Clothing design for the physically handicapped elderly woman
by Cynthia Jean Allen

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF SCIENCE in Home Economics
Montana State University

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The purpose of the study was to identify style features in outerwear preferred by physically handicapped females, 65 years or older. Professional staff members in local nursing homes offered suggestions concerning clothing for the elderly and physically handicapped. With these suggestions and others from previous studies, a daytime dress was designed. The following style features were selected: one-piece dress, full-length raglan sleeves, lowered neckline, elastic encased waistline, large patch pockets, long front zipper opening, and dress length extending over the knee. The design dress was tested on five elderly women with arm and/or leg disability. Two types of clothing characteristics were assessed: (1) functional features of present clothing and (2) functional features of design garment. Each woman's dressing ability greatly improved during the month she wore the design garment. A long front zipper was especially helpful.

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Signature Cynthia J. Allen

Date May 27, 1975

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A thesis submitted in partial fulfillment
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ABSTRACT

The purpose of the study was to identify style features in outerwear preferred by physically handicapped females, 65 years or older. Professional staff members in local nursing homes offered suggestions concerning clothing for the elderly and physically handicapped. With these suggestions and others from previous studies, a daytime dress was designed. The following style features were selected: one-piece dress, full-length raglan sleeves, lowered neckline, elastic encased waistline, large patch pockets, long front zipper opening, and dress length extending over the knee. The design dress was tested on five elderly women with arm and/or leg disability. Two types of clothing characteristics were assessed: (1) functional features of present clothing and (2) functional features of design garment. Each woman's dressing ability greatly improved during the month she wore the design garment. A long front zipper was especially helpful.

CHAPTER I

INTRODUCTION

The study of clothing for the handicapped is a vast and relatively new area of concern. Special clothing has been designed for people whose figures vary from the norm. The tall woman, the chubby girl and and the large woman, for example, have received special attention in regard to clothing problems. Clothing designers, however, have largely overlooked those with physical handicaps, a group for which a great need exists for functional and attractive clothing (Taylor 1963). Some research has been conducted to determine clothing needs of the arthritic, the cerebral palsied and the handicapped homemaker, but there is a large group of handicapped people whose clothing needs have been neglected. These include the elderly who comprise a sizable percentage of the United States population.

For the elderly there is often a problem in obtaining appropriate clothing that fits well because of their changing figures. As a person enters middle age, his/her body proportions begin to change. The face thins, abdomen and hips expand, the legs get thinner, and the waistline almost disappears. These changes become more accentuated with time, until the older person can no longer wear standard-sized clothing. Finding ready-to-wear clothing that is comfortable often becomes a problem. As glandular secretions decrease, the skin of the elderly becomes thin, dry, and inelastic. Rough textures and heavy fabrics,

as well as extreme temperatures, may irritate the skin (Hoffman 1970). Tate (1961) stated,

> One of the most noticeable changes as one grows older is that the body grows shorter. . . . This loss in height is caused by a progressive bending and shortening of the spinal column, a bowing of the head, and a general involution of the skeleton. . . . The shifting of body fat, which began in middle age, becomes more pronounced with the years. . . . As the face thins out, abdomen and hips, expand, and the legs get progressively thinner. . . . In women, this condition is exaggerated by the elongation of the breasts. . . . Obesity is more often a problem in old age than thinness. The skin over the body becomes dry, thin, and inelastic.

When the elderly are physically handicapped this problem in obtaining appropriate clothing is compounded. Improper clothing can hinder movements, produce discomfort and make the wearer feel unattractive. The self-image and morale of the person can also be influenced by clothing.

As age increases, social activities and contacts with others tend to decline. The elderly man may become apathetic to clothing and appearance because there is nothing or no one for whom to dress. This lack of interest in clothing may indicate the withdrawal of an individual from society and may signal the lowering of self-image or self-worth.

Many of the elderly live in nursing homes. These offer frequent interpersonal contacts and an active social life (Hoffman 1970). Clothing becomes more important for the nursing home residents and may offer therapeutic value as well. For example, clothing can be a source

of compliments, adding to the sense of well-being. It can set the tone for an occasion, or can add importance to an otherwise commonplace event. The wearing of daytime clothing (as opposed to loungewear) creates a feeling of recovery to normal health. When the patients are allowed to choose their own clothing, it has the therapeutic value of achievement, personal control, and expression of individuality. New clothes can be a link with the outside world, and convey a sense of the future rather than the past.

Clothing of this type would fill a demand for a sizeable population. Although it is impossible to determine the exact number of physically handicapped persons, there are approximately 22 million within the United States. In addition, 425,000 more persons become handicapped each year through accidents and disease (Trotter 1969). Over 20 million citizens in the United States are 65 years of age or older; approximately 20 percent of this group have mobility limitations. Predictions indicate this segment of the population will increase in the future decades (U.S. Superintendent of Documents 1970).

In recent years, the aged population of the United States has become a subject of great interest and concern. Senior citizens have increased greatly in numbers as well as percentage of the total population. In fact, the rising census figures are due mainly to the increasing percentage of youth and the aged within our society (Whitten 1969).

> The aged are supposed to be America's forgotten people. Actually, they are becoming more visible all the time. For one thing, they are increasing in number. Today (1971) 20.5 million Americans are 65 or older. As their problems grow, demands for attention become more insistent (Associated Press dispatch 1971).

To illustrate the magnitude of 20.5 million people, this number exceeds the population of our 20 smallest States by over one million (U.S. Superintendent of Documents 1970). The percentage of the aged is increasing at a rapid rate. For example, in 1960, only ten percent were sixty-five or older. Census experts predict that by 1975, there will be 22 million in this group; by 2000 A.D., there will be 30 million senior citizens (Hoffman 1970).

Most Americans are aware of the increasing percentage of senior citizens, "but what has not been as widely recognized is the fact that people are living more often into the oldest ages" (U.S. Superintendent of Documents 1970). The "over-75" group is increasing greatly, and this has far-reaching implications for the services of the aged (Hoffman 1970).

This sizable group of people is in need of help, and those in the rehabilitation field endeavor to improve the life of the afflicted. The A.H.E.A. Association (1969) stated that,

> Rehabilitation is an individualized process in which the disabled person, professionals, and others, through comprehensive, coordinated, and integrated services, seek to minimize the disability and its handicapping effects and to facilitate the realization of the maximum potential of the handicapped individual (and his family).

The home economist has an important role to play in the rehabilitation process. As a field of endeavor, homemaker rehabilitation includes the development of selected competencies from each area of home economics. Clothing, one area of home economics, is one element in everyday living many people take for granted. But for the person with a physical disability, putting on clothing may be a very frustrating experience, or even an impossibility.

Some clothing designs appropriate for the elderly handicapped could be applied to other types of handicaps as well. The results of this need not be limited to only one group. One basic principle may solve several types of clothing problems for various physical limitations.

The Problem

The elderly handicapped comprise a large, heterogeneous group. Hallenbeck (1966) reported that some clothing research has been performed for handicapped children, but there has been little research concerning clothing for handicapped adults. May (1969) has said,

> There have been a number of good beginnings in research in clothing for the handicapped and the older group. . . . A great deal more needs to be done in clothing design and in the adaptation of patterns to suit the special needs of the handicapped.

The purpose of this exploratory study, therefore, was to identify style features in outerwear preferred by physically handicapped females, 65 years or older; design a garment with these features; and compare it

to functional features of present clothing. It was limited by the size of the sample with arm/leg disability located within a geographical location.

The Assumptions

Based upon the literature reviewed, it was assumed that:

1. There is a lack of available, attractive and functional outerwear for the physically handicapped woman, 65 years of age and older.

2. In order to design and produce such clothing, it was first necessary to identify the specific functional and aesthetic clothing needs for each type of physical handicap and to relate these findings to existing knowledge of clothing for the elderly.

3. From this knowledge a design can be created and constructed for a group of women with similar handicap.

Definition of Terms

The following are definitions of terms used in this study:

Ambulatory--capable of walking; not bedfast.

Bedfast--patients who are confined to their beds for much of the time, but who are often encouraged to dress in street clothes and leave their beds on occasion.

Disability--not all disabilities result in handicaps; the transmutation of a disability into a handicap appears to be a function of the severity of the disability and the process of handicapping.

Elderly--men and women who are sixty-five years of age or older.

Geriatrics--the science of the medical and hygenic care of, or the disease of, aged persons.

Handicap--decrement in functioning resulting from the impact of a negative self-image or negative social attitudes toward the disabled.

Key Personnel--members of the nursing home staffs, who because of their professional positions or contacts with patients, are capable of expressing authoritative opinions on clothing for the elderly and physically handicapped.

Nursing Home--institution which serves as a place of residence for senior citizens; living arrangements may consist of private or semi-private rooms; health care is usually not rehabilitative in nature.

Outerwear--articles of clothing which exclude, shoes, lingerie, coats and accessory items. Examples of outerwear are blouses, skirts, dresses, slacks, sweaters, gowns and robes.

Physical Handicap--bodily disorder, malfunction or injury which limits mobility or renders normal physical activity impossible.

Therapeutic--pertaining to the treating or curing of disease.

CHAPTER II

REVIEW OF LITERATURE

The literature selected for review aims to provide general background information concerning: 1) the physically handicapped, 2) the elderly, and 3) clothing for the handicapped and elderly.

The Physically Handicapped

Definition and Historical Background

Throughout the ages, in every culture, the handicapped have constituted a percentage of the population. This group of people includes those with physical, mental or emotional disabilities, and the economically and culturally deprived (Trotter 1969). The attitude of primitive man toward the disabled has been dominant through thousands of years of human history. In the earliest civilizations, man had unwritten laws that the crippled and disabled be sacrificed for the good of the group. Eventually, the ancients made these inhumane practices into written laws, and those laws existed for many centuries. Even today, many of the repugnance and distaste with which the handicapped have been regarded throughout history prevails. Since 1930, however, more advances have occurred for the handicapped than ever before (Kessler 1947).

Socio-Psychological Factors

Much of the progress in rehabilitation of the handicapped has been medical in nature. Much remains to be done in the area of socio-

psychological attitudes of the handicapped. Geis (1972) has found the psychological problem of personal worth to be psychodynamic (the central) problem of all patients. Our culture has put great emphasis on success and personal attractiveness, something which the physically disabled cannot always achieve. This cultural attitude increases unnecessarily the sociological pressures upon the handicapped, and they consequently feel even more abnormal.

Physical handicaps of the elderly are usually chronic rather than acute. This factor also affects the socialization of the afflicted. Oyer and Paolucci (1970) reported,

> chronic conditions often have a greater impact on the individual, his family, and society than do acute illnesses and injuries that attract more public attention. . . . Illness and/or disability, although different concepts, may be viewed as critical interventions that change role relationships. They become problems when they interfere with a group member's capacity to meet the social obligations of his role.

Other research studies have dealt with the self-concept of handicapped persons, especially those involving attitudes toward the body. Schwab and Harmeling (1968) in a study involving 124 in-patients, discovered "medically ill patients express more negative feelings toward their bodies than healthy persons. . .and tend to focus dissatisfaction on the body part of function affected by illness." In the group studied, twenty percent showed general dissatisfaction with their bodies as a whole, and females showed greater dissatisfaction than males.

Kurtz and Hirt (1970) investigated the relationship between physical health and global attitudes toward the outward form and appearance of the body. Two groups of twenty college students composed the sample. Although matched in educational level and socio-economic status, one group had chronic illnesses while the other group did not. The results indicated that chronically ill patients evaluated their bodily appearance more negatively than those in the normal group.

Rehabilitation of the Physically Handicapped

Future, rehabilitative efforts must strive to build the self-respect and self-concept of the physically handicapped. This will be a necessary and preliminary step in "humanizing" the afflicted. At a recent American Home Economics Association workshop, O'Toole ("Workshop Overview" 1969) stated, "Rehabilitation is an intermingling of the practical objective of restoring the individual to productivity and the humanitarian concern for the individual's dignity and self-respect."

May (1968) has offered the following guidelines for effective rehabilitation of the handicapped:

1) Be informed on the needs and resources in your community for the rehabilitation of the handicapped.
2) Know which local and federal laws relate directly to the handicapped.
3) Determine the immediate and long-range plans for the rehabilitation of the handicapped in your community.

Several techniques have been investigated to improve the social behavior and attitudes of handicapped people. The "reinforcement"

method was used by Hunt, Fitzhugh, and Fitzhugh (1968) in a study involving twelve institutionalized mentally retarded male patients. In an attempt to improve the dress behaviors of the patients, the researchers used different reinforcement techniques during a 34-day period. It was found that reinforcement procedures were effective in terms of temporarily improving on-the-job appearance of the sample group, and that the intermittent type of reinforcement proved the most effective.

Previous research had been aimed at the patient doing some type of activity, but Geis (1972) favors the "being" approach in socio-psychological treatment. He strives to encourage and increase the feelings of self-worth within the patient. Instead of feeling the need to accomplish a task or to be successful in doing some activity, the patient will feel worthwhile because of his personal values, beliefs, and intrinsic characteristics.

Often a patient is treated for his handicap and then released into a strange world from which he is accustomed. He needs some type of rehabilitation which will prepare him for his return to the outside world and help him adapt to this new environment. A "follow-up" rehabilitation service would provide pertinent information needed by the individual. This could include the activity of learning the steps involved in building and adequate wardrobe (Fisher 1969).

Many sources offer rehabilitative help to the physically handicapped. One is the voluntary health agency. DiMichael (1969) stated,

> The leadership of private agencies is looking for new ideas. These new ideas should be drawn with a fullness of concept by those among you who are able to formulate projects with a degree of specificity that makes execution of the main concepts feasible. . . . Our concern is both the role of the voluntary health agency in rehabilitation and the role of home economics in the comprehensive approach to serving the unmet needs of people in distress.

Home economics are another group that can provide "well-rounded" socio-psychological rehabilitative programs. Home economics can bridge the gap between medically and educationally oriented rehabilitation of the past, and concentrate on family rehabilitation (Fisher 1969).

The community can also be a dynamic and effective force in rehabilitation. Conwell (1969) has devised a model which represents a total community approach to patient care. Many community resources are needed to totally rehabilitate the handicapped. Administration and coordination, personnel research and training, facilities and funds are necessary in a comprehensive community approach to preventive and therapeutic care. He further advises: "Really listen to the patient, for it is the patient who expresses the changes needed in a community."

Voltaire ("Workshop Overview" 1969) said of the professionals,

> Men who are occupied in the restoration of health to other men, by the joint exertion of skills and humanity, are above all the rest of the earth. They even partake of divinity since to preserve and renew is almost as noble as to create.

The Elderly

These people, as a group, frequently suffer from a multiplicity of ailments. Approximately 20 percent have limited mobility. Many are afflicted with some type of chronic disease such as heart disease, arthritis, diabetes, visual impairment, and cancer (U.S. Superintendent of Documents 1970).

Need for Health Services

The number and physical health of people who are sixty-five years of age or over indicates a need for comprehensive services to the aged (Hoffman 1970). However,

> The steady increase in the numbers of old and "older" old persons in the population is particularly significant in view of the fact that chronic disease, long-term illness, and disability comprise the bulk of the health problems of adults in their later maturity. Consequently the increase in the need for preventive and therapeutic services for this age group will be greater than the increase in number suggests (U.S. Superintendent of Documents 1970).

Sufficient financial aid is required to provide and pay for needed medical services. "It is an undisputed fact that medical needs and the cost of meeting these needs rise with declining health, and that the impact of chronic diseases is greatest among the elderly" (U.S. Superintendent of Documents 1970). Elderly patients comprise most hospital admissions and these individuals stay for longer periods of time. The elderly use more prescribed drugs, and higher utilization of services and expensive drugs by the elderly has been predicted (U.S. Superintendent

of Documents 1970). Demands are made on the medical profession to increase not only the amount of care to the aged, but to improve efficiency in the delivery of care. This will require new knowledge in preventive and therapeutic medicine (U.S. Superintendent of Documents 1970).

Factors Affecting Health

There are three main types of factors affecting the health of the aged: biological, socio-psychological, and emotional. Although each is a distinctive category in itself, the three factors are also interdependent.

According to recent research studies, a new conceptualization of the geriatric patient has evolved. Biological factors are now determined by the speed of self-consumption, or the rate at which an individual is using his given amount of ability to cope with stresses. This rate of wear and tear which the body has undergone determines the true biological age of a person (Wolff 1968). Symptoms of the aging process are now expressed differently, for "while chronic diseases have grown, death rates from infectious diseases have declined. . . . Aging probably has a basic relationship to chronic disease, which is a growing challenge to research and therapy" (U.S. Superintendent of Documents 1970). Of those 65 and older who have one or more chronic conditions, 59 percent have some mobility limitation of activity. One-third of those having some mobility limitations are so disabled

that they are unable to carry on any major activity (Hoffman 1970).

The socio-psychological components affecting health concern such topics as attitudes of society, stress, retirement, mental problems, poverty, bereavement and death, and distinct personality types. "Health" is used in its broad sense, for it embraces well-being and related factors which bear directly on it.

> The state of the aged in our society has been somewhat improved, yet the dismal tale of neglect, of untended ill, or discrimination, exploitation, humiliation, loneliness, and privation continues to be told. The aged have gained important benefits in the past thirty-five years. But in some ways their plight has worsened (Associated Press dispatch 1971).

"Many problems are created for the elderly because society reacts not on the basis of scientific knowledge but according to the myths and stereotypes with which it has surrounded 'old age'" (U.S. Superintendent of Documents 1970). Involuntary retirement at age 65, for example, may be a crushing blow to a man who wants to keep working and has many productive years ahead of him. In addition, forced retirement may result in a severely reduced income, somatic illness, and deflated ego which may ultimately cause personality difficulties and mental problems (U.S. Superintendent of Documents 1970).

The sociological components are often connected with stresses related to occupation, environment, family, and community. These stresses are capable of producing emotional imbalance. "Aging has

been thought of as vulnerability to stresses" (U.S. Superintendent of Documents 1970). The individual can no longer cope with or adapt to problems which confront him. The aged, for example, are often unable to compensate to stress imposed by illness (Hoffman 1970).

After retiring, a man unaccustomed to relaxation and recreation has little or nothing for which to hope after retirement. American culture tends to reject the aged because life emphasizes tension, compulsion, work, and competition (Wolff 1968). A pamphlet published by the U.S. Superintendent of Documents (1970) stated,

> The statistics imply that the retirement years are quite demanding: they call on the elderly to change roles and status in a society that emphasizes youth. For many elderly persons, the shift is from independence, participation, and leadership to dependence, passivity, and exclusion--not only in economic and community life but also in the family. Many elderly persons live in a world dominated by leisure time but with reduced incomes and increased chance of ill health.

Virtually every study on the aged refers to lack of money as a fundamental handicap. Approximately one-fourth of the aged live below the federally defined poverty level. Poverty, for them, may be a long-standing economic deprivation which has increased with age. For others, poverty may have begun when the family breadwinner retired. This condition has been especially true of non-white Americans (Associated Press dispatch 1971). Though old people form ten percent of the population, they account for 20 percent of the poverty and 27 percent of the health-care expenditures in the nation. Their illnesses and disabilities tend to be more numerous and more costly. Medicare meets, on

the average, only 43 percent of their medical expenses (Associated Press dispatch 1971). Of these hospitalized, 95 percent are poor (Whitten 1969).

> For many of the elderly, illness serves as a major cause of poverty by reducing their incomes; conversely, poverty can be a major contributory cause of illness when it serves as a barrier to receiving adequate medical care. . . . Recent studies indicate that about thirty percent of the elderly have assets of less than $1000 each. Such persons may have sufficient protection through Medicare or other insurance to provide adequate protection for short-term illness; however, when long-term illness occurs, their financial assets may be quickly drained (U.S. Superintendent of Documents 1970).

Of those who are not hospitalized, many of the aged live "in sub-standard housing, largely in depressed urban areas. Half the elderly have little beyond an elementary education" (U.S. Superintendent of Documents 1970).

Many of the aged feel rejected, and are often treated as burdens to the rest of society. In other cultures, the aged are often looked upon with respect and love, and considered sources of great wisdom and experience in life. Because the United States is geared for fast-paced, hectic lifestyles which value time and money above all, the aged are often forgotten and excluded from social gatherings. Victims of the generation gap, the elderly withdraw from the outside world and are left "alone and isolated in the decaying city" (Associated Press dispatch 1971).

There may well be a direct relationship between physical and mental health. For example, "geriatric psychiatry is placing more

emphasis on seeking mixed causes of mental illness in older persons, taking into consideration possible interactions among physical illness, mental illness, and social illness" (U.S. Superintendent of Documents 1970).

Emotional components are capable of affecting health in the individual. For example, the economical, social and medical dependency needs increase with age. Many cannot accept aging as a natural process and experience the fear of losing physical attractiveness, strength, potency, and the loss of life. To combat these fears, the elderly should concentrate on the following positive aspects of old age: understanding of life, patience, experience, and wisdom. Hope for the future is also an important positive emotion (Wolff 1968). Old age can be a period of loneliness, especially for women. More than fifty percent of all elderly women are widows. Most men in this age group live in families with their own spouse, while only a minority of women do (U.S. Superintendent of Documents 1970).

According to the stereotype, the elderly are anxious about death.

> But the fact is that younger persons are more likely to be concerned about death. Older individuals are probably more worried about money. . . . The dying person experiences a growing feeling of helplessness over his environment, but he has an increased interest in other people. . . . Information such as this suggests that perhaps the greatest disservice that can be done to the dying person is to isolate him (U.S. Superintendent of Documents 1970).

There are three clear-cut personality types associated with high life satisfaction, and these individuals adapt in various ways to the

aging process. The "mature" types accept aging, adjust well to losses, and are realistic about past and present lives. The "armored" types cling to middle-aged behavior patterns, deny aging, keep busy, and get along very well. Finally, the "rocking chair" types accept passivity, sit and rock without feeling guilty. Above all, to be truly happy,

> the elderly person needs somebody to live for, something to be deeply interested in, something to permit him happiness and fulfillment. Life has to remain meaningful and purposeful. If the goal of life is lost, he becomes emotionally sick and is more prone to physical complaints. This important factor of life goal therefore deserves special consideration in any emotional rehabilitation program for the geriatric patient (Wolff 1968).

Rehabilitation Programs

Rehabilitation of the aged is becoming an increasingly controversial subject. There has been a slow rise in the proportion of elderly persons in nursing homes, chronic disease and mental hospitals, and other institutions. In 1940, 2.5 percent of elderly persons were in institutions mentioned above; in 1960, four percent of elderly persons were in institutions (U.S. Superintendent of Documents 1970).

A study investigating the characteristics of the institutionalized aged found that most were female, Caucasian, widowed, lived alone, are financially disadvantaged, and tend to be mentally and/or physically impaired (Riley 1968). There is currently a trend away from those "whose condition will not create difficulty or discomfort to others" to residents who are chronically ill, mentally and/or physically

impaired, and in need of long-term care (Goldman 1960). According to the 1967 Galperin study, the mean age of women applicants was 79.2 years. Lieberman (Kahana 1971) found that most institutional environments exert negative effects on the elderly individual with resulting depersonalization and various psychological losses.

The following observations and projections have been made regarding nursing homes: growth in bed capacity increased eleven percent from 1963 to 1967; expenditures have been increasing twelve percent per year since 1950; by 1980, bed capacity will reach three million (only 385,000 in 1967) (Hoffman 1970).

Nursing home health care for physical, mental, and social illness is usually therapeutic rather than preventive (Hoffman 1970). Although some homes provide adequate programs and facilities for the aged, many do not.

> Despite the ever-increasing state hospital admission rate of elderly persons, any movement to provide adequate programs for them has been minimal. The trend all over the country continues to be that most hospitalized geriatric patients will remain there for the rest of their lives, and this sense of resignation is transmitted to the patient (Dubey 1968).
>
> Some of the behavioral deterioration observed in institutionalized geriatric patients appears to be the result of not only the physical aging process but also the result of the institutional atmosphere which fosters functioning at below-optimum capacity (Dubey 1968).
>
> Most desperate of all is the condition of the infirm confined to substandard institutions. Approximately one million elderly persons are in institutions, principally the nation's 24,000 nursing homes (Associated Press dispatch 1971).

Nursing homes are big business, and the humanitarian purposes for which they are built can be easily obscured. Congressman Pryor (Associated Press dispatch 1971) from Arkansas views nursing homes as agents in the "commercialization and dehumanization of the aged."

Because of poor programs, facilities, and impersonal care, the patients may become little more than bodies.

> We usually encounter the typical faces of the semi-invalid in a so-called retirement home of today. This person has not laughed or cried in years, but has the suppressed, emotionless countenance that sees one day pass into the next with only the haziest perspective (Strangle 1968).

Health workers, either in private institutions or in public service,

> generally receive an unbalanced view of the elderly. . . . To have thorough understanding of older people, practitioners should see them as members of society and its social systems, including kinship groups, neighborhoods, and communities (U.S. Superintendent of Documents 1970).

Home economists should not be overlooked as a source of meaningful rehabilitation for the aged. These professionals are capable of developing projects which relate to the skills of daily living and offer a challenging and enjoyable pastime to the aged as well (Green 1969).

Clothing for the Physically Handicapped and Elderly

Clothing Programs for the Handicapped

Interest in clothing for the handicapped began shortly after World War II. At that time, several programs were developed to aid war veterans with physical disabilities. However, the first program for

handicapped civilians did not begin until 1955. The Institute of Physical Medicine and Rehabilitation at New York University Medical Center sponsored the program. "Functional Fashions," as the project was named, was headed by designer Helen Cookman. Her philosophy was that clothing for the handicapped could be functional, becoming, and fashionable (Lowman 1964). "Functional Fashions" were designed for ease in dressing, increased social acceptance, and durability. This independent, non-profit organization attempted to manufacture specialized clothing for the physically handicapped. Unfortunately, there was not as large a demand for these items as had been anticipated. In recent years, several high fashion houses have produced garments with this label (Rusk 1959).

Since 1955, many projects have been organized in the United States, England, and Canada. Common goals for these establishments are to create safe, comfortable, convenient, protective, serviceable, and functional garments for those having physical handicaps (Lowman 1964).

The Agricultural Research Service of the U.S. Department of Agriculture has shown consistent interest in clothing for the handicapped. In 1959, Scott reported data on the clothing worn by 70 homemakers, as well as information regarding their clothing preferences and dislikes. Later, approximately twenty garments were designed and published in a government bulletin (Hallenbeck 1966).

In 1962, the Vocational Guidance and Rehabilitation Service began to offer clothing for the handicapped and elderly. The clothing, designed by Dorothy Behrens, was constructed by handicapped personnel. The reasonably-priced merchandise is offered through direct mail service. A measuring chart and price list are included to promote catalog sales ("Creating Fashions for the Physically Handicapped" 1964).

"Fashion-Able" offers reasonably-priced undergarments for disabled, ambulatory women. Mrs. Van Davis Odell, who is physically handicapped, heads the organization and designs some of the merchandise. The "Fashion-Able" line is sold through the catalog service ("Creating Fashions for the Physically Handicapped" 1964).

Ruth Smith (1965), organizer of Solve Industries, is also a registered nurse and nursing home supervisor. Solve Industries strive to design clothing which adds dignity to the handicapped, and also saves time and energy needed in dressing the patients. Her first project was a pair of men's slacks which could be put on a seated patient in a matter of seconds. Her philosophy is succinctly stated in the statement, "Let's not only add more years to their life, but let's add more life to their years!"

Although the United States Department of Agriculture is government-operated rather than privately-owned, it has also been a helpful source of information. Some booklets published by this agency offer suggestions on sewing and altering clothing for the physically handicapped.

Other Projects

Participants in a 1966 seminar at Cleveland, Ohio, agreed that interest in clothing for the handicapped was increasing and special clothing problems being recognized. Among the items discussed were costs of special clothing, feasibility of producing clothing from tested patterns in workshops and home-bound programs, clothing as an enhancement of the rehabilitation process, and the importance of looking employable. Major highlights gleaned from the seminar were the following: clothing problems of the handicapped have often been passed over as less important; rehabilitation seeks to minimize handicaps and emphasize the likeness to the non-handicapped person; clothing can minimize disabilities, increase comfort and self-assurance; and, clothing can be a valuable rehabilitation measure (National Seminar 1966).

In 1969, May (1969) proposed a world wide clearinghouse of information concerning the handicapped. This agency could collect all printed material on the handicapped, store the information, and disseminate any publication upon request. Since that time, a committee has been organized to further develop the clearinghouse project.

The Women's Federated Clubs of America have also initiated a project concerning clothing for the handicapped. If a chapter desires, it may sponsor a contest among its members. Rewards are given to those designing the most practical, comfortable, and fashionable garment for a physically handicapped person. Local winners may then compete nationally.

Previous Research Findings

The first requisite of special clothing is to solve the problems of the disabled person (MacGregor 1966). In order to do this, it is first necessary to analyze the activities of the handicapped person, then determine where difficulties exist (Cookman 1961).

Basically, the disabled have two kinds of needs. Physical needs include self-help in dressing, comfort, and the absence of strain on the fabric. Psychological needs require that the appearance of the disabled is attractive and similar to those of their peer group (Hallenbeck 1966).

May, Waggoner, and Boettke (1974) offered the following guidelines in the selection and adaptation of clothing for the handicapped:

1. independence in dressing (easy-on and easy-off, easy to fasten)
2. improved appearance (designed to camouflage)
3. comfortable (allows for movement, adjustable, fits, prevents accidents, protects)
4. durable (fibers, fabrics, and construction techniques)
5. easy care (fabrics, design, construction, and permanent care labels)

Hallenbeck (1966) listed self-help in dressing, comfort, and elimination of fabric strain as the major factors to consider in clothing the handicapped. She also suggested that the physically handicapped be divided into two groups, those who are able to dress themselves and those who require help in dressing. Then, she advised a further division in terms of physical problems of the patient. Those wearing braces or using crutches, for example, require reinforcement