

Understanding the Fashion Therapy (FT) Experience through the Cognitive Behavioral Perspective on Body Image

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Abstract The overall goal of this study is to identify the experience of fashion therapy through the cognitive behavioral perspective on body image. Specific research goals include: 1) determining the outcome of FT among five women who suffer from mental distress and 2) interpreting the outcomes that emerged in this study. Five South Korean women between 20 – 45 years old with mental distress were recruited to participate in a five-week FT program. The specific topics addressed by FT included cosmetics, makeup, accessories, manicures, hairstyle changes, and proper posture. FT provided significant gains for the participants across multiple measures of their presented target complaints. FT demonstrated two main themes, in which 1) body image perception changes positively influenced the following: assessment of body shape and form; building a positive self-concept; boosting self-confidence, and maintaining a well-groomed appearance, as well as 2) body image attitude changes, which positively influenced body satisfaction and self-expression. Ultimately, this study can serve as an intervention tool to alleviate mental distress, particularly concerning body image.

Keywords Fashion therapy, Cognitive behavioral Therapy, Body image, Appearance, Mental distress, Fashion

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Introduction

The importance that society has placed on one's appearance has significantly increased in recent years. Appearance management behaviors influence physical health, as well as a sense of psychological health and mental stability (Hwang & Kim, 2006; Lee & Jang, 2013; Lee & Kim, 2007). Improvement in one's appearance can positively influence his or her emotions, especially in alleviating depressive symptoms (Kim & Lee, 1999). The relationship between clothing and the self is represented as proximal to the person, in that apparel products are a significant symbol of one's

identity, mood, or attitude (Johnson, 2004; Sontag & Lee, 2004).

Research concerning women's body image has focused on identifying the factors that trigger negative body images and efforts that can be made to increase body satisfaction (LePage & Crowther, 2010). Prevention and treatment programs include the Stanford Student Bodies eight-week online cognitive behavioral program, designed to reduce

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body dissatisfaction and internalization of the 'thin-ideal' in individuals with body image concerns (Becker, Smith, & Ciao, 2006; Stice, Shaw, Burton, & Wade, 2006). While these programs have identified body image issues as having clinical significance, the emphasis has been placed on addressing eating disorders and weight management. Researchers have ignored how actual changes in people's appearance influence both their perceptual and attitudinal body image. Therefore, it is crucial to investigate the therapeutic aspect of fashion-oriented behaviors by including actual appearance changes in participants and by evaluating the effects of fashion therapy (FT). It is uncertain whether body dissatisfaction is solely based on the subjective evaluation of one's appearance, and if so, from where does this poor evaluation stem? In the current study, FT is defined as a form of psychotherapy that enhances self-esteem and reduces body dissatisfaction through appearance improvement. This FT program was developed by adopting previously used models of an appearance-improvement program (Callis, 1982; Horn & Gurel, 1981; Shin & Lee, 2000; Yoh, 2015).

Understanding FT from a cognitive behavioral perspective can identify and deepen our current understanding of underlying issues for those individuals with body image concerns. Therefore, the overall goal of this study is to identify the outcomes of FT in alleviating mental distress in individuals with a poor body image and in providing a systematic approach for FT in clinical settings. Specific research goals include: 1) determining the outcome of FT among five women who suffer from mental distress; 2) identifying the benefits concerning body image, and 3) interpreting the FT outcomes that emerged in this study.

Theoretical Background of FT: FT as Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy (CBT) is widely practiced forms of psychotherapy used in the treatment of psychiatric disorders (Dobson, 2010). Personal appearance is recognized as a cue to mental health, through which mental illness can

be mitigated by FT. FT is defined by Thompson (1962) as helping individuals with mental illness by using professional models, hairstylists, and fashion designers. A substantial amount of literature has verified that one's subjective level of physical attractiveness can influence his or her mental health. For example, the cumulative adverse effects of perceived unattractiveness undermine one's mental health (Archer & Cash, 1985; Cash, 1981, 1985; Farina, Burns, Austad, Bugglin, & Fischer, 1986). The cognitive behavioral framework adopted in this study is relevant, as suggested by Cash (2012), who states, "Appearance-related experiences consist of (1) perceptions of the aspects of personal appearance (i.e., mental representation of one's size, shape, and facial characteristics); and (2) attitudes about one's appearance (p. 334)." Interestingly, self-perceptions have more salient implications for mental health than reliable, objective measures of one's physical attractiveness (Cash, 1985; Noles, Cash, & Winstead, 1985). Therefore, applying the cognitive behavioral framework to improve the self-perception of one's own body is central to understanding FT. However, research investigating psychotherapeutic approaches in overcoming body image disturbances has been limited.

FT and its outcomes have been interpreted from the perspective of body image from both the cognitive and behavioral paradigms in psychology over the past few decades (Cash, 2012). CBT focuses on solving emotional and behavioral problems, as well as enabling individuals to enjoy an improved quality of life. CBT is an integration of two formerly different theoretical approaches to understanding and treating psychological disorders: the behavioral approach and the cognitive approach. The behavioral approach focuses exclusively on observable and measurable behavior, which excludes mental events. On the other hand, the cognitive approach focuses on the role of the mind, and specifically on cognition, as a determinant of feelings and behaviors (Ledley, Marx, & Heimberg, 2005). CBT is helpful in boosting one's body image by modifying dysfunctional emotions and thoughts involving the body (Cash, 2012). Therefore, CBT can be a useful tool to apply in understanding the outcomes of FT sessions and in interpreting the outcomes of FT.

Butters and Cash (1987) conducted a study using CBT for women with distorted body images. The results revealed that the CBT program successfully improved their body image, social self-esteem, and feelings about physical fitness and attractiveness. Rosen, Reiter, and Orosan (1995) conducted a study incorporating CBT into therapy for patients with body dysmorphic disorder. The treatment involved 1) the modification of intrusive thoughts regarding body dissatisfaction and overvalued beliefs about their physical appearance; 2) exposure to situations involving body image that were previously avoided; and 3) the elimination of body checking. Body dysmorphic disorder symptoms significantly decreased among those who participated as therapy participants. The disorder was no longer observed in 82% of cases at post-treatment and in 77% at follow-up. Overall, the participants' psychological symptoms and self-esteem improved. In the current study, FT focused on alleviating mental distress among five women by empowering them to make changes in their appearance.

Literature Review of FT

As defined by many scholars, FT consists of psychotherapy programs that improve people's appearance by using all of the elements associated with clothing and bodies to restore their self-worth and improve their mental health (Horn & Gurel, 1981; Thomas, 1976). Using clothing consumption to enhance appearance has also been identified as effective in increasing a sense of self-efficacy and body satisfaction (Dahal & Fertig, 2013; Dubler & Gurel, 1984; Horn & Gurel, 1981; Shin & Lee, 2000; Thompson, 1962). Research using FT has been conducted since the 1960s; changing one's appearance was a factor identified as providing positive experiences for individuals with a poor body image (Shin & Lee, 2000; Thompson, 1962).

Callis (1982) asserted that an appearance program positively alters one's self-concept and body cathexis through changes in his or her posture, body carriage, nutrition, exercise, skincare, and general hygiene. Callis (1982) provided validation regarding the therapeutic value of appearance programs for female psychiatric hospital patients by comparing the effectiveness of six- and nine-week

appearance programs in effecting changes in the patients' self-concept, body cathexis, and appearance. FT can be used as a psychotherapeutic method to improve mental and physical stability through dress and appearance changes (Kim & Lee, 1999).

More recently, a closely related concept known as 'retail therapy' suggests that compensatory shopping can be a strategic endeavor to manage mood and reduce negative feelings through purchasing self-satisfying items (Atalay & Meloy, 2011). Lee, Lee, Ha, and Lee (2015) proposed four types of therapeutic effects from fashion consumption: psychological effects, emotional effects, behavioral effects, and social effects. The impact of FT was tested on the depressive symptoms, positive and negative emotion, appearance interest, body satisfaction, self-esteem, and self-efficacy of eight female cancer patients (Yoh, 2015). After those patients participated in a four-week FT program, their depression and negative emotions decreased significantly, as well as their positive emotions and self-efficacy. Also, patients with high levels of depression showed considerable improvement in both symptomatology and body dissatisfaction, compared with patients with low levels of depression. Thus, medical industry can apply FT in a broad context for the future.

Methodology

Participant Recruitment and Characteristics

To recruit subjects, a psychiatric specialist placed a poster with information regarding the proposed study to recruit participants at a counseling center. The sign contained information delineating the participation parameters. Women between 20 – 45 years old, self-identified as having mental distress, and who were interested in seeking help from a professional psychiatrist were encouraged to sign up for a five-week FT program. Participants were then asked to contact the psychiatric specialist for screening purposes to determine whether they were eligible for study participation. The decision regarding their eligibility was made on the advice of the psychiatric specialist who conducted the initial screening interview. The specialist had 700 clinical hours of

psychotherapy experience. This specialist decided that individuals who had undergone previous professional psychiatric counseling, or who were under current treatment were not suitable for research participation because such previous/current treatment could influence the outcomes of the FT program in this study.

Five people were recruited for the five-week FT program. They were asked about their current mental distress and their expectations from FT treatment. The five women who were selected indicated their current feelings and mental state before starting the study. They also indicated their expectations for positive outcomes after participating in the study. Participants noted that they were either suffering from anger, social anxiety, poor body image, or low self-esteem. Details about the participants' age, marital status, occupation, and mental stress issues are found in Table 1 (See Table 1).

Table 1. Participant characteristics

Participant	Age	Marital Status	Occupation	Mental Distress Issues
A	43	Married	Graduate student	Anger Management
B	37	Married	Housewife	Social anxiety
C	36	Single	Office manager at the church	Poor body image
D	34	Single	Graduate student	Low self-esteem
E	23	Single	Undergraduate student	Low self-esteem

Procedure

FT sessions. The appearance-related experiences of participants in our FT session were guided by Cash's (2012) two key perceptual components of body image constructs: 1) perceptions of and 2) attitudes about their appearance. In order to assess body image development as a result of FT sessions, the data collection procedure of the FT sessions was modified from previously introduced FT research (Callis, 1982; Shin & Lee, 2000; Yoh, 2015). The current study examined five specific critical areas of appearance modification: 1) finding the right color to maximize one's color coordination; 2) cosmetic use and makeup; 3) a nail class; 4) fashion coordination; and 5) building a positive self-image.

A fashion consultant conducted the FT sessions in a photo studio. The fashion consultant who provided the FT session was an expert in coordinating fashion styles and understood how the enhancement of one's appearance could boost his or her self-image. The psychiatric specialist participated in all sessions and was responsible for conducting interviews at the end of each session. Also, the primary investigator of this study observed all FT sessions but did not interact with the participants.

There were seven sessions in total, and each session lasted for approximately two hours. In the first week, during the orientation session, the psychiatric specialist explained the purpose of the FT program. In the second week, the first FT session took place and focused on 'finding the right color.' Participants were introduced to basic color theory, such as colors having cold or warm temperatures. The fashion consultant advised them about the characteristics and effects of different hues on appearance and how to apply that knowledge to coordinate their outfits. For example, the fashion consultant helped the participants coordinate scarves and accessories with outfits based on various appropriate color schemes. In the third week, the second FT session focused on 'cosmetic makeup,' and participants were given information about makeup techniques and the types of makeup that were suitable for each person. They were also given lipstick that matched their facial skin color and facial shape. In the fourth week, the third FT session focused on nail care and nail color. A fashion consultant taught the participants primary nail care and how to maintain healthy nails. The fashion consultant also instructed the participants on the proper application of nail color. In the fifth week, the fourth FT session focused on fashion coordination and style. Participants learned how to coordinate fashion styles based on silhouette and textile materials. In addition, they learned how to organize styles to camouflage or enhance various characteristics of their current body form and shape. In the sixth week (fifth session), the participants were introduced to creating appealing hairstyles, and they underwent hairstyle changes. In the last week, which was the final session, participants shared their thoughts on their changed appearance, based on the five FT sessions. The fashion consultant encouraged the participants to continue practicing

what they had learned through their participation in FT, even after the final interview with the psychiatric specialist for the study's data collection.

Interview. A psychiatric specialist conducted interviews during the last FT session with all five participants. The participants were asked to provide a nickname for anonymity; they were assured that the interview would be used only for research purposes, and that their input would be held in strict confidence. The interview was tape recorded and lasted approximately an hour and a half. The questions used to ask the participants to determine the outcomes of the FT sessions are provided (See Table 2). The outcomes of the FT experience were identified via Giorgi's (2004) four-step phenomenological and qualitative research method. In the first stage, researchers repeatedly listened to the recording. In the second stage, thematic units were identified by grouping the key ideas. In the third stage, thematic ideas were tied to the theoretical background. In the last stage, identified themes were interpreted using the study's theoretical elements.

Table 2. Interview questions

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| <ol style="list-style-type: none"> 1. Compare your emotions before and after FT. What emotional changes have you experienced after participating in FT? 2. Describe the changes in your feelings, if there were any. 3. What changes, if any, did you notice in your social or interpersonal relationships (for example, with family or friends)? 4. Are there any additional changes (i.e., increased self-esteem and self-confidence) in yourself? 5. How did the changes in your appearance affect your quality of life? 6. What do you think about FT? How was FT helpful to you? 7. Would you recommend FT to others? |
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Results

Participants' responses were categorized based on the key body image constructs of the cognitive behavioral perspective, as suggested by Cash (2012). Participants' experiences of FT consisted of two main parts: 1) body image perceptions of their appearance; and 2) body image attitudes regarding their appearance. Participants' perceptual components of their body image pertained to the changes in how the participants viewed their appearance along physical dimensions, both positively and accurately. Participants'

attitudinal components of their body image pertained to the changes in how satisfied they became with their appearance. The results demonstrate a positive effect of FT on the participants. FT positively influenced the perceptual, as well as the attitudinal components involving the body image of those who participated.

Appearance-related Experience: Perceptions

Developing a realistic assessment of the body. The most significant and essential change revealed by the participants was that participating in FT allowed them to view their appearance in a more positive and realistic way toward their actual body shape. These perceptions were due to two types of cognitive changes. First, participants began to place more importance on their own view toward their body, rather than that of outsiders. Second, judgments about their appearance became more realistic, which had previously been based on highly idealized standards.

Specifically, all five participants indicated that they had an opportunity to reflect on their appearance and develop a positive view of their own bodies. These changes positively influenced and sustained their awareness about assessing their appearance. For example, Participant A noted, "I am looking for a way to love me a little bit more, and I feel positive about my appearance. I continue to be aware of my body and that I am looking good!" Participant B noted that she previously thought of her appearance based on the image she portrayed to others and how other people would react to it. After FT, however, her focus shifted to what would make her (rather than others) feel good. Participant C said that she had increased awareness of fashion and clothes, and she started thinking more about how making positive changes enabled her to look good and feel better about herself. Participant D noted that she "learned to love her body" by experiencing increased feelings of acceptance and satisfaction about her appearance. FT allowed them to view their appearance in a more positive and realistic way.

Building a positive self-concept. Participants' opinions regarding their appearance used to be heavily based on the views and actions of other people toward them. However, after FT, they valued their views more when judging their appearance. Participant A noted, "I have been focusing on

what other people think of me, but now I have better control of what I think of me. I have been ignoring my opinion of my own body. If I wore makeup, it was to show other people in the past, but now I have makeup on for me, and I feel better about myself.” After FT, participants were less likely to see their appearance as an object to be viewed by others. Instead, they began to use fashion to improve their views about themselves — placing high importance of how others saw them precluded accurate judgments of their own appearance. The cognitive change in regard to focusing on themselves was a positive effect of the FT session.

Boosting self-confidence. Participants’ favorable judgments about their appearance (and the boost to their self-confidence in their body image) were shaped by positive feedback. Such positive feedback about their appearance changes came from two sources: encouragement from the fashion experts and compliments by people in their surroundings. This sustained positive feedback influenced how participants become confident about their appearance.

The participants reported that they enjoyed the encouragement from both the fashion consultants and people in their daily lives. Participant B said, “Most of the people I met commented on how pretty I look. It made me feel good about myself when they praised me for those changes in my appearance.” Participant C noted that she expanded her interest in fashion and gained self-confidence: “As I was told that I look good in these outfits, I became confident when I chose to wear those fashion items. The FT session also helped me develop and maintain fashion styles that are right for me. The fashion style encouraged by the fashion consultant provided me with great insight into what I should wear, which provided me again with confidence.”

Additionally, the participants experienced positive feedback in their interpersonal relationships when others noticed changes in their appearance. Participant B noted, “I found that FT was helpful because I receive compliments about my appearance, and I start paying more attention to my appearance when I am with other people.” Participant C commented, “Most people I meet now positively comment on the changes of my appearance, so I have started paying more attention to my appearance, and changes in my appearance make me feel good.” Participant E noted that people frequently comment on her appearance, and that “it

was great to know now how to make myself look better” after FT.

Maintaining a well-groomed appearance. The motivation to maintain a well-groomed appearance was manifested within the participants’ circle of interpersonal relationships, even though the motivation to change was a very gradual process overall. Participant A noted, “The amount of effort I put into makeup shows a positive effect on my facial appearance. For example, I learned how to make my eyebrows brown and pink, and so on, and I do what I can do at home, which became positive energy for me.” Participant C noted, “I feel like I want to do it little by little. I think you’ve learned something about what you can do about your appearance, and I would like to change little by little.” Participant E noted that she would continue practicing what she had learned through FT. Participant E said, “I’m going to keep adding an outfit to my wardrobe.” Being reinforced by FT experiences motivated the participants to maintain the new styles they adopted from the FT sessions.

Appearance-related Experiences: Attitudes

Increased body satisfaction. The end goal of these appearance changes was for participants to have increased body satisfaction, which can lead to a variety of psychological benefits. The participants’ responses indicated that by using a variety of adornments, they experienced increased body satisfaction and felt more attractive. The process of body decoration also uplifted their mood. The following comments demonstrate how clothing practices were used as a visual manifestation of the participants’ views of their appearance. Participant B noted, “I do not have much time to dress up. To pick the right color for the day, such as pink, I feel satisfied with my body and appearance.” Participant C also noted the role of color in helping to make her mood more positive: “I’ve been putting on a lot of pink these days.” She added, “It is nice to have my favorite clothes and makeup.” Participant D noted a change in how she viewed the effort she put into fashion and style: “I had thought it was kind of unpleasant to think of myself trying too hard to look pretty. But now, even when I’m alone at home, I start wearing pretty clothes.”

Focused on self-expression. The FT program induced

attitudinal changes in the participants' appearance by satisfying their desires for beauty and self-expression. Participant E noted, "Rather than wearing clothes to look good for others, I am dressed to express myself and satisfy myself." There is evidence of gradual changes in how the participants valued their own opinions about their appearance and subsequent appearance-related behaviors. For most of the participants, fashion came to be considered as a meaningful vehicle to reveal, express, and communicate various aspects of the self.

Interpreting the Experience of FT

The FT program illustrated the participants' appearance-related experiences involving 1) body image perceptions and 2) body image attitudes (See Figure 1). Cash's (2012) cognitive body image perspective argued that body image disturbances stem from negative self-evaluations of one's appearance. The results confirm the importance of cognitive changes that led individuals to have a more positive body image, as well as more positive self-evaluations. FT enabled changes in the participants' cognitions, which positively influenced their thoughts about their bodies; the results are consistent with the outcomes of FT research

conducted by Shin and Lee (2000). Positive feedback positively reinforced changes among the participants. Thus, developing a healthy body image can reduce mental distress and boost self-confidence. FT provided a greater sense of well-being, which was a common theme that emerged from the participants.

FT provided not only sustained attitudes in valuing their physical appearance positively, but also eliminated critical, negative judgments toward their appearance. Building a positive body image can also be established through the practice of proper grooming and attention to one's sense of beauty and style through fashion item selection. Participants' attitudes toward their appearance were responsive to many factors. One manifestation of these increased positive attitudes toward their appearance experiences consisted of the participants' motivation to change their appearance in order to focus on self-expression. Overall, because of the FT program, the participants reported more positive evaluations of their appearance, as well as feelings of higher satisfaction with various aspects of their physical appearance. This result builds on previous findings that FT significantly influences body satisfaction among patients with severe mental illness when comparing the results before and after FT (Yoh, 2015).

Through FT, it became evident that appearance

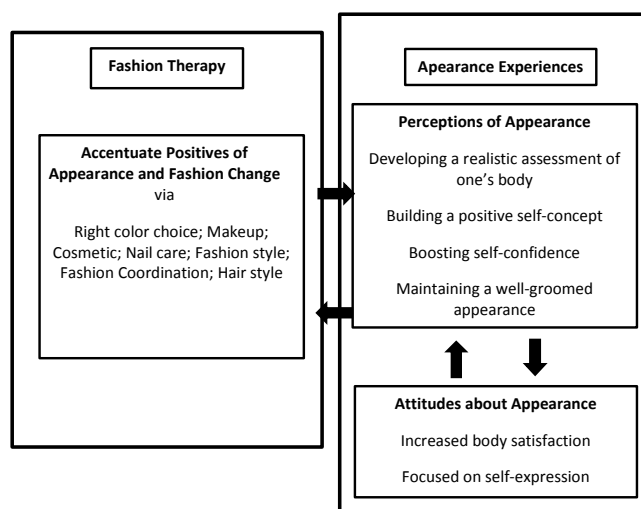


Figure 1. Fashion therapy outcome

management can convey individuality through a variety of self-expression activities, such as colorful accessories and makeup. The participants' positive body images and their values toward their appearance were due to cognitive changes, specifically the perception that evaluations of one's appearance should come from within rather than from outside observers. Participants' body satisfaction began with decorating their bodies and desiring to look good for themselves rather than for others. Based on their responses, the participants' daily clothing choices related heavily to regulating their everyday well-being and managing their mood by proactively selecting clothing for the occasion. In this study, examining the outcomes of FT lays the foundation for future research that can quantitatively test the potential therapeutic effect of fashion styling and behavior.

Conclusion

The results of this study show the outcomes of FT, as well as the efficacy of cognitive and behavioral changes. FT provided significant gains for the participants in multiple measures of their target complaints. These complaints included feelings of unattractiveness and dissatisfaction with their physical appearance. This study has academic significance, as the study of appearance can broaden the scope of research by integrating appearance within psychotherapy. Cash, Melnyk, and Hrabosky (2004) identified self-evaluative appearance investment, which involves dysfunctional body investment and correlates with lower self-esteem, a negative body image, and lower quality of life (Cash, Jakatdar, & Williams, 2004). Women with greater body dissatisfaction and disordered eating behaviors are more likely to engage in clothing-related appearance-management behaviors. This includes the use of clothing for camouflage purposes, such as avoiding brightly colored or tight-fitting clothing (Trautmann, Worthy, & Lokken, 2007). The current study confirms that FT is important and can be utilized to compensate for and alleviate individuals' perceived body image distress. Highlighting the concept of therapy via fashion can contribute to the

development of apparel studies in other academic fields (i.e., psychotherapy, counseling).

The implications of this study introduce fashion as an area where psychotherapy can integrate FT to benefit patients with psychiatric disorders related to appearance. There are therapies currently used that include aroma, music, art, and play. FT can be one area that could gradually emerge as significant for treating mentally ill individuals, particularly for body dysmorphic patients. Additionally, FT can be used as a protocol for psychiatric specialists to help depressed patients with disorders that include poor body image. Previous research has shown that shopping is an effective way to minimize lingering sadness (Raghunathan, Pham, & Corfman, 2006). Impulse purchases can alleviate the distress that arises from negative body image perceptions (Verplanken & Sato, 2011). In the future, therapists could utilize fashion as a reference for counseling. It is especially significant because the outcome of FT is compatible with CBT. Furthermore, fashion companies could use FT as a marketing strategy to enhance brand authenticity by showing how fashion products can improve one's quality of life.

Limitations

In this study, only five women participated. Therefore, more subjects in the quantitative data collection would support this line of inquiry. The study requires a follow-up data collection with participants to discover whether FT has a sustained effect. In addition, FT needs to be divided into categories targeted at different groups, such as for those who suffer from innate characteristics of the body, as opposed to those with mutable characteristics. In this study, the effect of FT focused on changeable traits. The relationship between each mental disorder and the FT program should be determined for future study. Lastly, observation should be an important part of analyzing qualitative data. However, data concerned with the observation of participants were not obtained, which would have been valuable in understanding the behavioral aspects of participating in FT.

References

- Archer, R., & Cash, T. F. (1985). Physical attractiveness and maladjustment among psychiatric inpatients. *Journal of Social and Clinical Psychology, 3*(2), 170-180. doi:10.1521/jscp.1985.3.2.170
- Atalay, A. S., & Meloy, M. G. (2011). Retail therapy: A strategic effort to improve mood. *Marketing & Psychology, 28*(6), 638-660. doi:10.1002/mar.20404
- Becker, C. B., Smith, L. M., & Cio, A. C. (2005). Reducing eating disorder risk factors in sorority members: A randomized trial. *Behavior Therapy, 36*(3), 245-254. doi:10.1016/S0005-7894(05)80073-5
- Butters, J. W., & Cash, D. W. (1987). Cognitive-behavioral treatment of women's body-image dissatisfaction. *Journal of Consulting and Clinical Psychology, 55*(6), 889-897. doi:10.1037/0022-006X.55.6.889
- Callis, C. (1982). Appearance programs with female chronic psychiatric hospital patients: A comparison of six-week and nine-week treatment interventions. *Journal of Rehabilitation, 48*(4), 34-39.
- Cash, T. F. (1981). *Physical attractiveness: An annotated bibliography of theory and research in the behavioral sciences*. Washington, D.C.: American Psychological Association.
- Cash, T. F. (1985). Physical appearance and mental health. In J. A. Graham & A. M. Kligman (Eds.), *The Psychology of Cosmetic Treatments* (pp. 196-216). New York, NY: Praeger.
- Cash, T. F. (2012). Cognitive-behavioral perspectives on body image. *Encyclopedia of Body Image and Human Appearance, 1*(1), 334-342.
- Cash, T. F., Jakatdar, T. A., & Williams, E. F. (2004). The body image quality of life inventory: Further validation with college men and women. *Body Image, 1*(3), 279-287. doi:10.1016/S1740-1445(03)00023-8
- Cash, T. F., Melnyk, S. E., & Hrabosky, J. I. (2004). The assessment of body image investment: An extensive revision of the appearance schemas inventory. *International Journal of Eating Disorders, 35*(3), 305-316. doi:10.1002/eat.10264
- Dahal, A., & Fertig, A. (2013). An econometric assessment of the effect of mental illness on household spending behavior. *Journal of Economic Psychology, 37*, 18-33. doi:10.1016/j.joep.2013.05.004
- Dobson, K. S. (2010). *Handbook of cognitive-behavioral therapies*. New York, NY: The Guilford Press.
- Dubler, M. L., & Gurel, L. (1984). Depression: Relationships to clothing and appearance self-concept. *Home Economics Research Journal, 13*(1), 21-26. doi:10.1177/1077727X8401300104
- Farina, A., Burns, G., Austad, C., Bugglin, C., & Fischer, E. (1986). The role of physical attractiveness in the readjustment of discharged psychiatric patients. *Journal of Abnormal Psychology, 95*(2), 139-143. doi:10.1037/0021-843X.95.2.139
- Giorgi, A. (2004). *Phenomenology and psychological research* (K. L. Shin., Y. J. Jang., I. S. Park, M. Y. Kim, & S. E. Jung, Trans.). Seoul: Hyunmoonsa.
- Horn, M., & Gurel, L. (1981). *The Second Skin*. Boston, MA.: Houghton Mifflin.
- Hwang, J. S., & Kim, Y. H. (2006). The effect of appearance management on body image and psychological well-being. *Journal of the Korean Society of Costume, 56*(3), 143-155.
- Johnson, K. K. (2004). Clothing consumption and teen identity. *International Journal of Costume and Fashion, 4*(2), 10-17.
- Kim, S., & Lee, M. (1999). Relationship between clothing behavior and depressive mood. *Journal of Korean Neuropsychiatric Association, 38*(6), 1245-1253.
- Ledley, D. R., Marx, B. P., & Heimberg, R. G. (2005). *Making cognitive-behavioral therapy work*. New York, NY: Guildford Press.
- Lee, J., & Jang, H. (2013). A study on the body image and sense of psychological stability related to the outward appearance management. *Journal of the Korean Society of Cosmetology, 19*(6), 1174-1185.
- Lee, J. Y., & Kim, Y. S. (2007). A study on appearance management behavior related to well-being lifestyles of women. *International Journal of Costume and Fashion, 7*(2), 1-17.
- Lee, S., Lee, Y., Ha, J., & Lee, J. (2015). *Fashion therapy research trends and proposal for enhancing*

- happiness*. Paper presented at the Global Fashion Management Conference at Florence, Florence, Italy.
- LePage, M., Crowther, J. H. (2010). The effects of exercise on body satisfaction and affect. *Body Image*, 7(2), 124-130. doi:10.1016/j.bodyim.2009.12.002
- Noles, S., Cash, T. F., & Winstead, B. A. (1985). Body image, physical attractiveness, and depression. *Journal of Consulting and Clinical Psychology*, 53(1), 88-94. doi:10.1037/0022-006X.53.1.88
- Raghunathan, R., Pham, M. T., & Corfman, K. P. (2006). Informational properties of anxiety and sadness, and displaced coping. *Journal of Consumer Research*, 32(4), 596-601. doi:10.1086/500491
- Rosen, J., Reiter, J., & Orosan, P. (1995). Cognitive-behavioral body image therapy for body dysmorphic disorder. *Journal of Consulting and Clinical Psychology*, 63(2), 263-269. doi:10.1037/0022-006X.63.2.263
- Shin, H. Y., & Lee, I. J. (2000). Effect of the fashion therapy for the psychiatric patients (Part 1). *Journal of the Korean Society of Clothing and Textiles*, 24(7), 1088-1099.
- Sontag, M. S., & Lee, J. (2004). Proximity of clothing to self scale. *Clothing and Textile Research Journal*, 22(4), 161-177. doi:10.1177/0887302X0402200402
- Stice, E., Shaw, H., Burton, E., & Wade, E. (2006). Dissonance and healthy weight eating disorder prevention programs: A randomized efficacy trial. *Journal of Consulting and Clinical Psychology*, 74(2), 263-275.
- Thomas, J. E. (1976). *Effect of a fashion therapy program on the self-concept of institutionalized adolescent girls*. (Unpublished master's thesis.) Oklahoma State University, Stillwater, OK.
- Thompson, T. (1962). Fashion therapy. *Journal of Home Economics*, 54(10), 835-836.
- Trautmann, J., Worthy, S. L., & Lokken, K. (2007). Body dissatisfaction, bulimic symptoms, and clothing practices among college women. *The Journal of Psychology*, 141(5), 485-498. doi:10.3200/JRLP.141.5.485-498
- Verplanken, B., & Sato, A. (2011). The psychology of impulse buying: An integrative self-regulation approach. *Journal of Consumer Policy*, 34(2), 197-210. doi:10.1007/s10603-011-9158-5
- Yoh, E. (2015). Application of the fashion therapy to reduce negative emotions of female patients. *The Research Journal of the Costume Culture*, 23(1), 85-101. doi:10.7741/rjcc.2015.23.1.085