their answers by subjective importance. Although this premise is plausible (Igou & Bless, 2003), the veracity of results should be tested in Study 1b with the explicit instruction to participants to prioritize answers.

Study 1b

Method

Sample

The sample of Study 1b consisted of 175 participants between the ages of 18 and 35 years (M = 22.80, SD = 4.09). Somewhat more than half of the participants were female (56%), and most were students (62%) or employed (30%).

Procedure and Coding

The procedure was similar to Study 1a, except that the vignette was altered in two aspects and the instruction was slightly altered, too. First, target baldness was explicitly described as common male pattern balding (to exclude any other pathological type of hair loss) and, second, the target did not ask what he should *do* (*against* his baldness) but how he should *deal with* his situation. Third, Study 1b participants were explicitly asked to prioritize their answers.

The scenario read as follows (alterations from Study 1a in italics): "You meet a good friend of yours who is around your age. He tells you that he has been losing his hair for months. Every morning when he gets out of the shower, he leaves a clump of hair behind. *Your friend has consulted a physician for his baldness. Upon examination, the physician said that everything is ok – it is just common male pattern balding.* Your friend asks you how he should deal with this situation. What recommendation would you give him? *Please order your answers by the importance you give to each recommendation. That is, put the most important recommendation in first place, the second in second place, and so on.*"

Two independent coders analyzed the content of the answers using the same coding system as in Study 1a. Intercoder agreement of recommendation categorization was as high as in Study 1a, 94%, K = .91, and again, the relatively few cases of disagreement were discussed until the coders achieved consensus.

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Results

Participants provided one (n = 106), two (n = 55), or three (n = 14) recommendations, totaling 258 recommendations. Most recommendations advocated acceptance (52%), followed by medical and cosmetic services (18% and 16%, respectively). As in Study 1a, few recommendations advocated compensation (7%) or other response (7%); none advocated avoidance (0%).

When focusing on the first and, as instructed, most important recommendation participants made, the predominance of acceptance (65%) was especially striking (versus 15% for cosmetic services, 11% for medical services, 3% for compensation and 7% for other).

As in Study 1a, the dichotomous recommendation type measure indicated whether a participant provided a certain recommendation or not. Again, this was weighted by inversed order of entry to gauge the importance participants assigned to the recommendation types. The means and standard deviations of the weighted measures are given in Table 2 (lower part). Because of nonoccurrence, avoidance was again skipped in the ANOVA. As in Study 1a, the assumption of sphericity was violated, $\chi^2(5, N = 175) = 77.58$, $p < .001$; therefore, the degrees of freedom were corrected using Huynh-Feldt estimates of sphericity ($\varepsilon = .81$). The 4 (recommendation type) × 2 (participant gender) mixed ANOVA yielded a significant main effect of recommendation type, $F(2.44, 422.41) = 93.69$, $p < .001$, $\eta_p^2 = .35$, which was further moderated by participant gender $F(2.44, 422.41) = 3.38$, $p < .05$, $\eta_p^2 = .02$.

As Bonferroni-corrected pairwise comparisons showed, weighted scores for acceptance were highest, ps < .001 for all difference tests; medical services and cosmetic services scores were equally rated as moderately important; and compensation scores were of lowest importance ($ps = .01$ for the contrasts with medical services and cosmetic services). Turning to the interaction effect, two pairwise comparisons were significant: Whereas men assigned more importance to compensation than women (Ms = 0.39 vs. 0.10, SDs = 0.86 vs. 0.49), the opposite was the case for cosmetic services (Ms = 0.76 vs. 0.40, SDs = 1.14 vs. 1.00), both ps < .05 (again Bonferroni-corrected).

Discussion

Study 1b replicated the main finding of Study 1a, namely that baldness acceptance is a socially approved way to respond to baldness. Compared to compensation and avoidance, participants far more frequently recommended a hypothetical friend to accept his baldness. Referring to the participants' prioritization of answers, acceptance was revealed as the most important recommendation participants provided. This builds on Study 1a in which the subjective importance of recommendation type was only inferred by order of entry.

Although the Study 1b vignette was clear-cut regarding target common baldness and did not insinuate that the target wished to actively fight his baldness, a considerable

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number of medical services recommendations were made – either to make sure that the first physician's diagnosis was valid or to seek medical treatment (18% as opposed to 40% in Study 1a). Both medical and cosmetic services recommendations were ranked as moderately important. Taken together, a considerable number of participants still recommended their hypothetical friend to counteract his baldness (in sum 35%) – despite its non-pathological form. We will return to this point in the General Discussion.

Studies 2a and 2b used a different, namely, experimental design to analyze the social approval of different responses to baldness. Participants were presented with young men, each showing their own way of dealing with baldness, and asked to form an initial impression of each. The aim was to systematically investigate the relationship between the appropriateness of baldness response types (according to Studies 1a and 1b) and the social attractiveness perception of balding men, while controlling for target age and physical attractiveness perceptions.

Study 2a

Method

Sample

Study 2a participants were 205 students from various German universities. Participants' age ranged from 18 to 30 years (M = 21.84, SD = 2.54). Two thirds were female (66%).

Procedure and Measures

Study 2a was introduced as a study on "how we form first impressions of other people." Participants were presented with three young men (Jan, Max, and Tim) showing comparable levels of balding. Each target was portrayed by a morphed photograph and a short description of an individual response to baldness – either compensation, avoidance, or acceptance. That is, a one-factor (three coping types) within-subjects experimental design was used. For each participant, the assignment of target response type to photograph was random as was the order of target presentation (i.e., which target/response type appeared first, second, and third). Thus, a confounding of target person (e.g., target physical attractiveness) and response type could be excluded as could be a possible target order effect (e.g., an anchor effect of a specific coping type).

The morphed photographs (see Figure 1) depicted men in their twenties with baldness types 3 to 4 of the 7-point Hamilton-Norwood Scale (Hamilton, 1951; Norwood, 1975). These included a U-shaped receding hairline and loss of hair on the top (the latter, due to the portrait format of the photographs, was hard to discern). The response descriptions mirrored the wording of the baldness response subscales by Kranz (2011) and had equal word counts (in German); they read as follows:

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Compensation. "Since his baldness onset, Jan has been more preoccupied with his physical fitness and condition. He also pays more attention to his fashion and hairstyle. He is more attentive to his physical appearance."

Avoidance. "Unlike when he had a full head of hair, Max now avoids looking in the mirror or reflecting surfaces and doesn't think or talk about his baldness. He tries to ignore his baldness."

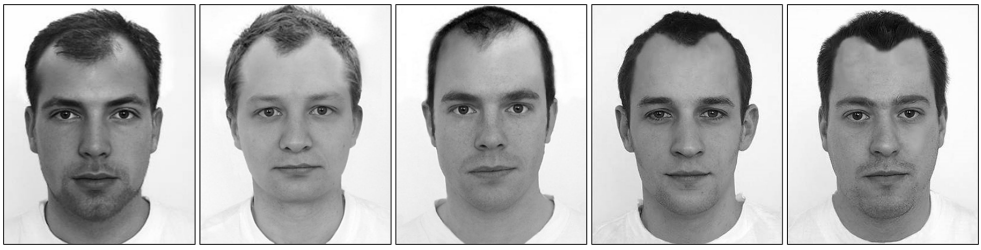
Acceptance. "Tim thinks that his baldness makes him a more interesting guy because it gives him a more mature look. Over time, he has learned to accept this physical change with composure."

For control purposes, participants rated each target's age ("How old would you say this man is?") and physical attractiveness ("How physically attractive would you say this man is?"), the latter on a 5-point rating scale ranging from 0 (*very unattractive*) to 4 (*very attractive*).

Target social attractiveness was then measured with the *First Impression Scale* (FIS; Sagarin et al., 1998). It comprises eight socially desirable adjectives (conscientious, honest, intelligent, creative, open, outgoing, relaxed, self-confident) to be rated on a 5-point scale ranging from 0 (*not at all*) to 4 (*very much*). Cronbach's alphas indicated just acceptable reliability for the compensating, avoidant, and accepting targets (.62, .66, and .69, respectively).

Figure 1

Photographs of Balding Men in Their Twenties Used in Studies 2a and 2b



Note. Photographs 1 to 3 were used in Study 2a; photographs 4 and 5 were additionally used in Study 2b.

Results

The means and standard deviations of the three dependent variables are given in Table 3 (upper part). As a first step, target age and physical attractiveness were analyzed in separate 3 (target response) × 2 (participant gender) mixed ANOVAs. Regarding target age, there was only a significant gender effect, $F(1, 203) = 7.67$, $p = .006$, $\eta_p^2 = .04$, indicating slightly higher age ratings provided by female compared to male participants (*M*s = 26.96 vs. 26.06, *SD*s = 2.29 vs. 1.94). Turning then to target physical attractiveness, no main or interaction effect was significant.

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Table 3

Means (Standard Deviations) of the Person Perception Measures in Studies 2a and 2b

	Response type				
	Compensation	**Avoidance**	**Acceptance**	**Medical services**	**Cosmetic services**
Study 2a					
Age	26.65 (2.96)	26.58 (3.03)	26.73 (2.99)	—	—
Physical attractiveness	1.66 (0.96)	1.74 (0.99)	1.67 (1.02)	—	—
Social attractiveness	2.24[b] (0.46)	1.78[a] (0.46)	2.67[c] (0.47)	—	—
Study 2b					
Age	27.37 (3.32)	27.78 (3.61)	27.50 (3.64)	27.98 (3.76)	27.58 (3.32)
Physical attractiveness	1.60 (1.08)	1.70 (1.11)	1.62 (1.00)	1.54 (1.07)	1.59 (1.08)
Social attractiveness	2.27[b] (0.55)	1.65[a] (0.64)	2.78[c] (0.46)	2.10[b] (0.58)	2.11[b] (0.54)

Note. Within rows, means with different superscript letters are significant at $p < .05$ (Bonferroni-corrected).

Next, the 3 (target response type) × 2 (participant gender) mixed ANOVA of the social attractiveness rating yielded a significant main effect for target response, $F(2, 406) = 159.60$, $p < .001$, $\eta_p^2 = .44$. All Bonferroni-corrected simple comparisons were significant at $p < .001$. Targets who accepted their baldness made the best impression; it was better than that of compensating targets and much better than that of avoidant targets. The latter made the worst impression. There was also a significant but relatively small participant gender effect, $F(1, 203) = 6.61$, $p = .011$, $\eta_p^2 = .03$, indicating that women provided higher social attractiveness ratings than men (*M*s = 2.26 vs. 2.17, *SD*s = 0.27 vs. 0.24). The target response type by participant gender interaction was not significant.

Discussion

Study 2a used a different approach to assess the social evaluation of different responses to baldness than the preceding studies, namely an experimental approach. That is, targets with different balding responses were presented and participants were asked to rate the target's social attractiveness. Importantly, both age and physical attractiveness had no impact on impression formation; that is, these variables could be excluded as possible mediating variables.

As predicted in Hypothesis 2, target social attractiveness depended on response type. Balding targets who responded with acceptance were perceived as more socially attractive than targets who responded with compensation or avoidance. These effects could be observed although the social attractiveness scale we used showed rather low, albeit acceptable (according to Cortina, 1993), reliability. If strong effects (according to Cohen, 1988) occur despite low reliable measures, as was the case in the current study,

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this might speak for the robustness of effects (for a discussion, see Steger et al., 2023). That said, reliability is typically reduced if the construct to be measured is broad (i.e., contains heterogeneous items) and/or if the measure itself is short (i.e., contains few items). Both applied to our scale.

Most importantly, Study 2a is consistent with Studies 1a and 1b, in that acceptance is socially approved of more so than other response types. A final study was conducted to replicate and extend Study 2a. Participants from Studies 1a and 1b relatively often recommended balding men to seek medical or cosmetic services. Therefore, Study 2b included targets who showed the three psychological response types (as in Study 2a) plus targets who used, or intended to use, medical and cosmetic services.

Study 2b

Method

Sample

Participants of Study 2b were 152 individuals, mostly students (86%), between the ages of 18 and 35 years (M = 23.67, SD = 3.20). Somewhat more than half of participants were female (57%).

Procedure and Measures

Participants were successively presented with five young men showing baldness (instead of three men, as in Study 2a). Each target was portrayed by a photograph (as in Study 2a plus two additional photographs; see Figure 1 again) and a short description of target responding to their baldness – either one of the three response types used in Study 2a (i.e., compensation, avoidance, or acceptance) or medical or cosmetic services. As in Study 2a, to exclude confounding effects, the assignment of target response type to photograph and the order of target presentation were randomized.

The compensation, avoidance, and acceptance response descriptions were the same as those used in Study 2a; the added medical and cosmetic services vignettes had the same word lengths as the other vignettes and read as follows:

Medical services. "Ben has consulted a physician concerning his baldness. He has decided to choose one of the two treatment options the physician proposed, either drug treatment or hair transplantation."

Cosmetic services. "Nik has decided to use a caffeine shampoo that is supposed to fight baldness. In addition to this shampoo, he considers using a special lotion to improve results."

The same measures as in Study 2a were used to gauge target age and physical and social attractiveness. Cronbach's alphas of the social attractiveness measure (FIS; Sagarin et al., 1998) were between .70 and .82 for the response types.

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Results

The means and standard deviations of the three dependent variables are given in Table 3 (lower part). As in Study 2a, target age and physical attractiveness were first submitted to separate 5 (target response type) × 2 (participant gender) mixed ANOVAs. Neither main effects nor interaction effects were significant, which again suggested age and physical attractiveness were not possible mediators of baldness response effects on social impression formation.

The focal 5 (target response type) × 2 (participant gender) mixed ANOVA of the social attractiveness ratings yielded a significant main effect for target response type, $F(3.63, 544.38) = 95.30$, $p < .001$, $\eta_p^2 = .39$; as the assumption of sphericity was violated, $\chi^2 (9) = 44.36$, $p < .001$, the degrees of freedom were corrected using Huynh-Feldt estimates of sphericity ($\varepsilon = .91$). Seven out of the ten pairwise comparisons were significant at $p < .001$ (Bonferroni-corrected): Targets who accepted their baldness were perceived as more socially attractive than targets showing any other response (i.e., all comparisons involving accepting targets were significant). In contrast, targets who avoided were perceived as least socially attractive (again, all comparisons involving avoidant targets were significant). Targets responding via compensation and targets using medical or cosmetic services did not differ in social attractiveness ratings; the impression they made was lower than that of accepting targets but higher than that of avoidant targets. As in Study 2a, there was also a significant but relatively small participant gender effect, $F(1, 150) = 12.13$, $p = .001$, $\eta_p^2 = .07$, indicating higher social attractiveness ratings provided by female compared to male participants (Ms = 2.26 vs. 2.08, SDs = 0.32 vs. 0.28). The target response type by participant gender interaction was not significant.

Discussion

Study 2b corroborates our previous findings that acceptance is the socially most approved way of responding to baldness and avoidance is the most disapproved way. Accepting targets were perceived as most socially attractive, followed by targets engaging in compensation and those seeking medical or cosmetic services. Avoidant targets were perceived as least socially attractive. As in Study 2a, targets' way of responding to baldness had no impact on age or physical attractiveness ratings.

General Discussion

The social perception and evaluation of balding men might depend on two factors: baldness itself, as a physical factor, and the way men respond to it, as a psychological factor. The present research focused on the latter; specifically, on Cash et al.'s (2005) distinction between compensation, avoidance, and acceptance of bodily changes. Using two advice-giving surveys and two impression formation experiments, we investigated

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which ways of responding to baldness were perceived as appropriate or inappropriate (Studies 1a and 1b) and to what extent appropriate or inappropriate responses to baldness affected social attractiveness ratings (Studies 2a and 2b). Referring to the theoretical framework on transactional coping (Lazarus & Folkman, 1984) and normative coping (Pearlin & Schooler, 1978), we tested two hypotheses. First, we hypothesized congruency between the functional value of baldness-related response types and the corresponding recommendations given to balding men. Second, we hypothesized that balding men responding appropriately should make a better social impression.

As Study 1a showed, most recommendations given to a hypothetical balding friend involved medical services. Acceptance was the second most common recommendation. In both Studies 1a and 1b, compensation and avoidance recommendations were rare or absent, respectively. The dominance of medical services recommendations may have reflected participants' concerns about the type of baldness being pathological and/or our framing of the question which might have suggested countering baldness was important. We therefore conducted Study 1b. This study vignette was clearer in emphasizing targets had benign common baldness and included a less action-focused question, namely, how to deal with (vs. what to do in case of) baldness. This time, acceptance was the most frequent recommendation given, followed by medical services and cosmetic services.

The finding that more neutral hair loss language undermines medicalized recommendations is particularly important. It concurs with other research finding word choice is important in healthcare. When the same health issue is described with more medicalized language (e.g., mild hypospadias in young boys; low-grade prostate cancer in older men), research has shown people are more likely to pursue invasive treatment (Nickel et al., 2017; Roen & Hegarty, 2018). A recent experimental study by Razum et al. (2025) found that balding men who were provided with text that demedicalized baldness (i.e., presented it as benign, age-related change) reported less willingness to get medical treatment and more willingness to accept baldness than their counterparts who were provided with no text (control condition) or with text that medicalized baldness ("androgenetic alopecia," the medical term for baldness). However, the experimental conditions did not differ in baldness distress.

Study 2a showed that target men who accepted their baldness made the best impression. Their social attractiveness ratings were higher than the ratings for compensating targets and, especially, avoidant targets. Study 2b considered medical and cosmetic services in addition to the avoidance, compensation and acceptance response types. It replicated the Study 2a result pattern and additionally showed that male targets who fought against their baldness by using medical or cosmetic services received lower social attractiveness ratings than accepting targets, comparable to compensating targets. Avoidant targets always made the worst social impression. Importantly, in both Studies 2a and 2b, physical attractiveness ratings did not depend on target response to baldness. This finding was contrary to the reversed PAS, stating "what is good is beautiful" (Gross

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& Crofton, 1977; Little et al., 2006). Given the reversed PAS, one might have expected that targets showing an appropriate (i.e., "good") response to their baldness should have been rated as most physically attractive. This, however, was not the case. As with physical attractiveness ratings, target age estimations were independent of target response to baldness.

In sum, the present research confirmed the social approval of baldness acceptance and the relative disapproval of compensation and, especially, avoidance responses. On a more general level, our research underlines that impression formation is not only influenced by physical appearance, but also by how people cope with perceived appearance deficits. As expected due to transactional coping theory (Lazarus & Folkman, 1984), there was a remarkable convergence between the social evaluation of different ways of responding to baldness and their adaptive value, as previously found by Kranz (2011). Our research thus suggests that people intuitively know what is good for balding men: acceptance instead of compensation or avoidance. To avoid any misunderstandings, we would like to emphasize once again that acceptance is not necessarily the easiest or best way *for every man* to cope with baldness. Consistent with the idea of coping norms (Pearlin & Schooler, 1978), men who accepted baldness and thus showed the most socially appropriate response made the best social impression overall. That said, a considerable number of participants recommended medical services, even if they knew about the harmless nature of baldness. Regarding the impression formation studies, targets seeking medical intervention were rated at moderate levels of social attractiveness. Given this pattern of results, we will now have a closer look at the two most appreciated ways of responding to baldness: acceptance and medical services.

Baldness Acceptance

Reflecting Kant's principles of practical reason ("ought implies can"), a given situation should be actively altered whenever this is rational and possible. Regarding baldness, there are few reasons for intervention. Baldness is an age-related bodily change without pathological impact; health risks due to increased sun exposure can be easily minimized (Trüeb & Lee, 2014). For most men, balding is a normal part of aging. As discussed later, medical interventions are limited and can have serious side effects. Cosmetic services, such as caffeine shampoos or vitamin capsules, have been proven to be entirely ineffective (Olsen et al., 2005). Thus, acceptance seems a very appropriate response to baldness, both reasonable and adaptive (Kranz, 2011). There is a broad social understanding and appreciation of balding, as participants' recommendations and social impression formations in the present research show. Compared to acceptance, the response types of compensation and, especially, avoidance were consistently rated as less important or entirely unimportant.

In general, striving for the impossible, as reflected in ruminative thinking (e.g., "what if" and "if only"), can indicate obsessive-compulsive or depressive symptoms (Broomhall

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et al., 2017; Markman & Miller, 2006). In contrast, accepting the inevitable is highly conducive to subjective well-being (Brandtstädter, 2009; Rothbaum et al., 1982). We think the acceptance of bodily aging, including balding, indicates such stoic adaptiveness. Bodily aging can only be mitigated under certain circumstances and within certain limits (Thompson et al., 1998; Tylka & Wood-Barcalow, 2015). However, given the ubiquitous idealization of youthfulness in contemporary Western societies (Bordo, 2003; Jankowski et al., 2014), bodily aging in general and balding in specific may be difficult to accept.

Despite the social and individual value of acceptance, we should not ignore the fact that social expectations to accept hair loss can also put some pressure on men. Using a qualitative approach, Hodkinson and Hall (2025a, 2025b) recently confirmed that baldness threatens the youthful masculinity ideal. Their data has revealed that balding men are socially expected to accept their hair loss with a sense of realism and stoicism ("just shave it off," Jankowski et al., 2021). In contrast, feelings of regret and sadness over balding were seen as unmanly. Attempts to hide or fight hair loss were accompanied by a sense of shame. Apparently, "bald and proud" is the new imperative of the older, mature man. Against this background, talking about emotional struggles with hair loss and seeking social support or professional help become increasingly difficult.

Baldness Medicalization

Although most baldness-related recommendations included acceptance, and baldness-accepting targets made the best social impression, participants also relatively often recommended medical services, and the impression that targets using medical services made was somewhat favorable. This pattern might reflect the broader trend toward medicalization, that is, of classifying nonmedical problems as medical conditions (Conrad, 2007). Besides androgenetic alopecia, examples of medicalization include attention deficit hyperactivity disorder, pre-menstrual syndrome, and erectile dysfunction (Conrad, 2007). Illich (1982, p. 466), the scholar who coined the term, described medicalization a "process that disables ordinary people from caring for themselves and makes them dependent on the provision of a service called (health) care." There is an unfortunate interplay between the loss of personal autonomy in favor of the medical system and the medical, especially, pharmaceutical, industry with its strong financial interest in *disease mongering* (Moynihan & Henry, 2006).

Indeed, there has been a substantial effort in understanding the "pathogenesis" of baldness and providing "therapy" against it (Trüeb, & Lee, 2014). Two drugs (minoxidil and finasteride) have been proven effective in some men by preventing further baldness; they cannot restore lost hair, however (Kanti et al., 2018). Both drugs can be expensive and must be taken regularly. They can produce undesirable side effects such as allergic reactions or sexual dysfunction (Fertig et al., 2017). Further evidence of one drug's, finasteride's, more debilitating side effects has recently emerged including depression and suicide (Ganzer & Jacobs, 2018). Disturbingly, these side effects were found to be hidden

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by the major drug manufacturer (Merck) and only revealed by a class action lawsuit (Levine, 2019). Hair transplantation is another, very expensive way to treat baldness. This often long and painful option is unsuitable for younger men, however, because the progression of baldness may lead to further surgery being required (Olsen et al., 2005).

Harvey (2013) analyzed websites dedicated to providing information about baldness and promoting pharmaceutical remedies for treating it. These websites typically represent the balding man as outcast, lonely, and sad (contrary to our findings), while emphasizing the attractive hirsute man as successful, happy, and heterosexually accomplished. By inducing or reinforcing insecurity in balding men and offering them pharmaceutical remedies as a viable response, such marketing reproduces and reinforces medicalization. It might infiltrate the general understanding of baldness as a medical condition that needs to be treated. One might object to the reproach of medicalization that many men *really* suffer from baldness and thus might benefit from medical treatment. The empirical evidence we have on this issue, however, should be interpreted with some caution. Many studies on the psychosocial impact of baldness (78% according to a recent review by Jankowski & Frith, 2022) are biased because they are funded by a pharmaceutical company or (co)authored by someone who sells baldness services. More importantly, men's baldness distress, whether widespread or not, might be largely socially conditioned, namely, by the propagated ideal of a full head of hair (Jankowski et al., 2014) and the widespread medicalization of baldness itself.

Gender Differences

Although not the focus of our research, we should finally address the gender differences we found. In Study 1a, men were more likely to recommend baldness acceptance, while women were more likely to recommend medical services. This pattern aligns with general gender differences in emotion expression and health behavior. Accepting physical changes could be described as typically masculine expression of self-reliance and stoicism (Mahalik & Di Bianca, 2021); using medical services might reflect women's greater willingness to seek medical help (Hiller et al., 2017). In Study 1b, the pattern was somewhat different. Men were more likely to recommend compensation coping, while women were more likely to recommend cosmetic services. Compensation could be described as a typically masculine way to maintain a sense of agency and control (Hsu et al., 2021); using cosmetics is still more prevalent in women (Byrne & Milestone, 2023). We acknowledge that these interpretations are somewhat speculative and require further research. Regarding Studies 2a and 2b, none of the effects of target balding response were moderated by participant gender.

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Practical Implications

The present research has some practical implications. First and foremost, it may encourage men, whether bald or not (yet), to develop a positive attitude toward balding. Individual acceptance of baldness seems to go hand in hand with social acceptance. This finding is also of some importance for people who deal with baldness professionally, such as hairdressers, medical providers, or psychotherapists. With the association between individual and social acceptance in mind, professionals can alleviate many of balding men's appearance concerns. On a more general level, our research might stimulate public health messaging and social campaigns aimed at reducing baldness stigma and promoting acceptance.

However, our research also shows significant social appreciation for cosmetic, pharmaceutical, and surgical interventions against hair loss. This finding draws our attention to a double pressure that balding men may face: on the one hand, to accept their hair loss, which proves their masculine stoicism; on the other hand, to fight hair loss in order to regain a youthful masculine appearance. On online baldness forums, for example, one can find both mutual encouragement to accept hair loss, reflecting a societal trend toward body positivity (Cohen et al., 2021), as well as encouragement to use medical services, reflecting a rival trend toward body aestheticization (Laughter et al., 2023; for a content analysis of baldness forum postings, see Jankowski et al., 2021).

We think that men experiencing balding should ultimately decide what they do with their baldness, if anything. Importantly, such decision making requires valid baldness information – information that is not biased by the commercial interests of a powerful hair loss industry (Jankowski & Frith, 2022).

Limitations and Outlook

The present research is not without limitations. The representativeness of the sample was not clear as we used snowball sampling. Our participants were young; the oldest were in their mid-thirties, when baldness is less common (Rhodes et al., 1998). Future research would benefit from age-stratified representative sampling. It would be interesting to find out if older participants are more accepting of baldness because they are more familiar with age-related bodily changes. Based on their first-hand experience, older balding men, in particular, may advise younger men to accept baldness. All our participants were from Germany. As the marketing of and demand for aesthetic medicine varies greatly across cultures (International Society of Plastic Surgery, 2020), participants from other countries may have different perceptions of pharmaceutical or surgical treatments for baldness. These differences might be further moderated by culture-specific masculinity norms (Hofstede, 2016). Future studies may benefit from examining the extent to which our results can be generalized to other cultural contexts. Furthermore, it might be of interest to examine how professionals, such as hairdressers or dermatologists, evaluate

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different ways of dealing with baldness. Recommendations made by these professions might be as important as those by friends or family. Another limitation was that we did not control for socially desirable responding despite the self-report methodology. This is a factor that future research should consider. Finally, even though the present research has already employed a mixed-methods approach, future research could further expand the qualitative branch (e.g., focus group discussions of advice-giving scenarios or follow-up interviews after social perception experiments). This would allow for a deeper insight into participants' attitudes about appropriate dealing with baldness.

Conclusion

A considerable number of young men struggle with baldness. They may fear social rejection because they do not conform to an important aspect of the cultural beauty ideal, namely, a full head of hair. Some seek to compensate for their baldness (e.g., by improving their fashion), others seek to avoid it (e.g., by shunning mirror surfaces). However, people do not appreciate these ways of coping with baldness when compared to baldness acceptance, as both paradigms used in this research (advice giving and impression formation) unequivocally show. People also evaluate baldness acceptance more positively than cosmetic or medical treatment, at least when they know about the harmlessness of baldness. A frequently cited study entitled "Losing Hair, Losing Points" found that baldness was generally associated with unfavorable impression making (Cash, 1990). However, our research challenges this negative image of men experiencing baldness: "Gaining Baldness Acceptance, Gaining Points."

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Ethics Statement: The survey followed the ethical rules set by Trier University (Universität Trier, 2023) and the German Psychological Society (Deutsche Gesellschaft für Psychologie, 2016). In each study, informed consent was obtained after providing information about the research question and survey procedure.

Data Availability: All data and script files are available on the Open Science Framework (see Kranz, 2021).

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Supplementary Materials

All data and script files are available at on the Open Science Framework (see Kranz, 2021).

Index of Supplementary Materials

Kranz, D. (2021). *A social psychological perspective on young men's response to baldness* [Data, scripts]. OSF. https://doi.org/10.17605/OSF.IO/UVMB2

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