The wardrobe and well being: exploring relationships between women living with rheumatoid arthritis and their clothing.

Abstract
By perceiving the dressing and wearing of everyday clothing as a communal medium of embodied practice, clothing can be identified as a sensual mediator between personal and social worlds, with the potential to provide insights into wearers’ feelings; how they express identity, comprehend social mores and prepare for social interaction. Our paper describes a collaborative project currently being undertaken by researchers in Design and in Health, which is informed by perspectives from fashion and the sociology of health and illness.

This study aims to understand the emotional and social implications of an acquired impairment on self-image and personal presentation, via an exploration of the changing relationship that women with rheumatoid arthritis have with their clothes. Data is in the process of being collected using the qualitative methodologies of interviews and the compilation of mood and storyboards. This data will inform an analysis of clothing’s mediatory role between inner feelings and the exterior social world when our sense of self is disrupted by impairment. This project has the potential to extend both theoretical and practical knowledge of design and its influence on well being in a range of situations.

Project background
In recent years the study of fashion and clothing has been opening up to other disciplines. Many authors from backgrounds in fashion theory, cultural studies, sociology and anthropology (for example: Barnard, 1996; Wilson, 1984; Dunseath, 1998; Barnes and Eicher, 1992; Bourdieu, 1984; Guy et al, 2001; Clarke and Miller, 2002), have conveyed aspects of the significant role that clothing plays in contemporary life. Today, ‘fashion’ is ubiquitous. It is an inevitable component of mass produced clothing and is
experienced via the media, at retail sites and during social interaction. For many, being perceived by others as fashionable has become an important aspect of social identity; interpreted as signs of keeping 'up to date' or of 'youthfulness' and active social engagement. However, recent ethnography within material culture studies has indicated that despite the rapidly changing styles of clothing that characterise the western fashion system, people develop long term relationships with their clothing (Woodward, 2005). Anthropologists examining the connections between garments, textiles and identity in other cultures have interpreted clothing as 'systems of thinking about the world' (Banerjee and Miller, 2003). Their work has indicated that as a collection of ideas worn on the body, the intimacy of clothing needs ‘to feel right’. This research in several disciplines has combined to reveal that making decisions about how to dress for social interaction draws on personal creativity but also on social constraint, and that clothing’s semiotic and sensual material propensities embody conventions about propriety, gender, ways of moving; encode social relationships, status, biographies and identities. Contextualised in this way, as an ‘embodied practice’ (Entwistle, 2000), our clothing is integral to everyday lived experience. As a sensual mediator between the personal and the social, it can bring valuable insights into wearers’ feelings: how they express identity, emotion, comprehend social mores and prepare for interaction in the social world.

Clothing and self-esteem
In the introduction to ‘The Psychology of Clothes’ Flugel (1930) declares that: “The feeling of being perfectly well dressed bestows a peace such as religion cannot give”. More recently, the BBC TV series “What Not to Wear” has drawn a wider audience’s attention to the possibilities of the therapeutic effect of the wardrobe. In these programmes, participants often admit to negative perceptions about themselves: about their body shape, age, role or self-worth that have resulted in feelings of exclusion from the fun and creativity of wearing fashionable clothing. The wardrobe ‘rules’ that are prescribed for each individual (e.g. Constantine and Woodall, 2003), often seem to have dramatically revatalising effects on both the personal appearance and self-esteem of their subjects. Trinny and Susannah use qualities of cloth and colour, garment shape and detail, rather than more drastic interventions like weight loss or cosmetic surgery, to stimulate their subjects to feel more positive about themselves when they choose from their new wardrobe and see the results in the mirror. There is support for their approach within cognitive science, psychology and consumer research. For example, the perception of different colours or patterns, can affect or match moods and may appeal to different personality types (Moody and Kinderman, 2004), as can the fit, cut and combination of garment styles. Blumer (1969) saw clothing as a way of coping with past and future ambivalences in the self-concept (social change). Boulwood and Jerrard (2000) interpret clothing choice as a means to address psychic conflicts that are acted out on the body. Cash (1990) sees clothing as an aesthetic version of the self, a body image management tool with the potential to affect wearers' moods. Kwon (1991) and others have demonstrated the relationships between depression, morale, clothing interest and appearance. Appearance management is thought to have greater importance for depressed people and may be used by sufferers to boost morale (Fisher, 1993) e.g. like wearing bright colours. Clothing use can be seen as an expressive function when self-esteem is high, and as an adaptive function when self-esteem is low.
Rheumatic disease and the personal wardrobe

Typically, a wardrobe is made up of a highly personalised, interrelated collection of clothing made by an individual over time that combines physical, functional and social practicability with emotional and aesthetic expressions of self and identity. As such it offers a three dimensional, temporal and material representation of its owner where people may ‘see’ themselves in their wardrobes (Woodward, in press).

Rheumatoid arthritis (RA) is a chronic progressive inflammatory arthritis affecting multiple joints. It is characterised by pain, fatigue and progressive disability, and affects more women than men. It presents as transient episodes, so people experience relatively good and bad days and episodes of exacerbation and remission and onset is common in mid life. As a progressive long term condition it poses significant challenges to the way in which people experience, perceive and understand their body. Whilst the more obvious consequences are the development of deformities, constant levels of pain and fatigue, weight loss or gain and limitations in movement and dexterity, this impairment poses other less obvious challenges.

Within the sociological literature a range of perspectives provide insights into how impairment may impact on and be reflected by the contents of a person’s wardrobe. Price (2000) describes the concept of body listening in a person’s understanding and awareness of their body that existed before the onset of impairment, how this becomes disrupted and a new understanding and interpretation is constructed. The body is no longer in the background but brought to the fore in terms of experiences of pain and fatigue, changes in actual structure and appearance due to the effects of the impairment, or as a consequence of treatment and alterations in the ability to undertake daily activities like dressing, personal adornment or shopping due to limited movement, mobility and dexterity. Charmaz (1987) associates the onset and development of RA with a loss of self in which people are required to develop a new understanding not only of their bodies but also of their roles and the way in which they are perceived by others. In challenging this approach to disability, which locates the problems within the individual, Thomas writes from the perspective of a social model, and describes the psycho-emotional dimension of disability in which social processes and practices undermine the emotional well being of people with impairments (Thomas, 1999). In many ways women living with RA are made to feel ‘different’, they are stared at, questioned and challenged about their impairment. So not only do they have to contend with the personal consequences of living with a changing body, but also with societal influences that reflect largely negative attitudes. Therefore as well as the functional problems of actually getting into clothes, many other issues of embodiment encompassed by dress relate to phenomenological experiences: of identity, sexuality, body image, personal aesthetics, social beliefs and anticipation of the potentially critical judgments of others (Wilson, 1984). Thus an exploration of clothing as an embodied medium and of garments as lived artefacts, brings a particularly relevant approach to research. To date, relatively little research has considered the contents of wardrobes as manifestations of health or illness, or their diagnostic or therapeutic potential within the management of long-term conditions. We suggest that many of the factors we have described will have a direct impact on the contents of people’s wardrobes, the clothing choices they make and the way they project themselves outwardly and that an exploration of clothing choices will provide a unique insight into people’s changing self-image.
Research questions
The study, currently underway, is exploring how people’s feelings of self-image before and after the onset of RA are reflected in the contents of their wardrobes, and is investigating the possibilities of mapping individuals’ feelings of the shifting severity of the condition against their wardrobe choices. We are adopting a reflective approach to each wardrobe and the personal stories that they illustrate. As RA affects 3 times more women than men, this initial project involves working with a group of women. The key research questions are:

1. How does the onset and development of RA affect self-image and how is this reflected in women’s wardrobes of clothing?
2. Can variations in disease activity be meaningfully mapped against an individual’s wardrobe choices?
3. Can insights be gained from the dressing and wearing experiences of women with RA that can extend our understanding of design’s effect on self image and well-being in other situations?

Research method
A qualitative approach is being used, which is located in the exploration of the meanings and personal significance of clothing choices made by the women. Two researchers are involved; one is a clothing designer, the other a health practitioner. The design researcher is undertaking the process of data collection. In recognition of the sensitive nature of the areas being explored, a number of discussions were held with women with RA to obtain their input and feedback on the approach adopted.

Qualitative interviews enable researchers to gain insights into the world of others to find out what is going on, why people do what they do and how they understand their worlds (Ritchie and Lewis, 2003). A semi-structured approach is being adopted, using a schedule to guide but not constrain the discussion. The schedule reflects the flexible, iterative approach of qualitative data collection and will therefore change as the research progresses to reflect insights gained from participants. The key areas being explored within the interviews are:

• the impact of RA on self-image as reflected by the women’s clothing choices.
• how variations in disease activity are reflected by the women’s clothing choices.
• the relationship between clothing choices and well being, e.g. the different ways in which the women present themselves, how they feel about the way they present themselves and why they choose to present themselves in the way that they do.

All of the interviews are being conducted in the women’s homes enabling the researcher to sit with them close to where they keep their clothes so that the drawers and wardrobes are easy to access. This affords a more personal and relevant environment in which to discuss this topic. The researcher also asks permission to take photographs of the clothing items selected by each woman from her wardrobe during the interview in order to illustrate the spoken narrative. A compilation of these images is made by the researcher following each interview to create a visual record of the colours, patterns and details of the wardrobe items discussed. This draws on the fashion and textile design practice of making mood or storyboards as a means to record permutations of aesthetic qualities that cannot be adequately described using words.
Analysis
All interviews are being recorded and transcribed. A summary of the discussion is sent to participants, to ensure that the record accurately reflects their views. Following this, all transcripts are read thoroughly by both researchers. Analysis is informed by the analytical hierarchy described by Ritchie and Lewis (2003) moving from data management, to the production of descriptive and then explanatory accounts. The visual records form an important additional resource with which to translate each participant’s spoken narrative into the visual language, to illustrate colour, pattern, texture, cut and other material aspects of the clothing that would otherwise not be fully conveyed.

Sample and Recruitment
Participants are being recruited through local branches of Arthritis Self-Help Groups. Two key characteristics informing the selection of participants are their age and length of disease duration with the aim of ensuring that the study group comprises a range of ages and disease durations.

Summary
The complex social symbolism and emotional intimacy of clothing style means that it can serve to intensify an altered self-image for people with an acquired impairment, or may even come to signify it. The dominant discourse surrounding clothing and disability has been medical, emphasising the functional difficulties associated with dressing and the role of universal and adaptive design solutions. In contrast, this study aims to understand the emotional and social implications of an acquired impairment on self-image and personal presentation, via an exploration of the changing relationship that women have with their clothes. Getting dressed offers many possibilities for the self, but inevitably involves ongoing tensions between personal creativity and social constraint. It entails ‘hiding’ as well as ‘showing’ parts of the body, and can be used to disguise inner feelings, or at other times to signal feelings to others. Although these have been shown to be universal responses, the onset of illness and its challenge to self-image mean that people with a condition like RA may be more consciously aware of the motivations behind their own clothing practice. Early work in the project has already indicated that some women with RA find existing ‘adaptive’ clothing solutions unacceptable and have developed their own subtle style strategies in order to maintain self-esteem and avoid feeling stigmatised. For others, the demands of fashion may become too great with practicality becoming of greater importance. There is a lot we can learn from these experiences in relation to the design of clothing, wearables and supportive technologies and to the links between self-image, health and illness. These insights will aid designers to find ways to help people to ‘project themselves as whole, valid people.’ (Miller and Kälviäinen, 2006). As the most physically intimate of interfaces between human bodies and the material world, our clothing offers a sensual site from which to study the intricacies of social life. This collaborative study between design and healthcare is providing a valuable opportunity to extend theoretical and practical knowledge of design’s effect on well being in a range of different contexts.

References
Oxford: Berg


