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Clothing and dementia: A neglected dimension?

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ABSTRACT

The article explores the neglected subject of clothing and dementia. Addressing questions of the body, identity and selfhood, it argues – against the dominant understanding – that clothes continue to be significant in the lives and wellbeing of people with dementia. Drawing on new theorising that emphasises the embodied nature of selfhood, the article explores the role of clothing in the maintenance of identity; its nature as the ‘environment closest in’; its significance in social interaction; and its potential character as an agent of control and normativity. The article concludes that clothing and dress offer a potentially interesting field in which we can explore the nature of personhood in dementia, and in ways that offer insights into forms of response through which individuality and selfhood can be recognised, maintained and enhanced.

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Clothing and dementia are not obviously linked subjects. Clothes are associated with fashion, frivolity, change. They are part of consumption culture, an aspect of agency, pleasure, display. Dementia, all too often, is about the reverse, subsisting in a world of sadness and loss in which expressivity, social engagement and selfhood are diminished. Furthermore, there is a widespread assumption that clothing and dress matter less as people become old and frail, and that this is particularly so in relation to dementia. In this article, however, I want to argue that clothing and dress are in fact relevant to the well-being and care of people with dementia; that they touch on significant issues in relation to the body, identity and self; and that they offer us routes to access being and selfhood as they exist at a bodily level. I will pursue the argument through four themes: clothing as part of embodied selfhood; as the environment closest in, forming the immediate physical surroundings of the person; as part of social interaction; and as a dimension of control and normativity.

The article arises from a small scoping study undertaken in the UK, funded by the Nuffield Foundation, to identify issues raised by clothing and dress in the support of frail elders. The review was based on interviews with practitioners, managers,

representatives of the voluntary sector, researchers and caregivers¹. It was exploratory in nature and not initially focussed on dementia. As it progressed, however, it became clear that while dementia was not the most obvious focus for work on clothing, it was one of the most interesting. Later interviews developed this aspect. The article does not therefore report a full research study, rather it aims to advance an argument and point to a potentially fruitful field of research.

The body, ageing and dress

Over the past two decades there has been an upsurge of writing on the body. Rather belatedly this has begun to make an impact on ageing; and there is now a range of work that addresses such subjects as the contested nature of the body in the constitution of age, the politics of appearance, the tensions between of age resistance and age denial (Cole,

¹ Interviews were undertaken with key respondents in a number of fields: the voluntary sector, regulatory agencies, inspectors of homes, specialist social workers, and managers of homes ($n=19$). Telephone interviews and email correspondence was undertaken with carers of people with dementia recruited primarily through a dementia care newsletter ($n=29$). Researchers with expertise in the area of dementia were interviewed ($n=6$), and further contacts made through research email lists.

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1992; Dumas, Laberge, & Straka, 2005; Faircloth, 2003; Fairhurst, 1998; Featherstone & Hepworth, 1991; Featherstone & Wernick, 1995; Furman, 1997; Gilleard, 2002; Gilleard & Higgs, 2000; Gullette, 1997; Hurd, 1999, 2000; Katz, 1996; Kontos, 1999; Oberg, 1996; Tulle-Winton, 1999, 2000; Twigg, 2006; Walker, 1999; Woodward, 1999). Much of this addresses the role of consumption culture in reshaping the experiences and meanings of old age. Within it, however, there has, as yet, been little about clothing, though it is a natural extension of key themes in the literature. In other work, I explore these connections through an empirical study of clothing and dress in the lives of older women and in the perceptions of the fashion industry (Twigg, 2007, *forthcoming*). That study encompasses the experiences of both younger old and older old people. It is, however, a striking feature of the new cultural gerontology that it primarily addresses the Third Age. The Fourth Age of frailty is largely ignored, left to more traditional social welfarist analyses in terms of dependency, deficit and burden. Cultural themes have been slow to develop in the area, and there is little work addressing subjects like embodiment, identity, appearance, consumption, or dress. One of the aims of this article is to extend cultural approaches to the lives of frail elders, including those with dementia.

Clothes are commonly theorised in terms of agency and choice. That is certainly how they are presented within consumption culture, of which they are part. But they also have a contrary aspect in terms of structure, order and conformity. Simmel (1904/1971) gave classic expression to these tensions in the conflict between competing desires for social equalisation and individual differentiation, or the convergent and divergent forces of the individual and society. Clothing choices are thus both personally expressive and socially meaningful; and there is a continual interplay between these elements of agency and structure. Part of their social meaning, indeed, is to underwrite and display social categorizations, particularly in relation to dimensions of difference such as gender, ethnicity, sexuality and age. Like other social categories, age has its own distinctive forms of dress, codes of sartorial behaviour; though unlike the others, these have been relatively little studied (Breward, 2000; Crane, 2000; Entwistle, 2000; Harvey, 1995; Hollander, 1978; Holliday, 2001; Khan, 1993; Lurie, 1992; Rolley, 1993; Twigg, 2009).

Clothes also need to be understood in terms of the bodies that occupy them and give them life. As Entwistle argues, we cannot understand clothing separate from the meaning and significance of the body, so that we need to conceptualise clothing as a form of 'situated body practice' (Entwistle, 2000). 'Clothing' in the context of age also needs to be distinguished from 'fashion'. Fashion is closely linked to the concept of change, and tends to be associated with younger, fashionable groups. Clothing by contrast relates to dress as an empirical reality, and encompasses wider analyses in terms of the ways in which clothes are actually worn and used. It recognises them as part of material culture (Guy, Green, & Banim, 2001; Kuchler & Miller, 2005; Weber & Mitchell, 2004). This distinction is particularly significant in relation to older people – especially men, but also people with dementia – who are not normally encompassed within fashion studies, but who still wear clothes, get dressed. Lastly clothes are part of consumption culture, and as such relate to arguments about the extension of middle age into later years with the creation of the Third Age as a new social

space of consumption, leisure and self development (Gilleard & Higgs, 2000; Phillipson, 1998). Such approaches, however, tend to privilege the experiences of certain social groups and health statuses; and, as we noted earlier, they leave the Fourth Age of physical and mental frailty unexplored.

I want now to turn to how we can develop these themes concerning dress in the context of the challenge of dementia.

The challenge of dementia

Arguments for the continuing relevance of dress for older people tend to centre around identity, expressivity and selfhood, assessing the degree to which older people are able to exercise such choices or display such symbolic dimensions of self. As such they tend to be confined to those who are mentally alert. But can such arguments be applied to dementia also? In this article, I want to argue for the continuing relevance of clothing in this context, but before doing so I want to acknowledge some of the difficulties we face in making this argument, since it is against the trend of our understanding.

At first sight, clothes appear to be marginal in the lives of people with dementia. As we noted above, clothes are primarily conceptualised in terms of agency, choice, expressivity, consumption, display. They require an active subjectivity, able to engage with surroundings, exert choices, express selfhood, maintain continuity of identity. Dementia by its nature erodes this. Indeed loss of interest in dress and appearance is one of the classic signs of dementia. As Jenkins and Price (1996, 86) note:

dementia's impact upon the patient's body image is progressive, though insidious in the first instance. Initially the sense of colour co-ordination of clothes may be lost, or items of clothing left out from traditional outfits. Whilst there is little research within the field, clinical experience suggest that concern for appearance may rapidly deteriorate, later extending to poorly managed hygiene.

Family members will often remark how their relative previously smartly dressed, or actively engaged with fashion, has lost interest as the condition advances. Clothes no longer seem to matter to them. There are, therefore, reasons to regard clothing as, at best, peripheral to the lives and care of people with dementia.

New work within dementia studies may, however, disturb this perception. There has been a growth of interest recently in personhood in relation to dementia (Harris, 2002; Hughes, Louw, & Sabat, 2006; Sabat, 2002; O'Connor et al., 2007). A range of work has attempted to place the experience of the person with dementia at the heart of research and practice (Beard, 2004; Downs, 1997; Jenkins & Price, 1996; Wilkinson, 2002). This has gone with an increased emphasis on person-centred care, and on the role of the social and interactional environment in supporting, or eroding, this (Kitwood, 1993, 1997; Sixsmith, Stilwell, & Copeland, 1993). Work on the boundaries between psychiatry, philosophy and ethics has attempted to unpack the moral and philosophical nature of the self in dementia, arguing for understandings that rest, not just on a narrow account of cognition, but on the wider social, cultural, and indeed bodily, nature of the person (Hughes et al., 2006). As Hughes suggests, we best understand the

person as a situated embodied agent: situated in a culture with its own traditions and norms; in a personal history and in a social context of friends and family; in a space of moral values and field of spiritual concerns. This person is an embodied agent, a being who physically acts, but is situated; so that actions are meaningful in a specific narrative and environment (Hughes, 2003, p529). I suggest that clothes are part of this. They represent a continuation of cultural and personal traditions; they are located in social relations that respond to and acknowledge the clothed self, and in which the person is directly embedded, in the sense of being the wearer and bearer of clothing; and they form part of the continuing narrative of self through which the people express their position within particular social worlds.

Embodied selfhood

Pia Kontos's work in relation to embodied selfhood is one of the best examples of this new trend in dementia studies. Kontos (2004) suggests that the dominant account of dementia is one of loss, in which cognitive impairment leads to the inevitable eradication of self. This narrative, she argues, bears the marks of the Western privileging of mind and cognition in the constitution of self; and she suggests that we should look instead for more complex and plural understandings of the nature of selfhood, ones that encompass embodiment. Drawing on the work of Merleau-Ponty and Bourdieu, she argues that selfhood is something that is enacted in and through the body, residing in habitual gestures and movements, as well as in cognition. For her, embodied selfhood:

refers to the complex inter-relationship between primordial and social characteristics of the body, all of which reside below the threshold of cognition, are grounded in the pre-reflexive level of experience, and are manifest primarily in corporeal ways (Kontos, 2004, 837)

Identity is thus present in habitual gestures and actions, and is retained by an individual even in circumstances of considerable cognitive damage. Embodied selfhood is not simply individual but social; it reflects a form of Bourdieu's habitus: 'the dispositions and forms of know-how, which function below the threshold of cognition and are enacted at a pre-reflexive level' (Kontos, 2004, 841). These are socially qualified, in that each habitus embodies both the material conditions of existence of a class and the symbolic differentials that categorise and rank its relation to other classes. Selfhood thus manifests itself in socio-culturally specific ways of being-in-the-world. We enact social class in and through the body. Our choice of clothes, and the ways we wear them, are part of this. Indeed much of the formative work on clothing and identity was based on the analysis of the dynamic link between clothing and social class (Bourdieu, 1984; Simmel, 1904/1971; Veblen, 1899).

Kontos's work draws on an ethnographic study of a long-term dementia care facility; and two of the examples she cites relate directly to appearance and clothing. She describes how one frail older resident, Anna, while being helped to walk along the hall to a social programme, got out a lipstick and carefully applied it, using the habitual gestures of her past in preparation for the social event. In a second example, she

relates how Molly, seated at the dinner table, reached behind the bib placed over her dress to draw forward her string of pearls and settle them in front. As Kontos comments:

Molly's decrepitude, incontinence, helplessness and severe cognitive impairment made the attention she gave to her appearance all the more significance. (2004, 832).

In both these examples, habitual gestures of grooming and social appearance are still present at the pre-reflexive bodily level, despite severe cognitive impairment.

These insights are relevant to the issue of clothing. Clothes are by their nature close to the body. They form an extension of it, something directly connected to our corporeal core. They are, thus, part of our habitual embodiment. Indeed we are almost as much embodied by our dress as by our bodies. We occupy our clothes, and these rather than our bodies are what are primarily on view. Clothes furthermore have the capacity to mould and act back on the body, particular garments imposing, or endorsing, particular bodily stances, facilitating particular social gestures. How we sit or move is affected by the clothes we wear: for women, trousers prompt different ways of sitting and walking from a skirt; you dispose of your limbs in a long loose dress differently from a short tight one; a shawl endorses a particular range of gestures. What we wear is thus more than just how we present ourselves in terms of outward appearance, but part of how we enact our being. Clothes are performative, part of our habitus. In the context of dementia, they have the capacity to enact back on the self, representing to the individual the person they once were and, to some degree, still are. For this reason enabling people with cognitive impairment to maintain their former mode of dress, whether collar and tie, jacket, necklace, shaping underwear, may support them in continuing to perform their identity at a pre-reflexive bodily level. Clothes can thus play a part in sustaining continuity of self.

As an ideal, this can present dilemmas for care. For example, for most men, fly fronted trousers are part of their embodied masculinity, linked to habitual gestures in regard to urination, and associated with the potency of masculine sexuality; and as such, it may be important to maintain them. But conventional trousers present difficulties in care settings, with the struggle to undo the fly particularly at time of urgency. Jogging pants with elastic tops can be easier to manage. But for many older men such garments are unfamiliar and, with their babywear character, may represent an infantilising diminution of the self. How to balance the desire to maintain past patterns of bodily dispositions, as against the wish for ease and comfort now, will be a matter of judgment in each case, but one in which the convenience of care staff should not be the only consideration. We will return to this issue later when we discuss the problem of imputed wishes and the imposition of normativity on the body.

Within dementia care there is an implicit assumption that the goal is comfort. And yet comfort in dress is a complex and socially determined concept. As one researcher in a dementia unit explained,

people get that comfort [...] from being socially presented. You know it could be very uncomfortable for [a particular person] to be in a track suit

Comfort is not just a question of looseness or lack of constraint – of sweat pants and pajamas. How you are socially presented, with the embedded meanings implied, can be a source of ease and calm – or its reverse. As one mentally alert woman in her late seventies, explained, conventional, elegant dress was for her more comfortable than jeans or other garments associated with ease. She recounted how a young woman had challenged her:

somebody once said – some young thing said – very emphatically, quite aggressively, 'Well what we insist on these days is comfort'. By which she meant really things not fitting properly, so she could move around. And I thought about this and I thought, [...] I'm comfortable sitting like this, conventionally in a chair with a back to it, but once you get people sprawling about in jeans, so then – I mean this skirt isn't confining, but it sort of encourages you not to sprawl about too much. But once they wear bifurcated garments that encourage sprawling, they do that, and so then you get these sofas that, you know, they're just sort of splodges that don't support you And people, sort of, all over the place. And this, they regard as comfort. Well, that's fine if they're comfortable, but what they seem unable to grasp is that I, sitting like this, am also perfectly comfortable.[...] Comfort isn't only physical, it's being mentally at ease also.

Comfort is thus about bodily comportment and ease in its fullest sense, reflecting the habitual manners of the individual, with their particular social meanings. It is about being-in-the-world, and the continuity of that with identity and selfhood.

The environment closest in

The second way in which clothes are potentially significant relates to their role as the environment closest in. There has been a growth of interest recently in the environment in the support of people with dementia: and it is now widely recognised that immediate surroundings can exert a potent influence on cognitive and behavioural ability (Brawley, 2005; Droes et al., 2006; Sabat, 2002; Sixsmith et al., 1993). Most of this work, however, focuses on the care setting, in the sense of layout of facilities, ambient colours, spatial arrangements, visual and tactile prompts. But it may be that, as important as these, is the environment closest in, in the sense of the immediate sensory surroundings of the person in the form of their clothes. Clothes surround and envelop the body directly; they are immediate to see and touch, as the person looks down, or feels and moves within their clothing. As a researcher with a background in practice who was interviewed as part of the Nuffield enquiry commented:

You know, I'm just imagining, if I'm sitting [mimics looking down] and what I can see primarily is the colour of my skirt, then the colour and texture of my skirt matters quite a lot, you know, if that's the only stimulating object within reach.

The person with dementia may no longer be able to perceive themselves in terms of their appearance to others: indeed one of the common features of the dementia is loss of capacity to recognise oneself in a mirror. But this does not mean that clothes do not still have an effect on individuals in

terms of how garments feel and look, at a direct and sensuous level. As the researcher elaborated:

If you're losing a lot of cognitive function, your world becomes more sensory and more immediate. And so it's a way still of knowing, you know, where you end and something else begins, even at that very basic level. And seeing the pleasure that people can get from smoothing down a skirt or folding paper [...] Knowing how often people pick things up, walk around with them, hold them to themselves.

Another respondent who worked for a government inspectorate concurred:

The feel on the skin, I think, is important. You know people with dementia they might just spend time just doing this [acts smoothing down clothing] or folding their clothes or feeling them, ... The look and feel about them is very important.

But one of the limitations of institutional care is that the immediate environment is not always one of pleasure or comfort. The transition into care in the UK is all too often a transition into a hard, plastic, easy wipe, easycare, polyester world where there is little in the way of tactile pleasure. As a researcher with a background in practice commented:

Easily washable. Yeah...I start to cringe when I think about wearing nylon stuff and sitting on plastic chairs and walking on nylon carpets. And that whole sort of static thing.

Another commentator, a senior social worker, explained:

I would hate to be like a lot of old ladies who you see sitting in polyester trousers that smell after you've had them on after a couple of hours, you know, horrible.... If I had to go into a care home, I certainly wouldn't want to be sitting in polyester.

Clothing in care homes is closely shaped by the nature of the washing regime. Few homes in the UK can cope with garments that contain wool or delicate fibres. Dry cleaning is rarely an option, and clothes are often required to meet the washable at 65° for 10 min government guidance, though this rule strictly only applies in cases of incontinence. Textiles that can survive such a regime are high in artificial fibres, and are often harsh, scratchy, unabsorbant. They are far from sensuous or tactile. They also look and hang differently from mainstream clothes, particularly higher quality ones.

New developments in textiles however promise to improve this situation. The advent of a new generation of microfibres that are currently transforming garments, means that older people – together with others – need no longer suffer from the poor wearability that characterised the artificial fibres of the sixties and seventies (Handley, 1999; Hibbert, 2001). Textiles are also being developed that have high-tech specifications built into them. Sport, the military and medicine are at the cutting edge of this. But it is also possible to build qualities into textiles and garments that are

relevant to care, such as softness, absorbency, wicking, resistance to smells and bacteria. Indeed there are developments in relation to clothing and immediate surrounding environments that aim to promote well-being through built-in functions such as temperature control, delivery of scent or moisturising (Emotional wardrobe, 2009; SCWT, 2009). These have been taken furthest in relation to people with severe physical or learning difficulties where special, textile based environments have been developed that provide surroundings of light, scent, colour, softness, and that aim to sooth, reduce stress and provide pleasure. As yet there has been little work in relation to people with dementia, who are in general poorly served by the design community. It is however technically possible to use clothing to improve the 'environment closest in' of people with dementia.

Clothing and social interaction

The third way in which clothing may be significant in dementia care relates to social interaction. Here the work of Tom Kitwood (1993, 1997) has been particularly influential. For Kitwood, the mind is social rather than individual. It requires others to react with or against it. We need endorsement to flourish and be. Personhood is, thus, social and interactional, representing 'a standing or status that is bestowed on one human being, by others, in the context of relationship and social being' (Kitwood, 1997, 8). For this reason, Kitwood regards the interactional environment as key to dementia care, and he elaborated with great insight the ways in which malignant interactions undermine personhood, increase distress, cognitive confusion and behaviour difficulties. Furthermore, since selfhood, self identity and self esteem are created in and through relationships, it is, as Post and others argue, the moral responsibility of the cognitively intact to maintain these (Post, 2006). Social affirmation is thus a central part of good dementia care (Downs, 1997; Davies et al., 1997).

This is particularly relevant to careworkers since we ask them to do a very difficult, unstable, tension-making thing, which is to hold in mind the person they are caring for as an individual, a person, a focus for empathetic feeling, and yet at the same time deal with aspects that are distasteful, unpleasant and transgressive for both the worker and the recipient. Carework involves bodywork (Twigg, 2000), the basic bed and bodywork of institutional care (Gubrium, 1975). The easiest way for the worker to deal with this is by withdrawal, using distancing techniques that transform the person into an object, a thing to be cleaned or dressed. This can lead to practices like avoiding eye contact, talking over the person, or worse 'hosing down' frail elders as part of getting the job done (1996; Gubrium, 1975; Lee-Treweek, 1994). In bad care, this can happen to people who are *compos mentis*, but in general is less likely. They retain the capacity to remind the worker of their personhood, to evoke feelings of sympathy and fellow feeling. They can engage in conversation and express gratitude, and thus bring an element of reciprocity to the exchange. But when the person has dementia, this capacity is progressively reduced (Davies, Laker, & Ellis, 1997). Dementia care is, thus, all about the struggle to maintain the sense of the person through the fog of the condition.

Clothes can play a part in this. As an element in our social equipment, they present us to the world in the guise of a social person, forming part of how we signal to the world who and what we are. Their state displays our social standing, so that how we are dressed affects how we are treated. Dirty, ragged clothes, with hems hanging out and buttons missing, stained with food or worse, send messages about the mental and social status of the person – or its absence. Work by Calnan, Badcott, and Woolhead (2006) endorses the view that older people themselves – those without dementia – regard dress as a significant aspect of dignity. In their study, older people reported a particular dislike of the inattention of hospital staff to clothing, which they experienced as undignified and degrading: being properly dressed was part of being treated with respect. Maintaining good presentation is thus significant in preventing the malignant slide towards depersonalisation.

These interactional aspects are particularly important for relatives; and they underlie commonly repeated complaints about the way care homes constantly lose clothes or misapply them. Clothes are central to identity. Relatives are accustomed to encountering their family member dressed in a particular way, in familiar clothes, with characteristic bodily presentation in the form of hairstyle, make up, painted nails – or not. To encounter them in someone else's clothing is disjunctive and distressing, threatening the sense of continuity of self.

Clothes are also significant to relatives as presents. In the context of the care home, it is not easy to find gifts for someone whose daily needs are met and who finds it difficult to engage with stimulae like books. Clothes offer a focus for gift giving, and ones with an element of intimacy by virtue of their bodily connection. They carry a sense of closeness and tenderness; they can be wrapped around the person. Seeing one's gift on another resident disturbs and undermines gift giving, supporting the further drift towards the stripping of material possessions that is characteristic of institutional care. People in care homes often end up with very little in the way of either clothing or possessions, despite the fact that they are recognised as having great symbolic significance, forming tangible links to former lives (Powers, 2003; Rubenstein, 1987). Storage is limited, so clothes not immediately needed are jettisoned. Valuables like jewellery, which are vulnerable to loss or theft, are taken away by relatives. Items of status and display are regarded as no longer relevant: you don't need a fur coat in a care home. But the truth is that you don't ever 'need' a fur coat. Furs are items of luxury and display, part of competitive social status; and their removal part of a wider process of reduction and levelling down (as well of course as a loss of the tactile pleasure in their luxurious feel). Residents thus can achieve, quite unchosen, the status of the sanyasin – the Indian religious ideal of self abandonment at the end of life – progressively giving up more and more of their material possessions. It is difficult not to see this process as symbolic as well as practical, marking the deeper transition into a status on the margins, waiting the final removal of all possessions through death.

Disciplining the body

This brings us to the fourth theme which concerns the potential role of dress in disciplining and regulating the body.

We owe to Foucault (1971, 1973, 1977) our understanding of the ways in which bodies are made subject to disciplinary processes through the imposition of regimes of power-knowledge and how by such regimes, bodies are rendered docile, made subject to the impress of the institution. Though Foucault never addressed age in his work, his insights have been fruitfully extended by Katz (1996) and others to explore the ways in which age has been discursively produced through key institutions of the care system, such as the hospital and the long-term care facility, and their modern counterparts, the nursing and residential care home. Gubrium and Holstein (1999), taking forward these Foucauldian insights, have explored the ways in which the nursing home becomes a discursive anchor for the aged body.

Clothing has a long history as part of institutional regimes of domination, whether prisons, schools, orphanages, hospitals. In relation to learning disabilities, bulk purchased dresses were a common feature of learning disability hospitals and homes in Britain well into current memory (Linthicum, 2006). With their harsh textiles, unflattering cut, and studied avoidance of fashion or sexuality, they sent messages about how individuals living in such institutions were to be judged. Worn in prescribed ways, with hair and limbs correctly disposed, they imposed a particular stance, produced a particular body. Getting residents into normal, mainstream clothing was thus an important part of the project of normalisation, an aspect of Wolfensberger's social role valorisation (Brown & Smith, 1992; Wolfensberger, 1972).

Older people in England have not worn institutional dress for a long time, certainly not since the end of the Poor Law. In the UK up until the 1980s, however, it was not uncommon for residents in long stay hospitals for the elderly mentally infirm to be subject to collective clothing regimes, in which they had no personal clothing but drew willy nilly on a common pool. This applied to underwear too. The practice echoes the work of Goffman (1961) with his account of collective asylum living. Such regimes have now gone, indeed in the UK they are explicitly prohibited under government care guidance requiring that all residents wear their own clothes at all times (Department of Health, 2003). However there are still aspects of the clothing regimes in care homes that signal the status of the individuals within them, for example, through forms of dress that mark out residents as from a dementia care facility: dresses that open at the back for ease of toileting; knee high hold up stockings that expose the residents' naked thighs when they sit down; polyester fabrics in bright colours that require no ironing; bibs and aprons. All of these send signals about the mental and moral status of the individual, and together create the classic look of the dementia patient. There are also clothes specifically designed for dementia, ones that impede certain movements: dresses with back fastenings that cannot be undone by the person; flies that are permanently fixed to prevent exposure; hand coverings that impede scratching. Their use is largely confined to severe dementia facilities, but it sometimes leaks across into milder care settings. At times the deployment of such garments borders on abuse, as in Irving's (2002) account of the use – and misuse – of Posy vests in an Australian facility. Such vests were originally developed to enhance posture, but in the facility they were used as a means of restraint. She describes seeing one patient 'straining forward against the vest

restraint' (p407), and quotes the nurse describing how in response to his behaviour, she had 'had to Posey' him (408). Irving sets such practices in the context of a Foucauldian analysis of the professional discourses that are used to maintain and justify such use of restraint, despite 'negative reports on its efficacy and questions about its ethicality' (Irving p 405), a judgement reiterated in other work (Clarke & Bright, 2002; Ittanen & Topo, 2007; Wang & Moyle, 2005).

In these processes of disciplining the body, underwear – or the lack of it – can be particularly significant. Underwear both shapes and hides the body, presenting it in a socially approved form. It is a common feature of dementia care, however, that female residents no longer wear bras or other forms of supportive underwear. The reason for this is not always clear. It may represent a genuine preference of residents, a vest being softer, more comfortable to wear. But it may reflect the interests of staff, for whom a vest is easier to manage. Getting residents into bras requires staff to touch and manipulate their breasts, something they may feel uneasy about. But for many women, particularly large busted ones, a supportive bra is part of their habitual bodily stance; and its absence significantly alters the public presentation of the body, taking it further away from the dominant norm of contemporary femininity in which breasts are shaped and obscured, and nearer the classic residential care body, unsupported, stooped, loose and to some degree shapeless.

This brings me to the question of normativity and the questions raised by its imposition on the body. In earlier sections, I argued for the importance of maintaining dress as part of supporting continuity of identity, and as a means of encouraging benign forms of social interaction. But high presentation can have a malignant quality, when the older person becomes an object to be presented rather than an individual to be enabled. Lee-Treweek's (1994) classic account of the 'lounge standard resident' – hair in ribbons, rouge on cheeks, nails painted – as the chief product of the care home, illustrates this. There is a subtle difference between this sort of assembly line production, with its imposition of a specific style, indeed a specific form of femininity, and the attempt to enable the person to retain the outward signs of their personhood. We noted earlier the care dilemmas presented in relation to men in trying to maintain fly fronted trousers; and similar points can be made in regard to supportive underwear for women. Both could be seen as imposing an over-normative form of sexual identity, and one that may no longer be relevant to the individual, their desires or choices.

This takes us to the heart of one of the central problems of dementia care, the question of imputed wishes. The ideal of maintaining embodied identity can clash with what appears to be the expressed choice of the individual, who may refuse to don certain clothes, 'choose' bizarre or aberrant dress, or appear to find sloppy, informal clothes more comfortable than the smarter, more formal dress of their past. This presents a fundamental philosophical problem in dementia care relating to the degree to which the wishes and views of sufferers can be elicited or imputed. Though new work around communication has begun to explore how such views might be accessed, it is inevitably most successful in the early stages of the disease. Severe cognitive impairment by its nature resists this, and in these stages, the best that can be aimed at is an imaginative engagement with how the individual might feel,

through techniques such as the Bradford developed Dementia Care Mapping (Brooker & Surr, 2005; Kitwood, 1997). It is not always clear in this, however, how far such imputation should attempt to draw on knowledge of the individual before cognitive impairment, and how far simply look to the here and now of current wishes, as far as these can be discerned.

Conclusion

The aim of this article has been to make the case for seeing clothing as significant in the lives and care of people with dementia, pointing the way for future research. As we have seen, dress is part of how we perform our identity. It is both expressive of the self and its choices, and acts back on that self, reinforcing identities, underwriting them at the level of bodily dispositions and appearance. It thus provides an important means for the maintenance – or erosion – of personhood in conditions of frailty and dementia. Dementia impairs and ultimately destroys cognitive functioning, and in doing so it threatens the personhood of the individual. But as we have seen, new theorising has challenged the negativity of this account, suggesting ways in which we can understand personhood more widely, as something that is social and bodily as well as cognitive and rational. We are accustomed in the modern West to identify the self with the individual, and with cognitive functioning of a rational and self-conscious sort, but the self is also social, constructed and maintained in and through social interchanges, and these are central to how we maintain our understanding of who and what we are. Enabling benign forms of social endorsement is thus a key part of good dementia care – as is avoiding malignant exchanges that diminish and erode the self, causing suffering, and accelerating cognitive and behavioural decline. We also need to understand how the self is bodily, contained in habitual gestures, cultural practices, and modes of behaviour, that are carried at the pre-reflexive level of the body.

Clothes are central to both these perceptions, being both social and bodily in nature, indeed standing at the interface of the two. Clothes embody social meanings, convey messages about who we are in social and cultural terms. They form one of the bases for social interchanges, guiding expectations, endorsing shared perceptions. We have seen how this capacity can affect the ways in which people with dementia are treated by family and professional staff, helping to maintain a sense of continuity with the person they were and, to a significant degree, still are, reinforcing their status as socially acknowledge adults. Clothes also operate at the level of the body, as extensions of the body core, an immediate environment closely associated with the body and self. They enclose and protect the body. In the context of dementia they can offer an immediate visual field, a source of tactile pleasure and engagement. They also contain prompts and reminders that endorse certain modes of behaviour, supporting wider social functioning.

We should not exaggerate the significance of clothing here. Many people with dementia lose all interest in dress – indeed indifference is a classic sign of the advance of the condition – and caregivers may face struggles attempting to maintain this dimension of the person's life. However, I would suggest that clothing and dress provide a field in which we can explore new concepts of personhood in relation to

dementia, and ones that offer insights into forms of response through which the individuality and selfhood of the dementia sufferer can be recognised, maintained and enhanced.

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