

Blind Makeup Program for the Visually Impaired

Blind Makeup Program was developed by Ms. Oishi in 2010 in an attempt to create a set of makeup techniques in which visually impaired women can apply full face makeup by themselves without using a mirror. It has been proven to be effective in the following 3 aspects: (1) rehabilitation, (2) synergistic effect between visually impaired women and their family members, and (3) empowerment.

Blind makeup has also been accepted as an item payable as medical fee (low vision care inspection fee) and now is treated as a form of low vision care.

The program has been receiving requests from organizations and individuals nationwide and throughout the world, including Korea, China, Taiwan, the United States, and Europe.

Keyword: visually impaired women, make up, blind makeup, low vision, medical fees

1. History of Blind Makeup

Ms. Oishi has been conducting a research as a professional beautician on makeup for the elderly and the physically challenged since 2009. Through this research, she has met a number of visually impaired women who have a complex about not being able to apply makeup by themselves. This prompted her to get interested in providing them with auditory information about makeup color and its finish. By having beauticians apply makeup on them while providing information about beautification including the type of makeup tools and color variation, those visually impaired women seemed to enjoy their transformation into beautiful women through the auditory information. They also appeared to regain their confidence after getting feedback that was meant to admire women such as “gorgeous,” “pretty,” and “beautiful.” That was expected to encourage them to leave their house.

Despite its reputation, this approach had a limit. Even though their makeup was intact right after beauticians applied makeup on them, they could not provide secondary support such as fixing the makeup. Makeup does not last permanently because lipstick comes off after meals, makeup gets smudged after sweating, and it is ruined by rain and wind.

Ms. Oishi fundamentally changed the makeup method. She found it significant that they apply their makeup by themselves rather than getting it applied by others because this approach could lead to self-actualization.

Based on this concept, Ms. Oishi developed a set of makeup techniques in 2010, which is a prototype of “blind makeup”, a type of technique that enables the visually impaired to apply full face makeup without using a mirror. Centering on the well-balanced natural makeup finish as the most significant goal, she aimed to create a set of makeup techniques that are rational and efficient. The research resulted in establishing a procedure that enables full face makeup with 10 steps: liquid foundation, powder foundation, eyelash curler, mascara, lipstick, eye shadow, eye liner, eyebrow powder, cheek blusher, and highlighter. These steps have helped complete blind makeup, which made it possible through improvement to wear makeup well-organized and efficiently without using a mirror. Participants of the program can receive a series of audio tutorials on the makeup technique for each part from instructors (hereby referred to as makeup trainers) and can wear makeup by the time they complete the blind makeup program.

2. Makeup Techniques in Blind Makeup Program ¹⁾

The amount of time it takes women to complete a makeup varies. There are 2 efficient makeup techniques in Ms. Oishi's day to day makeup. One of them is the type of technique that is intended to shorten the makeup time and the other is "natural makeup", a type of technique that enhances the facial feature. These techniques are unique in that powder foundation is placed directly on your fingers and smoothed out on the ball of your fingers until they are spread evenly, and then put on the parts of your face that you planned to apply makeup on. Makeup can be completed by placing your left fingers on the left side of your face and right fingers on the right side and stroking them with symmetrical motions, speed, and strength. The symmetrical use of your both fingers helps shorten the required time for makeup. Foundation is placed on the ball of your fingers because it helps smooth out evenly. This technique can create gradation and hue on the borders between different colors and provides a natural finish called "natural makeup" (Chart 1).

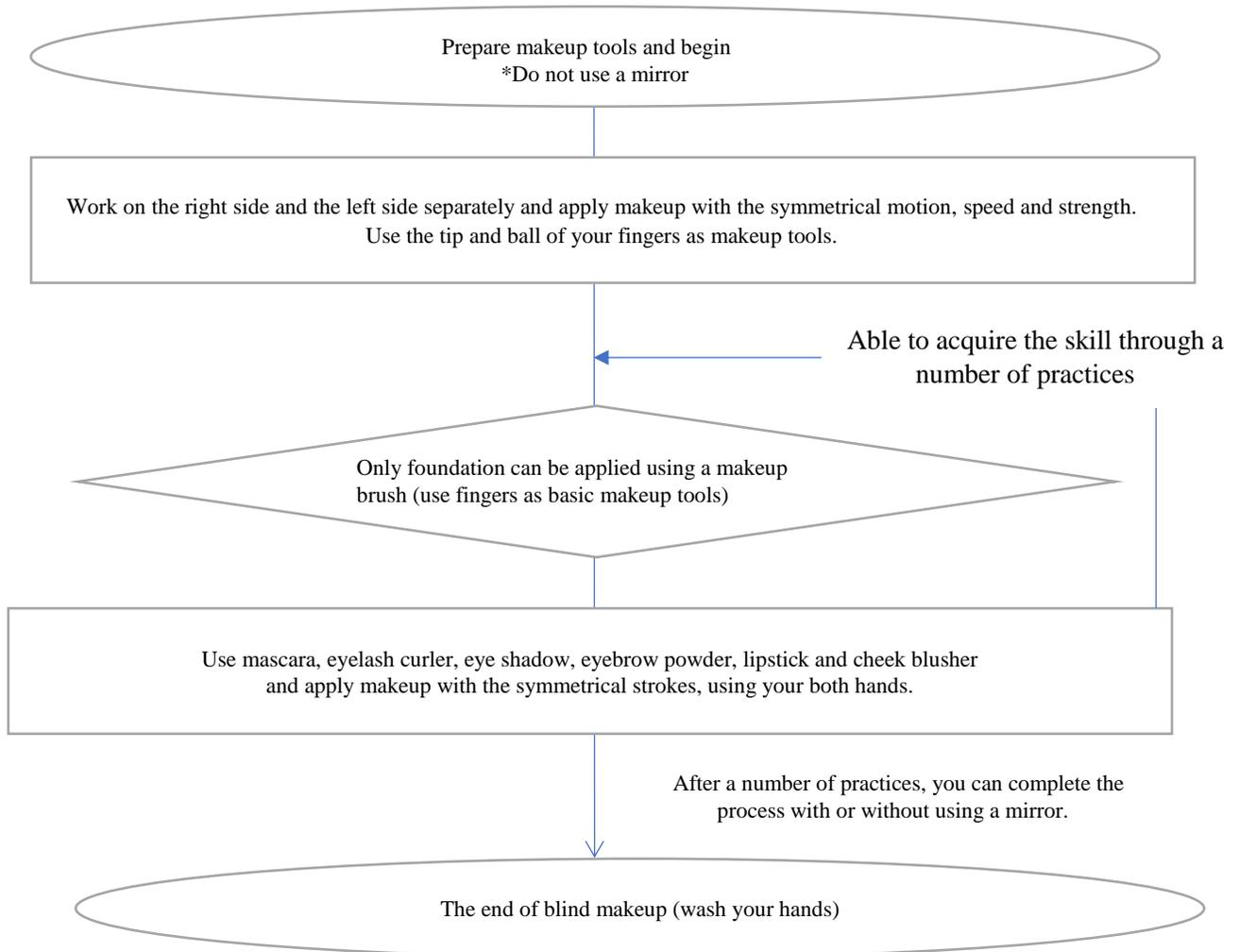


Chart 1. Blind Makeup Program Chart

Blind makeup does not require an eyeshadow chip brush, a commercial makeup tool for eye shadow with a little sponge on the tip, for point makeup on some areas including eyes, eyebrow, cheek and lips. It does not require a brush for cheek blusher, eyebrow pencil for eyebrow, and a brush for lipstick, either. There are 2 reasons for this.

One reason is that when applying makeup on specific areas such as eye hole, cheek, eyebrow and lips, the use of the ball and tip of the fingers makes it easier to mix a few colors and gradate them. Makeup artists, who are the experts in makeup application, also use their fingers to mix and gradate different colors after using the makeup tools. The use of fingers helps smooth out more evenly than the use of brushes and chip brushes.

The other reason is that the use of makeup tools is not as clean because they become worn out after use and absorb sweat and sebum. These items frequently need cleaning and disinfecting as bacteria grow.

3. Effectiveness of Blind Makeup Program

Blind makeup is effective in 3 aspects for visually impaired women. First, it is effective in that it serves as rehabilitation. Second, it can help positively change the way visually impaired women think and also the way their family members think. The positive mindset of their family members affects theirs, creating a synergy effect that leads to the effectiveness of the program. It could be concluded that the effectiveness of blind makeup does not just affect visually impaired women but also their family members. Third, blind makeup has been proven effective due to the high level of completion and the fact that it enables visually impaired women to wear makeup by themselves, which they initially believed was impossible to apply. The fact that blind makeup promotes empowerment helps it receive attention.

Since the level of completion is considered to be the primary element, it was investigated. For visually impaired women, it is difficult to evaluate how beautifully they wear makeup, yet identifying the level of completion is extremely important because they hope they can wear a type of makeup that can be highly evaluated and avoid receiving low evaluation or having their poor makeup pointed out. Therefore, the evaluation can influence visually impaired women, regardless of the level of interest in how well they wear their makeup.

The evaluation encourages people to identify visually impaired women as ordinary women rather than the physically challenged and interact with them with respect. It is safe to say that when visually impaired women are wearing makeup, it means that they are part of the society as ordinary women who are careful about their appearances and have a sense of social etiquette. This seems to promote support from other people, such as giving them a helping hand. That sort of support such as getting talked to or guided by sighted people can be of great help for any visually impaired person.

It can be said that makeup for visually impaired women helps them become thoughtful as ordinary women and confidently send a message that they are willing to participate in the society. The visually impaired women's participation in the society helps the sighted people to understand more about them and makes it easy for them to get support in the society.

4. The Evaluation of Low Vision Care Under Medical Fee Points System and Training of Makeup Instructors

Table 1 shows International Classification of Impairments, Disabilities, and Handicaps (ICIDH 1980) and Low Vision Care ²⁾. In a narrow sense, low vision care mainly targets dysfunction and disabilities and ranges from cure and care, which are intended to improve the quality of vision and provide diagnosis and treatment. While the type of low vision care provided at ophthalmic clinics is called low vision rehabilitation, the type of low vision care ranging from treating ophthalmic diseases to minimizing disadvantages in a social context is called low vision care in a broad sense. The latter is what visually impaired women seek after (Hiroshi, Takahashi). Taking this into consideration, the medical field broke into the welfare field and low vision care was highly evaluated as a result of having low vision care accepted as payable in the medical fee system because low vision care ranges from medical care (cure) to welfare (care).

Low vision care inspection fee ³⁾ was set in response to the revision made to the medical fee system in fiscal 2012. This had been requested to Health, Labour and Welfare Ministry by related academics and was finally treated as the first item in the low vision industry that became payable as medical fee.

Table 1 International Classification of Impairments, Disabilities, and Handicaps (ICIDH 1980) and Low Vision Care

	Eye disorder	Visual malfunction	Disorder of visual capability	Optical disadvantage in the Society
Definition	Pathological aberration of visual organ	Impaired visual system	Inconvenience in everyday life and in the society due to visual malfunction	Disadvantages in social life due to disorder of visual capability
Affected region	Cornea, Crystal lens, Corpus vitreum, Retina, Optic nerve, Brain	Eyesight, Field of view, Binocular vision, Chromatic vision, Light perception	Literacy, Walking, <u>Everyday life</u> , Career skills	Physical challenge, Social challenge, Economical independence, Employment
Measures	<div style="text-align: center;"> ← Medical care (cure) → <div style="background-color: #cccccc; padding: 5px; display: inline-block;">Low vision care</div> ← Education / Welfare (care) → </div>			

(Takahashi, 2002)

Low vision care facilities have been on the increase since low vision care inspection fee was set in April, 2012 ⁴⁾. In order to understand what kind of specific care is provided to the visually impaired, Japan Society for Low-vision Research and Rehabilitation had some questionnaires for members from April, 2016 (the result will be available in November, 2017). There are 12 items in the questionnaire for medical professionals, all of which are specific types of care and the respondents were asked to choose the types of care they provided. The 12 items are 1) the selection of magnifiers and the training, 2) the selection of glasses for weak eyesight and the training, 3) the selection of glasses for light protection and the training, 4) the training for Braille, 5) training on

how to use a personal computer, 6) walking training, 7) training for daily life, 8) consultation for childcare, 9) consultation for heredity, 10) consultation for schooling, 11) work-related consultation, and 12) information service. Since blind makeup can be seen as training for applying everyday makeup, it can be classified as 12) information service because it simply provides information on the venue and workshop for blind makeup.

Medical professionals concluded that the following 3 requirements would need to be met in order to have blind makeup program accepted as 7) training for daily life and 12) information service. First, ophthalmologic examination must be conducted for patients at low vision care facilities. Second, examination must be provided by full-time doctors who have received training given by Health, Labour and Welfare Ministry. Finally, when doctors judge that patients need blind makeup, the service will be provided only once a month. With the above 3 requirements, women with low vision can receive blind makeup.

In order to judge if patients need blind makeup, doctors need to evaluate the effectiveness of blind makeup. A series of evaluations can be seen as a process of how blind makeup program will be socially accepted.

Furthermore, there is a need to allocate “makeup trainers”, who provide low vision women with makeup assistance training for blind makeup at low vision facilities. In response to this, “training program for makeup trainers” has already started, which is directed to those who will provide support for people with low vision. Both “blind makeup program” and “training program for makeup trainers” are sought after in foreign countries including Korea, China, Taiwan, the United States, and European countries because there are quite a few low vision patients abroad as well as in Japan and both programs are requested to meet each need of patients from each country.

Registration of trademark:	“Blind makeup”	Registration number: 5501265
Registration of trademark:	“Makeup trainer”	Registration number: 5501264
Registration of trademark:	“Caremake”	Registration number: 5477345
Rights holder:	Kaho Oishi	

Note

- 1) Blind makeup method must be described in detail. However, DVD version (subject to fee) is available now. “Blind makeup lesson DVD” http://www.caremake.jp/?page_id=2328
- 2) In Japan, the definition of low vision has not been provided yet. Yanashima and other researchers (2004) define people with low vision as “those who have visual performance high enough (having eyesight good enough to see by hand movement) to read and write with the support of optical aids of some sorts”. Takahashi (2007) states that people with low vision include those with only light perception because they can distinguish between day and night whereas those with total blindness are defined as totally blind people. Morimoto and other researchers (2000) specify that low vision means to have visual performance or eyesight that causes some sort of problems in daily life and social situations. Nowadays, people with low vision are widely considered to be those who have trouble or difficulty carrying out daily activities even though they have eyesight good enough to see by hand movement or have better eyesight than that and they are also wearing glasses. Though a variety of definitions are provided now, there is going to be a precise definition soon.
- 3) Low Vision Inspection Fee (27-2)
 1. Standards of Facilities for Low Vision Inspection Fee
There must be at least one full-time ophthalmologist that has completed a training workshop organized by Ministry of Health, Labour and Welfare for ophthalmologists wishing to provide assessment of suitable optical aids for the visually impaired (a workshop for ophthalmologists wishing to provide assessment of suitable optical aids such as glasses).
 2. Notification Notification regarding standards of facilities for low vision inspection fee should be prepared in accordance with 29-2 in the attachment 2.
- 4) Facilities posted in one of the lists of three low vision care facilities on the Internet.

Japan Ophthalmologists Association “Low vision care facility” (Cited on July 3, 2017) <http://www.gankaikai.or.jp/lowvision/>

Japan Society for Low-vision Research and Rehabilitation “The list of medical institutions that provide low vision care” (Cited on July 3, 2017) <https://www.jslrr.org/low-vision/institutions>

Vision Impairments’ Resource Network “Medical institutions that provide low vision care” <http://www.cis.twcu.ac.jp/~k-oda/VIRN/inst/LVclinic.htm>

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