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ADOLESCENT DRESS, PART I: DRESS AND BODY MARKINGS OF PSYCHIATRIC OUTPATIENTS AND INPATIENTS

ABSTRACT

This paper investigated the dress and body markings of 100 adolescent psychiatric patients (both hospitalised and never-hospitalized). Data were obtained from in-depth interviews conducted by a child

psychiatrist. In contrast to nonhospitalized patients, hospitalized patients had a higher incidence of self-scarring, i.e., marks applied to self, either as a self-mutilation/suicide gesture or serving another purpose (for example, carving a boyfriend's initials into one's arm). Other individual expressions of appearance did not differentiate hospitalized from nonhospitalized patients. Detailed dress and appearance observations questionnaires, photo reviews, self-portraits, and family discussions contributed to the beneficial effect of psychotherapy by focusing on feelings evoked and symbolized in dress and body markings.

This paper presents the results of a study of dress and body markings observed in one hundred adolescent psychiatric outpatients and inpatients. The adolescents, who were from lower income families residing in Minnesota, were not known to be members of organized gangs with specific dress or tattoos.

Dress is broadly defined to include items that enclose, modify, attach to, or are held by the individual. This definition includes garments, cosmetics, jewelry, and body markings. In this study, body markings included tattoos, such as those applied with needle and indelible ink by self (but not by professional tattoo artists who purportedly do not tattoo minors). Self-mutilation (suicidal and nonsuicidal), as in cutting the skin, which can remain as a permanent scar, was another form of body marking. Temporary markings would include activities such as body painting, makeup, or writing on a plaster cast, an extension of a body part.

Symbolic interaction and psychoanalytic theory were used in analyzing the relationship between dress and body markings and their associated significance to the observer and patient. These visible signifiers are considered to be symbolic communication that conveys attitudes, relationships, and self-identity.

Two hypotheses guided the research: (1) The therapeutic effect of helping adolescent patients better communicate and understand feelings evoked and symbolized in their dress and body markings can be utilized by therapists and patients to further the treatment process. (2) Hospitalized patients exhibit more body markings and more distinctive dress than do nonhospitalized patients.

THEORETICAL ORIENTATION

Classical psychoanalysis refers primarily to Freud's libido and instinct drives, and as a method of investigation, it is based on free association, primarily through dreams. Unconscious conflict may be revealed as symbolic free association. Freud included clothing as a psychoanalytic symbol disclosed through dream analysis (Freud, 1900). Classical psychoanalysis emphasizes castration anxiety during the Oedipal phase of sexual development. In this theory, self-mutilation of body parts symbolizes the genitals. In the Oedipus Rex analogy, for example, the incestuous king blinds himself as an unconscious metaphor for castration.

Karl Menninger (1938), an American psychoanalyst, discussed self-mutilation by psychiatric patients. In analyzing those who commit self-destructive acts but do not intend to kill themselves, Menninger suggested that such individuals sacrifice one part of their body in punishment for acts committed by their entire body.

Bruno Bettelheim discussed self-mutilation as it related to anthropological rites of passage (Bettelheim,

1954). He analyzed self-mutilation in mentally ill adolescents in residential treatment. His explanation of self-mutilating boys was that one sex feels envy toward the sexual organs and functions of the other. Thus, the boys' cuts were "symbolic wounds" to symbolize menstruation.[1]

Studies by Favazza (1987) noted a much greater prevalence of self-scarring in both correctional and mental health institutions. Self-scarring in correctional institutions often followed delinquent gang association.

This focus on how adolescent psychiatric patients use symbols was further developed as a psychotherapeutic strategy by child psychoanalyst Charles Sarnoff (1987). He used the terms "evocative" and "communicative" symbols to represent polar forms. He posited that a child first learns evocative symbols, those "that express memory, or past feelings or fervors," of a more personal and private nature (p. 54). In the course of development, communicative symbols become employed more frequently. In fact, a major goal of psychotherapy is to help the patient move from evocative to more communicative symbols.

A symbolic interaction theory of appearance and the self dates back to Stone (1962). Symbolic interactionists hold "that the self is established, maintained, and altered in and through communication" (Stone, 1962, p. 216). Stone widened the perspective of symbolic interaction to include appearance as a dimension of communication, usually the precursor to verbal transactions. Further, Stone asserted that appearance is a critical factor in the "formulation of the conception of self," and is "of major importance at every stage of early development" (p. 216). Appearance establishes identity by indicating to others what the individual projects as his or her "program" (one's social roles concerning gender, age, and occupation). In turn, these are "reviewed" by others, thereby validating or challenging the self.

Goffman (1961, 1963), also a symbolic interactionist, referred to "identity kits," or articles of appearance such as clothing and cosmetics. These are used to maintain a "personal front," showing how the individual exerts some control over how he or she appears to others. According to Goffman, lack of regard for the "personal front" could indicate a lack of proper reality perception.

Eicher et al. (1974) used the symbolic interaction framework of Stone (1962) as a base for a four-year longitudinal research project on adolescent girls' social acceptance and dress. Data were collected on one class of high school girls from the ninth through the twelfth grades in a community that spanned a wide range of socioeconomic classes. Clique structures of girls as related to family social position, and the relationship of personal appearance to social acceptance, were analyzed. A significant relationship was found between popularity and knowledge about "how to dress." Eicher and her associates also analyzed "social isolates" (as categorized by sociograms), who their reference groups were, and how they dressed (Allen & Eicher, 1973). Another dimension of the research focused on dress for different roles-as a student in school, at church, at home, and at a basketball game (Wass & Eicher, 1964). Girls within specific friendship groups were found to dress similarly and to have similar attitudes about dress. These findings were similar to those of Coleman (1961), who reported that girls' popularity was influenced by personal appearance. His research also included boys and, in contrast, their popularity was influenced by sports participation.

More recently, Eicher (1981) used Stone's framework to propose three aspects of the self, with

concomitant domains of dress: public, private, and secret. The public self pertains to an individual's formal social roles; the private self to relationships with close friends or family in informal settings; and the secret self to secluded roles, often associated with fantasy. It is postulated that these aspects of self are both psychologically and socially developed, governed by cultural systems of meaning, and understood and shared by participants. Further, insight into these cultural systems of meaning will lead to greater understanding of how an individual uses dress in the development of the self and in communicating identity.

Additional psychiatric research on dress has been concerned with the negative behavioral effect of punitive dress on institutionalized adolescents (Clements et al., 1976), and the positive effect of appearance programs on female chronic psychiatric inpatients (Callis, 1982). Studies on the appearance of specific diagnostic groups have also been carried out by Buhrich and Morris (1982), Garner (1981), Grumet (1983), and Tsunerari et al. (1984).

METHOD

Data for one hundred patients, ages 12 to 18, were obtained from in-depth interviews conducted by a child psychiatrist in three sessions or more. Fifty adolescent inpatients (25 males and 25 females) were receiving treatment on a ward for seriously ill mental patients at a suburban hospital in the upper Midwest. Fifty outpatients (25 males and 25 females) had never been hospitalized. Detailed dress and appearance descriptions were noted by the psychiatrist. When other patient concerns needed attention, the dress issues were given a lower priority, but attempts were made to fit discussion about dress into whatever conflict had brought the patient to the outpatient or hospital programs. Patients were encouraged to draw sketches of themselves while the psychiatrist (with an art-training background) also sketched them. A series of questions about dress were informally included as part of the clinical interview, and the dress questionnaire (available from the authors) was filled out by the psychiatrist after the interviews. In addition, photo album review, discussion of appearance with family and friends, and review of popular media images were pursued where available. All hospitalized patients received physical exams and psychological evaluations of their self-portrait drawings.

RESULTS

Psychotherapeutic discussions about dress and appearance were seen as helpful by most participants: 76% of male inpatients and 96% of female inpatients, and 84% of both male and female outpatients found the discussion useful.

"Public dress," or those items of clothing that related to established social roles, were of interest to over 90% of all patients in initial questionnaire inquiries. "Private dress," for these patients shared only with special friends but not family, was acknowledged by 52% of male inpatients but only 24% of male outpatients, whereas more than half of both female inpatients (64%) and outpatients (52%) admitted interest. Finally, "secret dress," previously revealed to no one but shared with the psychiatrist during this study, was rarely noted by male (8%) or female (16%) outpatients. In contrast, 36% of male and 32% of female inpatients did discuss this sensitive and previously unshared material. The following examples illustrate how discussion of public, private, and secret dress brought helpful material to the treatment process.

Public Dress

A 14-year-old male inpatient stated: "I dress like a jock and a druggie; leather jacket with fringe, [heavy

metal' group name] written on jeans, long hair . . . my mom wants me to look neater. My dad [divorced] doesn't see me." His photo album showed a progression to a tougher, sadder, more unkempt look during the past two years. His self-portrait suggested someone older, who relied heavily on hair. clothing, and the name of rock groups to establish his appearance. "like someone you'd see at a rock concert, maybe 'high.' "

His arm, which had been fractured in an intoxicated, self-destructive episode, was in a cast. He changed the writing on his cast three times. First, he wrote drug-related messages such as "weed" and "get high." Next, he wrote the names of rock stars whose music is associated with drug abuse. Finally, he had others write nondrug messages; for example, "Hi, have fun." The psychiatrist encouraged him to communicate more clearly the relationship between the feelings evoked by the druggie image and his loyalty to his alcoholic father. The term "junkie pride" was used by other patients in group therapy to acknowledge his tough drug image. As he spoke more about the conflict between his "program" and "review" (Stone, 1962), the rapid changes on his cast were inferred to be an expression of his ambivalence.

Private Dress

A 17-year-old male inpatient reserved the use of blue eye shadow for intimate heterosexual dating situations. Putting on eye shadow was autoerotic, and the process of applying it with his girlfriend present was perceived by the patient as exciting for her. The psychiatrist was invited to watch the patient apply makeup to his eyelids. "I have this as a love secret," the patient stated initially. Therapeutic discussion of the practice gave insight into the sexual feelings and thinking process of this adolescent.

Later, he revealed panic at his sexual performance, complaining of impotence. A clinical diagnosis of paranoid psychosis with sexual panic was confirmed within three months of hospital discharge. However, an atmosphere of trust and sharing, along with discussions of private dress, proved helpful in later psychiatric work with this patient.

Secret Dress

A 17-year-old mentally retarded female outpatient was gaining weight by overeating. She complained that her clothes no longer fit her. When questioned regarding her expressed desire to marry her boyfriend, she told of a yellow-striped maternity outfit which she had purchased, hidden in a drawer, and shown to no one. After this revelation, therapy focused on her desire to become pregnant. The patient's self-portrait revealed how inaccurate she was about her obesity. When the psychiatrist interviewed the mother and reviewed family photo albums, the mother, rather than focusing on her daughter, displayed photos of her own surgically assisted 80-pound weight loss.

The psychiatrist's discussion of this patient's "secret maternity dress" was essential to her treatment. Unfortunately, the mother became romantically involved with the daughter's boyfriend. "She stole my boyfriend," the patient complained. Within two years, the mother had moved to Chicago with this patient's former boyfriend.

A year after termination, the patient married and came to the psychiatrist's office to show off her pregnancy, wearing a different maternity outfit. The original maternity outfit sketches were shared at this time to help the patient therapeutically make the connection between her current pregnancy and

her previous wishes.

These three case examples show how an investigation of dress and body markings was helpful to both the psychiatrist and the patient. Some trust and sharing always preceded the exploration of dress symbolism. Those who felt that the study was not helpful were often quite hostile; for example, paranoid patients who had been hospitalized involuntarily.

HOSPITALIZATION AS A PREDICTOR OF SELF-SCARRING

Data analysis indicated that inpatients were distinguished from outpatients by the presence of self-applied tattoos or body scarring. Tattoos and scars were relevant for 36% of the male and 56% of the female inpatients, but only 8% of the male and 9% of the female outpatients.

In further statistical analysis, scars/tattoos (dependent variable) were cross-tabulated with gender and inpatient/outpatient status. This case/control design revealed that hospitalization predicted markings ($\text{Chi}^2 = 14.75, p < .0001$). Other individual expressions of appearance did not differentiate hospitalized from nonhospitalized patients. Thus, the way a patient dressed was not related to being hospitalized. Neither "punk/new-wave" hairstyles (partially shaved, dramatically colored), dressing totally in black (considered by some parents to indicate depression, rebellion, or even satanic influences), nor earring use by males were predicted by hospitalization.

Concern arises regarding the possible bias of the psychiatrist; since he could hospitalize patients, he might be influenced by self-scarring in making his decision. In fact, only eight patients (half had scars) had been directly hospitalized by the psychiatrist. For the remainder, the decision to hospitalize was made by the hospital crisis-intake service—the psychiatrist did not screen these cases before admission.

Changes in dress styles had specific personal meaning for each adolescent. Some adolescents consciously manipulated their appearance to confuse observers. For example, a 16-year-old girl dressed in a conservative pink jumpsuit, white flats, and with neat hair said, "I dress like a preppie to fool people. I use [alcohol and marijuana], but I don't look like a druggie." In contrast, another girl who wore a black leatherfringed jacket, heavy makeup, chains, and boots expressed pleasure in the confusing message of her appearance: "They're stupid to think I'm using drugs. I dress like this because I like it; I don't use drugs at all."

DISCUSSION

This investigation represents a multidisciplinary approach, with general agreement on the use of dress and body markings as a symbolic method of communication and an attempt at identity formation. "Symbol" is a generic term describing any stimulus that conveys to the observer the meaning of something other than the stimulus (Sarnoff, 1987). The study explored symbols of the "visible self," expressed by dress, which lead to an understanding of the "invisible self," or personality. These dress symbols are used under varying degrees of psychological repression.

Identity formation is a life cycle developmental task (Erikson, 1959). This psychosocial exploration of who one is (and is not) occurs during adolescence. However, psychiatric and developmental problems often interfere with identity formation, especially in the subjects of this study.

The psychiatric investigator was most aware of evocative symbols (evoking emotions within an individual's own mind), and had the therapeutic goal of helping patients acknowledge and communicate the meaning of their "visible self" symbols. In this, we acknowledge Sarnoff's (1987) concept of the "shift of evocative to the communicative symbols" as the dominant work of early adolescence and "the therapeutic strategy of encouragement of symbols with an emphasis in the communicative potential" (p. 50). His work meshes with Stone's view of symbols presented by one's appearance. Stone (1962) described the interaction of the self and others as a communication system that validates or challenges appearance. His term "program" delineates the presentation of self to others. Thus, for Stone, identity is the announcement of the self with consequent placement of this self by others: "In appearance, then, selves are established and mobilized. 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."

Patients with scars/tattoos were the most disturbed, as analyzed by either symbolic interaction or communication symbol theories. For example, a 15-year-old female inpatient carved a boy's initials into her arm. She did not show it to him at first, and when she did, he was confused and rejecting. Her evocative symbol was poorly communicated, and the expected symbolic interaction "review" (by the boy) failed to validate her "program."

Evaluation of patients with scars suggested ambivalent intimacy dynamics in girls who inscribed boys' names on their arms. Few of the self-scarring girls had a positive relationship with the boy whose name they inscribed. The psychiatrist felt that their act of self-scarring was an attempt to separate from their families. Thus, these girls identified themselves in a relationship outside their family. It is more reactive against family than an actual connection to the boy. Seldom did they show the boy his name, nor did the intimacy relationship with the boy last long.

The psychiatrist noted parallel intimacy concerns among the boys. Few had any stable girlfriend relationship. When they did have sexual encounters, they often shared the details with male friends, perceiving the physical intimacy as a conquest. The multiple cuts and self-inflicted cigarette burns of these boys were often done in a male group setting. They played "chicken" to demonstrate their ability to be tough, withstand pain, and not show emotion. Some sought group affiliation by cutting similar designs, although none were members of actual gangs.

Themes of self-destruction and clear or borderline psychotic lack of reality testing were present in most of the thinking associated with both boys and girls who self-mutilated. The strong correlation of self-scarring and psychiatric hospitalization led the authors to undertake a comparison study of dress and body markings in adolescents who have no psychiatric contact (Baizerman, Eicher, & Michelman, 1988). Interviews with a nonrandom sample of eleven tenth graders not in therapy (six girls and five boys) revealed that the students seemed genuinely surprised at being queried about body markings. They indicated little involvement with or thoughts about such activity, and did not exhibit any such tattoos or markings.

CONCLUSION

Adolescents' preoccupation with appearance can seem deceptively superficial or narcissistic to adults. In contrast, these adolescents in psychiatric treatment conveyed, through dress and body markings, a visible sign of both internal and external conflicts.

Psychiatric interviews that focused on appearance proved helpful by emphasizing positive associations with individuality, as well as identifying conflicts expressed through dress and markings. Dress proved to be a successful therapeutic topic with adolescents, providing ample opportunity to explore symbolic dimensions of the self.

Those patients who found the interviews helpful gained insight into identity as well as improved communication. Symbol interpretation usually arose in individual sessions. Group and family therapy "feedback" emphasized the symbolic interaction response of others to the patient's dress.

Unusual appearance of teenagers has often been of concern to parents, teachers, and others who work with youth. In this sample of adolescents, it was not clothing per se through which they manifested their problems. Rather, body markings and self-inflicted scars distinguished inpatients from outpatients. In light of this, unusual dress is not in and of itself a sign of pathology, but often represents experimentation with identity.

[1] Psychological literature with references to dress of the individual dates to the 1880s. For example, Krafft-Ebing (1886/1965) used case studies of transvestism and the sexual symbolism of clothing used as fetishes. Freud (1900, 1915-1917/1943) included clothing as part of the total complex of conscious and unconscious behavior uncovered in dream analysis. Ellis (1936) used cross-cultural references related to dress and human sexual behavior analyzing modesty, nudity practices, clothing fetishes, and use of perfumes and bathing. Psychological and psychoanalytic orientations were presented by Hurlock (1929), Flugel (1930), and Bergler (1953). Other advocates of psychoanalytic theory included Laver (1937) and Langner (1959).

Sociologists and social psychologists of the early 1900s, such as Tarde (1903), Simmel (1904), Le Bon (1896), Thomas (1907), and Ross (1908), were concerned with collective behavior. Although these researchers speculated about reasons for dressing the body, little data existed until the 1950s, when a collaborative research effort focused on the importance of clothing in a variety of social situations, using a stratified sample of adults within a single midwestern community (Form & Stone, 1955; Stone & Form, 1955, 1957).

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