

Esthetics -- As it is; and As it should be

The November 1994 issue of the Journal of the American Dental Association (Vol. 125, No. 11) pointed out that "Esthetic Dentistry in the 1990s has evolved into a multidisciplinary component of total facial esthetics." And it went on to say that "facial harmony requires stomatognathic integration of both the gingival and circumoral soft tissue, not only the teeth, to create an optimal smile that is part of the complete look." From the Changing Esthetic Dental Practice, pg. 1147, Goldstein, R. E., et.al.

That's a big bite to chew! Especially when we don't know what total facial esthetics or an optimal smile is or couldn't define them if we had to. The greater challenge would be to describe the complete look. Do you think that the complete look for the Marlboro-Man rancher in Wyoming and the complete look for a New York fashion icon such as Tommy Hilfiger would be the same? Is the mentioned complete look synonymous with good esthetics?

Those with great interest in esthetics write and lecture as they should. A continuing discourse is good. This interest can be heightened with attendance or memberships in the American Academies of Esthetic Dentistry and Cosmetic Dentistry. We should recognize however that most of the emphasis given esthetics probably is not esthetics at all. When the circuit clinicians tell us how to manage composite restorations, crown margins, and porcelain surfaces they are talking about disguise, not esthetics (a replacement of a broken picket in a fence is not an achievement in good esthetics.) When we use veneers, move teeth orthodontically, use bleaching techniques or restore teeth with crowns with different shapes or positions we are talking about enhancement more than esthetics (Tammy Faye Baker's cosmetics may enhance her appearance, but they probably don't make a statement related to good esthetics.)

If we could paraphrase Justice Potter Stewart (who was speaking about the law) some of us might agree that "we can't define good esthetics, but we know it when we see it." But we can define it and the dictionary says:

esthetics, aesthetics, aisthetkos - [Greek] - sense perception

- a branch of philosophy dealing with the nature of beauty
- a particular theory or conception of beauty or art
- a pleasing appearance or effect

The sister term of cosmetics is defined as:

cosmetics, kosmetikos - [Greek] - skilled in adornment

- of, related to, making for beauty
- done or made for the sake of appearance

Let's carry these definitions further. The word esthetics is a noun and most always should be modified with an adjective, such as good, bad or enhanced. When we say esthetic we usually mean good esthetics. When the word is misused as an adjective, as in esthetic dentistry or esthetic restoration we are substituting the noun for the adjective form of the word which is aesthetical*. This substitution is used so often that it is accepted common usage and sounds good. The worst example can be seen in the first paragraph above - "An Esthetic Dental Practice" which title perpetuates every error in meaning and in grammar.

Finally, at every opportunity we should stress the patient rather than the prosthesis; and in doing that we can change the Glossary's defined denture esthetics to the best definition of all:

esthetics in prosthodontics is:

- the cosmetic effect produced by a dental prosthesis or restoration which affects the desirable beauty, dignity, or naturalness of character

After defining it, what we really want to know is esthetics in prosthodontics science, or is it art?

The Science in esthetics.

Dentistry has come up with some findings in past years that can be ascribed to scientific observation. James Leon Williams at the age of 50 in 1902 began his search for an artificial tooth form which would duplicate those he observed in nature. He related facial types to tooth forms and reported his work before the First and Second District Dental Societies in New York City in 1914. George "Shorty" Hughes enlightened us with his observations concerning the maxillary lateral incisor, which he declared to be 2/3 the width of the central incisor. This became know as the golden proportion. Frush and Fisher popularized the Dentogenics® concept that elaborated on the Sex, Age and Personality differences in patients. Johnson and Stratton reviewed the fact that the width of the six anterior teeth equals the distance between the buccolingual centers of the hamular notches plus 5 mm. They also repeated findings that say the width of the central incisor is 1/16 the bizygomatic width; the width of the six anterior teeth equals the bizygomatic width divided by 3.3; and the width of the six anterior teeth equals the cranial circumference divided by 10. The orthodontic literature is replete with measurement standards from cephalometric analysis. Chu and Clark observed racial differences in profiles and lip position related to the "E-line" (J. Prosth. Dent. 68.) Other observers have related the occlusal plane to Camper's Plane and the Frankfort Horizontal.

All of these scientific observations have the objective of completing a prosthesis that will achieve a desirable appearance and a naturalness of character, which fits our definition of esthetics in prosthodontics.

Esthetics in dentistry as art.

Is esthetics art? No, it is the philosophy of art. Is dentistry or prosthodontics or certain phases of prosthodontics art? We might just stretch a point and say--yes.

* Webster's Ninth New Collegiate Dictionary © 1984

Art fulfills a need, a spiritual need. It has a purpose and a rationale. Guided by his or her own judgments the artist selects the specifics which will say what is his or her view of the piece of the world (a drawing, painting, sculpture, a piece of music, a story, a dance, a building, and yes even a group of teeth) that they are portraying. The artist is saying "this is what counts as I see it."

Does prosthodontics fit this description of art? Yes, so far. The artist takes available abstractions and converts them into perceptions. These perceptions should give the artist and the viewer or reader or listener pleasure, saying--"this is what it should feel like to live in this ideal world I have created."

Notice, art must have a maker and a viewer. It must provide an experience, an experience which is not *teaching*, but *showing*. It should not "fake" reality (this is what the majority of esthetics in dentistry does) but it should clarify and stylize it. It, the work of art, identifies everything important enough to be included and omits the unimportant. It is the artist's sense of life that controls the work and the viewer's sense of life that accepts it or rejects it.

When thinking about the art in prosthodontics we must adhere to several important principles of art. They are:

1. Art must have a subject, and the artist must make the choice. The choice cannot be ignored or be meaningless or frivolous or trivial. Brillo pads, clay bears hanging at the neck with rope or Nine Inch Nails songs won't cut it as true art! It isn't the *style* that counts, it's the subject. Just listen to some of our prominent lecturers in esthetics and clearly interpret--is it the style they are talking about or the subject? Does using five projectors make the subject any more important? Next

2. Art must be clear and fully recognizable. It must not do away with reality or be vague in its message. Unintelligible rap noise is not music; dirty clothes piled in the middle of the floor covered with red paint (blood) is not sculpture; most graffiti images are not paintings; and clearly, uniform even pieces of plastic or porcelain arranged by prescription as units in dentures or fixed partial dentures are not substitutes for lost tissues that are individual and characteristic to the patient. And finally

3. Everything in the work of art must have a purpose and be fully integrated to the subject. Nothing should be accidental. Everything is included from the creator's perspective and offers a recreation of the central subject. This takes great thought, study, concentration, and imagery on the part of the artist; and the artist should hold to his or her convictions about it. Can the architect delegate the home design to the carpenter? Can the violinist delegate the solo composition to the music librarian? Can the artistic features of the dental prosthesis be delegated to the laboratory?

We can declare that almost every restoration that we create in prosthodontics is indeed *art* if we recognize and adhere to the above principles, and recognize the following closely related paradigms. We can further emphasize our belief in prosthodontics as *art* if we remember that: a) disguise or unnoticeable substitution is necessary in many situations, but it is not esthetics, and further; b) we can help our result if we use the process of entry and reentry to view our product. The best way to train our eye for that process is to look at

Thomas Bacceti's computerized 3-D visuals that are in his book the *Magic Eye* or its sequel, *Magic Eye II* and last; c) we should overemphasize our restoration, as in theater or opera makeup, to achieve clarity.

Conclusion.

Another view of esthetics in prosthodontics, a concept that is valid and holds to the true meaning of the word *esthetics* has been set forth. Managing dental materials, old and new, to achieve an indistinguishable likeness to lost oral tissues, is important and will continue to be one of our biggest challenges. Another challenge, however, is to be able to create, as the artist creates, something of ourselves in our prostheses. We should now be convinced that something of what we do is *art* ! In no way does that discount our great worth in the biologic things we do, and it takes nothing away from the scientific groundwork we need to be successful. It just means that tucked away in our daily work is a need to create and a way to do it, and to be satisfied and gratified that the message we are sending will be received by another -- as something of "beauty, dignity, and naturalness of character" -- a work of art. ■

NDW 1996