
Assessing Camouflage Therapy for the Disfigured Patient: A Personal Perspective

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Camouflage therapy can restore the self-esteem of the disfigured patient and thus has the potential to improve their psychological and physical well-being. Camouflage technique and the nurses' role in assessing and treating these patients are discussed.

Appearance may be one of the most powerful factors influencing social interactions. While it may be vain and foolish to place too much importance on appearance, we must consider that we live in a society where individuals who present an aesthetically appealing physical image have the advantage.

People with congenital or acquired deformities or disfigurements, on the other hand, often experience a stigma that robs them of privacy and dignity. Socially they face inevitable questions about their condition from friends, family, and strangers. Their world is one of unwanted attention, whispers, jokes, and pity, all

of which serve to remind them of their pain and helplessness. These negative social reactions may not only cause them psychological suffering but often directly affect the way they perceive themselves.

For these patients, restoring their self-esteem is essential to their psychological survival and also plays an important role in their physical well-being. In the past three years I have treated many disfigured patients as a camouflage therapist. During this period I have observed that emotional stress brought about as a result of a disfigurement actually slowed down the healing process in some patients, but once the patient's physical appearance was restored, healing transpired at a faster rate.

After having reconstructive surgery, one of my facially burned patients became deeply depressed, exhibited emotional distress, and a lack of interest in her own well-being — she was experiencing a loss of physical identity. She was unwilling to care for herself which was exhibited by refusal to eat and rest properly. Without the proper sleep and nutrition it became difficult for her body to heal in a timely fashion. Once she began camouflage therapy sessions she became more active in her own rehabilitation. This increased her independence. When it was not so stressful for her to get through a typical day because of her altered physical appearance, her body appeared to concentrate on repairing itself.

There is a need for a fuller integration of social and physiological support services for disfigured patients. Physicians are coming to realize that in some instances medical or surgical treatments cannot restore patients' outward appearance to a level where they feel comfortable socially. For these patients many

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physicians have sought **an** alternate form of treatment — camouflage therapy.

Camouflage therapy, using cosmetics to conceal disfigurements, is considered by many a form of physical and psychological rehabilitation. It also provides a constructive way for patients to take part in their own recovery process (Allsworth, 1986). Although corrective make-up has limitations (not every scar can be successfully covered) patients who participate in the therapy often regain a feeling of control as they practice the camouflage techniques (J.Y.M. Koo, personal communication).

Modified Cosmetic Techniques

The concept of incorporating aesthetic procedures with medical treatments is not new. After World War II, many servicemen **were** treated for injuries at Queen Victoria Hospital in England. These patients were referred by doctors to camouflage therapists to have their lacerations concealed (Allsworth, 1986). In the United States, however, only in the **last** decade have we witnessed a surge of interest in camouflage therapy by the medical community.

Camouflage therapy uses modified cosmetic techniques to conceal disfigurements caused by **dermatologic** conditions such as vitiligo (see Figures 1a &

1b), congenital lesions [see Figures 2a, 2b & 3a, 3b), chemical peels, **dermabrasion**, pock marks, and **surgical** scars, and by traumatic lesions resulting from burns, lacerations, cancer (see Figures 4a & 4b), and AIDS.

The goal of camouflage therapy is to normalize the patient's features. There are two distinct types of make-up applications: enhancement, which accentuates facial features; and **corrective**, which conceals abnormalities on the body, usually the face and neck. Special opaque (**nontranslucent**) and waterproof **cover** creams **are** used **in** place of sheer foundations. Opaque creams provide a thicker coverage that prevents the **disfigurement** from "**bleeding**" through and **becoming visible**. Waterproof creams hide **discolorations and scars** and will not come off until the patient wishes to remove them with an oil based cleansing lotion. Theatrical make-up techniques such as highlighting and shading are used to create an illusion of normalized facial features. In some instances, artificial lashes and wigs are used as prosthetics.

The Role of the Nurse

Nurses can **make** excellent **camouflage** therapists. Well-trained nurse professionals are accustomed to seeing various medical conditions and are not shocked



Figure 1A. — Vitiligo.



Figure 1g. — With camouflage therapy.

Unlike an **aesthetician**, a **nurse's** training is much more extensive and **demand**s a greater **commitment**.

or repulsed by unsightly lesions. Their basic understanding of medical conditions may enable them to develop an immediate rapport with the patient before the treatment begins.

Disfigured persons require a therapeutic camouflage intervention that includes the therapist's understanding of the trauma or the congenital defect that is causing them emotional distress. For the treatment to be truly effective, the therapist must recognize the dynamics of working with a patient who is psychologically suffering from an appearance considered socially unacceptable. The traditional role of the nurse has always been to teach patients how to care for their own conditions. As established caregivers they must be master communicators to translate medical jargon into a language a lay person can understand.

Camouflage therapists are taught to be instructors since the therapy's success depends on the patient learning to perform the makeup on themselves without assistance. When a patient is suffering from the shock of a traumatic injury it is often difficult for them to concentrate on learning a new skill. Nurses have the tolerance to work with these individuals. Nurses are accustomed to giving emotional comfort and lending their support to patients. Because of their competent and empathetic nature, they may be able to win the patient's trust. Before the treatment begins, the patient must feel as relaxed and comfortable as possible in order to be completely receptive to the camouflage instructions. All these considerations are paramount in the medical community's preference to select a nurse rather than an aesthetician to work with these patients. Professional make-up artists, although skilled technicians, may not be the best candidates to apply corrective makeup on those physically and emotionally scarred patients.

Many nurses now practice camouflage therapy. They consider corrective make-up an adjunct to standard nursing care. Unlike an aesthetician, a nurse's training is much more extensive and demands a greater commitment. Since the requirements for entering into this new specialty are primarily based on the comprehension of medical conditions, it is far easier for a nurse to learn the basics of make-up than it would for an aesthetician to function within a medical setting.

For a camouflage treatment to be successful, patients must participate in exercises and learn new skills. They must know how to blend the appropriate cover creams to match their skin tone and the various techniques of application necessary to attain a true camouflaged result. Just as with any other form of physical therapy, rehabilitation takes time and there is no substitute for practice. But the benefits patients derive from camouflage therapy extend far beyond the treatment sessions. While concealing their disfigurements does not alter or improve their original medical

condition, psychologically it helps them deal with their anxiety, depression, and general feeling of helplessness by providing them with tools to achieve a greater sense of personal worth.

There are a number of manufacturers who produce a wide selection of camouflage treatment products, most of which provide hospitals and doctors offices with samples. If the cover creams are not applied properly by a skilled camouflage therapist the disfigurement could actually appear more obvious, which would inevitably be detrimental to the psychological well-being of the patient. The importance of specialized training in this field cannot be overstated. Although there are several programs available which offer camouflage make-up instruction, nurses have an advantage over aestheticians by having access to patients while working in a medical environment. This affords them the opportunity to explore the unlimited possibilities that camouflage therapy can offer to their patients with disfigurements while on the job. □

Reference

Allsworth, J. (1986). *Skin camouflage*. London: Stanley Thomas.

President's Message

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ated that this message will change the way the media presents nurses in television dramas. I feel that nurses would prefer to see programs portraying nurses follow the "China Beach" lead, a show that demonstrates nurses as intelligent caregivers.

Listed below are ways we can help support the Nurses' National Image Campaign:

- Call or write your television and radio stations and thank them for using the public service announcements.
- If your television and radio stations have not used the announcements, contact them and urge them to do so. When they do, call or write to thank them.
- Write to newspapers and magazines thanking them for using the Ad Council ads and urge continued use.
- If your newspaper has not used the ads, contact them and urge them to do so. When they do, follow up with a thank you.
- Urge your colleagues, relatives and friends to do the same.

The nursing profession must shoulder the responsibility of improving the public's image of nursing, which in turn should help in solving the nursing shortage. Remember, no one can promote nursing like nurses. 0

Lynda Baden-Thorne, RN
President