The Use of "Fashion Therapy" as Adjunctive Therapy in the Rehabilitation of Psychiatric Patients

Virginia Geddes Eyestone

Utah State University

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THE USE OF "FASHION THERAPY" AS ADJUNCTIVE THERAPY
IN THE REHABILITATION OF PSYCHIATRIC PATIENTS

by

Virginia Geddes Eyestone

A thesis submitted in partial fulfillment
of the requirements for the degree
of
MASTER OF SCIENCE
in
Clothing and Textiles

Approved:

Major Professor

Head of Department

Dean of Graduate Studies

UTAH STATE UNIVERSITY
Logan, Utah

1965
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I extend thanks to my husband, Robert, and my mother, Mrs. Mae Geddes, for their encouragement. I thank my children, Suzanne, Janet, Robert, Mary Jo, and Eddie for the time they have given me.

When making the preliminary investigations, visits were made to the Idaho State Hospital South, in Blackfoot, Idaho, and the Utah State Hospital, in Provo, Utah. The staff members of these hospitals were very cooperative.

For their direction and guidance I would like to thank my committee members, Dr. Norma Compton, Dr. Heber Sharp, Miss Haruko Terasawa, and Miss Theta Johnson.

Virginia G. Eyestone
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INTRODUCTION

Statement of Problem

Mental illness is one of the greatest public health problems and foremost challenges of our time. However, because of improved medical practices and modern research methods, more mental patients are now being released and returned to society than at any other recorded period.

The mentally ill person loses touch with reality. Things that once were of primary concern are no longer important. Many mental patients become accustomed to carelessness in dress and personal habits. This state of deterioration often remains as a mark of mental illness, and the resulting inappropriate dress frequently limits the activity of the individual. The patient may not even be received socially. In some cases mental patients who have been ready for release have hesitated to go back into society as they lacked the necessary self-confidence regarding their personal appearance, and felt that they would not fit into the society from which they originally came.

The way that an individual is dressed and groomed often has a dual influence. It not only influences the way he is treated by others, but can affect his feelings toward himself. The hospital staffs treating mental patients are becoming increasingly aware of the socio-psychological aspects of clothing. Therefore, volunteers have been recruited to help encourage patients to improve
personal appearance through disseminating information about current fashions and methods of personal grooming. The name that has been coined for this activity is "fashion therapy."

The purpose of this study is to make a survey of state and private mental hospitals throughout the United States to ascertain:

1. The use of "fashion therapy" in hospitals
   a. Methods and procedures
   b. Emphasized areas
   c. Personnel active

2. The evaluation of program
   a. Effectiveness
   b. Expected continuation
   c. Type of study (permanent or pilot)
   d. Limiting factors

3. The need for trained specialists to work in hospitals as "fashion therapists."
REVIEW OF RELATED LITERATURE

In making an extensive review of related literature the investigator did not find any previous studies that have been made on the role played by clothing and grooming in the rehabilitation of the psychiatric patient.

Therefore, in order to gain a background for this study it was important for the writer to survey: (1) the scope of the mental health problem, to ascertain the problems that have existed in the care and treatment of the mentally ill; (2) the socio-psychological aspects of clothing, to understand the importance of clothing as related to the behavior of the individual; and (3) the use of improved clothing and grooming practices in mental hospitals, to determine its importance as adjunctive therapy in the treatment of the mentally ill.

The Scope of the Mental Health Problem

Mental illness is one of the most widespread diseases of our society. On any given day, more people are hospitalized for mental illness than for all other diseases combined. Over a million patients are treated annually in hospitals in the United States. In addition an estimated 502,000 persons receive services in outpatient clinics and a substantial number are being treated by private psychiatrists, according to the U. S. Department of Health, Education and Welfare Public Health Publication No. 543 (1962). Estimates of the total number of mentally disturbed patients are hard to substantiate. An estimate made by the
San Francisco Association for Mental Health (1960) indicated that there could be as many as 17 million mentally ill individuals in the United States.

The concern for this growing problem has been so great that it has drawn national interest. The late President John F. Kennedy, in a special message to Congress, February 5, 1963, described mental illness as one of the greatest public health problems and foremost challenges of our time. He said:

We can procrastinate no more. Mental ailments now cost the taxpayers more than $2.4 billion yearly in direct outlays for services. About $1.8 billion for mental illnesses and $600 million for mental retardation. The time has come for a bold new approach. (Kennedy, 1953, p. 1838)

The oldest records of human history show that there have always been people who suffered from mental illness. Anthropologists studying other cultures report that every culture or civilization, no matter how primitive, has some people who are mentally ill.

Coleman (1956) reports that for centuries the mentally ill were punished, or at best, neglected. They were thought to be possessed by demons or "moon-struck" or to be less than human.

The year 1958 was the Golden Anniversary of the organized mental health movement in America. Attention was drawn to the importance of public education regarding mental illness, when the book, A Mind That Found Itself, was published. Beers (1908), a Yale graduate, described his own mental collapse and told of the type of treatment he received in three typical institutions of the day. In describing one phase of his treatment, Beers says:

I was placed in a cold cell in the Bull Pen at eleven o'clock one morning. Still without shoes and with no more covering than underclothes, I was forced to stand, sit, or lie upon a bare floor as hard and cold
as the pavement outside. A few days before Christmas my most
galling deprivation was removed. That is, my clothes were restored.
These I treated with great respect. Not so much as a thread did I
destroy. Clothes, as is known, have a sobering and civilizing effect,
and from the very moment I was again provided with presentable
outer garments my conduct rapidly improved. (Beers, 1908, p. 177)

Beers was successful in arousing the interest and aid of many public
spirited citizens and scientists, including the eminent psychologist, William
James, and the psychiatrist, Adolf Meyer. In fact, it was the latter who sug-
gested the term "mental hygiene" as the appropriate name for the movement to
educate the people in an understanding of mental illness.

The first Society for Mental Hygiene was founded in 1908. This society
developed into the National Mental Health Association. The mental hygiene
movement has played an important role in the development of modern psychiatry.
The dark brooding asylums are being replaced with modern mental hospitals.
Today the mentally ill are no longer chained and ignored. They are regarded as
sick people requiring treatment just as those with physical illnesses require
treatment.

Added to this hopeful outlook are recent advances in medical science
which promise to bring progress in the treatment of mental illness in the coming
decades. According to the United States Department of Public Health Bulletin
No. 543, March 1962, real progress has been made in the following areas:

1. The psychoactive drugs, popularly known as tranquilizers and ener-
gizers, have made it possible to treat effectively many of the mentally ill who
formerly could not be helped.

2. The increase in psychiatric personnel has made it possible to give
patients greater individual care.

3. The community is assuming greater responsibility for preventive programs and for the care, treatment, and rehabilitation of the mentally ill.

4. The general population is beginning to attach less stigma to mental illness. The dissemination of information and programs of education are helping to banish the fear once associated with mental illness.

5. The general practitioner's growing interest in mental illness has resulted in earlier recognition and treatment of these problems.

6. For the first time since records have been kept, there has been a decline in the mental hospital population. A larger proportion of the mentally ill are being returned to society.

Socio-Psychological Aspects of Clothing

Clothing-oriented behavior is a neglected, but permanent part of educational and social psychology. It is just as significant as feeding behavior, reading behavior, motor behavior, symbolic behavior, and the many other behaviors which occupy attention, according to Hartmann (1949, p. 298).

Flugel (1930) pointed out the importance of clothing when he wrote:

Man . . . is a social animal, he needs the company of his fellows and is delicately reactive to their presence and behavior. And yet . . . civilized man has but little opportunity of directly observing the bodies of his companions. Apart from the face and hands, what we actually see and react to are not the bodies, but the clothes of those about us. It is from their clothes that we form a first impression of our fellow creatures as we meet them. It is the indirect expression of an individual through his garments that tells us in the case of a new acquaintance something about his sex, occupation, nationality, and social standing. This enables us to make a preliminary
adjustment of our behavior towards him long before the more delicate analysis of feature and of speech can be attempted. (Flugel, 1930, p. 15)

Norlin (1928, p. 28) points out that Socrates recognized that often people are judged by the type of clothing worn. This is indicated by the advice he gave to Demonicus on the matter of clothing: "In matters of dress, resolve to be a man of taste, but not a fop. The man of taste is marked by elegance, the fop by excess."

Flugel (1930, p. 7) tells us that the English philosopher, Herbert Spencer, recorded the remark that the consciousness of being perfectly well dressed may bestow a "peace such as religion cannot give."

Clothes are a sign of status. They come to be regarded as an important symbol of the role played by the child. One way in which parents can help or hinder a child's adjustment to his peers—a factor rarely singled out for attention—is in providing the right clothes.

Very early in life the child discovers that his clothes attract attention to himself. Read (1950) reported that three-year olds not only noticed one another's clothes, but referred to the newness, color, or any feature that was different in the clothing of other children. For this reason it is not surprising that the youngest of children learn the powerful effect that clothing has on others, and come to appreciate the gratification that it can give the wearer. Neat, attractive clothes mark a child as belonging to a family higher on the social scale.

Clothes must not merely be neat; they should be appropriate. Rogers (1957) has pointed out that the proper garment is part of the child's admission ticket to his group. Parents who insist that their child wear a type of clothing
that is not accepted by his peers are placing him in a very embarrassing posi-
tion. Clothing protects us against a certain fear. Shyness, which plays such a
large part in a child's behavior, often has a very close connection with personal
appearance in clothing. One might be amazed to see a listless, timid, and fret-
ful child converted into a bright, cheerful child taking part in all activities;
merely by a change of garments. Yet, this is very possible. It is difficult to
be self-respecting when dressed in rags.

March (1947, p. 105) found that the experience of being inappropriately
dressed has a lasting influence upon personality. Students in a speech class who
had difficulty in speaking were asked to record extraneous thoughts which flashed
through their minds while they were speaking before the group. The following
were some of the thoughts: "I kept thinking of how awful I looked;" "I was con-
scious of wearing blue skating socks and a yellow sweater;" "I thought of my
stringy hair;" and "I kept thinking of the grease spots on the front of my dress."

The relationship between appearance and individual security has been
pointed out many times. Silverman (1945) in a study of the psychological impli-
cations of clothing and appearance for teen-age girls found that the girls who
had low self-regard scores were rated as being in the lowest quarter in the mat-
ter of appearance. The discrediting attitudes of these girls toward their per-
sonal appearance were tied in with a large cluster of negative feelings which
gave them a defeatist attitude.

Lapitsky (1961) also found that there was a relation between clothing
values and feelings of social security and insecurity. Women selected to par-
ticipate in her study were divided into two groups, the socially secure group and
the socially insecure group. They rated clothing according to two values; aesthetic, and desire for social approval and conformity. Lapitsky found that for women in the socially secure group the aesthetic value was more important than the desire for social approval and conformity. For those in the socially insecure group, desire for social approval and conformity was significantly more important. Women who felt insecure indicated a greater need for clothing that would be acceptable to their peers.

Ryan (1952) states that social contribution was given as one of the major reasons for being well-dressed by a group of Cornell University women. These girls felt that they were less self-conscious when they felt well-dressed. They believed that individuals were often judged by their appearance, and that clothing influences social acceptance, popularity, and job success.

Bliss (1963) suggests that certain psychological needs pertaining to clothing, such as covering, custom and habit, identification, conformity, environment, and values, can be grouped into three broad categories:

1. Affectional needs: Needs to form and maintain warm harmonious and emotionally satisfying relations with others.
2. Ego-bolstering needs: The need to enhance or promote the personality; to achieve, to gain prestige and recognition; and to satisfy the ego through domination of others.
3. Ego-defensive needs: The need to protect the personality; to avoid ridicule and "loss of face;" to prevent loss of prestige; and to avoid or to obtain relief from anxiety. (Bliss, 1963, p. 49)

Flugel (1930) reports that Anatole France was so certain of the symbolic significance of clothing that he once wrote:

If I were allowed to choose from the pile of books which will be published one hundred years after my death, do you know which one I would take? I would simply take a fashion magazine so that I could see how women dress one century after my departure. And these
rags would tell me more about the humanity of the future than all of the philosophers, novelists, prophets, and scholars. (Flugel, 1930, p. 6)

From these observations it can be assumed that the type of clothing an individual wears often has a dual influence. First, the clothing worn can influence a person's feelings about himself, and therefore affect his behavior. Second, the clothing of an individual is one of the major items noticed by people in social situations. People make a preliminary judgment of a new acquaintance from the way he is dressed and groomed.

Improved understanding of the socio-psychological significance of clothing and application of this knowledge may help to improve human behavior, especially in the case of those who have feelings of insecurity.

The Use of Improved Clothing and Grooming Practices
in Mental Hospitals

As recently as ten years ago most mental patients in the large state hospitals wore similar clothing--blue denim pants and chambray shirts for men, and styleless wash dresses for the women. Strong dress for restrained patients was of canvas and leather.

One former mental patient summed up some of the problems facing patients in institutions in a letter published in the Logan Herald Journal, January 9, 1963. She stated:

In closed wards only the barest essentials are provided: Drab, prison-like dresses, thick brown stockings, heavy, ill-fitting brown oxfords. The little niceties of life, dear to every woman--face cream, hair brush, lipstick, powder and emoryboards--are unknown. Meals consisted of starches, a diet which resulted in making us
overweight and stodgy. As a result each patient becomes dowdy, with a corresponding low morale. . . . those who have no one to plead their cause vegetate. (Anonymous, 1963, p. 5)

In recent years, however, many progressive administrators are beginning to recognize the therapeutic value of improved clothing and grooming.

Baker (1955) feels that the psychology of clothing can fortify the patient's self-esteem and bring peace to his troubled soul. This philosophy was the basis for a determined effort by Dr. J. T. Naramore, Superintendent of Larned State Hospital, Larned, Kansas, to bring about an improvement in the clothing worn by mental patients in Kansas.

Ashley (1958) reported that well-fitted, clean clothing enhances the pride of mental patients. Those who have their own clothes, rather than a shared community wardrobe, are less destructive. Attention to clothing, hair-dressing, and barbering is considered to be a positive factor in rehabilitation.

Goodman (1961) points out that with certain obvious exceptions there is no reason to suppose that mental patients are immune to the psychology of dress. Goodman states:

We all know that the question of dress and adornment is of particular importance to women. The fact that a woman happens to be a mental patient does not immunize her to this aspect of her personality. Quite the contrary, the concern about her appearance might very well be one of the bridges to reality and self-respect which the therapist can use more helpfully in treatment. This would appear to be especially true of convalescent women, who are able to construe increased appreciation of style, fabric, and color variety as symbolic and contributive to their return to health. (Goodman, 1961, p. 33)

Compton (1964) investigated the relationship between the body boundary aspect of the body-image concept and the clothing fabric and design preferences
of a group of psychotic women hospital patients. The Clothing Fabric and Design Preference Test, developed by the investigator, and the Rorschach were administered individually to 30 mental patients.

From her results, Compton reported that women with concepts of their body boundaries as weak and indefinite rather than firm and definite attempted to define these boundaries through clothing fabric choices emphasizing strong figure-ground contrasts and bright colors. Therefore, clothing fabrics may function to strengthen weak body image boundaries for women patients of mental hospitals. Compton remarks that this finding may be a possible explanation for the recently acknowledged positive effects of "fashion therapy" in mental hospitals. Since the confusion of psychotic patients may involve the limits of their own bodies, it would appear that efforts directed at attempting to redefine and reidentify these limits through clothing would be valuable.

Scott (1962) found that the charm school rehabilitation program in Terrell State Hospital, Texas has upgraded morale among both patients and personnel. She explains the benefits of the program as follows:

Training in charm techniques has helped aides and nurses to develop skill in their own grooming; in turn this has helped their patients to develop their personal assets. As a result, patients are better accepted by their families and friends, and their feeling of personal pride helps them regain status in the community after they are discharged. The hospital plans to continue inservice training of nursing personnel so that they may assume leadership in this very basic step toward rehabilitation. (Scott, 1962, p. 418)

Thompson (1962) reports that in October 1959, the San Francisco Association for Mental Health and the Fashion Group (an international association of women engaged in fashion work) agreed to co-sponsor and develop a "fashion
therapy" project for women patients at Napa State Hospital. This project developed so successfully that it was used as a guide for Fashion Groups across the country in bringing "fashion therapy" to their local state hospitals. Following in the footsteps of this pioneering San Francisco group, "fashion therapy" has been introduced in many other mental hospitals throughout the United States.

In the Annual Report of the San Francisco Association for Mental Health (1960), the late Dr. Theo K. Miller, former Superintendent and Medical Director at Napa State Hospital, hailed the success of their "fashion therapy" project at Napa as a "revolution" in the treatment of mental patients and predicted it will soon be in standard use in psychiatric hospitals throughout the country.

These published reports indicate that progress is being made in improved clothing and grooming practices in mental hospitals.
METHODS AND PROCEDURE

Preliminary Investigations

Visits were made to the two mental hospitals in the surrounding region to become acquainted with the role that clothing and grooming play in the care and rehabilitation of the mental patient. While at the hospitals, observations were made of mental patients, conferences were held with Nursing Directors and Superintendents, and inquiries were made of hospital attendants. A tour was made of the hospital buildings with special emphasis placed on inspection of clothing storehouses, laundries, clothing closets, beauty parlors, and barber shops. On one occasion the investigator was able to attend a fashion show which climaxed a tenweek charm school. This fashion show was sponsored by a group of volunteers and the models were mental patients.

These visits gave a background for the study and helped the investigator to get a better understanding of the problem involved in clothing and grooming a large group of mental patients. The visits were very helpful in formulating the questionnaire.

Individual letters of inquiry were sent to the National Mental Health Association and the San Francisco Mental Health Association. Letters were also sent to leaders in "fashion therapy" and to clothing extension specialists.

An extensive review of literature was made in three areas that seemed pertinent to give a background for the study.
Selection of Sample

A recent list of all state and private mental hospitals, their addresses, and the names and addresses of the hospital superintendents were obtained by writing to the State Health Department in each of the 50 states and the District of Columbia. A copy of this letter is included in the appendix.

From the resulting list of private and state hospitals, those hospitals listed as completely geriatric were eliminated because the investigator was primarily interested in the younger group of patients with a greater possibility for rehabilitation and return to society. Hospitals for the criminally insane and psychiatric wards in general hospitals were also eliminated.

Table 9, in the appendix, indicates the number of hospitals in each state receiving the questionnaire.

Preparation and Mailing of the Questionnaire

In preparing the questionnaire, it was first pertinent to obtain a description of the hospitals. Questions were asked to obtain information as to the type of hospital (state or private), patient population, approximate yearly expenditure per resident patient, and personnel employed on the hospital staff.

It was important to the investigator, in considering the hospital staff, to determine whether any home economists or specialists in clothing were currently employed by mental hospitals. The investigator also desired information as to the number of psychiatrists, psychologists, occupational therapists, social workers, beauticians, and barbers employed.
The next area of concern was the existence of a program in the hospital which aided the patients toward rehabilitation through improving their appearance. It was explained that this treatment is sometimes referred to as "fashion therapy." Hospitals not having a "fashion therapy" program were asked if they would be interested in a program of this type.

If the hospital had a "fashion therapy" program, they were asked to describe the areas included, methods used, and personnel presenting the program.

These hospitals which had conducted a "fashion therapy" program were asked to evaluate the success of their program by telling of its accomplishments, expected continuation, and factors limiting the progress of the program.

Finally, hospitals were asked if there was a need for trained specialists to work as "fashion therapists" in mental hospitals. If they indicated there was a need for specialists in this field, they were asked what training they would recommend.

The questionnaires were duplicated on blue paper with the intention that the blue form might serve as a reminder, and thereby yield a greater response. A cover letter explaining the study was mailed with the questionnaire to the superintendents of the hospitals. Copies of the cover letter and questionnaire are included in the appendix.

The cover letter, questionnaire, and a self-addressed envelope were mailed to 234 state hospitals and 204 private hospitals. This made a combined total of 438 questionnaires sent to state and private hospitals. A period of two months was allowed for the return of the questionnaires.
As replies to the questionnaire were returned, results were tabulated by the investigator.
RESULTS

Response to the Questionnaire

A total of 438 questionnaires was mailed with a resulting return of 236. This was a 56 per cent return. Of the 236 replies received, 153 (64.8 per cent) were from state hospitals, and 83 (35.2 per cent) were from private hospitals.

An additional 15 hospitals acknowledged receipt of the questionnaire but did not return the questionnaires. The reasons indicated by these hospitals were: (1) the questionnaire did not apply to the type of hospital they were operating; (2) the statistics were not available; and (3) restrictions by the state prevented them from answering the questionnaire.

Description of Hospitals Participating in the Study

Patient population

Eleven of the state hospitals reported patient populations of less than 99, while 56 of the private hospitals reported that they had populations of less than 99. In contrast, 66 of the state hospitals indicated a patient population of over 2,000. There were no private hospitals reporting a patient population of over 1,000.

Table 1 shows the comparative patient population between state and private hospitals.
Table 1. Distribution of state and private mental hospitals as related to patient population

<table>
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</tr>
<tr>
<td>1,500-1,999</td>
<td>23</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Over 2,000</td>
<td>66</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>153</td>
<td>83</td>
<td>236</td>
</tr>
</tbody>
</table>

In comparing the state and private hospitals, it is noted that the patient population of the state hospitals is usually larger than the patient population of private hospitals.

Approximate yearly expenditure per patient

From the data available 41, or approximately one-half, of the private hospitals reported expenditures of over $3,000 per year per patient. One small private hospital reported patient expenditure as $32 per day, or over $11,000 per year. On an average, state hospitals indicated a lower expenditure per patient than private hospitals.

Table 2 shows approximate yearly expenditure per patient in state and private hospitals.
Table 2. Distribution of state and private hospitals as related to approximate yearly expenditure per patient

<table>
<thead>
<tr>
<th>Dollars</th>
<th>State</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500-$999</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>$1,000-$1,499</td>
<td>19</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>$1,500-$1,999</td>
<td>38</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>$2,000-$2,499</td>
<td>37</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>$2,500-$2,999</td>
<td>15</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Over $3,000</td>
<td>26</td>
<td>41</td>
<td>67</td>
</tr>
<tr>
<td>No answer</td>
<td>15</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>153</td>
<td>83</td>
<td>236</td>
</tr>
</tbody>
</table>

Personnel employed in mental hospitals

More psychiatrists are employed by mental hospitals than any other professional group. Hospitals indicated they employed 2,899 psychiatrists. Social workers were listed next, having a total of 1,719. Hospitals reported having 918 occupational therapists on the staff and 840 psychologists.

There is a slightly larger number of beauticians hired than barbers, as hospitals indicated having 414 beauticians and 400 barbers.

There were 128 specialists in clothing reported as hospital personnel and 63 home economists. Seven hospitals specified that their home economists were dietitians.
Table 3. Personnel employed in mental hospitals

<table>
<thead>
<tr>
<th>Employee</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>2,899</td>
</tr>
<tr>
<td>Social workers</td>
<td>1,719</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>918</td>
</tr>
<tr>
<td>Psychologists</td>
<td>860</td>
</tr>
<tr>
<td>Beauticians</td>
<td>414</td>
</tr>
<tr>
<td>Barbers</td>
<td>400</td>
</tr>
<tr>
<td>Specialists in clothing</td>
<td>128</td>
</tr>
<tr>
<td>Home economists</td>
<td>63</td>
</tr>
</tbody>
</table>

The Use of "Fashion Therapy"

Of the 236 hospitals participating in the study, 142, or 60 per cent, reported having a program which emphasized the use of improved methods of clothing and grooming, sometimes referred to as "fashion therapy."

Many comments were given on the use of this type of program. One administrator summed up the feelings of a group by stating: "We feel that this is an important part of the patients' treatment program and should be a regular part of it, because so many patients are here because they feel unacceptable."

Hospitals reported this program had existed for various periods of time; one hospital reported that they felt theirs was the oldest existing program, and that it had been in progress for eight years.

An additional 19 per cent of the hospitals responding reported that although they were not using "fashion therapy" at the present time they would be
interested in learning more about this program. One respondent reported, "We have no fashion therapy program, but encourage good grooming, and recognize the value of such a program." Several made the comment that the program sounded interesting for employees as well as patients.

In comparison, 21 per cent of the hospitals reported having no "fashion therapy" program and indicated that they would not be interested in a program of this type. Many of these were the small private hospitals which indicated limitations in the depth and breadth of the more traditional modes of treatment available and stated that they would benefit from psychotherapy, nurses, and group therapists before they would spend money for "fashion therapists."

Several hospitals indicated that they did not use "fashion therapy" because of the short term treatment of most of their patients. One hospital administrator commented: "In our type of hospital we cannot give the time to fashion therapy as hospitals might that keep patients for a long stay. Ours is
direct, short term therapy."

The large state hospitals with patient populations of over 2,000 reported the greatest use of the "fashion therapy" program. One hundred and nine state hospitals indicated they were using fashion therapy.

Table 4. Distribution of the state hospitals as related to patient population and interest in "fashion therapy"

<table>
<thead>
<tr>
<th>Patient population</th>
<th>Have &quot;fashion therapy&quot;</th>
<th>No &quot;fashion therapy&quot;</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have &quot;fashion therapy&quot;</td>
<td>Interested</td>
<td>Not interested</td>
<td></td>
</tr>
<tr>
<td>0-99</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>100-499</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>500-999</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>1,000-1,499</td>
<td>14</td>
<td>2</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>1,500-1,999</td>
<td>16</td>
<td>4</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Over 2,000</td>
<td>53</td>
<td>12</td>
<td>1</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>29</td>
<td>15</td>
<td>153</td>
</tr>
</tbody>
</table>

A total of 33 small private hospitals indicated use of "fashion therapy" as compared with 34 indicating no "fashion therapy" and not interested. Sixteen indicated that although they did not have a "fashion therapy" program they would be interested in developing one.

In both the state and private hospitals it was the larger hospitals that reported the greatest use of "fashion therapy."
Table 5. Distribution of the private hospitals as related to patient population and interest in "fashion therapy"

<table>
<thead>
<tr>
<th>Patient population</th>
<th>Have &quot;fashion therapy&quot;</th>
<th>No &quot;fashion therapy&quot;</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interested</td>
<td>Not interested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-99</td>
<td>20</td>
<td>12</td>
<td>56</td>
<td>36</td>
</tr>
<tr>
<td>100-499</td>
<td>11</td>
<td>2</td>
<td>23</td>
<td>48</td>
</tr>
<tr>
<td>500-999</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>1,000-1,499</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1,500-2,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Over 2,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>16</td>
<td>34</td>
<td>83</td>
</tr>
</tbody>
</table>

Tables 6 and 7 show a comparison between the yearly expenditure per resident patient and interest in "fashion therapy" in state and private hospitals. Of the state hospitals indicating approximate yearly expenditures of between $2,500-$2,999, 93 per cent had a "fashion therapy" program. State hospitals indicating an expenditure of over $3,000 showed that 65 per cent had a "fashion therapy" program.

No claims are made that "fashion therapy" is curative in itself. However, it does afford a new avenue of approach which permits a visitor, relative, or an aid to show a legitimate interest in the patient. The therapy can be twofold—it can make the patient more acceptable socially and also can make him feel that someone is deeply and genuinely interested in helping him break through to reality.
Table 6. Distribution of state hospitals as related to approximate yearly expenditure per resident patient and interest in "fashion therapy"

<table>
<thead>
<tr>
<th>Dollars</th>
<th>Have &quot;fashion therapy&quot;</th>
<th>No &quot;fashion therapy&quot;</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interested</td>
<td>Not interested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$500-$999</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>67</td>
</tr>
<tr>
<td>$1,000-$1,499</td>
<td>12</td>
<td>6</td>
<td>19</td>
<td>63</td>
</tr>
<tr>
<td>$1,500-$2,000</td>
<td>26</td>
<td>11</td>
<td>38</td>
<td>68</td>
</tr>
<tr>
<td>$2,000-$2,499</td>
<td>31</td>
<td>4</td>
<td>37</td>
<td>84</td>
</tr>
<tr>
<td>$2,500-$3,000</td>
<td>14</td>
<td>1</td>
<td>15</td>
<td>93</td>
</tr>
<tr>
<td>$3,000 or over</td>
<td>17</td>
<td>4</td>
<td>26</td>
<td>65</td>
</tr>
<tr>
<td>No answer</td>
<td>7</td>
<td>5</td>
<td>15</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>29</td>
<td>153</td>
<td></td>
</tr>
</tbody>
</table>

Table 7. Distribution of private hospitals as related to approximate yearly expenditure per resident patient and interest in "fashion therapy"

<table>
<thead>
<tr>
<th>Dollars</th>
<th>Have &quot;fashion therapy&quot;</th>
<th>No &quot;fashion therapy&quot;</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interested</td>
<td>Not interested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$500-$999</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td>$1,000-$1,499</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>$1,500-$1,999</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>$2,000-$2,499</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>$2,500-$2,999</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>$3,000 or over</td>
<td>17</td>
<td>8</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>No answer</td>
<td>11</td>
<td>3</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>16</td>
<td>83</td>
<td></td>
</tr>
</tbody>
</table>
Of the 142 hospitals which had a "fashion therapy" program, 116, or 81 per cent, felt that they were moving toward the desired goals and that this approach was distinctly beneficial.

There were 10 hospitals, or 7 per cent, which indicated that their program had not accomplished its purpose. Hospitals in this group indicated that in some cases the patient tends to resort to original habits when the active program is discontinued. Another criticism of the program was that patients lack funds to procure material.

In reply to the questionnaire, 16 hospitals, or 12 per cent, qualified their answers. Some indicated that while the program was successful as a whole much more could be accomplished if more leadership and finances were available and if more volunteers and professional groups would take an interest. Other qualified answers indicated that this was just the beginning and that they would like to see the program extended.

Figure 2 shows hospitals' satisfaction with "fashion therapy" programs.

<table>
<thead>
<tr>
<th></th>
<th>Per cent of hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished purpose</td>
<td>80</td>
</tr>
<tr>
<td>Not accomplished purpose</td>
<td>20</td>
</tr>
<tr>
<td>Qualified answer</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 2. Hospitals' satisfaction with accomplishments of "fashion therapy"
Methods used in "fashion therapy"

The type of "fashion therapy" program used in most of the hospitals was to conduct weekly classes in which patients could enroll to learn improved methods of dress and personal grooming. These programs have been called by a variety of names, such as: "Charm Schools," "Glamour Schools," "Personal Enhancement Programs," "Beauty Clinics," "Personal Beautification Programs," "Graceful Living Groups," and "Home Economics Classes." The classes extend from six to ten weeks. Suggestions for subjects to be taught in these classes cover a wide area.

Many of the hospitals stressed the importance of helping the patients to strengthen and build the physical body. The classes suggested as being important in this field were gymnastics, health, and personal hygiene. Some hospitals indicated that special emphasis has been placed on figure exercises, posture, walking, poise, and weight reduction. One mental patient proudly explained that the women in her ward had lost a total of 1,000 pounds during a series of charm school classes.

The appearance of skin is often neglected by mental patients, and classes in the correct care of the skin, choice and use of cosmetics have proven to be helpful to the patients.

Because mental patients often feel self-conscious and cannot express themselves adequately, classes in speech, drama, and personality development are recommended.
Hair care and styling was listed by most of the hospitals as a subject popular with the patients participating in the charm schools. This part of the charm school is often sponsored by volunteers from local beauty schools. One hospital reported that several of their male patients had become so interested in barbering that after their release from the hospital the patients had gone to barber school and become professional barbers.

Classes designed to help the patients improve their wardrobe are part of the charm school curriculum. These classes include wardrobe planning, clothing construction, costume design, color and its relation to the individual.

The charm school is often climaxed by a fashion show in which the patients themselves model various types of clothing. Many hospitals sent newspaper clippings, programs, or detailed reports on the organization of their fashion shows. The clothing modeled is sometimes donated by various department stores or volunteer groups, or in some cases the clothing has been made by the patients themselves. One hospital reported that 10 out of 37 patients actually made their own dresses.

Encouragement is given to the patients to dress up for entertainment. Special invitations to musicals, plays, or shopping sprees are also planned to help patients participate socially and to encourage patients to give more attention to their grooming.
Table 8. Recommended "fashion therapy" classes

<table>
<thead>
<tr>
<th>Body building</th>
<th>Skin care</th>
<th>Hair and hands</th>
<th>Speech</th>
<th>Clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gymnastics Health</td>
<td>Washing and cleansing of skin</td>
<td>Hair care</td>
<td>Voice cultivation</td>
<td>Wardrobe planning</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>Skin care</td>
<td>Hair styling</td>
<td>Plays and drama</td>
<td>Clothing construction</td>
</tr>
<tr>
<td>Posture</td>
<td>Care of acne</td>
<td>Hair shaping</td>
<td>Personality development</td>
<td>Costume design</td>
</tr>
<tr>
<td>Walking</td>
<td>Use and choice of cosmetics</td>
<td>Manicures</td>
<td></td>
<td>Color</td>
</tr>
<tr>
<td>Poise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Figure exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight reduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personnel active in "fashion therapy"

"Fashion therapy" programs are planned and administered by many departments working together. Although the name "fashion therapy" was coined by the Fashion Group which sponsored their original program in California, reports indicate that some hospitals have been using a program which emphasizes improved clothing and grooming techniques for over eight years.

The hospital staff is indicated as the largest group active in "fashion therapy," followed next by volunteer groups. The volunteer groups mentioned were: The Fashion Group, Pink Ladies, Junior League Services, Charm and Modeling Schools, Cosmetologists and Barbers, Home Economics Classes, and University Departments of Home Economics. State Associations for Mental Health have also contributed time and money toward the development of "fashion therapy."
Hospitals' Reactions to "Fashion Therapy" Program

Effectiveness of "fashion therapy" program

The observations made concerning the effectiveness of the "fashion therapy" program were related to those areas not only concerned with patient rehabilitation, but with patient-attendant relationships and public relationships as well.

One hospital superintendent, in evaluating the personal enhancement program provided by the volunteered services of a modeling school, wrote:

After having observed a program of self beautification through make-up, posture, deportment, personality development, modeling, and other secrets of enhancing feminine identification as it affects our Ward Eight girls we have come to the following conclusions:

1. The program has bolstered the morale of the entire ward.
2. The girls are more conscious of their appearance and identification as females.
3. The attendants, in working towards making the program work, have expressed and shown a great deal of enthusiasm.
4. It forcefully shows to our girls and others that irrespective of how regressed they may appear to be, they nevertheless have the wherewithal to function with poise and confidence as females in a normal society.
5. We feel that the program has just begun to scratch the surface with regards to possibilities.
6. We fear that, if the program ceases or diminishes in any form, the resultant let-down would more than offset the gains recognizable up to this point.

Another hospital felt that the patients' general behavior and attitude had benefitted from wearing better clothing both in quality of style and fit. They observed that when patients were given individual choice it increased the patients' pride and satisfaction in their clothing and appearance, and gave them more self-confidence. As an example, this hospital reported a particular patient
they had that would eat from seven to fifteen dresses per day when she was restrained in the old canvas and leather type of clothing. When she was changed to the printed nylon type restraint dress the number was cut to a maximum of seven per day. They finally offered to fit her with foundation garments and new clothing of an attractive, non-restraint type, and she has never eaten her clothing since, although she is as mentally ill as before.

In evaluating their pilot study one doctor reported:

For some patients in the group, effects of the fashion project were dramatic and immediate. One woman in her early thirties had persistently refused to enter any socializing activities and had been unwilling to use her privilege of going out on the grounds. She finally admitted that she was ashamed of her appearance and said that she never went to parties because she "looked so terrible." After being fitted with proper foundation garments, she looked into a mirror and said, "My, I look so different." At the fashion show she went on stage clad in her new dress, looking confident and happy.

It was reported that a patient from an acute ward felt the fashion project in their hospital was the turning point in her illness. She reported enthusiastically that after one of the classes "all at once the clouds rolled back, the sun was shining, and I felt like myself again." She left the hospital not long afterwards.

In considering patient-attendant relationships, many of the hospitals indicated that not only had the patients received value from the "fashion therapy" program, but that the appearance of the attendants had also improved. One doctor stated:

After the fashion therapy program the whole atmosphere of the hospital improved, it seemed to stimulate ward personnel to take a greater interest in the patients, and gave better acceptance of patient by the staff and other patients.
In the public relations field some hospitals indicated that they were able to get better cooperation from the community and that the "fashion therapy" program had drawn into it a number of women prominent in civic and social activities. Through their volunteer work, these outsiders have become more aware of what can be done with mental illness. In this way the program has served a twofold purpose, first, by helping the patients, and second by removing some of the fear and stigma formerly associated with mental illness.

The program has assisted patients in becoming aware of community standards of dress and grooming. Because many of the hospitals are now "open-hospitals" with more freedom allowed to both patients and visitors, administrators feel that the appearance of the patients should be as appropriate as any visitor or member of the staff. There was a feeling expressed by some of the hospitals that this program helped patients to maintain contact with reality and the social expectations outside the hospital.

It was indicated by several hospitals that closer contact had been kept between relatives and mental patients since the "fashion therapy" program. Relatives, visiting their hospitalized patient and finding him well groomed, were more anxious to make a return visit.

Permanent or pilot study

The majority of hospitals using "fashion therapy" consider it a permanent type of program in their hospital and plan to continue using it.

Of the 142 hospitals which indicated having a "fashion therapy" program, 116, or 82 per cent, indicated that they considered it a permanent program.
There were 20 hospitals, or 14 per cent, which indicated that they were doing experimental work with this program, and that it was a pilot study rather than a permanent program.

Six hospitals, or 4 per cent, did not respond to this question.

None of the hospitals indicated that they planned to discontinue their "fashion therapy" program.

![Figure 3. Hospitals which consider "fashion therapy" as a permanent type of program](image)

The Need for Trained Specialists to Work in Mental Hospitals as "Fashion Therapists"

According to the survey, 64 hospitals, or 45 per cent of those hospitals which had a "fashion therapy" program, felt that there was a need for specially trained "fashion therapists," while 63, or 44 per cent, indicated specially trained "fashion therapists" were not necessary. Fifteen of the respondents, or 11 per cent, were undecided on this question.
Hospitals indicating need of "fashion therapist"

Hospitals indicating no need of "fashion therapist"

Undecided

Figure 4. Indicated need for specially trained "fashion therapists" to work in mental hospitals

Training recommended for "fashion therapists"

In making suggestions for the training necessary for a "fashion therapist," many hospitals first listed the personal characteristics that she should possess.

These respondents felt that primarily a "fashion therapist" must be a person who is well groomed, has a good personality, a sense of humor, and has "style" herself. She must have individual maturity, knowledge and ability to communicate with the professional staff, and ability to consult with administrative personnel on purchasing decisions that would enhance the program. A "fashion therapist" should have the ability to supervise a large number of employees and volunteers in the area of improved clothing and grooming.

Classes suggested for the training of a "fashion therapist" included: psychology (developmental, social, educational, abnormal, and clinical); group
Factors limiting the progress of "fashion therapy"

One hospital administrator summed up the major factors limiting the progress of "fashion therapy" by stating: "There still remains a great need for this type of programming, but the lack of financing and interested and trained personnel makes the expansion of such a program almost impossible." Another administrator added, "We can see the value of such a program as fashion therapy, but we lack money and personnel for even more basic treatment, such as psychiatrists and social workers."

There was an indication by some hospital administrators that they disliked the terms "fashion therapist" and "fashion therapy." One superintendent remarked, "We have 'O. T.', 'R. T.', and 'P. T.', and now we have 'F. T.'" He indicates that the word "therapy" has been overworked in mental hospitals. Recommendations were given that consideration be given to an alternate name, such as "fashion advisor," "beauty counsellor," or "clothing coordinator."
DISCUSSION

Mental illness drives a person out of touch with reality, things that once were important no longer are, and the mind becomes a hermit, seeking relief in its own depths. This withdrawal is the prime hurdle facing hospital doctors. They must break through to the patient if they are to cure him.

"Fashion therapy" has been introduced as a new tool to help the patients help themselves to health. Members of hospital staffs have been working with volunteers to encourage patients to improve personal appearance through disseminating information about current fashions and methods of personal grooming.

Although positive effects in the use of "fashion therapy" have been noted, lack of trained personnel to carry on efforts begun by volunteer groups have been one of the factors hampering the progress of "fashion therapy." The interest shown by hospitals and administrators in this new method of treatment indicates that this is a field where more exploration and investigation should be made. Certainly, with mental illness being the most widespread disease in our society, we need more trained personnel to assist in their care and rehabilitation. One of the hospital superintendents remarked, during an interview with him, "Clothing for a large group of custodial patients is a large job from every aspect." Home Economists with specialized training might be a potential source of personnel to work in this area.
Observations from this study agree with the findings made by Baker (1955), Ashley (1958), and Goodman (1961), that improved understanding of the socio-psychological significance of clothing, and application of this knowledge, may help to improve human behavior, especially in the case of those who have feelings of insecurity.

No claims are made that "fashion therapy" is curative in itself. However, it does afford a new avenue of approach which permits a family member, visitor, or an aid to show a legitimate interest in the patient. The therapy can be twofold. It can make the patient more acceptable socially, and can also make him feel that someone is deeply and genuinely interested in helping him break through to reality.
SUMMARY

A national survey of state and private mental hospitals was made to obtain information about the development and use of "fashion therapy" as adjunctive therapy in the treatment of the psychiatric patient.

A total of 438 questionnaires was mailed with a resulting return of 236. This was a 56 per cent return.

Of the 236 hospitals participating in the study, 142, or 60 per cent, reported having a program which emphasized the use of improved methods of clothing and grooming, sometimes referred to as "fashion therapy."

An additional 19 per cent of the hospitals responding reported that although they were not using "fashion therapy" at the present time they would be interested in learning more about this program.

In comparison, 21 per cent of the hospitals reported having no "fashion therapy" program and indicated that they would not be interested in a program of this type.

The large state hospitals with patient populations of over 2,000 reported the greatest use of the "fashion therapy" program.

Hospitals reported that this program had existed for various periods of time. One hospital reported that they felt their program was the oldest existing program and that it had been in progress eight years.
The type of "fashion therapy" program used in most of the hospitals was to conduct weekly classes in which patients could enroll to learn improved methods of dress and personal grooming. A list of recommended classes was compiled.

"Fashion therapy" programs are planned and administered by many of the departments in the hospital working together. The hospital staff is the largest active group in "fashion therapy," followed next by various volunteer groups.

The observations made concerning the effectiveness of the "fashion therapy" program were related to those areas not only concerned with patient rehabilitation, but with patient-attendant relationships and public relationships as well.

Of the 142 hospitals which indicated having a "fashion therapy" program, 116, or 82 per cent, indicated that they considered it a permanent program and planned to continue using it.

Lack of financing as well as lack of interested and trained personnel are the two main factors which limit the progress of "fashion therapy."

There was an indication by some hospital administrators that they disliked the terms "fashion therapist" and "fashion therapy." Recommendations were given that consideration be given to an alternate name, such as "fashion advisor," "beauty counsellor," or "clothing coordinator."

According to the survey, 64 hospitals, or 45 per cent of those hospitals which had a "fashion therapy" program, felt that there was a need for specially trained "fashion therapists," while 63, or 44 per cent, indicated specially trained
"fashion therapists" were not necessary.

In making suggestions for the training necessary for a "fashion therapist" many hospitals first listed the personal characteristics that she should possess. These respondents also listed a number of college courses which would be valuable to prepare her for such a position.
RECOMMENDATIONS FOR FURTHER RESEARCH

1. Investigation be made as to the possible use of "fashion therapy" with other groups such as the physically handicapped, the mentally retarded, juvenile delinquents, high school drop-outs, maternity patients, and senior citizens.

2. Pilot studies could be made with individual groups in an effort to determine the effect of "fashion therapy" on the behavior of the individual.

3. A study be made as to the curriculum required for occupational therapists to ascertain the benefits of including in their training more classes in the area of clothing and grooming.

4. Further investigation could be made to determine employment possibilities for "fashion therapists" with possible implications of encouraging the development of a "fashion therapy" major.
LITERATURE CITED


State Department of Public Health  
State Capitol Building  

Gentlemen:

As part of my thesis study here at Utah State University I am compiling a 1963 directory of all private and state hospitals in the United States that are licensed to care for mental patients.

Could you help me to get accurate information about your state by filling out and returning the attached form?

Thank you for your time and assistance in helping with this survey. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

Virginia G. Eyestone  
913 University Apartments  
Utah State University  
Logan, Utah

Name of Hospital  
Address of Hospital  
Name of Superintendent
Table 9. Number of state and private hospitals receiving questionnaire

<table>
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As part of a research project, I am conducting a survey to investigate the degree to which "Fashion-Therapy" is being used in mental hospitals.

Very little material has been published in professional journals on the role that clothing and grooming play in adjunctive therapy, and the same has proved to be true of information available from mental health organizations. I am, therefore, writing to the hospitals that are fundamentally concerned with the treatment of the mentally ill for the necessary data. Of particular interest would be facts concerning the type of program being conducted, the effectiveness of the program, and its future possibilities.

I would appreciate it if you would take time from your busy schedule to fill out and return the enclosed questionnaire. Any additional comments you may wish to make, or literature you could send that would give me a more adequate background as to what your hospital has been doing with "Fashion-Therapy" would certainly be helpful.

Enclosed is a stamped, self-addressed envelope for your convenience in answering. Thank you.

Sincerely,

Virginia G. Eyestone
PLEASE PLACE ANSWER IN BLANK PRECEDING QUESTION.

1. Type of hospital:
   ____ A. State
   ____ B. Private.

2. Average number of patients:
   ____ A. Less than 100
   ____ B. 100-500
   ____ C. 500-1,000
   ____ D. 1,000-1,500
   ____ E. 1,500-2,000
   ____ F. Over 2,000.

3. Approximate yearly maintenance expenditure per resident patient:
   ____ A. $500-$1,000
   ____ B. $1,000-$1,500
   ____ C. $1,500-$2,000
   ____ D. $2,000-$2,500
   ____ E. $2,500-$3,000
   ____ F. Over $3,000.

4. How many of each of the following do you have on staff?
   ____ A. Psychiatrist
   ____ B. Psychologist
   ____ C. Occupational Therapist
   ____ D. Social Worker
   ____ E. Home Economist
   ____ F. Clothing Specialist
   ____ G. Beautician
   ____ H. Barber.

5. Does your hospital have a therapy program which includes aiding the patients toward rehabilitation through improving the patient's appearance? (May be referred to as "Fashion-Therapy.")
   ____ A. Yes
   ____ B. No.

6. If your hospital program does not include "Fashion-Therapy" would you be interested in having a program of this type?
   ____ A. Yes
   ____ B. No.
IF YOUR HOSPITAL HAS CONDUCTED A "FASHION-THERAPY" PROGRAM WOULD YOU PLEASE COMPLETE THE FOLLOWING QUESTIONS.

7. In which of the following areas have you emphasized the improvement of personal appearance?
   _____ A. Dress--Clothing
   _____ B. Make-up (including skin care)
   _____ C. Figure improvement (dieting, posture, exercise)
   _____ D. Care and styling of the hair.

8. By which methods has this been accomplished?
   _____ A. Sewing classes
   _____ B. Style shows
   _____ C. Figure exercises
   _____ D. Charm schools
   _____ E. Others (Specify) ____________________ 

9. Who was this program presented by?
   _____ A. Hospital Staff
   _____ B. Volunteer groups
      __ a. Fashion group
      __ b. Grey Ladies
      __ c. Charm and Modeling Schools
      __ d. Others (List) _________________ 

10. Has this been included as a permanent type of therapy, or is it a pilot study?
    _____ A. Permanent
    _____ B. Pilot study.

11. Has the program accomplished what you hoped it would accomplish?
    _____ A. Yes
    _____ B. No.

12. What did you expect the program to accomplish?
    _____ A. Improved patient's ability to communicate.
    _____ B. Motivated self-interest in patients.
    _____ C. Procured better acceptance of patient by families and friends.
    _____ D. Gave patients more self-esteem, greater feeling of self-worth.
    _____ E. Others (List) _____________________ 

13. Do you intend to continue the program?
    A. Yes
    B. No.

14. What are some of the factors which limit the progress of "Fashion-Therapy"?
    A. Lack of money for such a project.
    B. Lack of trained personnel to supervise and continue program.
    C. No interest on part of the patients.
    D. Little therapeutic value of project.
    E. Other (Explain) ________________________________________________________

15. Do you feel that there is a need for specially trained "Fashion-Therapists" to work in mental hospitals?
    A. Yes
    B. No.

16. If so, what training do you feel would be valuable for a "Fashion-Therapist" to have?
    A. Background in fashion design.
    B. Ability to teach clothing construction.
    C. Knowledge of grooming and hair care.
    D. Psychology.
    E. Other (Specify) ________________________________________________________

COMMENTS: