CAMOUFLAGE THERAPY IN DERMATOLOGY

Essay submitted for partial fulfilment of master degree in Dermatology & Venereology

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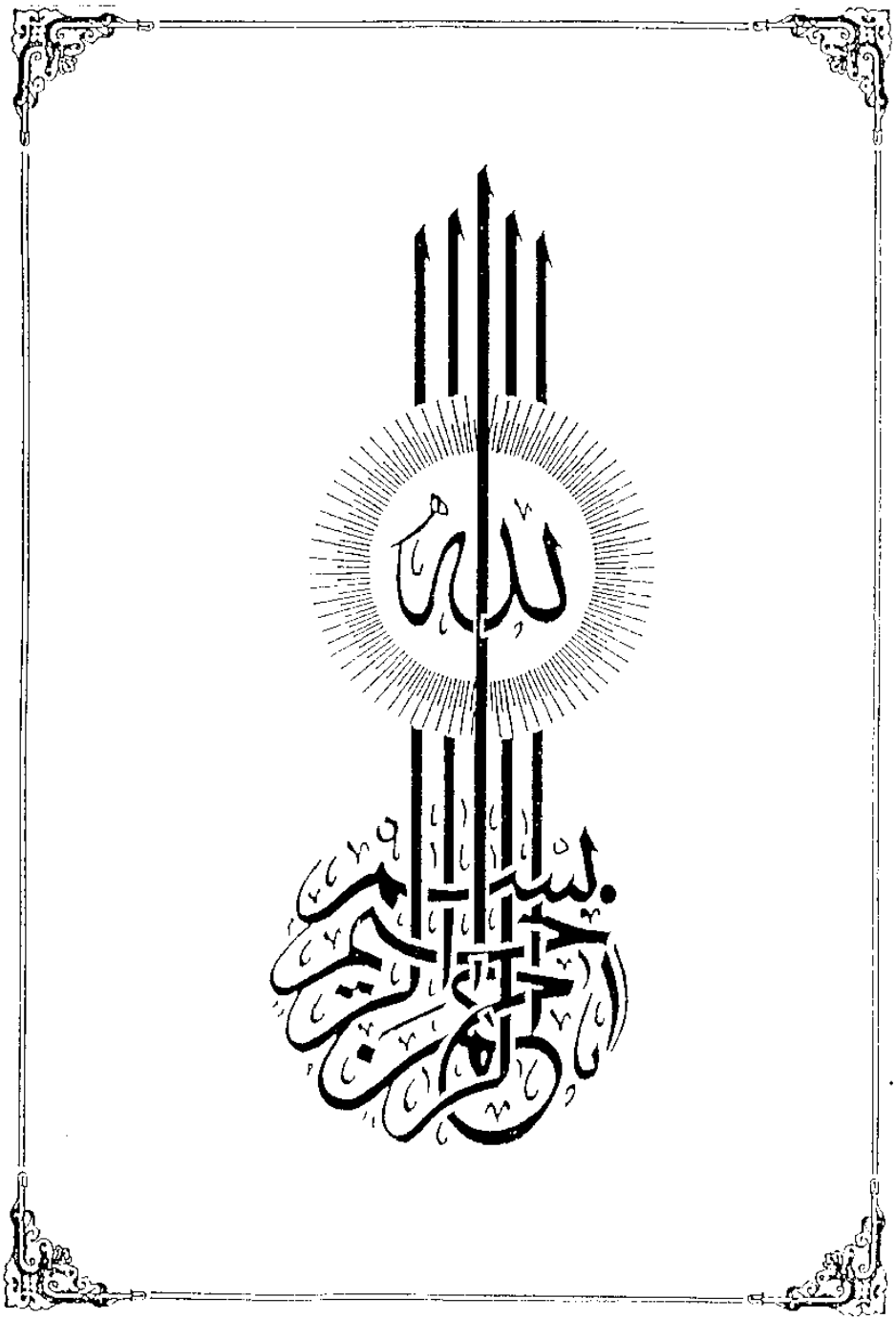

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INTRODUCTION

The quest for an improved reflective image and self-image has affected the thoughts and actions of mankind since the beginning of time. Today, especially the general public is extremely aware of physical appearance. Much of our success in interpersonal relationships is based on personal appearance, and many of us perceive a person's worth, character, honesty, ability, sociability and sexuality in relation to that person's facial appearance ***(Kligman, 1985).***

One's beauty or strength of character generally is mirrored through the individual's facial features. The degree to which these features are accented or emphasised will often determine whether one is accepted or rejected by his or her peers. The reflective image and self-image also determine to a great extent how we think others perceive us. Our self-image is a vital element in how we act or interact in society ***(Westmore, 1991).***

There is the assumption that the person who is physically attractive has a more favourable personality and is more sociable, kind, confident and sensitive. In contrast, unattractive people are perceived negatively ***(Graham & Jouhar, 1983).***

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

attention, whispers, jokes and pity, all of which serve to remind them of their pain and helplessness ***(Rayner, 1990).***

Disfigured people often report difficulty in achieving goals considered normal, such as making friends, marrying and even obtaining a suitable job ***(Kleck & Strenta, 1980).***

These negative social reactions may not only cause them psychological suffering, but often directly affect the way they perceive themselves. For these patients, restoring their self-esteem is essential to their psychological survival and also plays an important role in their physical well-being ***(Graham & Jouhar, 1983).***

Physicians are coming to realise that in some instances medical or surgical treatments cannot restore patient's outward appearance to a level where they feel comfortable socially. For these patients, many physicians have sought an alternate form of treatment - "Camouflage therapy" ***(Rayner, 1990).***

Camouflage therapy is defined as a submedical speciality of both dermatology and cosmetic surgery. It is a therapy that has been created to alleviate the suffering of those who have been disfigured by scarring or disease, and who, up until now, have had no choice but to live with their deformities. The goal of the therapy is to provide new and innovative ways in which to normalise the appearance of patients with abnormalities ***(Rayner, 1995).***

CAMOUFLAGING COSMETICS

Special colour cosmetics are available for individuals with acquired or congenital contour and colour defects of the face. These cosmetics are known as "camouflage cosmetics" since they attempt to recreate a more attractive appearance ***(Stewart, 1976).***

They do not, however, duplicate the appearance of a freshly washed, unadorned face. It is obvious to all that the individual is wearing a cosmetic. Therefore, camouflage cosmetics are designed to minimise facial defects while accentuating attractive features of the face ***(Stewart & Savage, 1972).***

Camouflaging cosmetics are used by paramedical camouflage artists, dermatologists, plastic surgeons and cosmetics consultants ***(Draelos, 1996).***

Camouflaging cosmetics are manufactured to disguise both facial and body defects ***(Gee, 1990).***

A- Facial defects

Facial appearance is one of the most powerful factors in influencing social interactions. Physical defects - such as abnormal skin pigmentation and scars - intensify aversive behaviour by others. The benefits of being attractive can be enormous in comparison with those of being disfigured ***(Hatfield, 1985).***

History

The earliest cosmetic designed to cover facial blemishes was the beauty patch. These became popular in the 1600s to cover permanent facial scars left on those in Europe who survived smallpox epidemics. They were black silk or velvet pieces shaped like stars, moons and hearts that were carefully placed over the face. Patch boxes, shallow metal boxes with a mirror in the cover, were carried everywhere to keep replacements handy should a patch fall off in public. Patch boxes were no longer necessary after the development of the smallpox vaccination by Dr. Edward Jenner ***(Fiedler, 1972).***

Types of facial defects

The key of understanding the use of camouflage cosmetics is a basic knowledge of the types of facial defects that can occur. There are defects of contour, pigmentation and a combination of both ***(Draelos, 1993).***

I- Contour and texture defects

Defects of contour are defined as areas where the scar tissue is hypertrophied or atrophied. In addition, the scar tissue may also demonstrate a texture difference due to absence of follicular ostia and hair ***(Draelos, 1994).***

II- Pigmentation defects

Pigmentation defects are abnormalities solely in the colour of the skin with no texture abnormalities ***(Benmaman & Sanchez, 1988).***

Camouflaging principles

Camouflaging principles are adapted from stage makeup texts since many of the same techniques are employed. Camouflaging is the art of illusion and demands that the cosmetics be applied with both skill and artistic ability. Fortunately, the cosmetics can be easily applied and removed, providing opportunity for experimentation and easy alteration of a bad result ***(Draelos, 1996).***

I- Facial scar contouring

The basic concept of facial scar recontouring is predicated on the fact that dark colours make surfaces recede, while light colours make surfaces appear to project. Thus, lighter colours will minimise depressed areas of scarring, while darker colours will minimise protuberant areas of the scar ***(Cohen, 1982).***

For example, a patient who has sustained a depressed scar following surgical removal of a skin cancer on the nose. The scar itself is lightened to compensate for decreased light reflection, while the sides and tip of the nose are darkened to draw attention away from the surgical defect ***(Helland & Schneider, 1985).***

II- Pigmentation defect camouflaging

Pigmentation defects can be camouflaged either by applying an opaque cosmetic that allows none of the abnormal underlying skin tones to be appreciated, or by applying foundation of complementary colours. For example, red pigmentation defects can be camouflaged by applying a green foundation, which is the complementary colour to red. The blending of the red skin with the green foundation yields a brown tone, which can be readily covered by a more conventional facial foundation ***(Marvaldi, 1978).***

Furthermore, yellow skin tones can be blended with a complementary coloured purple foundation to also yield brown tones. Skin areas that are lighter or darker than desired, can be camouflaged by applying facial foundation with the appropriate amount of brown pigment to hide the defect ***(Draelos, 1989).***

Special properties of camouflaging materials

The product used for camouflaging must be non-comedogenic, non-acnegenic and hypoallergenic. The cosmetic should contain the smallest possible variety of ingredients, since this statistically minimises the chances of patient problems. Ideally, it should be without an odour. Therefore, to be hypoallergenic, camouflage cosmetics should:

- It should have no added fragrance.
- It should not contain lanolin or lanolin derivatives.