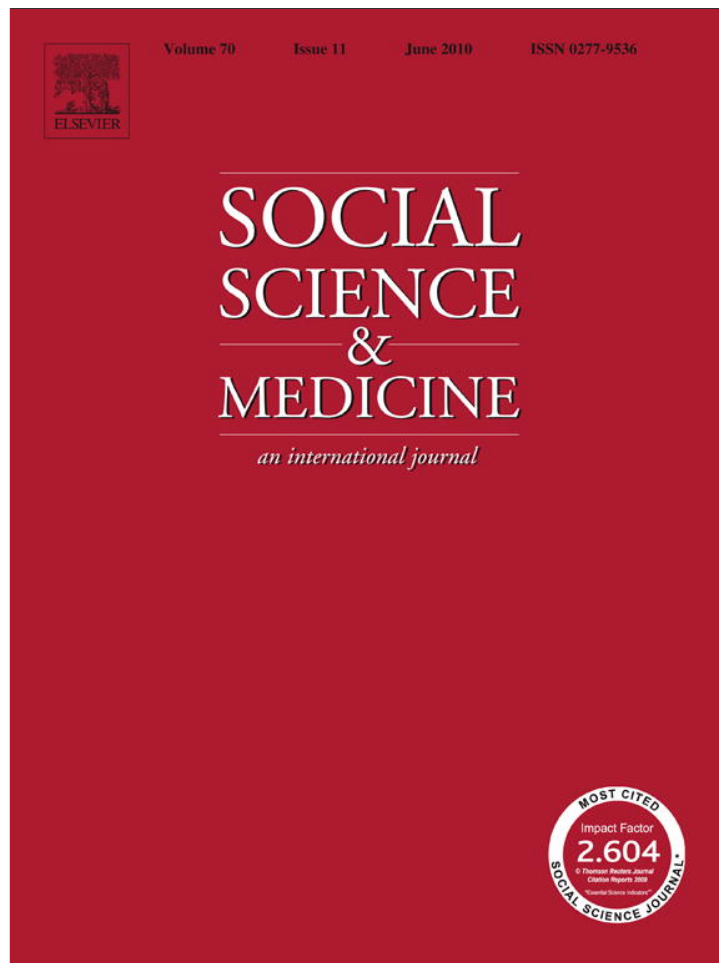


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Welfare embodied: The materiality of hospital dress: A commentary on Topo and Iltanen-Tähkävuori

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For British – and perhaps other – readers the images presented in [Topo and Iltanen-Tähkävuori's \(2010\)](#) fascinating and ground-breaking article provoke a slight sense of shock. They seem strange, even alien. Part of the reason is that we are not accustomed in the UK to the idea of hospital dress. Something that is familiar and taken for granted in one system proves strange and unusual in another; and this provokes fresh questions about the nature of public provision in different welfare systems. But [Topo and Iltanen-Tähkävuori's \(2010\)](#) article is groundbreaking also for bringing into focus aspects of care that have been neglected across the field, suggesting new and original ways of looking at the hospital experience in general, and ones that foreground the bodily in ways that extend beyond the simply medical.

One of the great strengths of their work is its materiality: the way that they read back from the concrete objects – clothes – to the social meanings, or scripts, that they encode ([Topo & Iltanen-Tähkävuori, 2010](#)). There is a long tradition of such analysis in social anthropology that focuses on artefacts and attempts to unpack their meanings – how they are used, what they tell us of the culture that produced them. The emphasis on material culture has undergone a recent revival with the work of Daniel Miller and related scholars ([Guy, Green, & Banim, 2001](#); [Miller, 1987, 1998](#); [Weber & Mitchell 2004](#); [Kuchler & Miller, 2005](#); [Woodward, 2007](#)) who have explored the ways material objects in modern culture operate as extensions of the self, part of the processes whereby we assemble and materialise versions of our identities – what [Gell \(1998\)](#) has

termed distributed personhood – through the arrangement of homes, the management of personal appearance and the choice of clothing. For Miller getting dressed is an almost Hegelian process of self actualisation in which the individual strives to achieve fusion between the self and the outfit, in which 'objectification' (here used in a positive sense) in the sense of material realisation becomes complete. Hospital dress, as presented by [Topo and Iltanen-Tähkävuori \(2010\)](#) in this article offers an excellent example of the opposite, a distinctly failed fusion of self and dress.

A focus on the materiality of dress has also been of central significance in dress studies, particularly as practised in the museum, where historic clothes have literally been taken apart to examine how and why they were cut and shaped in particular ways, and what this tells us of the lives of those who produced and wore them ([Taylor, 2002](#)). Recently there has been a shift away from a focus solely on perfect, museum standard dress, towards an exploration of clothing that shows the marks of having been worn, altered, let in and out for pregnancies, adjusted for age, differentially abraded by work, stained by use. Such marks and alterations are seen as evidence of the lives – and bodies – that once inhabited these clothes. [Topo and Iltanen-Tähkävuori \(2010\)](#) do not examine used hospital clothes as such; though patients do wear such, and some of the feelings expressed by respondents point to the significance of a sense that these are clothes that have been used and inhabited by others, however many times they have been washed.

This material emphasis in their work is particularly valuable because it reminds us of the concrete, embodied nature of the hospital experience. Not enough attention has been paid in academic writing to the impact of sensory surroundings – the hard white surfaces, the functional machines, the hygienic ideal – everything in the hospital

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that is the reverse of the domestic interior with its habitus of comfort and identity. Being in hospital is a strange and disruptive experience, in which the patient is forced to accomplish bodily acts in alien ways: sleeping in a strange bed, with different and distinctive bed clothes; in over-heated surroundings with little climatic or diurnal variation; often eating in bed, with meals that are unfamiliar, certainly different in character from what is normally eaten; excreting in semi-public, and in ways that are subject to surveillance and review; the body treated as an object to be viewed, prodded, investigated. Life on the ward is an astonishing assault on the self at an embodied level, an erosion of the ontological security that rests on the day to day assurances of the body. The article lays bare the ways in which hospitals are strange and alien places that produce forms of bodily dys-ease in addition to those produced by illness or treatment. Having to don distinctive hospital clothing is part of this.

By starting from the concrete nature of the clothes, [Topo and Iltanen-Tähkävuo](#) (2010) are able to interrogate their materiality, to ask why they take this form. In this they rightly point to the dominance of the industrial laundry system. Clothes in the hospital and care system have to survive a punishing regime of washing, in which there is little or no personal attention paid to the garments. As a result they need to be extremely simple, easy care, non iron, and usually in artificial fibres. Such requirements underwrite the strongly coloured Crimplene dresses of residential care ([Twigg, in press](#)). [Topo and Iltanen-Tähkävuo](#) show how a similar dynamic is present in Finnish hospital dress with its simple designs and polyester knit fabrics. The colour coding also allows for efficient sorting into sizes and pairs. The form the clothes take also reflects the need for easy access to the bodies on the ward, as well as comfort and coverage for patients as they wait around. But [Topo and Iltanen-Tähkävuo](#) go further than these practical aspects to suggest the ways social meanings are encoded in the dress. Patient clothing, they argue, is a form of materialised ideology through which the nature of patienthood is scripted and imposed in the bodies of patients. These clothes speak of passivity, separation, even abjection. Part of this meaning derives from their character as uniforms or standardised dress. We have noted how clothes are highly significant part of identity, key sites for the expression of the self, part of how we enact who and what we are ([Entwistle, 2000](#), [Twigg, 2007](#)). Patient dress is the reverse of this: a deliberate suppression of individuality, an imposition of clothes that are not chosen. There is a long history in institutions of the use of standardised dress as part of regimes of management and control. [Ash's](#) recent book on prison dress traces the way in which clothing has been used as a form of sartorial punishment that diminished the imprisoned through imposing regulatory regimes on their bodies ([Ash, 2009](#)). Uniforms, however, are not always demeaning: robes and uniforms can enhance and display the status of the person. For recipients of health and social care, however, they have rarely done so. [Cunnington and Lucas's](#) account of charity costumes shows how recipients were often required to display the emblems or colours of donor patrons, or to wear clothing of a quality, cut and colour that made clear their subordinate, charitable status ([Cunnington & Lucas, 1978](#)). In long stay hospitals in the UK, particularly for those with learning disabilities, standardised clothing of 'serviceable' fabric and cut were produced well into the post second war period ([Linthicum, 2006](#)). Where uniform dress was not provided, long stay institutions often operated collective clothing regimes in which inmates drew on a pool of hospital clothing. Such regimes have now gone in the UK: individualised clothing systems are now a requirement under social care guidance ([Department of Health, 2003](#)), but they linger on elsewhere.

The Finnish clothes described here by [Topo and Iltanen-Tähkävuo](#) (2010) designed for what is an intermediate space, both public and private. In the UK, hospital wear is provided by the

individual not the institution. People wear hospital gowns for operations or certain procedures – typically short, in operating theatre green, and with open backs that expose the patient in embarrassing ways – but they are not worn on a day today basis on the ward. Patients are expected to provide their own clothing, and obtain fresh supplies from relatives. Only those without support are dressed by the hospital. In these settings, ordinary night wear is often too revealing, particularly in the form of many nightdresses for women; in the past this problem was got over by the use of bed jackets. Many, possibly most, people in Britain today no longer wear clothes in bed, so that going out to buy pyjamas or a nightdress has become a rite of passage for entry into hospital. The clothes provided in the Finnish system clearly aim to address the intermediate nature of this social space – not too revealing or sexy for public exposure, sufficiently similar to other forms of leisure wear to be at ease in such settings.

Their unisex character is very striking, if only because clothes are by and large not unisex. The dominant tradition is one of gender distinctiveness: indeed one of the central functions of dress in many cultures is to obscure the character of sexed bodies at the same time as imposing gendered differences in appearance, so that dress takes on arbitrary qualities of gender distinctiveness. Gender, as [Breward \(2003\)](#), [Tseelon \(1995\)](#) and others argue, is and has always been the central theme of clothing. Unisex here fails to accommodate the different nature of gendered bodies. [Topo and Iltanen-Tähkävuo](#) (2010) note how the hospital clothes did not accommodate women who had large breasts who found that jackets gaped in embarrassing ways, forcing them to wear dressing gowns to cover up. The colour coding also meant that size became a proxy for gender, with men wearing brown and grey and women yellow and pink. But as the authors note, this meant that small men were forced to wear colours that were slightly embarrassing, while large women were forced to display the 'masculine' character of their bodies to the public.

The authors do not give a complete history of such provision in Finland except to note that the designs date from the 1970s. But it is hard not to see them as in some way emblematic of the Scandinavian Welfare State in both its positive and negative aspects. Scandinavian welfare systems are marked by extensive public provision in which the collectivist values of the culture underpin the pursuit of equality and egalitarianism. They are also characterised by strong sense of gender equity. These clothes enshrine such values. They are egalitarianism made flesh, in which all share a common experience and status; indeed the very fact of their provision marks an extension of the welfare state further than is common in other countries. With their gender neutral designs, they underwrite ideas of equality. The consciously designed nature of provision is also significantly Scandinavian. In Finland modern design is part of the national myth, an element in the story of how Finland emerged in the twentieth century with a distinctive common culture and national style. Pioneers of design like the [Aaltos](#) led the way for the post war flowering of Finnish design. As a result modern design is something that Finland is consciously committed to, an activity that permeates the culture in a way that is not the case in the much more conservative visual culture of the UK. Consciously designed hospital clothing is an expression of this commitment. Looking at the concrete representations of this in the article by [Topo and Iltanen-Tähkävuo](#) (2010), however, it is hard not to feel that these clothes also embody the less appealing side of Scandinavian welfarism. Normally I am critical of conservative, neo-liberal accounts of the Scandinavian welfare state that present its egalitarianism and collectiveness as productive of a bland, conformist world, typically described in journalistic versions as 'boring'. This seems to me just an attempt to dismiss the real gains of egalitarianism, a cloak for self-interested and privileged groups

to hide their advantages and deny benefits for all. However, I have to admit that looking at these images, they do 'speak' of such a state. There is something drably uniform about them – and that is part of the slight sense of shock they arouse.

In this commentary I have concentrated on hospital clothing since this is the most immediately striking aspect of the article, but [Topo and Iltanen-Tähkävuori's \(2010\)](#) work covers much more. They also reflect on dress in residential care and the use of items like hip protectors that are not exactly clothes, but are integrated into garments. They also hint at the dark history of clothing used as a form of restraint. Like all the best work [Topo and Iltanen-Tähkävuori's \(2010\)](#) article leads the reader to questions his or her assumptions, provokes new ideas, new ways of thinking about established areas, as well as new topics for exploration and research.

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