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To the Graduate Council:

I am submitting herewith a thesis written by Rhetta Sensintaffar Goebel entitled "An Investigation of the Potential Therapeutic Value of An Appearance Therapy Program for a Group of Female Psychiatric Hospital Residents." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Textiles and Clothing.

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Major Professor

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and recommend its acceptance:

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AN INVESTIGATION OF THE POTENTIAL THERAPEUTIC VALUE OF AN APPEARANCE THERAPY PROGRAM FOR A GROUP OF FEMALE PSYCHIATRIC HOSPITAL RESIDENTS

A Thesis

Presented to

the Graduate Council of

The University of Tennessee

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

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by

Rhetta Sensintaffar Goebel

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ABSTRACT

This study was designed to investigate the potential therapeutic value of an appearance therapy program for a group of female psychiatric residents and to measure changes in attitudes of student volunteers toward psychiatric hospital residents following short-term contacts with those residents.

Two hypotheses were stated for the study:

1. An appearance therapy program for psychiatric hospital residents will contribute to:
   A. An increase in level of self-esteem and self-concept.
   B. An increase in body satisfaction.
   C. An improved appearance.
2. The attitudes of student volunteers toward psychiatric hospital residents will become more positive following intensive, short-term contact with the residents.

An appearance therapy program was developed by the researcher. The program, which included six class meetings twice weekly for three consecutive weeks, was conducted by the researcher and six student volunteers. A group of 16 female residents of a cottage at Eastern State Psychiatric Hospital, Knoxville, Tennessee, composed the sample. This group of program participants was considered to be a representative sampling of the hospital population. The mean period of hospitalization was 12.5 years for the group.

Several measures, administered before and after the program, were utilized to test the hypotheses: (1) Rosenberg's Self-Esteem

Measure (1965) and the Tennessee Department of Mental Health Self-Concept Scale (Fitts, 1965) were used to determine self-esteem and self-concept; (2) Secord and Jourard's Body Cathexis Measure (1953) and a Draw-A-Person Test determined body satisfaction; (3) a series of photographs of each participating resident was judged to indicate improvements in appearance; (4) the psychiatric aides working with the residents completed an appearance evaluation questionnaire developed by the researcher to evaluate appearance of the residents; (5) the student volunteers completed the Modified Custodial Mental Illness Scale (Meltzer and Smothers, 1967) to measure changes in attitude toward psychiatric hospital residents. A group of students from the Department of Psychology, The University of Tennessee, administered all psychological measures to the residents to prevent biased responses from association of the measures with the program.

Analysis of data concerning the residents indicated the following results: (1) There was no significant increase in level of self-concept or self-esteem as indicated by the differences in the pre-test and post-test scores when t tests were computed. The results indicate that the program had no positive effect upon self-concept or self-esteem of the hospital residents. (2) There was no significant increase in level of body satisfaction when pre-test and post-test scores on the Body Cathexis measure were analyzed. However, improvements were observed in six projective figure drawings (Draw-A-Person Test) completed by 10 of the residents. These results indicate that for some of the residents the program may have had a positively meaningful effect upon the way they viewed their bodies. Significant results ($p. < .001$) on both the Appearance

Evaluation Questionnaire completed by the psychiatric aides in the Cottage and on the evaluations of before- and after-program photographs of the residents led to the conclusions that the appearance therapy program resulted in positive improvements in the residents' appearances.

Analysis of the data concerning the student volunteers did not reveal a significant difference between volunteers' mean pre-test and post-test scores on the Modified Custodial Mental Illness Scale. Although the short-term, intensive work with psychiatric hospital residents had no effect on the volunteer group's attitudes toward the residents, it may be noted that the initial scores on the scale for the volunteers indicated a strong humanitarian attitude (as opposed to a custodial one) at the outset of the program.

TABLE OF CONTENTS

CHAPTER PAGE

LIST OF TABLES

CHAPTER I

INTRODUCTION

In recent years, doctors, volunteers, and other individuals who work with residents of psychiatric hospitals have become aware of the potential therapeutic value of all things present in the resident's environment. One aspect of the physical environment of the resident that deserves attention and research is his personal appearance.

The potential therapeutic value of an improved appearance has been suggested. Jacobson (1967) reported improvements in behavior and morale among several residents who had been given special help with their clothing and appearance. Baker (1955) was involved in efforts to improve the quality of clothing worn by residents at Larned State Hospital and concluded, "The psychology of clothing can fortify the patient's self-esteem and can bring peace to his troubled soul (p. 94)."

Fashion Therapy programs conducted by volunteer groups at Napa State Hospital in California proved so successful that they have served as models for similar programs in other hospitals across the country (Thompson, 1962). Eyestone (1965) made a survey of state and private hospitals in the United States that had programs similar to those at Napa State Hospital. She reported that of the 142 hospitals conducting "fashion therapy" programs, 116, or 81 per cent, felt they were moving toward the desired goals and that this approach was distinctly beneficial.

Indications of positive results from an appearance therapy program in a non-hospital setting are of interest. Cole, Oetting and Miskimins (1969) reported a study in which 14 adolescent females who had been referred for counseling because of delinquent and acting-out behaviors were compared on pre- and post-treatment measures of self-concept, ideal self-concept and anxiety. These subjects were exposed to a 10-week program conducted by professionals and volunteers designed to produce positive self-image changes in the areas of personal appearance and social competence. The 14 subjects showed systematic improvement in contrast to nearly random self-concept changes in a non-referred comparison group of eight non-delinquent subjects.

Hobbs (1952) studied changes in the self-concepts of 36 women as a result of an intensive 6 weeks' course in self-improvement. Through interviews and specially constructed tests, it was found that "as a result of the course, as over-all attitudes toward the self became more positive, the whole system of attitudes, constituting a major dimension of the individual's adjustment was also affected in a positive direction (p. 67)." She also found that individuals who were generally more optimistic about the future showed significant improvement in their self-evaluation of appearance, health and energy, personal worth, and outlook.

An exploratory study by Compton (1962) contributed evidence to support the theory that the self is expressed through one's selection of clothing fabrics and that clothing items play a role in helping the individual to conform to an ideal self.

In summary, it was felt that the importance of clothing and a good appearance as they related to the psychiatric hospital resident required further investigation.

I. STATEMENT OF PROBLEM

The purpose of the study was to determine the potential therapeutic value of a program of appearance therapy for a group of psychiatric hospital residents. The therapeutic value of such a program may be indicated by changes in self-esteem and self-concept as well as by changes in body satisfaction and in overall appearance.

II. JUSTIFICATION

Research studies indicate that psychiatric hospital residents may have a low level of self-esteem. A study (Long, Ziller, and Bankes, 1970) has been reported in which 58 institutionalized adolescents were found to be low in self-esteem, social interest, and individuation, and higher in egocentricity than "normal" control subjects of the same age and sex. Cameron (1963) stated that a neurotically depressed patient characteristically reports a self-image more negative than what others report about him. Chase (1957) found that when Q-sorts of subjects' self-concepts were compared with Q-sorts of their ideal selves, it was possible to distinguish psychiatric groups from non-psychiatric groups on the basis of the degree of discrepancy between the two measures. Wayne (1963) reported that patients diagnosed as having emotionally unstable personalities obtained very low scores on the Tennessee Department of Mental Health Self-Concept Scale.

Several factors may contribute to this low level of self-esteem in psychiatric hospital residents. In addition to the reason for hospitalization, there is the mortification process that takes place in the hospital, the length of hospital stay, the hospital environment, and the feeling of stigma attached to mental illness. Vail (1966) referred to the changes in self-esteem as the "corrosion and corruption of self (p. 31)."

The personnel of many psychiatric hospitals recognize the importance of enhancing the resident's self-esteem. The resident needs successful relationships with others, a feeling of acceptance, and self-confidence. Slear (1959) pointed out the need to help psychiatric hospital residents develop habits that will make them more acceptable to those around them and to help them become more independent and less of a burden to others. As examples of habits that needed attention, Slear noted that psychiatric hospital residents' table manners may be very poor, and that they may need to be told to bathe, shave, and change their clothing or underwear.

As a result of these needs, the therapeutic value of the resident's environment is being realized. One aspect of the environment that may contribute to the satisfaction of these needs is proper clothing and good appearance. A good appearance can contribute to a feeling of self-satisfaction; it can also contribute to the achievement of better relationships with others through better first impressions; and it can enhance self-confidence of residents who are taking steps to becoming more independent.

Although the importance of a good appearance is realized by many hospital personnel, this is a difficult goal for all residents to achieve. In some hospitals personal clothing is taken from residents upon admission and substituted with drab clothing provided by the hospital. Residents often receive little encouragement to improve their appearance. Most institutions, particularly those supported with state funds, operate on limited budgets that allow very little money with which to provide clothing and personal effects for residents and personnel to conduct appearance programs. Possibly one of the biggest reasons for lack of emphasis on appearance and appearance therapy programs is the lack of evidence that these programs can actually benefit the resident. A study to analyze the value of such a program may be helpful in focusing attention on clothing and appearance in the psychiatric hospital setting.

III. ASSUMPTIONS

1. Self-esteem is a dimension of the self-concept.
2. Changes in self-esteem, self-concept, and body satisfaction can be measured.
3. Clothing and appearance communicate aspects of the self to others.
4. Clothing plays a vital role in the personality adjustment of the individual.
5. The self-esteem and self-concept measures chosen are reliable and valid instruments for measuring self-esteem and self-concept.

IV. LIMITATIONS

1. The study was limited to a selected group of women residents of Eastern State Psychiatric Hospital, Knoxville, Tennessee.

V. HYPOTHESES

1. An appearance therapy program for psychiatric hospital residents will contribute to:
   A. An increase in level of self-esteem and self-concept.
   B. An increase in body satisfaction.
   C. An improved appearance.
2. The attitude of student volunteers toward psychiatric hospital residents will become more positive following intensive, short-term contact with the residents.

VI. DEFINITIONS

1. Self-concept - The ideas, feelings and strivings that are recognized, interpreted and valued by the individual as his own (English and English, 1958, p. 485).
2. Self-esteem - A realistic awareness of the goodness of one's actual state of being and the goodness of his situation. That is, his good feelings about himself, or the value he places on himself (Short, 1953).
3. Body satisfaction - The intensity of satisfaction or dissatisfaction with one's body (Secord and Jourard, 1953).

4. Psychiatric hospital resident - Any individual currently residing at a psychiatric hospital for purposes of psychiatric treatment.
5. Psychiatric client - Any person receiving psychiatric counseling outside a psychiatric hospital setting.
6. Psychiatric aides - Non-professional psychiatric hospital personnel who assist in the care and supervision of psychiatric hospital residents.

CHAPTER II

REVIEW OF RELATED LITERATURE

A review of literature has revealed various areas to be covered in this study. The most pertinent ones reviewed are discussed under the following headings: The Self, Appearance and the Self, The Importance of Appearance to the Psychiatric Hospital Resident, and Milieu Therapy.

I. THE SELF

For a number of years, psychologists have been studying the perceptual process in their efforts to understand behavior. Most studies of self-theory hold that every individual has some sort of concept of himself and that this concept influences his perception of his environment and his behavior (Boston and Kew, 1964). An understanding of self-concept is therefore valuable in understanding behavior.

Moustakas (1956) stated:

> In spite of all the advances in tests and measurements, and in analyzing human behavior, understanding the person from his own point of view, in the light of his own unique experience is the most real way of knowing him. More and more we are realizing that the self-expression of the individual in true experience is complete in itself. To see the person as he sees himself is the deepest way to know and respect him (p. 4).

The term self has been variously defined and modified to satisfy various schools of psychological thought. Rogers (1951) defined self-concept as "an organized fluid but consistent, conceptual pattern of the characteristics of the "I" and the "me" which are admissible to the awareness, together with the values attached to those concepts (p. 498)."

English and English (1958) distinguished several definitions of the term self:

> All that a person is tempted to call me or mine.
>
> The complex organization of characteristics making up the individual.
>
> The ideas, feelings and strivings that are recognized, interpreted and valued by the individual as his own.
>
> A sentiment composed not only of a special object of experience, the psychological me . . . but of the feelings and strivings organized about that subject (p. 485).

The self-image is not inborn, but is thought to develop over a period of time. "At present, there are no longitudinal data on which to base a description of the development of the self-concept (Wylie, 1961, p. 119)." Therefore, a number of theories have been developed. Mead (1934) stated that the self-concept arises in the process of social experience and activity. It develops gradually in any given individual as a result of his relations to social experience and activity as a whole and to other individuals within the process.

Many writers feel that the self develops primarily through a relationship to others. These "others" (both individuals, groups, and society as a whole) reflect to the individual their perceptions of him. He, in turn, receives these signals and conceptualizes them as a part of his self. Ziller, Hagey and Smith (1969) stated that the evaluation of self evolves in terms of social reality through recourse to paired comparisons of the self to "significant others." Thus, the person's response to the social environment is a function of self-esteem. Self-esteem mediates social stimuli and response (Social Stimuli ⟶

Self-Esteem ⟶ Response).

Mead (1934) felt that the individual experiences himself not directly, but only indirectly from the particular standpoints of other persons with whom the individual is associated. " . . . he becomes an object to himself only by taking the attitudes of other individuals toward himself within a social environment or content of experience and behavior in which both he and they are involved (p. 138)."

Goffman's (1959) idea of the presentation of self also embraced the concept of the development of self in relation to others. He felt that social interaction is a "presentation of self." He compared individuals to actors, and the "significant others" to audiences. The audience reaction to the actor's presented impression helps to determine the degree to which that actor can present a future performance.

A discussion of the self cannot omit the factor of stability of the self-concept. Varying opinions have been held concerning the stability of the self-concept. Perkins (1958) found that fourth and sixth grade children obtained a significant increase in self-ideal congruence over a 6 month period. He also found that the sixth grade children showed a greater self-ideal congruence than did the fourth grade subjects. This may represent developmental changes of some kind in self-ideal congruence. However, Carroll (1959) stated that

> There is no point in an individual's life when the self-concept becomes completely established in the sense that it is no longer subject to change. Actually it is continuously being modified as the result of constant interaction with the environment. These changes are much less during adult years than they are during childhood (p. 81).

Taylor (1955) studied the stability of the self-concept in college students and adults without therapeutic intervention and concluded that (the self-concept remains relatively stable over time intervals) ranging up to almost a year. However, Butler and Haigh (1954) found that the discrepancy between self-concept and ideal concepts for a group of clients judged to have a low level of self-esteem decreased as a result of client-centered counseling. The clients experienced a rise in the level of self-esteem and adjustment.

Ashcraft and Fitts (1964) used the Tennessee Department of Mental Health Self-Concept Scale to determine whether changes would occur in self-concepts of a group of residents before and following psychotherapy. Significant changes at the .05 level of confidence occurred in 17 out of 20 variables measured. A control group in the same study showed no changes.

Thus, it can be seen that the self develops through complex social interactions over a relatively long period of time. The self-concept, once developed, is rather stable, but is sometimes modified through long periods of therapy.

II. APPEARANCE AND THE SELF

The importance of clothing to the individual was pointed out by an early psychologist, James (1890), who stated:

> The old saying that the human person is composed of three parts--body, soul, and clothes--is more than a joke. We so appropriate our clothes and identify ourselves with them that there are few of us who, if asked to choose between having a beautiful body clad in raiment perpetually shabby and unclean, and having an ugly and blemished form always spotlessly attired, would not hesitate a moment before making a decisive reply (p. 292).

In addition to the importance of clothing to the self, there is also

the contribution it makes in social interaction.

The interactionist theory of the self emphasizes the importance of the reactions of others in the development of the self-concept. Within this context, the importance of impressions has been emphasized. Important factors involved in the formation of impressions (particularly first impressions) include clothing, posture, gesture, facial expressions, body characteristics, and grooming. Cooley (1902) felt that three principal elements are present in this relationship: "The imagination of our appearance to the other person, the imagination of his judgment of that appearance, and some sort of self-feeling such as pride or mortification (p. 152)." The thing that moves the individual to pride or shame is not a mere mechanical reflection of himself, but an imputed sentiment, the imagined effect on another's mind (Cooley, 1902).

Stone (1962) attempted to show that the self is established, maintained and altered in social transactions as much by communication of appearances to others as by discourse with others. He stated, "As the self is dressed, it is simultaneously addressed, for, whenever we clothe ourselves, we dress "toward" or address some audience whose validating responses are essential to the establishment of our self (p. 230)."

Factors relating to appearance can have both positive and negative effects on the self. Smith (1938) found that feelings of inferiority were most often related to factors falling under a category entitled "Social." This category included dress, etiquette, poor grammar, and

table manners. The second most frequently mentioned causes of inferiority fell under the category "physical" and included height, hair, complexion, and awkwardness.

Dearborn (1918) stated, " . . . one's clothes are one of the important things that intervene between the individual's personality and his environment . . . (p. 4)." He also emphasized that clothing protects the individual from certain fears such as: fear of ridicule, the estimation of lack of self-respect, the estimation of lack of good taste, the estimation of homeliness.

Goffman recognized that clothing choices and personal appearance communicate information about the individual to others. He stated (1963), " . . . one of the most evident means by which an individual shows himself to be situationally present is by his complex of clothing which must be maintained with the proper amount of control to keep it properly arranged (p. 25)." Goffman also noted that one interaction constraint involved when an individual (actor) tries to present himself to an audience is the necessity of adopting a "front" of personal styles that symbolizes the character of persons who adopt such styles. Appearance is one kind of "personal front" used to symbolize the person's status. Appearance fronts include dress, language, and physical bearing. Goffman (1959) also pointed out that the individual is unable to create his fronts, but is constrained by selecting those already available to him. The available fronts are never likely to fit completely the intent of the individual in communicating something about himself. He must do his best with the fronts

available to him. Thus, if the appearance fronts are less than satisfactory, the individual's presentation (of self) to his audience may be less than satisfactory.

Ryan (1966) pointed out that the concept a person has of himself possessing certain characteristics is an important determinant of his behavior. This will likewise influence his choice of clothing, because the individual will wish to dress in accordance with the role he plays. Conversely, the way a person dresses will influence his self-concept. Ryan cited the following example of these two ideas: The woman who thinks of herself as a femme fatale will choose quite different clothes from the woman who considers herself an efficient business woman. By the same token, the woman who is wearing a business suit is not likely to perceive herself as a femme fatale while she is wearing the suit, but at other times and in other clothes, she may see herself as attractive to the opposite sex (p. 84).

The possible importance of body characteristics (which are one facet of appearance) as a central influence upon self-concept is recognized by most self-concept theorists. However, Wylie (1961) pointed out that no controlled study had explored this proposition directly. Jourard and Secord (1954, 1955) found a positive correlation between the size of body parts and the satisfaction with those parts for both male and female subjects. They also found positive correlations between Body Cathexis and (Actual-Ideal) discrepancies in size of body parts in females. In a different study they found significant correlations between Body Cathexis and Self-Cathexis (Secord and Jourard, 1953).

In summarizing, it might be said that theoretically appearance plays a relatively important part in establishing the self-concept and that the self-concept plays a part in the appearance of an individual.

III. THE IMPORTANCE OF APPEARANCE TO THE PSYCHIATRIC HOSPITAL RESIDENT

Just as clothing can be important in the development, enhancement and expression of the self, it may be operant in restoring feelings of self worth. In this framework, clothing can be important in enhancing the self-esteem of the institutionalized individual.

Several studies (Long, 1970; Cameron, 1963; Chase, 1957; Wayne, 1963) cited previously lend support to the theory that institutionalized individuals may have a low level of self-esteem. Since appearance may operate in helping to restore self-esteem, a relationship may exist which could be of importance in treating these individuals.

Goffman (1961) pointed out that:

> The individual ordinarily expects to exert some control over the guise in which he appears before others. For this he needs cosmetic and clothing supplies, tools for applying, arranging and repairing them, and an accessible place to store these supplies and tools - in short, the individual will need an "identity kit" for the management of his personal front. He will also need access to decoration specialists such as barbers and clothiers.
>
> On admission to a total institution, however, the individual is likely to be stripped of his usual appearance and of the equipment and services by which he maintains it. Clothing issued or available is drab, ill fitting, and poorly repaired. Thus the individual suffers personal defacement (p. 20).

Loss of identity equipment on admission prevents the individual from presenting his usual image of himself.

During the past few years, doctors have begun to realize that

personal appearance may be a clue to mental health. Baker's (1955) report indicated that an improvement in the existing conditions of providing residents at Larned State Hospital with clothes led to the psychological uplift that better and cleaner clothing gives everyone. It was also recognized that the community forms first impressions of residents from their clothing long before making any analysis of feature and speech.

Goffman (1961) pointed out that with certain obvious exceptions, there is no reason to expect that psychiatric clients or hospital residents are immune to the psychology of dress. He emphasized the importance of proper dress upon feelings of emotional comfort at looking right and therefore feeling right for an occasion.

Various writers have reported the efforts of Fashion Therapy programs in psychiatric hospitals. One of the first projects of this type was developed at Napa State Hospital in California. The purpose of the program was to assist residents with their clothing and appearance in the hope that an improvement in condition would be seen. It was reported that with renewed pride in their appearance, most residents improved. Some individuals responded to the therapy after all other efforts to reach them had failed (Thompson, 1962). In another report of the same program, the comment was made that the use of glamour techniques with these residents indicated that personal appearance played an important part in the treatment of psychiatric hospital residents (Silverman and Silverman, 1961).

In compiling information for her thesis, Jacobson (1967) asked

clothing managers at state psychiatric hospitals to objectively evaluate the effects that clothing might have upon residents by describing observations they had made of changes in behavior of specific residents following clothing and appearance improvements. Several of these observations are quoted below:

> The patient would not wear her clothing properly. She would put her dresses on backwards leaving the opening undone. We called her into the sewing room, let her pick some material, and made shifts for her opening in back. She likes these dresses, wears them properly, and her appearance is improved (p. 34).

> A woman in her late 40's was the most untidy, sloppy-looking woman on the ward. A clothing aide started coaxing her to put on a cleaner dress. The patient started doing duties on the ward and became interested in her own appearance (p. 35).

> After appropriate clothing had been issued to a patient, she became more interested in attending hospital and outside activities (p. 36).

Thus, it would appear that clothing and appearance are at least as important to the resident of psychiatric hospitals as to the "normal" individual. As such, the therapeutic value of appearance needs further exploration.

IV. MILIEU THERAPY

Milieu therapy has been defined as a scientific manipulation of the environment aimed at producing changes in the personality of the resident (Cumming, 1962, p. 5). Milieu therapy has been used extensively as a treatment method in psychiatric hospitals.

Jones (1953) developed a therapeutic community theory while working with psychiatric hospital residents. He viewed treatment as located in the normal interactions of healthy community life rather than in the

application by specialists of shock therapy, drug therapy, or interpretations. The resident needs contact with the world outside the hospital through trips to the outside, from contact with volunteer groups, and from attendance at social and community functions in order to make possible normal social interactions.

Edelson (1964) felt that milieu therapy should take place in a setting continuous with the society from which the resident comes. It should be open, anti-regressive, and removed from the "total institution" concept to a decentralized and more democratic process.

Abroms (1969) considered milieu therapy a treatment context rather than a treatment technique. "A social arrangement more properly termed therapeutic milieu, it is characterized primarily by its extensiveness (p. 557)." He further emphasized that milieu therapy requires not a certain kind of place, but a certain kind of social organization and some effective treatment techniques. The aim of the therapeutic milieu is to organize a community treatment environment so that all human interactions and every treatment technique can be utilized to assist the patient in controlling symptomatic behaviors and learning appropriate psychosocial skills.

Many specific physical features of the environment can affect the psychiatric hospital resident. One of the most important of these physical features may be his own appearance. Cummings and Cummings (1962) emphasized that an ego insult commonly dealt to new psychiatric hospital residents is the manner in which their clothing is handled:

> Upon a patient's admission, most hospitals mark all of his clothing in order to minimize confusion and loss; sometimes a

> patient is stripped of his clothing for two or three days. If the patient and aide together can attach the patient's name to his clothes the process can be, like calling the patient by his name, an identifying, clarifying, and therapeutic maneuver. However, many hospitals literally brand the patient's clothing; these large unsightly marks give a clear message that the patient is not expected to leave the hospital -- at least within the lifetime of that garment. Further, such labels place a caste mark upon the patient as indelible as the marking ink (p. 213).

Cummings and Cummings also stated:

> To assist the patient in his orientation, the physical milieu should give him ample access to his own appearance. All patients should have mirrors freely available to them, and at least one of the mirrors should be full length in order to help the patient to reaffirm his body image and keep up to date on his appearance. Arrangements for grooming and bathing should resemble those that people customarily use under normal circumstances - that is, they should be private and no more scheduled than absolutely necessary. A normal array of soap, toothpaste, hair tonic, cosmetics, and the like should also be freely available. The patient should wear his own clothing wherever possible; but if this is not possible, clothing should be obtained in a place that resembles a shop, the patient should have as much choice as possible, and he should be provided with a place to keep his clothing neat. Laundry, dry cleaning and repairs should be available, preferably in the greater community (p. 97).

Thus, it can be observed that appearance may play a positive or negative role in the therapeutic environment. As one part of the physical milieu, a further study of the importance of appearance should be pursued.

CHAPTER III

PROCEDURE

The present study was designed to investigate the possible therapeutic value of an appearance therapy program for psychiatric hospital residents and to measure changes in attitude of student volunteers toward psychiatric hospital residents following intensive short-term contact with those residents. Special emphasis was given to the development of a series of classes which were utilized as the appearance therapy program.

Procedures followed in this study are discussed under the following sub-headings: Selection of Sample, Development of Appearance Therapy Program, Selection and Development of Measures, Collection of Data, Analysis of Data.

I. SELECTION OF SAMPLE

Residents of Eastern State Psychiatric Hospital (hereafter referred to as ESPH) are housed in several types of facilities: (1) hospital-like wards or maximum care facilities are provided for individuals who are incapable of caring for themselves; (2) dormitory-like facilities are provided for residents who are able to engage in some self care; and (3) minimum care facilities are available for residents who are capable of providing a great deal of self care. The therapeutic Village (hereafter referred to as the Village) at ESPH is composed of a group of such minimum care facilities known as cottages.

This Village was opened to residents in February, 1961. The unit was a "first" for Tennessee and was the first approach in the United States toward developing a therapeutic program in which attempts are made, in an institutional setting, to place and treat the resident in an environment as nearly normal as possible (Flemming and Gentry, 1961). Each cottage in the Village has a capacity for approximately 20 persons. Residents of the cottages are involved in planning and preparing meals for the entire cottage, cleaning the cottage, and caring for their own clothing with minimum supervision. Persons living in cottages may actively participate in hospital social events. Many residents work either in or outside the hospital. For many ESPH residents, the Village is a final step before leaving the hospital.

The ability to look well and feel at ease in public is an important factor in adjusting to and living a successful life outside the hospital setting. Yet, in the struggle to regain and maintain mental and emotional capabilities the psychiatric hospital resident often neglects his appearance and social graces. Thus, there is a concern that individuals living in the Village and working outside the hospital or about to leave the hospital be made more aware of appearance and be assisted in improving that appearance. It was felt that groups in the Village would be more highly motivated to maintain an improved appearance than others whose proximity to the outside world was not as close. From this total concern, the idea of an appearance therapy program was developed.

One cottage (henceforth referred to as the Cottage) in the Village

was selected for the study for a number of reasons: (1) The 16 residents were believed to compose a representative sampling of the hospital population. (2) The average length of stay in the hospital for most of the Cottage's residents was 12.6 years; therefore, they were considered "chronic patients" with whom many types of treatment and therapy had been tried previously. It was felt by professional hospital staff that more drastic changes might be brought about with this regressed group than with less "institutionalized" residents of the Village. (3) No other new programs were being planned for this cottage during the period in which the study would take place. For these reasons it was felt that the Cottage could serve as its own control group. Any observed changes in the residents could be attributed to the appearance therapy program.

II. DEVELOPMENT OF THE APPEARANCE THERAPY PROGRAM

Development of Objectives

A review of existing literature, discussions with professional staff at the hospital, and personal observations made during visits to the hospital revealed a number of apparent needs of the hospital residents. These needs were developed into basic objectives for the program. They included:

1. To make residents more aware of and interested in personal appearance by:
   A. Bringing into the hospital setting "outsiders" who could emphasize the importance of appearance.

B. Providing contact with persons who would express an interest in the resident and a concern for her appearance.

C. Helping the resident to become aware that she could exert some control over her own appearance.

2. To help the resident to be more acceptable to herself and to society.

3. To provide hospital personnel with tangible evidence that a program of appearance therapy might bring about a positive improvement in hospital residents.

These objectives formed the basis for planning the appearance therapy program.

Planning the Program

Final plans for the program evolved from discussions with hospital personnel concerning specific resident needs, review of literature, and correspondence with others who direct appearance therapy programs. As a result of these contacts, a list of appearance problems of psychiatric hospital residents was made: lack of knowledge of skills in hair care; complexion care and makeup; selection of flattering clothing; repair of garments; good grooming and posture; choosing proper accessory items; and lack of self-confidence in social situations. An attempt was made to incorporate solutions to all of these problems into the program.

Six classes were planned, keeping in mind the objectives of the program and the appearance problems of the residents. An attempt was

made to design each class to cover a one to two hour time period. Because some of the Cottage residents worked during the day, the classes were scheduled from 6:00 - 8:00 p.m. on Tuesday and Wednesday evenings for three consecutive weeks. Following a meeting with the aides from the cottage, it was decided to call the program a "charm class" rather than appearance therapy program. The aides felt that too many activities planned for the residents were labeled "therapy" and that the term "charm class" would have more appeal to the residents.

The Student Volunteers

Objectives 1 A and B (To make residents more aware of and interested in personal appearance by: A. Bringing into the hospital setting "outsiders" who could emphasize the importance of appearance; B. Providing contact with persons who would express an interest in the resident and a concern for her appearance) were considered extremely important to the program; therefore, it was decided to involve six non-professional volunteers from outside the hospital setting in the program. These volunteers were students recruited from an undergraduate textiles and clothing course which is concerned with social and psychological aspects of clothing. It was felt that practical application of concepts discussed in class would contribute to the education of these students. Those individuals participating in the program wrote a report of their activities in lieu of the usual term paper required in the course. The volunteers attended one introductory session with hospital personnel prior to beginning the project to avoid unnecessary difficulties in the program. The session, which included a discussion

of patients' problems and fears, the expectations of students and staff, and ways of handling inevitable anxiety arising during the project, provided some insight for the students.

At the aforementioned session, each volunteer completed the Modified Custodial Mental Illness Scale (Meltzer and Smothers, 1967). This measure helped provide an index of volunteer attitudes toward psychiatric hospital residents before the program began. Following the program, the volunteers once again completed the above-mentioned scale to measure attitude changes that may have occurred during the program.

One week prior to the beginning of the program, the volunteers attended a training session at which the plans for each program were outlined, duties were assigned, and possible problems were discussed. Each volunteer was assigned from two to four cottage residents with whom she worked for the entire program. One volunteer was not assigned specific residents, serving instead as a "floater" to assist the researcher, to help other volunteers when needed, and to act as a reserve who would take over in case one of the other volunteers could not complete the program.

The Programs

A brief description of the plans for each program is given below. Included in the description are the plans for involving the student volunteers in the program.

Class I: "Hairdos Long and Short." This class was designed to introduce the Cottage residents to the volunteers and to acquaint them with techniques and equipment necessary for proper hair care.

Each resident was provided at this session with a program booklet for use throughout the program and with a new comb and brush, hair spray, hand mirror, hair rollers, and bobby pins. Since many of the residents made regular trips to the hospital beauty salon, this session was limited to techniques for maintaining the appearance of the hair between trips to the beauty salon. The student volunteers used themselves as models, demonstrating hair care techniques on their own hair, then assisting their "students" in mastering the techniques.

Class II: "How to Care for Your Face." Many residents of the Cottage wore no makeup. Therefore, it was decided to provide each individual with cosmetic items and to teach her their proper use. Following a brief discussion of makeup and its importance in good appearance, each class member was given face cream, foundation, powder, lipstick, and eyebrow highlighter. The makeup was packaged in gay denim ditty bags. Each volunteer demonstrated on her own face the techniques of applying makeup, then assisted her "students" in applying their own makeup. Strong emphasis was placed on achieving a natural look.

Class III: "Fashions for You." Selection of flattering wearing apparel was considered in Class III. A guest speaker presented a brief talk illustrated with slides covering pointers for each resident to consider as she selected her daily dress. Points covered included: the occasion, style, color, care, and fit of the garment.

Following the program, each resident was given a "new" dress

that had been either donated or purchased for her. After each resident opened her gift-wrapped package, she tried on her dress to test for fit and suitability of style and color. Simple alterations were noted and a list pinned to each dress. Dresses that did not fit or were otherwise unsuitable were returned. All garments were kept by the researcher until the night of the fashion show to insure that they would not be worn until that time.

Class IV: "How to Look Your Best in Today's Fashions." Lack of knowledge of basic principles of good grooming was listed as one of the major appearance problems of hospital residents. This class was designed to acquaint the participants with grooming techniques. A guest speaker presented a brief program outlining grooming techniques under three major headings: Neatness, Cleanliness, and Gracefulness. Following the program, the residents were assisted in making minor alterations on their new dresses or on older garments that they had brought to class. New dresses that had been exchanged were tried on for fit and suitability. A sewing box equipped with basic sewing supplies was placed in the Cottage on this night for future use by the residents.

Class V: "Spiffies." This experience was designed to give each participant an opportunity to select accessory items for her new dress. A brief program was presented by a guest speaker outlining accessorizing pointers. Following the program, each resident selected accessory items from an assortment of scarves, jewelry, purses, belts, and shoes. Rehearsal was conducted for the fashion show to be held the following evening.

Class VI: "Fashion Right Ladies." This class was designed to give the participants an opportunity through preparing for the fashion show to draw together all they had learned about appearance. In addition, it was hoped that the fashion show would provide each individual with an opportunity to practice basic social skills knowing that she looked her best. Each resident was allowed to invite one friend or family member to the show. In addition, selected hospital personnel and other interested persons composed the audience. The program began with the residents participating in an explanation of each class. This was followed by the participants modeling their garments and the presentation of certificates honoring those who had completed the class. Following the program, refreshments were served and a social period was held. Refreshments and decorations for the fashion show were prepared by the residents and the psychiatric aides in the Cottage. The residents served refreshments and acted as hostesses for the event.

III. SELECTION AND DEVELOPMENT OF MEASURES

A total of eight measures was used to test the hypotheses. These are discussed under the following headings: Measures Administered to the Cottage Residents, Appearance Evaluation Questionnaire Completed by the Psychiatric Aides, Measures Administered to the Student Volunteers, Charm Class Evaluation Form Completed by the Cottage Residents.

Measures Administered to the Cottage Residents

The Tennessee Department of Mental Health Self-Concept Scale.

The Tennessee Department of Mental Health Self-Concept Scale (hereafter referred to as the TSCS) was selected as one measure of self-concept. The scale was chosen for the present study because it was simple enough for any literate person to take, yet it could be subjected to detailed analysis, and it included several areas of the self-concept.

The TSCS is a standardized Likert-type instrument (Fitts, 1965). The norms for the scale were developed from a broad sample of 626 persons. The sample for standardization included individuals from various parts of the country who ranged in age from 12 to 68 years. The norms were based on approximately equal numbers of male and female, and Negro and white subjects representative of all social, economic, intellectual and educational levels from sixth grade through the doctoral degree.

The TSCS is composed of 90 statements differentiated along two dimensions. The dimension chosen for consideration in the present study reveals what the individual is saying about himself. The variations along this dimension are contained within three major categories which represent the horizontal categories (Row Scores) on the score sheet for the scale. They are defined as: Row 1 - Identity, or the abstract-description in which the individual tries to describe what he is; Row 2 - Self-satisfaction, or how the individual feels about the self he perceives; Row 3 - Behavior, in which the individual tells what he does.

The Row Scores yield three sub-scores that are summed to constitute the Total Positive score. The Total Positive score reflects the overall level of self-esteem.

> Persons with high Total Positive scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves and act accordingly. People with low scores are doubtful about their own worth; see themselves as undesirable; often feel anxious, depressed or unhappy and have little faith or confidence in themselves (Fitts, 1965, p. 2).

These scores represent an internal frame of reference within which the individual is describing himself.

The original statements were found to vary in another more external frame of reference. Therefore, the statements were sorted into vertical categories, which are the five Column Scores on the score sheet. These Column Scores are:

(1) Column A - Physical Self - The individual presents his view of his own body, his health, his appearance, skills and sexuality.

(2) Column B - Moral-Ethical Self - The individual describes his moral worth, relationship to God, feelings of being a "good" or "bad" person.

(3) Column C - Personal Self - The individual describes his feelings of adequacy, his sense of personal worth, and his evaluation of his personality apart from his body or his relationships to others.

(4) Column D - Family Self - The individual describes his feelings of adequacy, worth, and value as a family member.

(5) Column E - Social Self - The individual describes his sense of adequacy and worth in his social interaction with other people in general.

An additional score of interest in the present study is the Self-Criticism Score. This score is composed of 10 items that are mildly derogatory statements that most people will admit are true for them. Persons who deny most of these statements are being defensive and making a deliberate effort to present a favorable picture of themselves. High scores generally indicate a normal, healthy openness and capacity for self-criticism. Low scores indicate defensiveness and suggest that the Positive Scores are probably artificially elevated by this defensiveness (Fitts, 1965, p. 3).

The reliability of the various scores on the scale was determined on a test-retest basis with a sample of 60 people. The reliability figures are all considered adequate to meet the usual standards for reliability for an instrument of this sort.

The Clinical and Research form of the scale was used for the present study. The measures were computer scored by Counselor Recordings and Tests, Nashville, Tennessee. The residents were assessed on the Row Scores, the Column A, C, and E Scores, the Total Positive Score, and the Self-Criticism Score of the scale.

The Self-Image Questionnaire. The Self-Image Questionnaire (Rosenberg, 1965) was selected for use as one measure of self-esteem. It was originally developed as part of Rosenberg's research relating the adolescent self-image to various social forces. Although the scale has never been used with adult psychiatric patients, it has been used satisfactorily with at least two groups of adults (Rosenberg, personal communication, February 19, 1971).

Rosenberg was guided by both theoretical and practical considerations in constructing the measure. These considerations included the following: (1) ease of administration - the measure simply requires the respondent to check his answers to 10 items; no apparatus is needed; (2) economy of time - the measure can be completed in 2 to 3 minutes; (3) unidimensionality - the instrument enables the researcher to rank the respondents along a single continuum ranging from those with a very high level of self-esteem to those with a very low level of self-esteem; and (4) face validity - Rosenberg attempted to select items which openly and directly dealt with the dimension under consideration (Rosenberg, 1965, p. 17).

The measure is a 10 item Guttman scale with a satisfactory reproducability of 92 per cent and scalability of 72 per cent. Rosenberg presented "positive" and "negative" items alternately in an effort to reduce respondent set. The validity of the scale is defended on the grounds that the scores for the scale could be correlated in a theoretically meaningful way with data collected previously by other researchers.

The scale was composed of 13 statements. "Positive" scores indicate a low level of self-esteem. Scoring of the Rosenberg scale was through the use of "contrived" items - the use of more than one question or statement to derive one item score. The "contrived" items are as follows: The score for Item I was contrived from the combined responses to questions 3, 9, and 11. If the respondent answered "positively" two of the three questions or all of the three questions,

he received a positive score for Item I. Item II was contrived from the combined responses to questions 5 and 6, and Item III was contrived from the combined responses to questions 2 and 8. A positive response to one of the two questions or to both questions was considered a positive score for Item II and Item III. Questions 1, 10, and 12 were scored individually. Items 4, 7, and 13 were fillers and were not included in the scoring (Rosenberg, 1965, pp. 305-307) (Appendix A). The possible score range was from 0 to 6. A score of 0 indicated the highest level of self-esteem and a score of 6 indicated the lowest level of self-esteem.

The Body Cathexis Measure. The Body Cathexis Measure (Secord and Jourard, 1953) was chosen as one measure of body satisfaction. Studies have indicated that the attitudes an individual holds toward his body constitute an important facet of his self-concept. Secord and Jourard demonstrated that the body and the self tend to be cathected to the same degree. Since the present study was devoted to the improvement of appearance (in which the body plays a major role) and resulting changes in self-concept, it was felt that a measure of body cathexis would be appropriate.

Secord and Jourard developed the body cathexis measure to use in determining the relationship between body cathexis and self-cathexis. The measure asks the respondent to indicate on a scale the strength and direction of feeling which he has about the various parts and functions of his body. The original measure contained a list of 46 body parts and functions and was the result of considerable

preliminary work in which previous forms were tried out on college students. Following preliminary study, items which were difficult to understand, difficult for the subject to assign a meaningful rating, or which resulted in little variability from subject to subject were eliminated, provided that they did not leave an important part of the self unrepresented. An exception to this rule was organs related to sexual or excretory functions which were deliberately omitted because it was feared that they would give rise to an evasive attitude that would carry over to other items on the measure.

The score obtained on the measure was a total body cathexis score obtained by summing the ratings for each individual and dividing by 46. Split-half reliability coefficients were obtained for the scores. The reliability (corrected by the Spearman-Brown formula) was moderately high - .81. This reliability may, however, actually be regarded as more impressive because scores that indicated response sets for subjects were removed and not included in computation.

The measure developed by Secord and Jourard was modified and shortened for the present study to 23 items. All items related to processes or functions of the body were dropped; all items were so worded as to be appropriate for females; items considered to be most highly cathected by females were retained, while those felt to be less highly cathected were dropped. The measure was scored by summing the ratings for each individual and dividing by 23 (Appendix A).

The Draw-A-Person Test. The Draw-A-Person Test (hereafter referred to as DAP) was chosen for the present study as one measure of

body image or body satisfaction. It is a frequently used projective technique in clinical psychology and has become an important part of the clinical psychologist's battery of assessment techniques (Stoltz and Coltharp, 1961).

Interpretation of the DAP is quite subjective and open to a considerable amount of inter- and intra-examiner variability. However, it has been suggested that the drawings made by a person may be projections of his own body image, his ego-ideals or ideal self, or the depiction of a significant person in the subject's life. The drawing may represent a blend of all three (Hammer, 1958).

Disputes have arisen concerning the DAP test as a representation of self-image. When drawings from 22 children afflicted with polio were compared with drawings made by 44 unafflicted children, judges were unable to distinguish between the two sets of drawings (Silverstein and Robinson, 1956). However, when drawings of females made by obese women were compared with drawings made by a control group of normal weight women, it was found that the horizontal area covered by the obese subject drawings was greater than the area covered by the normal weight subject drawings. These differences were evident only in drawings of females - not in the drawings of males made by the same group of subjects (Kotkov and Goodman, 1953). Since evidence that drawings are projections of the self-image is inconclusive, it has been suggested that drawing analysis be combined with other data on the subject (Barnouw, 1963).

The DAP was chosen for the present research to use in conjunction

with the other self-image measures as an indication of each subject's regard of herself and her body. In the DAP each subject was given a pencil and a blank sheet of paper and was asked to draw a female figure. No time limit was set for the drawings.

Three graduate students in psychology served as judges to evaluate observed differences in the drawings of residents before and after the charm class. Changes or observed differences in the drawings were scored as follows: a score of +1 indicated a positive change; a score of 0 indicated no change; a score of -1 indicated negative change or deterioration. The scores of the three judges were summed and interpreted as follows: A total score of +3 or +2 indicated positive change; a total score of -1, 0, or +1 indicated no change; a total score of -2 or -3 indicated negative change or deterioration.

Photographs of Subjects. In order to test the hypothesis that the appearance of psychiatric hospital residents participating in the program would show improvement following the program, a subjective measure was decided upon. Front and side view photographs were made of each resident before and after the program to use in evaluating general appearance.

Pre-program photographs were made one week prior to the program when the researcher visited the Cottage to explain the program to the residents. No previous mention had been made that photographs would be taken at this meeting. Each resident was asked to stand in front of a folding door of neutral color to have her picture made. Although an

effort was made to place each subject at ease, no prompting to "smile, stand up straight or pose" occurred.

The post-program photographs were made on the evening of the fashion show. In planning the fashion show, mention was made that pictures would be made on that evening, but no particular emphasis was placed upon this part of the program. No prompting occurred, and no reference was made to the fact that the pictures would be in any way compared with the previous ones.

Following the program, the pictures were rated by five judges. The front and side view photographs of each person composed a set. Each set was attached to a piece of tagboard. The sets of photographs were randomly arranged and numbered consecutively from 1 - 20. No designation was made of "before" or "after" photographs. Each judge was given a printed evaluation sheet and was asked to evaluate each set of pictures on a 5 point scale: 1 - excellent, 2 - very good, 3 - good, 4 - fair, 5 - poor. Each set of pictures was evaluated for hair style and appearance of hair, appearance of garment, choice of accessory items, appearance of shoes and feet, and overall appearance (Appendix D). Appearance of makeup was not included in the evaluation because makeup was difficult to see in the photographs.

The evaluation sheets were tabulated for each set of pictures and before-after evaluations were recorded for each individual.

Appearance Evaluation Questionnaire Completed by the Psychiatric Aides

In a further attempt to test Hypothesis IC (An appearance therapy program for psychiatric hospital residents will contribute to an

improved appearance), a subjective questionnaire was developed. The questionnaire consisted of 10 questions related to the personal appearance of the residents. It was to be completed by the psychiatric aides on duty in the Cottage where the program was being held. It was felt that the aides were in an excellent position to observe the appearance of the Cottage residents before and following the program. Each question was based upon some of the residents' appearance problems that were to be given specific emphasis during the program (Appendix B).

In order to simplify the questionnaire as much as possible, answers were limited to choices of "yes" or "no." However, comments upon each question were invited and space was provided on the answer sheet for the aides to write in such comments about each resident's appearance.

To score the questionnaire, each "yes" response received one point; "no" responses received no points. Five aides were asked to complete the questionnaire for each resident. The five aides' responses to each question were tallied for each resident. The tallied responses for all 10 questions about each resident were summed and an average score was obtained. A score range from 1 to 5 was possible. A score of 1 indicated the least acceptable appearance; a score of 5 indicated the most acceptable appearance.

Measures Administered to the Student Volunteers

The Modified Custodial Mental Illness Scale. The Modified

Custodial Mental Illness Scale (Meltzer and Smothers, 1967) was chosen as the measure to assess the attitudes of the student volunteers toward psychiatric hospital residents. The measurement of such attitudes is considered a natural development of the social or milieu approaches and is based upon the idea that the hospital environment has a profound impact upon the patient's well-being, symptoms and improvement (Meltzer and Smithers, 1967).

The scale is a modification of the Custodial Mental Illness Ideology Scale used to discover whether hospital staff and personnal have two polar outlooks, custodial and humanitarian, toward psychiatric hospital residents (Gilbert and Levinson, 1956). Persons who see residents as "categorically different from normal people, as totally irrational, insensitive to others, unpredictable, and dangerous," are considered to show a custodial outlook. The humanitarian outlook is characterized by concern with the individuality and the human needs of both patients and personnel (Meltzer and Smothers, 1967, p. 40).

The scale consisted of 53 items (Appendix C). A choice of five responses to each question was given: strongly agree, agree, no opinion, disagree, strongly disagree. To score the measure, responses that reflected the most humanitarian outlook were given a score of 1. Responses reflecting the most custodial outlook received scores of 5. Humanitarian scores result from agreement and strong agreement with humanitarian statements and disagreement or strong disagreement with custodial statements. Custodial scores result from agreement and strong agreement with custodial statements and disagreement or strong

disagreement with humanitarian statements. The responses to all custodial and humanitarian statements were summed for each respondent. The lowest score (most humanitarian) possible on the scale was 33. The highest score (most custodial) possible was 165.

In addition to the custodial and humanitarian items, there were 14 items from an F attitude scale believed to reveal bipolar personalities and 6 items from the Traditional Family Ideology Scale that measured autocratic views of family relationships (Meltzer and Smothers, 1967). For the purposes of the present study, only the custodial and humanitarian items were considered.

Charm Class Evaluation Form Completed by the Cottage Residents

A subjective questionnaire was developed in an effort to measure the reactions of the Cottage residents to the charm class. It was hoped that the questionnaire would indicate whether the residents liked or disliked the charm class and that it would indicate changes needed before conducting a similar class for another group of hospital residents.

The residents' questionnaire was limited to 12 questions and a one-page format to make their task of completing it as simple as possible. Eight of the questions had fixed choice answers. In an attempt to avoid response set in answering the eight questions, the choice of answers was listed in varying order. The other four questions were open-ended, inviting personal opinions and suggestions from the residents (Appendix A).

To score the questionnaire, the total number of answers to each

question was recorded. The combined responses were considered in evaluating the questionnaire in Chapter IV.

IV. COLLECTION OF DATA

One week prior to the beginning of the program, the researcher visited the Cottage. The "charm class" idea was presented to the residents, and a calendar was placed on the Cottage bulletin board to remind the residents of the class. Each resident of the Cottage completed a personal information questionnaire giving such information as color preferences, color of hair and eyes, hair style preferences, body measurements, and dress and shoe sizes (Appendix A). The information from these sheets was used by the researcher in selecting clothing, makeup and other items for the residents. In addition, the researcher took front and side view photographs of each individual to assist in garment selection and to serve as part of a before/after evaluation of each resident's appearance.

On this date, each aide in the Cottage was asked to complete the Appearance Evaluation Questionnaire for each resident. These questionnaires were collected from the aides on the night of the first program.

The TSCS (Fitts, 1965), The Self-Esteem Measure (Rosenberg, 1965), The Body Cathexis Measure (Secord and Jourard, 1953), and the DAP Test (Barnouw, 1963) were administered to each resident 1 week before the program began. The measures were administered to each resident individually by psychology graduate students rather than by

the researcher to prevent biased responses due to association with the appearance therapy program.

The following week, the appearance therapy program began and was conducted twice weekly for 3 consecutive weeks. (See detailed plans for individual classes under Appendix E.)

On the night of the final program, the researcher once again made front and side view photographs of each resident to compare with the photographs taken before the program for changes in appearance.

The week following the final program, the researcher visited the Cottage once again to visit informally with the residents. At this visit, the residents completed the Charm Class Evaluation Form. In addition, the Appearance Evaluation Questionnaires were again distributed to the psychiatric aides.

The TSCS, the Self-Esteem Measure, The Body Cathexis Measure, and the DAP Test were re-administered to the residents 2 weeks following the final program. When possible the tests were administered to each Cottage resident by the same graduate student who had tested her prior to the program.

V. ANALYSIS OF DATA

A statistician was consulted to ascertain the appropriate statistical analysis for the study. A paired t test computation was suggested to determine the differences between the before and after scores on all measures except the Draw-A-Person test. This measure will be discussed in terms of observed changes for the group. A difference of mean scores was considered significant at the .05 level of confidence.

CHAPTER IV

PRESENTATION AND DISCUSSION OF FINDINGS

The presentation of data is listed in the following order: Description of Sample, Results Relating to Hypotheses, Evaluation of Charm Class by Cottage Residents, Discussion of Findings.

I. DESCRIPTION OF SAMPLE

The study was conducted with 16 residents of a cottage in the Therapeutic Village at Eastern State Psychiatric Hospital, Knoxville, Tennessee. These 16 individuals were believed to compose a representative sampling of the hospital population; they were considered "regressed patients" with a mean period of 12.6 years hospitalization; the residents were not involved in other new programs at the time that the program was taking place. Therefore, it was felt that no control group would be necessary for the study. Any observed changes in the residents would be attributable to the appearance therapy program.

The residents participating in the study dressed in street clothing purchased for them by their families or obtained from the hospital's clothing room. A free beauty salon was available at the hospital for those who desired the service.

Average Age and Age Range of Residents

The data revealed a mean age for the residents of 51.5 years, with an age range from 36-64 years. The ages were distributed as

follows: one resident was in the age range 30-39 years; six were in the age range 40-49 years; five were in the age range 50-59 years; three were in the age range 60-69 years. One subject failed to reveal her age (Table I).

Period of Hospitalization

The mean period of hospitalization for the residents was 12.6 years. The range in years of hospitalization was from 3 to 27 years. The number of years of hospitalization for the residents was distributed in the following manner: four of the residents had been hospitalized from 1-5 years; two had been hospitalized 6-10 years; three had been hospitalized 11-15 years; four had been hospitalized 16-20 years; zero had been hospitalized in the 21-25 year range; one had been hospitalized from 26-30 years. The number of years of hospitalization for two of the residents was unknown (Table I).

Employment in the Hospital

Seven (43.7 per cent) of the Cottage residents were employed on the hospital grounds and nine (56.3 per cent) of the residents were not employed. Three of the seven residents who were employed worked in hospital dining rooms or kitchens. The other four employed residents were working in the hospital laundry (Table I).

Height and Weight of the Residents

The average height of the Cottage residents was 5' 3" with a range in heights from 5' 0" to 5' 7". The average weight was 155.8 pounds and ranged from 101 to 205 pounds (Table II). Thus, when the

TABLE I

DESCRIPTIVE INFORMATION REGARDING RESIDENTS' BACKGROUNDS

Item	Number	Per Cent
Age		
30-39	1	6.3
40-49	6	37.5
50-59	5	31.2
60-69	3	18.7
Unknown	1	6.3
Total	16	100.0
Length of Hospitalization		
1-5 years	4	25.0
6-10 years	2	12.5
11-15 years	3	18.7
16-20 years	4	25.0
21-25 years	0	00.0
26-30 years	1	6.3
Unknown	2	12.5
Total	16	100.0
Employment in Hospital		
Hospital dining rooms or kitchens	3	18.7
Hospital laundry	4	25.0
Not employed	9	56.3
Total	16	100.0

TABLE II

DESCRIPTIVE INFORMATION REGARDING RESIDENTS' PHYSICAL APPEARANCES

Subject	Height	Weight in Pounds	Dress Size
1	5' 1/2"	142	18 1/2
2	5' 2"	190	22 1/2
3	5' 3"	195	48
4	5' 6"	180	20 1/2
5	5' 7"	180	18 1/2
6	5' 5"	146	46
7	5' 3"	140	16
8	5' 7"	205	48
9	5' 6"	140	18 1/2
10	5' 2"	146	20 1/2
11	5' 2"	146	20 1/2
12	5' 3"	135	16
13	5' 6"	147	18
14	5' 0"	105	14
15	5' 1"	101	12
16	5' 5 1/2"	195	22 1/2

figures cited were compared to a standardized height-weight chart, the residents' weights were greater than was considered desirable for their heights.

II. RESULTS RELATING TO HYPOTHESES

A number of measures were utilized to measure the various dimensions of the self and the effect of the appearance therapy program on the residents. For clarity, the results of each measure are presented for the appropriate hypothesis. Although only eight residents completed all the measures, the total number completing each set (pre- and post-test) were used in computing the results for that measure.

Hypothesis 1A

1. An appearance therapy program for psychiatric hospital residents will contribute to:

   (A) An increase in level of self-esteem and self-concept.

The Self-Esteem Measure (Rosenberg, 1965). The paired t test was used to determine the difference in feelings of self-esteem before and after the charm class as indicated by the difference between the mean scores of the residents on the self-esteem pre- and post-tests.

Analysis of the data for the self-esteem scale indicated that the mean score for the post-test (1.05) did not increase significantly over the pre-test mean score (2.46). Since a significant difference was not revealed, it would appear that self-esteem was not influenced by the appearance therapy program (Table III).

TABLE III

DIFFERENCES BETWEEN PRE- AND POST-TEST MEAN SCORES ON THE ROSENBERG SELF-ESTEEM MEASURE FOR THE RESIDENTS

	Pre-Test		Post-Test		
Measure	Mean Score	Standard Deviation	Mean Score	Standard Deviation	t Value
	N = 13		N = 13		
Self-Esteem	2.46	1.05	1.05	1.19	0.0044

Where:

A score of 0 indicates a high level of self-esteem.

A score of 6 indicates a low level of self-esteem.

The Tennessee Department of Mental Health Self-Concept Scale (Fitts, 1965). The paired t test was computed on the following scales on the TSCS: Self-Criticism, Total Positive, Identity, Self-Satisfaction, Physical Self, Behavior, Personal Self, and Social Self. The results indicated differences in the residents' feelings toward various areas of their self-concepts before and after the appearance therapy program as indicated by the difference between the mean scores of the residents on the Tennessee Self-Concept Scale pre- and post-tests. Analysis of data is discussed in terms of each score analyzed (Table IV). The norm score for each scale on the TSCS is assumed to be 50. Each score for the resident group will be discussed with reference to and in comparison with the norm score.

1. Self-Criticism Score. The Self-Criticism scale is an inverse scale; that is, the higher the score, the more open and less defensive the subject is. Low scores indicate defensiveness, and suggest that the Positive Scores are probably artificially elevated by this defensiveness. Analysis of the paired t test which computed the differences between mean pre- and post-test scores did not prove significant for Self-Criticism. The mean pre-test score for the group was 45.09; the mean post-test score was 46.27. The Self-Criticism score for the residents was slightly below that of the norm group and indicates that the residents were slightly uncritical in their self-reports and were mildly defensive in making responses to questions about themselves.

2. Net Positive Scores:

TABLE IV

DIFFERENCES BETWEEN PRE- AND POST-TEST MEAN SCORES ON THE TENNESSEE DEPARTMENT OF MENTAL HEALTH SELF-CONCEPT SCALE FOR THE RESIDENTS

Measure	Pre-Test		Post-Test		t Value
	Mean Score	Standard Deviation	Mean Score	Standard Deviation	
	N = 13		N = 13		
Self-Criticism	45.09	11.78	46.27	7.95	0.40
Net Positive:					
Total Positive	41.09	11.63	38.27	8.67	1.40
Row 1 - Identity	37.18	12.24	31.08	10.42	2.35*
Row 2 - Self-Satisfaction	46.09	10.95	45.72	8.11	0.14
Row 3 - Behavior	40.90	12.99	40.45	12.11	0.20
Column A - Physical Self	39.00	11.47	38.36	5.42	0.26
Column C - Personal Self	47.08	10.29	43.54	11.05	1.00
Column E - Social Self	41.54	15.41	39.81	10.41	0.63

*Significant at the .05 level.

A. Total Positive. This is the most important single score on the entire test. It represents the overall degree of positive feeling a person has about himself. A high score reveals positive feelings; a low score indicates negative feelings. The t test indicated no significant difference between the resident group's Total Positive scores on the pre- and post-tests. The mean score for the resident group on the pre-test was 41.09; on the post-test, the mean score was 38.27. Both of these scores were far lower than the mean score for the norm group, suggesting that the residents in the group were negative in their concepts of self. The mean score for the post-test was slightly lower than the mean score for the pre-test. The results suggest that the appearance therapy program did not positively affect the total self-concept of the group.

B. Row 1 P Score - Identity. Statements falling in Row 1 give an abstract description of self. The residents in the group were seeking to describe their basic identities - the traits and characteristics they observed as they took a look at themselves. The mean score for the group on the pre-test was 37.18. The mean score on the post-test was 31.08. The difference between the two scores was significant ($p. < .05$). Both mean scores were far below the mean score for the norm group, suggesting that the residents were extremely critical in describing the traits and characteristics they saw in themselves. The mean post-test score was lower than the mean pre-test score, suggesting that the appearance therapy program had a negative effect on this basic level of the self-concept.

C. Row 2 P Score - Self-Satisfaction. This scale includes those statements which reflect satisfaction or dissatisfaction with self, desire for change in the self, or in general, how the individual feels about the self he perceives. The mean pre-test score for the residents was 46.09. The mean post-test score was slightly lower (45.72), but was not significantly different from the pre-test scores. The two scores for the resident group were slightly below that for the norm group. These results suggest that the residents in the group were fairly well satisfied with the self as they saw it and probably would be less amenable to therapy than would groups showing a higher degree of dissatisfaction. The results also suggest that the appearance therapy program had no effect upon the self-satisfaction of the resident group.

D. Row 3 P Score - Behavior. The statements in this category describe the negative or positive feelings the individual has toward his behavior. He expresses what he is indirectly, by saying what he does. The resident group's mean score on the pre-test was 40.90. The mean post-test score was 40.45. The difference between the scores was not significant. Both scores were somewhat below the mean score for the norm group. These results suggest that the residents in the group were dissatisfied with their behavior. It would seem that since the study group was in a situation considered undesirable by many, they might have been evaluating their behavior in reference to that factor. The results also suggest that the appearance therapy program had no effect upon this facet of the residents' self-concepts.

E. Column A Score - Physical Self. Statements falling in this column represent the perception of such factors as appearance, state of health, and sexuality. The mean pre-test score of the resident group was 39.0. The mean post-test score was 38.36. The difference between these scores was not significant. Both scores are below the mean score of the norm group, thus indicating that the residents had relatively negative feelings about their physical characteristics. The similarity of the pre- and post-test scores indicates that the appearance therapy program had no effect on the residents' feelings toward their physical selves.

F. Column C Score - Personal Self. This score reflects the individual's sense of personal worth, his feelings of adequacy as a person and his evaluation of his personality apart from his body or his relationships to others. The mean pre-test score for the resident group on this scale was 47.08 and the mean post-test score was 43.54. The difference between the scores was not significant. Both mean scores were slightly below the norm group mean for this facet of the self--suggesting that the residents were less well-integrated and had a lower level of self-esteem than the norm group.

G. Column E Score - Social Self. This score indicates the individual's attitude toward people in general and his feelings of the attitudes of people toward him. The mean pre-test score for the resident group was 41.54. The post-test score was 39.81. There was no significant difference between the scores. Both scores were below the norm group score on this scale. This suggests that the residents were

lower in social areas of the self then the norm. The two scores are similar--indicating that the appearance therapy program had no effect upon this area of self for the group.

Since analysis of the paired t test which computed the difference between the mean pre- and post-test scores of the Self-Esteem Measure and the TSCS did not prove significant for either measure, Hypothesis 1A was rejected. Self-esteem and self-concept did not appear to be influenced by the appearance therapy program.

Hypothesis 1B

1. An appearance therapy program for psychiatric hospital residents will contribute to:

   B. An increase in body satisfaction.

The Body Cathexis Scale (Secord and Jourard, 1953). The paired t test was computed to determine the difference between the mean scores of the pre- and post-tests on the measure; a significant difference was not revealed. The residents' mean score on the post-test (3.24) was lower than the mean score for the pre-test (3.42). The results suggest that the appearance therapy program did not positively influence the Body Cathexis score (Table V).

The Draw-A-Person Test (Barnouw, 1963). The figure drawings completed by 10 of the residents before and after the appearance therapy program were evaluated by three psychology graduate students. Six of the 10 residents showed "improvement" on their drawings following the program. Three of the 10 residents showed no changes in their

TABLE V

DIFFERENCES BETWEEN PRE- AND POST-TEST MEAN SCORES ON THE SECORD AND JOURARD BODY CATHEXIS MEASURE FOR THE RESIDENTS

Measure	Pre-Test		Post-Test		t Value
	Mean Score	Standard Deviation	Mean Score	Standard Deviation	
	N = 12		N = 12		
Body Cathexis	3.42	.6253	3.24	.7211	.87

Where:

A score of 5 indicates a high degree of body satisfaction.

A score of 1 indicates a low degree of body satisfaction.

drawings following the program, and one resident's drawing following the program showed signs of deterioration. These results suggest that for some individuals, the appearance therapy program may have had a positive influence upon feelings of body satisfaction (Table VI).

Since the difference between the resident group's pre- and post-test scores on the Body Cathexis Scale was not significant, Hypothesis 1B cannot be completely accepted. However, the results of the DAP Test provide a basis for partial acceptance of the hypothesis. The possible implications of the Draw-A-Person Test scores will be discussed in Section IV of this chapter.

Hypothesis 1C

1. An appearance therapy program for psychiatric hospital residents will contribute to:

   C. An improved appearance.

The Photographs. Five judges rated the photographs taken of the residents. The difference between mean scores was computed for the appearance rating of the residents' photographs taken before and after the program was computed. The analysis indicated that the mean rating score (3.49) for the photographs taken after the appearance therapy program had improved significantly ($p < .001$) over the mean rating score (2.33) for the photographs taken before the class began (Table VII).

The Appearance Evaluation Questionnaire. Five psychiatric aides rated each resident's appearance before and after the appearance

TABLE VI

JUDGED SCORES FOR OBSERVED DIFFERENCES IN RESIDENTS' DRAWINGS[a] BEFORE AND AFTER THE CHARM CLASS

Subject Number	Score[b]
1	-1
2	+3
3	+3
4	+2
5	-1
6	+3
7	+2
8	-2
9	+3
10	0

Where:

[a] = *Draw-A-Person Test*

[b] = Changes in drawings were scored by three judges as follows:

+ = positive change

0 = no change

- = negative change

The scores (symbols) were summed and interpreted as follows:

+3 and +2 = positive change

-1, 0, and +1 = no change

-3 and -2 = negative change

TABLE VII

DIFFERENCE BETWEEN MEAN SCORES ON THE PRE- AND POST-EVALUATIONS OF PHOTOGRAPHS OF THE RESIDENTS

	Pre-Test		Post-Test		
Measure	Mean Score	Standard Deviation	Mean Score	Standard Deviation	t Value
	N = 10		N = 10		
Photographs	2.33	0.32	3.49	0.45	10.20*

Where:

A score of 5 indicates "excellent appearance."

A score of 1 indicates "poor appearance."

* Significant at the .001 level.

therapy program. The post-test mean score (4.60) on the Appearance Evaluation Questionnaire increased significantly ($p. < .001$) over the pre-test mean score (4.15) (Table VIII).

Since the post-test scores for both measures increased significantly over the pre-test scores, Hypothesis 1C was accepted. The results suggest that the appearance therapy program did contribute to an improved appearance for the residents as perceived by a group of judges and by the psychiatric aides.

Hypothesis 2:

2. The attitude of student volunteers toward psychiatric hospital residents will become more positive following intensive, short-term contact with the residents.

The Modified Custodial Mental Illness Scale (Meltzer and Smothers, 1967). The paired t test was used to determine the difference in humanitarian attitudes toward the residents as indicated by the difference between the pre- and post-test mean scores of the student volunteers on the scale.

The possible range in scores was 33 to 165. The lower score indicated a more humanitarian attitude and the higher score indicated a more custodial attitude. The range of scores for the six subjects was 61 to 88 for the pre-test, and 56 to 76 for the post-test. Analysis of the data for the scale indicated that the mean score for the volunteers' pre-test was 68.83, and the mean post-test score was 65.65 (Table IX). Although the change in the volunteers' attitudes

TABLE VIII

DIFFERENCE BETWEEN MEAN SCORES ON THE PRE- AND POST- APPEARANCE EVALUATION QUESTIONNAIRES COMPLETED BY FIVE PSYCHIATRIC AIDES FOR THE RESIDENTS

	Pre-Test		Post-Test		
Measure	Mean Score	Standard Deviation	Mean Score	Standard Deviation	t Value
	N = 15		N = 15		
Appearance Evaluation	4.15	0.97	4.60	0.71	4.13*

Where:

A score of 5 indicates most acceptable appearance.

A score of 1 indicates least acceptable appearance.

* Significant at the .001 level.

TABLE IX

DIFFERENCES BETWEEN THE MEAN SCORES ON THE PRE- AND POST-TEST FOR THE MODIFIED CUSTODIAL MENTAL ILLNESS SCALE COMPLETED BY THE STUDENT VOLUNTEER GROUP

	Pre-Test		Post-Test		
Measure	Mean Score	Standard Deviation	Mean Score	Standard Deviation	t Value
	N = 6		N = 6		
MCMI Scale	68.83	9.98	65.65	7.94	1.00

Where:

Low score = more humanitarian.

High score = more custodial.

toward psychiatric hospital residents was in the direction of the more humanitarian attitude, there was not a significant difference in the mean scores. Therefore, Hypothesis 2 was rejected.

III. SUBJECTIVE EVALUATION OF CHARM CLASS BY COTTAGE RESIDENTS

The charm class was attended by 16 residents of the Cottage. All 16 were asked to complete the Charm Class Evaluation Form 1 week following the class. The evaluation consisted of open-end questions as well as questions with limited choice answers. The responses were grouped and tabulated as indicated in Table X (Appendix F).

Thirteen of the 16 residents responded to the question, "Which charm class did you like best?" Three replied they enjoyed the hair care class best, two enjoyed the makeup class, one liked best the class concerned with choice of apparel, five enjoyed the good grooming class, and two enjoyed the accessorizing class. Several of the residents expressed difficulty in making a choice of a favorite class, stating that they enjoyed every class.

Two persons responded to the question, "Which class did you like least?" Both stated that they did not enjoy the class in which they made alterations on their garments.

To the question, "If you had your choice, how soon would you enjoy another charm class," six persons indicated that they would enjoy another class in 2 weeks, five felt they would enjoy another class in 1 month, and one felt that she would enjoy another one in 6 months. One individual felt that she would not enjoy another class and stated

that she thought that residents of other cottages should have an opportunity for a charm class.

Question four inquired how the resident felt the class made her look. Eleven of the respondents felt that they looked a lot better, and four felt they looked a little better as a result of the class. No one felt that she looked no better following the class.

It was important to determine whether the residents had enjoyed and used the program booklets given them at the first class. The booklets were fairly expensive, and if it were determined that they were not enjoyed, they would not be suggested for future programs. Question five asked, "Have you read in your program booklet?" Eight persons replied "yes" and five replied "no." However, to question six, seven persons replied that the booklet had not been helpful in the program while five persons felt that the booklet was helpful. Thus, opinion was divided concerning the usefulness of the booklet.

Twelve of the residents indicated that they had enjoyed modeling in the fashion show, while one had not enjoyed modeling (Question seven).

Question eight was directed toward the way the class had made the residents feel. Eleven residents stated that they felt "a lot better" following the class, while two stated that they felt "a little better." No one checked the reply "no better."

In an effort to determine whether other classes and activities would appeal to the residents, the respondents were asked to indicate on a list of activities which one or ones they would enjoy. One each

felt that she would enjoy: an exercise class, a sewing class, a knitting class, a cooking class, a handicraft class. Four residents indicated that they would enjoy a modeling class. Nine residents felt that they would enjoy a diet and menu planning class. There was a total of 18 responses to this question, indicating that some persons were interested in more than one of the suggested activities.

Question ten was related to the responses to question nine. It stated, "Which of the above-mentioned activities would you like best?" Four residents felt they would enjoy a diet and menu planning class best; one each indicated that a knitting class and a handicraft class would be most appealing.

The final question solicited opinions about the charm class and was read aloud to the residents in order to clarify its meaning: "In your own words, tell me how you feel about the charm class; any changes you would like to see made in another charm class; any special likes or dislikes you had concerning the class." Six persons responded to the question. Four stated that they enjoyed the class very much; one stated that she thought the class was a very good idea and project; one stated that she especially enjoyed modeling.

Approximately 4 weeks following the charm classes, the Cottage was visited by one of the hospital psychologists who was not previously known to the residents. The psychologist solicited the residents' opinions and feelings toward the charm classes and reported the responses to the researcher. All of the persons with whom she talked indicated that they had enjoyed the classes. Several of the

residents indicated a wish that the classes had been of longer duration. These responses partly supported the responses to the questionnaire.

As a result of the residents' subjective evaluations, and the psychologist's questions, it would appear that the residents of the Cottage enjoyed the charm classes. Further evidence to support this idea is the fact that attendance at the classes was excellent, with only one person missing any classes. This high rate of attendance can be partly attributed to the fact that the classes were held in the residents' cottage, and they had to exert no unusual effort to be in attendance. It is emphasized, however, that attendance at the classes was purely optional, and the residents were not required to attend the classes. Therefore, those residents who attended the classes were present as a matter of personal choice and at least partly because they enjoyed the classes.

Several factors may be suggested as reasons why the residents received pleasure from the classes: (1) The classes provided a break in the Cottage routine 2 nights a week. Planned programs involving the residents offered pleasant diversion from television watching and an early bed time. (2) Young attractive students from outside the hospital took a personal interest in each resident, her appearance, and her problems. This unaccustomed attention may have contributed to the residents' enjoyment of the classes. (3) At several classes, the residents were given new cosmetics, hair-care equipment, clothing and accessories. These were items that many of the residents could

ill-afford to purchase for themselves. In addition to being given these articles, the residents were allowed to make specific requests for cosmetics they desired and for exchanges of items that did not please them. Inasmuch as was possible within the limitations of time and funds for the project, these requests were honored. Therefore, these gifts, and the personal attention involved, were welcomed as a part of the classes.

The residents apparently enjoyed the charm classes as indicated by their responses to the Charm Class Evaluation Form and by subjective observations of the researcher. Several factors contributed to this apparent enjoyment, and are therefore considered strong points of the classes.

IV. DISCUSSION OF FINDINGS

It must be recognized that several conditions influenced the results of the study. One condition was the varying abilities of the residents in completing pencil and paper measures of the type used several times in the present study. In addition, the residents involved in this study were members of a group of "regressed chronic patients" who had been to a great degree removed from the outside world, from normal activities of life, and who may not have engaged in reading and expressing themselves either verbally or on paper for some time. Thus the ability of these persons to deal with abstract concepts may have been very limited. In addition, their approach to reading and writing tasks (such as tests) may have been somewhat colored by lack of practice at these tasks.

Another point to emphasize is that the nature of the residents' disorders may have caused them to be unable or unwilling to respond openly to questions asked about themselves. The Self-Criticism score on the TSCS offers partial support for this point. In addition, a True-False ratio (not reported in this study) measured by the TSCS indicated a response bias - a strong tendency for the resident group to agree or disagree regardless of item content to the questions of the TSCS. It is suggested that this mild defensiveness or bias may have been "carried over" to responses to the measures other than the TSCS.

Thus, for various reasons, the scores on these measures may not be actual scores of the "true self" of the residents. The actual value of these measures in evaluating the effect of the appearance therapy program is somewhat limited. This should, therefore, be taken into consideration when evaluating the findings.

The findings of the present study indicated no significant difference between residents' pre- and post-test scores on the Self-Esteem Measure and the TSCS. These results suggest that the appearance therapy program had no positive effect on the self-esteem of the resident group. Thus, the results were somewhat different from those results reported by Hobbs (1952), Butler and Haigh (1954), and Ashcraft and Fitts (1964). However, their studies involved longer periods of therapy than did the present study. The findings did agree with the findings of Cameron (1963), Chase (1957), Wayne (1963), and Long, Ziller and Bankes (1970), which indicated that psychiatric hospital

residents may have a low level of self-esteem. The resident group's mean scores on all measures of self-esteem and self-concept indicated lower levels of self-esteem and self-concept than did mean scores of norm groups on the same measures.

No significant difference was found between the resident group's pre- and post-test scores on the Body Cathexis Measure. These results suggest that the appearance therapy program had no effect upon the residents' feelings of satisfaction with their bodies. These findings, when considered in relation to the findings of the self-concept measures tend to support Secord and Jourard's (1953) finding of significant correlations between Body Cathexis and Self-Cathexis. Although no correlations were computed for this study, it was found that scores of both body cathexis and self-cathexis (self-satisfaction) were low for the resident group.

The DAP Test, also used as a measure of body image or cathexis, was not analyzed statistically. Subjective interpretations of the test revealed that six of the ten residents completing both drawings showed signs of improvement as indicated by differences in their pre- and post-program drawings. Three of the residents' drawings showed no signs of improved body image. One resident's drawings showed evidence of deterioration. However, this resident attended only two of the classes, and although encouraged to come to the others, she refused to do so. One of the psychiatric aides in the Cottage commented that this resident was having "problems" at the time. This fact may partially explain the changes in her drawings. Thus, it would appear that for

some of the residents, the appearance therapy program may have produced positive changes as judged by their DAP Tests.

While the interpretation of the DAP Test is purely subjective, this approach had several advantages in use with this group. The problems of verbal communication, especially with persons who for one reason or another have difficulty communicating verbally, was at a minimum. Problems of reading and interpretation of questions were eliminated. In addition, the point should be made that standardized pencil and paper tests do not always indicate everything taking place within the individual. Thus, the technique of drawing may project feelings not indicated by written measures.

Significant differences were found between pre- and post-program mean scores for residents on both the Appearance Evaluation Questionnaire completed by the psychiatric aides and the evaluation of photographs by a panel of judges. These significant differences suggest that the appearance therapy program did bring about positive improvements in the residents' appearances. There was some indication that a response set may have been operating for some of the psychiatric aides when completing the post-program questionnaire. This response set may have been the result of enthusiasm over the charm classes in the Cottage, or it may have been the result of a disinclination on the part of the aides to take time to complete the questionnaire for 16 residents. Nevertheless, the photographic evaluations supported the findings of the questionnaires. It may be of interest, also, that every resident participating in the program was judged to have a better

appearance on the post-program photographs than on the pre-program ones. These findings support the statements made by Thompson (1962) and Silverman and Silverman (1961) that appearance therapy programs can produce positive improvements in the appearance of psychiatric hospital residents.

The importance of appearance has been noted. Goffman (1963) and Stone (1962) suggested that the impressions of self that individuals present to others (partly through personal appearance) initiate validating responses essential to the establishment of that self. An acceptable or "good" appearance might indirectly cause the individual's perception of self to be better than it would be if his appearance were poor. If the improvements in the appearance of the residents proved to be permanent ones, it is possible that over a period of time this better appearance might give rise to positive responses and indirectly to a more positive self-feeling for the resident. However, to bring about such changes, it probably would be necessary for the program to extend over a longer period of time.

No significant differences were found between the student volunteers' mean pre- and post-test scores on the Modified Custodial Mental Illness Scale. These findings suggest that no changes occurred in the volunteers' attitudes as a result of intensive work with psychiatric hospital residents. However, it should be noted that the pre-test mean scores for this group were very low (68.83) indicating strong humanitarian attitudes at the outset of the study. This pre-test score was lower than the mean score of 77.54 for professional

hospital personnel in the study reported by Gilbert and Levinson (1967). It is further suggested that students in general who would be eager to volunteer for a program such as the present one might tend initially to have strong humanitarian attitudes toward psychiatric hospital residents.

CHAPTER V

SUMMARY AND CONCLUSIONS

This study was designed to determine the potential therapeutic value of an appearance therapy program for female residents of a psychiatric hospital. Emphasis was given to the development of six "charm classes" for a group of female residents of a local psychiatric hospital. A group of student volunteers was recruited to assist with the program. Psychological measures were administered to the groups before and after the charm classes to measure any changes that might occur as a result of the classes.

The potential therapeutic value of an improved appearance has been suggested by Jacobson (1967) and Baker (1955). Proper clothing and a good appearance are considered to be important aspects of the psychiatric hospital resident's personal milieu. As an integral part of the environment, a good appearance may contribute to more positive feelings toward the self, to greater confidence in self, and to the achievement of better relationships with others through better first impressions.

Eight measures were used in an attempt to objectively evaluate the hypotheses: The Tennessee Department of Mental Health Self-Concept Scale (Fitts, 1965) and the Self-Esteem Measure (Rosenberg, 1965) were selected to measure the self-esteem and self-concept of the hospital resident group. The Body Cathexis Scale (Secord and Jourard, 1953) and the Draw-A-Person Test (Barnouw, 1963) were selected

to measure hospital residents' feelings of body satisfaction. An appearance evaluation questionnaire developed by the investigator and completed by the five psychiatric aides evaluated the appearance of each hospital resident before and after the program. In addition, before- and after-program photographs of a front and side view of each resident were evaluated by a panel of five judges to assist in determining changes in appearance as a result of the program. The Modified Custodial Mental Illness Scale (Meltzer and Smothers, 1967) was administered to the student volunteers before and after the program to determine changes in student attitudes toward psychiatric hospital residents as a result of working in such a program. Following the program, the residents completed the Charm Class Evaluation Form as a measure of their reactions to the program.

The sample included 16 psychiatric hospital residents who lived in a cottage in the Therapeutic Village at Eastern State Psychiatric Hospital, Knoxville, Tennessee. Selection of the group was based upon several factors: (1) the residents were believed to compose a representative sampling of the hospital population; (2) the residents were considered "chronic regressed patients" with an average length of hospitalization of 12.6 years for the group; and (3) no other new programs were being planned for this cottage during the period in which the study would take place. For these reasons, it was felt that any observed changes in the residents could be attributed to the appearance therapy program. The residents participating in the study dressed in street clothing purchased for them by their families

or obtained from the hospital's clothing room. A free beauty shop was available for those who desired the service.

The student volunteer group was recruited from an undergraduate textiles and clothing course concerned with social and psychological aspects of clothing. It was felt that practical application of concepts discussed in class would contribute to the education of these individuals. Those students participating in the program wrote a report of their activities in lieu of the term paper required for other students in the class.

The development of the appearance therapy program was based upon three major objectives (see page 22). Six "charm classes" were planned to implement the program and covered such aspects of appearance as hair care, application of makeup, selection of flattering clothing, good grooming, accessorization of clothing, poise and social graces. Prior to the program, the psychiatric hospital residents were administered the two self-concept measures, and the two body cathexis measures; the psychiatric aides working in the Cottage completed the Appearance Evaluation Questionnaire for each resident; and the researcher made front and side view photographs of each resident. In addition, the student volunteers were administered the attitude measure before the program began. The charm classes were of short duration, meeting 2 nights weekly for 3 consecutive weeks. Following the end of classes, the above-named measures were re-administered to each resident, the psychiatric aides, and the student volunteers. One week following the program, the researcher visited the Cottage and asked each resident

to complete the Charm Class Evaluation Form developed by the researcher.

Statistical analysis of the data led to acceptance or rejection of the hypotheses. Descriptive statistics included means and standard deviations. To test the hypotheses, t tests were computed to ascertain the difference between pre-test and post-test scores for each measure except the DAP Test. This test was considered in terms of observed changes for the group. For clarity, the results of each measure are presented for the appropriate hypothesis.

Hypothesis 1A

1. An appearance therapy program for psychiatric hospital residents will contribute to:

A. An increase in level of self-esteem and self-concept.

No significant positive difference was found to exist between the residents' pre- and post-test mean scores on either of the two measures. From these findings, it was concluded that the program did not positively affect the self-esteem or self-concept of the residents. Hypothesis 1A was rejected. It should be pointed out, however, that the appearance therapy program was of extremely short duration--only 3 weeks. Studies cited in this paper reporting self-concept changes were conducted with therapy periods of 6 months or longer, thus allowing the relatively stable self-concept a greater period in which to change.

Hypothesis 1B

1. An appearance therapy program for psychiatric hospital

residents will contribute to:

B. An increase in body satisfaction.

Body satisfaction as measured by the Body Cathexis Scale did not increase significantly when post-tested. However, improvements were seen in six projective figure drawings (DAP Test) completed by 10 of the residents preceding and following the program. Three of the 10 drawings showed no change, and one drawing indicated deterioration. The results of the DAP Test indicate that for some of the residents the program may have had a positively meaningful effect upon the way they viewed their bodies. Since the difference between the resident group's scores on the Body Cathexis Scale was not significant, Hypothesis 1B was not completely accepted. However, the results of the DAP Test provided a basis for partial acceptance of the hypothesis.

Hypothesis 1C

1. An appearance therapy program for psychiatric hospital residents will contribute to:

C. An improved appearance.

Significant results (p. .001) on both the Appearance Evaluation Questionnaire completed by the psychiatric aides in the Cottage and on the evaluations of before- and after-program photographs of the residents led to the conclusion that the appearance therapy program resulted in positive improvements in the residents' appearances. This improved appearance, if permanent, might result in more positive reflections of (the resident's) self from others and, hence, a more positive self-feeling for the resident. Hypothesis 1C was accepted.

Hypothesis 2

2. The attitude of student volunteers toward psychiatric hospital residents will become more positive following intensive, short-term contact with the residents.

No significant difference was found between the student volunteers' mean pre- and post-test scores on the Modified Custodial Mental Illness Scale. From these findings it must be concluded that short-term, intensive work with psychiatric hospital residents had no effect upon the student volunteers' attitudes toward these residents. Hypothesis 2 was rejected. It is noted, however, that the student volunteer group's initial scores on the scale were very low--indicating a strong humanitarian attitude (as opposed to a custodial one) at the outset of the program.

In conclusion, self-esteem and self-concept of the resident group did not appear to be positively affected by the appearance therapy program. The group's feelings of body satisfaction apparently were not positively affected by the program. However, for six of the residents, projective figure drawings indicated some positive change in body satisfaction. The appearance of the resident group was judged to be highly improved as a result of the program, and members of the resident group were positive in their evaluations of the program. Thus, it would seem reasonable to conclude that an appearance therapy program may contribute to the overall hospital program, that volunteers can work effectively with the residents, and that the residents may receive direct benefit from such a program.

I. RECOMMENDATIONS

Recommendations for Use of the Present Study

The program plans included in the present study might be useful for individuals planning appearance therapy programs in other psychiatric hospitals.

Recommendations for Future Study

1. Thought should be given to the possibility of comparing student volunteer scores on the attitude measure with the same scores for students who did not volunteer to determine whether students who volunteer for such a program initially have more positive attitudes toward psychiatric hospital residents than non-volunteers.

2. The appearance therapy program should be repeated with a similar group over a longer period of time to determine whether changes could be seen in self-concept and body satisfaction with a longer period of therapy to provide for a longer period of reinforcement.

3. The appearance therapy program should be tested with a younger group--either adolescents or young adults.

4. Thought should be given to the possibility of an appearance therapy program for other groups, such as rest home residents, residents of a home for unwed mothers, or other institutionalized groups of women.

5. The appearance therapy program measures could be administered to larger groups or to a number of small groups simultaneously in order to provide a larger sample for study.

6. The appearance therapy program could be conducted in a psychiatric hospital where residents wear uniforms, do not have a beauty shop, and do not have a clothing room.

7. The appearance therapy program could be expanded to include:

   a. exercise classes

   b. more modeling classes

   c. classes for dieters

   d. sewing classes

   e. etiquette

   f. greater emphasis on grooming.

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APPENDIXES

APPENDIX A

PERSONAL INFORMATION SHEET

YOUR NAME:_____

What color is your hair?_____What color are your eyes?_____

What are your favorite colors?_____

Is your hair long or short?_____

Do you like to wear makeup? ___ yes ___ no

Do you have makeup which you use? ___ yes ___ no

Do you own:

a hand mirror	___ yes	___ no
a brush	___ yes	___ no
a comb	___ yes	___ no
makeup base	___ yes	___ no
bobby pins	___ yes	___ no
hair rollers	___ yes	___ no
would you <u>like</u> to have hair rollers	___ yes	___ no

What size dress do you wear?_____

What size shoes do you wear?_____

How tall are you?_____

How much do you weigh?_____

Bust_____inches Dress length_____inches

Waist_____inches Back waist_____inches

Hips_____inches Shoulders_____inches

BODY CATHEXIS MEASURE[a]

Below are listed a number of things characteristic of yourself or related to you. You are asked to indicate which things you are satisfied with exactly as they are, which things you worry about and would like to change if it were possible, and which things you have no feeling about one way or the other.

Consider each item listed below and place the NUMBER which best corresponds to your feelings (as indicated in the scale) in front of each item.

1. Have strong feelings and wish change could somehow be made.
2. Don't like, but can put up with.
3. Have no particular feelings one way or the other.
4. Am satisfied.
5. Consider myself fortunate.

EXAMPLE: 3 Height

_____Hair	_____Muscular Coordination
_____Face	_____Bust
_____Face Shape	_____Waist
_____Complexion	_____Hips
_____Eyes	_____Legs
_____Ears	_____Hands
_____Nose	_____Feet
_____Teeth	_____Speaking Voice
_____Lips	_____Excess Hair
_____Height	_____Birthmarks, moles, etc.
_____Weight	_____Other (Please specify)
_____Posture	_____

[a]Secord, Paul F., and Jourard, Sidney. "The Appraisal of Body Cathexis: Body Cathexis and the Self," Journal of Consulting Psychology, 17:343-347, 1953.

SELF-ESTEEM MEASURE[a]

Below is a list of statements dealing with your general feelings about yourself. Put a check mark (✓) in the box before the word that describes how you usually feel about each statement.

1. On the whole, I am satisfied with myself.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

2. At times I think I am no good at all.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

3. I feel that I have a number of good qualities.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

4. I wish I could believe in myself more than I do.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

5. I am able to do things as well as most people.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

6. I feel I do not have much to be proud of.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

7. I do not like to put my abilities to the test.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

8. I certainly feel useless at times.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

9. I feel that I'm a person of worth, at least on an equal plane with others.
   _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

10. I wish I could have more respect for myself.
    _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

11. All in all, I am inclined to feel that I am a failure.
    _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

12. I take a positive attitude toward myself.
    _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

13. I seem to have feelings of inferiority.
    _____Agree _____Strongly Agree _____Disagree _____Strongly Disagree

[a]Rosenberg, Morris. Society and the Adolescent Self-Image. Princeton, New Jersey: Princeton University Press, 1965.

CHARM CLASS EVALUATION FORM

1. Which charm class did you like best?
   #1___hair care
   #2___makeup
   #3___how to choose your clothes
   #4___good grooming
   #5___how to accessorize your clothes

2. Which program did you like least? #_____

3. If you had your choice, how soon would you enjoy another charm class? Check one.
   ___in 2 weeks
   ___in 1 month
   ___in 6 months
   ___would not like another charm class

4. Do you think the class helped you look:
   ___a lot better ___a little better ___no better

5. Have you read any in the program booklet? ___no ___yes

6. Do you feel that this booklet:
   ___was of no use to you
   ___helped you in the program

7. Did you enjoy modeling in the fashion show? ___no ___yes

8. Did the charm class make you feel:
   ___no better ___a little better ___a lot better

9. Check any of the following activities that you would like to participate in. You may check more than one.
   ___an exercise class
   ___a sewing class
   ___a modeling class
   ___a diet and menu planning class
   ___a knitting or crochet class
   ___a cooking class
   ___a handicraft class

10. Which one of the above would you like best?_____

11. I would like your suggestions of other types of classes or activities you would enjoy:

12. In your own words tell me how you feel about the charm class, any changes you would like us to make if we planned another charm class for you, any special likes and dislikes you had about the class.

APPENDIX B

APPEARANCE EVALUATION FORM

Your name_____ Cottage resident's name_____

Please return by:_____

1. Is her hair usually clean? ___yes ___no
   Is her hair usually neatly brushed? ___yes ___no
   Comments:

2. Is her face usually clean? ___yes ___no
   Comments:

3. Is her makeup usually evenly and lightly applied? Comments ___yes ___no

4. Are her clothes usually clean? ___yes ___no
   Comments:

5. Are her clothes usually in good repair? ___yes ___no
   (no rips, no missing buttons, etc.)
   Comments:

6. Does she usually have good posture? ___yes ___no
   Comments:

7. Are her hair and nails usually clean? ___yes ___no
   Comments:

8. Are her shoes usually clean? ___yes ___no

   Are her shoes usually in good repair? ___yes ___no
   Comments:

9. Does she have any unpleasant personal habits you would like to see her overcome? ___yes ___no

   If so, what are these?

APPENDIX C

MODIFIED CUSTODIAL MENTAL ILLNESS SCALE[a]

Possible responses include: Strongly Agree, Agree, No Opinion, Strongly Disagree, Disagree.

1. Only persons with considerable psychiatric training should be allowed to form close relationships with patients.

2. Patients benefit as much from a warm personal relationship with an attendant or nurse as they do from specific treatment methods.

3. It is best to prevent the more disturbed patients from mixing with those who are less sick.

4. What youth needs most is strict discipline, rugged determination, and the will to work and fight for family and country.

5. As soon as a person shows signs of mental disturbance he should be hospitalized.

6. Nowadays when so many different kinds of people mix together so much, a person has to protect himself especially carefully against catching an infectious disease from them.

7. Mental illness is an illness like any other.

8. Sex crimes, such as rape and attacks on children, deserve more than mere imprisonment; such criminals ought to be publicly whipped, or worse.

9. Close association with mentally ill people is liable to make even a normal person break down.

10. People can be divided into two distinct classes: the weak and the strong.

11. We can make improvements, but by and large the conditions of mental hospital wards are about as good as they can be considering the type of disturbed patients living there.

12. If people would talk less and work more, everybody would be better off.

13. We all have quirks very similar to those of the mentally ill.

14. The best teacher or boss is the one who tells us just exactly what is to be done and how to go about it.

15. We should be sympathetic with mental patients, but we cannot expect to understand their odd behavior.

16. No sane, normal, decent person could ever think or hurting a close friend or relation.

17. One of the main causes in mental illness is lack of moral strength.

18. When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.

19. Abnormal people are ruled by their emotions; normal people by their reasons.

20. When a person has a problem or worry, it is best for him not to think about it, but to keep busy with more cheerful things.

21. A mental patient is in no position to make decisions about every-day living problems.

22. If children are told much about sex, they are likely to go too far in experimenting with it.

23. Patients are often kept in the hospital long after they are well enough to get along in the community.

24. Women who want to remove the word "obey" from the marriage service don't understand what it means to be a wife.

25. There is something about mentally ill people that makes it easy to tell them from normal people.

26. A child should never be allowed to talk back to his parents, or else he will lose respect for them.

27. Few, if any, patients are capable of real friendliness.

28. A man should not be expected to have respect for a woman if they have sexual relations before they are married.

29. Male and female patients should have opportunity for social activities together each day.

30. It is somehow unnatural to place women in positions of authority over men.

31. There is hardly a mental patient who isn't liable to attack you unless you take extreme precautions.

32. A woman whose children are at all messy or rowdy has failed in her duties as a mother.

33. Patients who fail to recover have only themselves to blame; in most cases they have just not tried hard enough.

34. There is hardly anything lower than a person who does not feel a great love, gratitude, and respect for his parents.

35. The improvement of many patients is greatly hindered by the loss of freedom resulting from hospitalization.

36. The facts on crime and sexual immorality show that we will have to crack down harder on young people if we are going to save our moral standards.

37. Patients need the same kind of control and discipline as an untrained child.

38. With few exceptions most patients haven't the ability to tell right from wrong.

39. In experimenting with new methods of ward treatment, hospitals must consider, first and foremost, the safety of patients and personnel.

40. Young people sometimes get rebellious ideas, but as they grow up they ought to get over them and settle down.

41. Persons who have been discharged from a mental hospital after successful treatment are often more stable than many others in the community.

42. The mental hospital should insist that all patients keep themselves clean in dress, manners, and speech.

43. Science has its place, but there are many important things that must always be beyond human understanding.

44. As a general rule, it is best that patients stop seeing each other after they leave the hospital.

45. Once a person is headed toward mental illness, there is not much that anyone can do to prevent it.

46. Mentally ill people are as intelligent, on the average, as 'normal' people.

47. Most of our social problems would be solved if we could somehow get rid of immoral, crooked, and feeble-minded people.

48. Anyone who has been a mental hospital patient should keep this fact a secret even from his friends.

49. What mental hospital patients need above all else is rest, quiet, and good food.

50. In most cases it is all right for people who have been mentally ill to marry and have children.

51. More than anything else it is good hard work that makes life worthwhile.

52. Mental hospital doctors should spend less time letting patients air their problems and more time telling them what to do.

53. Once a person has been mentally ill, he needs more supervision and advice from his family than would otherwise be necessary.

[a]Meltzer, Malcolm L., and Smothers, John M. "Assessing Attitudes Toward Mental Health Concepts," Hospital and Community Psychiatry, 21: 39-44, August, 1967.

APPENDIX D

RATING SHEET FOR PHOTOGRAPHS

5 = excellent, 4 = very good, 3 = good, 2 = fair, 1 = poor Your Name:_____

Set Number	Hair Style and Appearance of Hair	Appearance of Garment	Choice of Accessory Items	Appearance of Shoes and Feet	Posture	Overall Appearance

APPENDIX E

PROGRAM OUTLINES FOR VOLUNTEERS
APPEARANCE THERAPY PROGRAM
"THE TOTAL YOU"

Program I - February 9

"Hairdos Long and Short"

ACTIVITIES:

1. Brief "get-acquainted" period, distribution of name tags and booklets.

2. Short introduction of volunteers. As each of you is introduced, you will "model" the dress you are wearing.

3. Brief discussion of hair care program.

4. Break into small groups for hair care sessions; distribute hair care items.

   Points to be covered in this session include:

   a. Importance of a straight part, and how to make a straight part.

   b. How to brush hair from part to tip ends. The importance of brushing hair in this manner every day.

   c. Assisting each student in combing (and restyling if desired) her own hair. Since most of the students go to the hospital beauty shop each Monday, you will probably want to concentrate on "ways to style your hair between visits to the beauty shop."

   Point out:

   1. How to backcomb lightly for height and shaping and how to smooth backcombing.

   2. How to conceal bobby pins used to hold hair in place.

   3. Demonstrate correct technique for rolling pin curls and hair rollers.

5. Hair care problems such as oiliness, dryness, dandruff, etc.

a. Frequent shampooing may be one solution for some of these problems - more frequently even than once-a-week trips to the beauty salon.

Following this and each of the other programs, please collect the name-tags from each of your students and turn them in to me. Explain that each person will get her name tag back each week, and that at the end of the program she can keep it if she wants it for a souvenir.

Supplies:

booklets and pencils
name tags
pins
magic markers
comb and brush for each student
hair spray for each student
bobby pins for each student
hand mirror for each student
hairdo magazines

Volunteers bring:

your comb and brush (clean)
your hair spray
a roller or two (to use for demonstration)
a few bobby pins (to use for demonstration)
your electric curlers

Program II - February 10

"How to Care for Your Face"

ACTIVITIES:

1. Brief social period - distribute name tags.

2. Introduction to the makeup program. At this point, we would like to show one volunteer with one side of her face "made up" and the other side with no makeup - to point out the difference makeup can make in the way 'we' look.

3. Break into groups for makeup sessions: distribution of makeup items.

   Important points to cover in this session:

   a. Importance of cleaning the face at least once daily.

   b. Applying foundation and rouge evenly and lightly.

      1. Use of a very small amount of lipstick for rouge.

   c. Use of powder.

   d. Techniques of highlighting eyebrows with brush-on brow color.

   e. Application of lipstick, following shape of mouth.

   Place a great deal of emphasis on achieving a natural look.... "this is a very youthful, happy look...."

Supplies:

foundation
powder
brow color
lipstick
cleansing cream
tissues
mirrors
ditty bags for makeup

Volunteers bring:

your makeup

Come to the program with no makeup on so that you can demonstrate correct application of makeup on your own face.

Program III - February 16

"Fashions for You"

ACTIVITIES:

1. Social period. Distribute name tags.

2. A brief talk will be presented detailing pointers to remember when selecting a dress for daily wear.

3. Break into groups. At this point the residents will be given their new dresses. Once they have unwrapped the package, encourage them to try the dress on for fit and suitability. If the dress is unsuitable or does not fit, it can be exchanged.

   If minor alterations (such as lengthening or shortening of hems, tucks, moving buttons) are needed, make a list of these and pin them to each dress. Label the garment with the resident's name and hang it in a plastic bag. We will keep the dresses until the evening of the fashion show.

4. On this evening begin "talking up" the show. Try to get the ladies to begin thinking about two persons each that they would like to invite to the show.

Supplies:

dresses
coat hangers
clear plastic laundry bags
white paper for labels
straight pins
magic markers
fashion magazines

Volunteers bring: yourselves

Program IV - February 17

"How to Look Your Best in Today's Fashions"

ACTIVITIES:

1. Social period - distribute name tags.

2. A textiles and clothing graduate student will present a brief program on good grooming. Grooming aids will be given each resident at this meeting.

3. Following the program you will break into groups for the purpose of making simple alterations on the dresses selected at the last program. We will try to limit these alterations to changing hems, moving buttons and snaps. You will probably wish to bring a dress of your own and demonstrate each step as your students follow along.

4. Bag and label the garments when they are completed.

5. Distribute invitations to the style show. Help the students address the invitations. We will see that they are mailed.

Supplies:

needles
pins
scissors
small rulers
assorted hooks, eyes, snaps and buttons
thimbles
a sewing box for the Cottage
sewing machine
deodorants
toothbrushes and toothpaste
style show invitations

Volunteers bring:

A dress that needs hemming - have the hem already removed and your new hemline marked in order to save time.

needle
pins
thread
scissors

Program V - February 23

"Spiffies"

ACTIVITIES:

1. Social period - distribute name tags.

2. A guest speaker will present a short program on accessories. Listen carefully so that you can mention some of the same points when you help the ladies select their accessories.

3. Break into groups. Assist each student in selecting accessory items to complement her dress. Following selection of the accessories, help each student to combine the accessories with her dress.

4. Rehearsal for the fashion show.

   a. Demonstrate how to walk for the fashion show.

   b. Write a brief description of each student's dress and accessories.

   c. The entire group will rehearse for the fashion show. This will probably involve one or two "runs" through the show.

   d. Following rehearsal, collect the dress and accessory items, bag and label them.

Supplies:

accessory items
jewelry boxes to display jewelry in - racks for scarves, etc....
mirrors
tape recorder with pre-recorded music for the fashion show

Volunteers bring: yourselves

Program VI - February 24

"Fashion Right Ladies"

ACTIVITIES:

1. Fashion Show

   Program:

   a. Welcome guests

   b. Explanation of "what we have done in the program"

   c. Fashion show

   d. Presentation of certificates

   e. Refreshments

Volunteers primary duties on the night of the fashion show will be helping to coordinate activities:

1. Make certain your students are dressed and ready for the show.

2. Calm any cases of stage fright.

3. Help seat guests.

4. Operate tape recorder.

5. Help out in kitchen and serving refreshments.

6. Serve as floating hostesses.

Supplies:

tape recorder
programs
certificates

Volunteers bring: yourselves

APPENDIX F

TABLE X

RESPONSES TO CHARM CLASS EVALUATION FORM BY THE COTTAGE RESIDENTS

Item Response	Number[a]	Per Cent[a]
Which charm class did you like best?		
#1 hair care	3	23.1
#2 makeup	2	15.4
#3 how to choose your clothing	1	7.7
#4 good grooming and alterations	5	38.4
#5 how to accessorize your clothing	2	15.4
Total	13	100.0
Which program did you like least?		
alterations	2	100.0
Total	2	100.0
If you had your choice, how soon would you enjoy another charm class?		
In 2 weeks	6	46.2
In 1 month	5	38.4
In 6 months	1	7.7
Would not like another class	1	7.7
Total	13	100.0
Do you think the class helped you look:		
A lot better	11	73.3
A little better	4	30.7
No better	0	00.0
Total	15	100.0
Have you read in the program booklet?		
Yes	8	61.6
No	5	38.4
Total	13	100.0

TABLE X (continued)

Item Response	Number[a]	Per Cent[a]
Do you feel that the program booklet:		
Helped you in the program	5	41.7
Was of no use to you	7	58.3
Total	12	100.0
Did you enjoy modeling in the fashion show:		
Yes	12	92.3
No	1	7.7
Total	13	100.0
Did the charm class make you feel		
No better	0	00.0
A little better	2	15.4
A lot better	11	84.6
Total	13	100.0
Check any of the following activities that you would like to participate in. You may check more than one.		
An exercise class	1	5.5
A sewing class	1	5.5
A modeling class	4	22.5
A diet and menu planning class	9	50.0
A knitting class	1	5.5
A cooking class	1	5.5
A handicraft class	1	5.5
Total	18[b]	100.0
Which one of the above would you like best?		
A diet and menu planning class	4	66.6
A knitting class	1	16.7
A handicraft class	1	16.7
Total	6	100.0
In your own words, tell me how you feel about the charm class, any changes you would like us to		

TABLE X (continued)

Item Response	Number[a]	Per Cent[a]
make if we planned another class for you, any special likes and dislikes you had about the class.		
I enjoyed the class very much.	4	66.6
I thought it was a very good idea and project.	1	16.7
I especially enjoyed the modeling class.	1	16.7
Total	6	100.0

[a]Sixteen subjects completed the questionnaire; not all subjects responded to each question.

[b]It was possible to check more than one response to the question.

VITA

Rhetta Sensintaffar Goebel was born in Shreveport, Louisiana, on January 28, 1947. She was educated in the public school system of Jonesville, Louisiana, and was graduated from secondary school in 1964. The following September, she entered Louisiana Polytechnic Institute, Ruston, Louisiana. In May, 1968, she received a Bachelor of Science degree in Home Economics. She was employed by the Student Counseling Center, The University of Tennessee, Knoxville, from October, 1968, until September, 1969.

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