

CAMOUFLAGE THERAPY

Victoria L. Rayner

The dermatologist should, at the onset, clearly understand **the** basic philosophy underlying camouflage therapy in order to be **fully** informed as to how it may benefit certain patient types. To meet these demands and to furnish reliable information relative to cosmetic rehabilitation, this article offers a concise overview of the field and examines the many different approaches to treatment.

Camouflage therapy is defined as a "submedical specialty" of both dermatology and cosmetic surgery. It is a therapy that has been created to alleviate the suffering of those who have been disfigured by scarring or disease and who, up until now, have had no choice but to live with their deformities. The goal of the therapy is to provide new and innovative ways in which to normalize the appearance of patients with abnormalities. A variety of cosmetic techniques are used to assist these patients in making their irregularities as inconspicuous as possible (Figs. 1, 2, and 3).

CAMOUFLAGE THERAPISTS

Attractiveness is not merely a personal and psychological issue; it is a social one as well. On occasion, the physician will encounter a patient who is overwhelmed by his or her disfigurement. Such an individual requires more than the limited services of a department store makeup artist or a salon beautician. Most patients who are seeking a cosmetic solution to their disfigurements are already troubled. The wrong **approach** could result in a negative experience and may leave the patient even more traumatized than before. Although there is an art and a science to makeup application, the technical skill of a traditional makeup artist is crude in comparison to that of a highly trained

camouflage therapist. It requires more than just an inborn talent at applying cosmetics in order to work with physically traumatized patients.

Qualified camouflage therapists are state-licensed and medically trained skin care professionals, with both clinical knowledge and therapeutic skill. Camouflage therapists **are** trained to help patients reduce specific fears and phobias they have about their disfigurement. Most importantly, they know how to help patients to achieve a healthy self-image, accept their appearance, feel less critical of their imperfections, be less preoccupied with mirrors, and act less self-conscious around others.

A highly qualified camouflage therapist will not try to **treat** the patient. Instead, he or she will try to **educate** the patient by providing the necessary information and skills to work through the patient's problems in order to help him or her function independently.

When the dermatologist's and **dermatologic** surgeon's work has been completed, the camouflage therapist's work begins. When **all** that can be done medically has been done, the camouflage therapist goes to work. Using a knowledge of patient management and an extraordinary **skill** in makeup application, the patient is assisted in masking the irregularity. A camouflage therapist records the patient's history, identifies the patient's needs (based on his or her perception of the problem), makes a physical assessment, judges the patient's self-care abilities, and designs an appropriate cosmetic treatment plan.

CAMOUFLAGE THERAPY INDICATIONS

Patients with congenital, acquired, traumatic, or surgical lesions are good candidates for **camou-**

From the Department of **Dermatology**, University of California San Francisco; San **Francisco** General Hospital, **San Francisco**; **Alta** Bates Bum Center, Berkeley; and the Department of **Dermatology**, University of **Los Angeles**, **Los Angeles**, California

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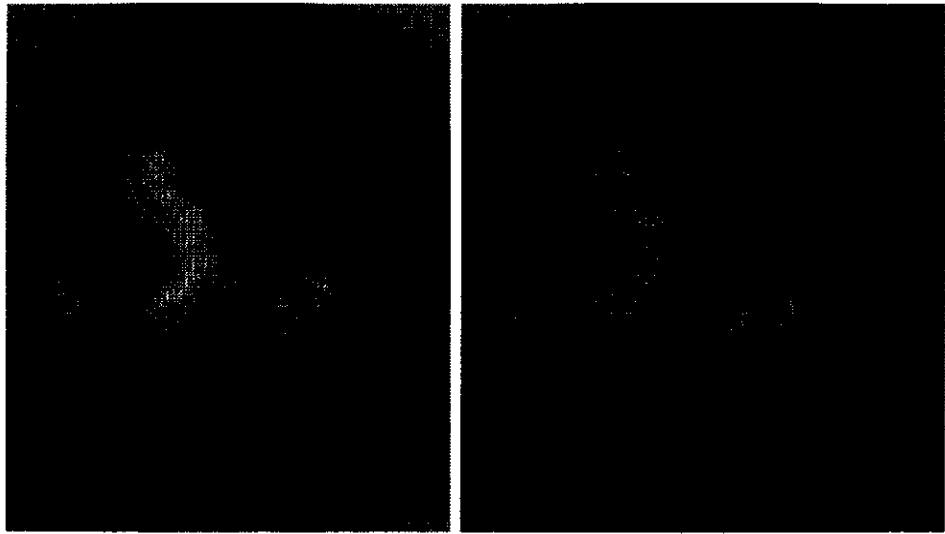


Figure 1. Postburn scarring before (A) and after (B) therapy.

flage therapy. In addition, patients with pigmen-
tary problems, tattoos, telangiectasias, dark circles,
or scars can benefit. Camouflage solutions can also
be devised for patients who are recovering from
dermabrasions, chemabrasion, rhytidectomy, rhi-
noplasty, and blepharoplasty.

CLINICAL CONSIDERATIONS FROM THE DERMATOLOGIST

Medical records provide a vital link between the
camouflage therapist and other health care provid-
ers. Before the therapy can begin, the following
information must be obtained:

1. The medical history of the patient, disclosing
the disorder to be camouflaged, its location,
and the duration of the condition;
2. Any prescribed drugs the patient may be tak-
ing (medication, both topical and systemic,
produces changes in skin color and can inter-
fere with the correct color match);
3. Any sensitivities the patient may have to cos-
metics;
4. Any prescribed skin care products such as
cleansers, sun-protection lotions, or creams
that are being used by the patient.

ESTABLISHING THE PATIENT'S GOALS

Although physical observations can be made by
the camouflage therapist, a description of the
patient's problem (from the patient's point of
view) must be thoroughly discussed. The follow-
ing are five additional areas to be investigated
during the interviewing process:

1. The patient's communication skills (to deter-

mine the patient's ability to understand and
to carry out simple instructions).

2. Social and leisure activities (the cosmetic so-
lution must complement the patient's life-
style).
3. Prior makeup experience (to determine if the
patient has had any previous skill in the ap-
plication of makeup or knowledge of color).
4. Work environment (to assess the light source
in which the patient will be viewed and the
atmospheric conditions such as air quality
and temperature).
5. Current and future financial status (to deter-
mine how much the patient can reasonably
afford to spend on a cosmetic solution).

CAMOUFLAGE MATERIALS

Camouflage materials consist mainly of cosmetic
cover cream and formulas. This type of makeup
differs from traditional cosmetics in that it is
opaque, waterproof, and formulated to adhere to
nonabsorbent, slick scar tissue. Cover cream prod-
ucts vary in thickness, color, and texture, de-
pending on the cosmetic manufacturer.

Palettes are made up of subtle shades that re-
semble the pigment and natural undertones of the
skin. There are three predominant skin shades:
pink-red undertones, cream-neutral undertones,
and olive-golden undertones. Cover cream shades
range from fair to very dark. Some cosmetic man-
ufacturers supply the tints and color correctors to
be used to modify the cover cream shades that
they provide.

Loose, translucent powder is necessary to stabi-
lize the cover cream. The talc in the powder pre-
vents the concealer from smearing or rubbing off.
It is available in colorless or premixed shades.

Most cover cream lines also provide oil-based cleansers for the removal of cover **creams**.

COSMETIC CAMOUFLAGE LIMITATIONS

It is important to emphasize that cover creams are most effective when applied over skin areas with pigment abnormalities or on areas that are discolored. The size of the defect is not important; it is just as easy to disguise a large imperfection as it is to conceal a minuscule one. The texture of a disfigurement deserves well-studied consideration. This **is** because the texture of a **scar** is likely to be an important, possibly conspicuous, element in the final camouflaged result. Rough scars are more difficult to conceal than smooth ones because once camouflaged, the irregularity is often more exaggerated.

Although cover creams are waterproof, they are not **rubproof** and, therefore, will not provide satisfactory coverage for extremities such as the fingers, hands, or feet.

Patients with extremely oily skin or acne should be discouraged from using cover creams because of their high oil content. Pancake makeup (originally formulated by Max Factor and now available through theatrical supply companies) should be recommended to such patients, in place of cover creams. Unlike **cover** creams, which **are** smoothed onto the skin, pancake makeup is applied to the patient's skin with a wet sponge. Even though this type of cosmetic coverage is not waterproof, it is more opaque and longer wearing than most oil-free foundations.

CAMOUFLAGE TECHNIQUES

There are three different ways with which to mask a disfigurement with cosmetics: subtle coverage, full concealment, and pigment blending. Subtle coverage implies a light application that conceals, but only moderately. A sponge applicator is used to modify the effort, and the cover cream application is strictly confined to the irregularity. Full concealment is a camouflage method that refers to complete, mask-like coverage, extending beyond the boundaries of the site. Pigment blending describes the camouflage method that involves selecting a cover cream that matches **the** pigment of the patient's makeup foundation.

Cover creams can be applied to the skin with sponges and brushes or by patting them onto the skin with the third and fourth fingers.

COLOR BLENDING

To match a cover cream to a patient's skin, the underlying tones that constitute the patient's skin color must first **be** identified. Hemoglobin produces red undertones, keratin produces a yellow-

ish cast, and melanin brings forth a brown pigment. Redness and ruddiness are more prevalent in thin skin, whereas brown pigment is more dominant in thicker skin. **In** order to achieve the correct cover cream match, one must be aware of these undertones in the skin and be able to duplicate the various degrees of these colors.

Once the correct color match has been achieved, a gentle dabbing motion (with the third and fourth fingers) is used to pat the cover cream or creams onto the area to be camouflaged. Disposable cosmetic sponges can be used to apply cover creams to larger areas in order to expedite the process. Delicate strokes (applied either by hand or with a cotton swab, a brush, or a sponge) can be used to blend out the edges into the surrounding skin.

There are three different methods of applying cover creams. It is recommended that patients choose the one most closely related to their skin **type**.

1. For dry **or** mature skin, apply the cover creams. Wait 5 minutes for the cover creams to set, then powder. Wait a few minutes for the powder to be absorbed and brush off excess.
2. For **normal** or slightly oily skin, apply the cover creams. Powder and wait 5 minutes for the powder to be absorbed. Brush off the excess powder.
3. The easiest and most commonly used method of application is to apply the cover creams and powder and brush off the powder **immediately**.

Regardless of the camouflage method used, the technical process should be carefully documented for the patient. It will take practice for the patient to develop the skill of color blending and application. Later, these recorded instructions can be used by the patient as a practice tool for guidance through the application process.

COLORCORRECTORS

Most **dermatologic** surgery procedures result in acute trauma, causing temporary discoloration and swelling of the skin. Color correctors can be worn underneath makeup foundations in order to neutralize swelling and discoloration. Mauve or lavender color correctors counterbalance sallow or yellow undertones in the complexion; green color correctors offset redness and ruddiness in the skin.

The color corrector is applied to the affected site and set with powder. This is followed by a light application of cover cream that matches the patient's natural skin tone or regular makeup foundation.

TECHNIQUES FOR DUPLICATING SKIN IMPERFECTIONS

Normalizing the appearance of men and children requires a more intricate camouflage **ap-**

proach. Common skin flaws, such as veins, **macules**, and telangiectasias must be reproduced after the cover cream has been applied. This step is to prevent a "mask-like" appearance.

Macules and beard stubble can be recreated by using different sponges (ie, sea sponges, stipple sponges, and foam wedge sponges). The large pores in the sponges make them an excellent tool for imitating surface irregularities such as beard growth, lentigos, **or** telangiectasias.

To create the appearance of dilated small blood vessels **or** a beard shadow, the sponge must be lightly dabbed into the cover cream to prevent the holes from filling in. The sponge is then pressed down "to the back of the hand so **as** to determine the amount of pressure necessary to match the appearance of the surrounding imperfections. When the pressure is correct, the sponge is pressed **onto or** near the site being camouflaged. Once the flaws have been duplicated, the area is powdered. Instead of being brushed on, however, the powder is applied with the stipple sponge. A sharp eyebrow pencil can also be used to **create** an unshaven look **or** to fill in freckles.

SUMMARY

Camouflage therapy is a system of cosmetic techniques designed for patients to use to assist themselves in coping constructively with the psychological and physical trauma of their **disfig-**

urements. It is described as a "system" because these techniques are interrelated. A camouflage therapist may teach the patient to use one, two, **or** all of the techniques at the same time in order to normalize their appearance.

Four basic techniques have been described in this article. They **are** as follows: (1) the use of opaque, waterproof cover creams to conceal scarring; (2) the application of pancake makeup for patients with oily **or** acne-prone skin; (3) color correctors to obliterate discoloration from postoperative trauma; and (4) recreating imperfections on the skin.

For **more** information about the use of cosmetics to normalize the appearance of physical disfigurements, the following **books** are recommended.

Bibliography

- Allsworth J: **Skin Camouflage: A Guide to Remedial Techniques.** Cheltenham, United Kingdom, Stanley Thornes, 1985
- Buchman H: **Stage Makeup.** New York, Watson-Guptill, 1971
- Frost P, Horwitz S: **Principles of Cosmetics for the Dermatologist.** St. Louis, CV Mwby, 1982
- Rayner V: **Clinical Cosmetology: A Medical Approach to Esthetic Procedures.** Buffalo, New York, Milady, 1993
- Siedel L, Copeland I: **The Art of Corrective Cosmetics.** New York, Doubleday, 1984
- Trust D: **Overcoming Disfigurement: Part Three. The Cosmetic Component.** Wellingborough, United Kingdom, Thorsons, 1986

Address reprint requests to

Victoria L. Rayner
Advanced Skin Care and Training Center
450 Sutter St. suite 1723
San Francisco, CA 94108

APPENDIX

Locations and Distributors of Camouflage Products

The following is a small sampling of the companies that distribute cover cream cosmetics. The dermatologist should telephone **or** write to the manufacturers for information and for a free catalog **or** a brochure. Because many new products are in the developmental stage, this list is incomplete and should be updated periodically.

Dermablend Corrective Cosmetics
PO Box 3008
Lakewood, NJ 08701
(800) 631-2158

Dermacolor
Kryolan Corporation
13i Ninth St
San Francisco, CA 94103
(800) 866-1329

Covermark
Lydia O'Leary
1 Anderson Ave
Moonachie, NJ 07074
(800) 524-1120

Veil
Atelier Esthetiques
386 Park Ave South
Suite 1209
New York, NY 10016
(800) 626-1242