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Fashion and Health - Psychological Considerations to Health Promotion-

Well-being is a state of happiness, contentment, low level of stress, overall good physical and mental health and outlook, or good quality of life (QOL). This paper considers fashion an important factor to improve well-being by focusing on the role of fashion and to find how intervention in behavior can change well-being. The questionnaires and interviews were administered to elderly people in Tokyo, Japan. The findings were examined in both quantitative and qualitative points of views. First, we will focus on the role of fashion and the psycho-educational effects produced by university students involving creative fashion shows. Secondly, we will refer to the essential concepts and theories for improving well-being from the perspectives of Health Psychology. Thirdly, we will introduce the case where fashion promotes the quality of life of the elderly, and discuss the theoretical implication for intervention.

1 The values on functions of fashion

(1)The breadth of fashion

The values on functions of fashion reveal our mutual interaction, manipulating our impressions, reinforcing and identifying one's self, and information transfer, as well as the functions of protection from outside of the body physiologically by dressing. The social psychology of clothing embraces the study of clothes within their larger context, beginning with the context of a person's appearance. Clothes help and influence us to make sense of our social experiences. In the process, this area of study includes the

following concepts. We shape and represent identities as we manage our appearances and as we interact with other people in groups or communities. Clothes are generally seen by themselves, but they become connected to other related symbols that comprise our personal appearances. These symbols include hairstyles, makeup, accessories, and facial and bodily characteristics.

Beyond the diverse and various themes described in social psychology of clothing, in health psychology, we will pursue how fashion influences a person's health. Fashion does communicate, but not in the manner of speech or writing; what it communicates has mostly to do with the self. The psychology of fashion, clothing and appearance, reshape our understanding of fundamental concepts and methods associated with this area of study.

(2) Psycho-educational effects of the fashion show.

As a part of a series of studies which investigates the relationship between fashion and mental health, with questionnaires and interviews asking from health psychological points of views, the university students' perception after the fashion show was examined. The students in the Department of International Fashion and Culture Studies at B Women's University hold a fashion show every year for the compilation of their work and practice. In this fashion show, the students make dresses to wear in the show, a script to perform, and support performances with music and light. They spend a lot of time and energy in the process of holding this fashion show, and reported positive effects through the process of preparation, performance, related activities and outcomes of the show. The psycho-educational effects that students indicated after the fashion show suggested the growth of autonomy, self-esteem, self-control, self-actualization, self-confidence, self-help, and

self-efficacy with the positive emotion. The responses from the audience (N=528. Male=143, Female=385. Aged between 19 to 82 years) were expressed in such words as terrific, brilliant, beautiful, high-spirited, vibrant, refreshed, and distinctive. It can be said that fashion has the power to connect the senders and the receivers of the messages.

2. Perspectives of Health Psychology

(1) Definition of health

Health is a state of complete psychological, physical, and social well-being (WHO). "Health psychology" is the most recent development in this process of including psychology in an understanding of health, and it is the application of psychological methods to the study of behavior relevant to health, illness and health care (Ogden, 1996). Thus, it includes the behaviors of people when they are well and the behaviors that relate to their health. Health psychology regards psychological factors not only as possible consequences of illness but as contributing to its etiology, and considers both a direct and indirect association between psychology and health. From this perspective, our feelings and thoughts can be considered to influence behavior which in turn can impact upon our health (Noguchi, 2006). Health psychology also aims to put theory into practice for health promotion and disease prevention. These can be implemented by promoting healthy behavior.

(2) Self-esteem

Self-esteem, one of the keywords in health psychology, is a very important factor and

plays a significant role in our lives, in terms of maintaining healthy lifestyle. Self-esteem involves individual feelings of self-worth. It is based on the part of the self that is capable of not only judging and responding to the self as object, but also taking satisfaction in what is observed and explained. A person with high self-esteem is with self-acceptance and self-tolerant, likes the self, and has proper respect for the self's worth. In contrast, low self-esteem is associated with depression, unhappiness, and anxiety (Rosenberg, 1985). Some degree of self-esteem is needed for healthy psychological functioning. People need to feel that they are valuable within the context of everyday life and society. They need to have some belief that human life is meaningful and that they play a significant part in society. Increasing self-esteem would connect to and link together 1) decreasing anxiety, 2) accepting self and others, 3) increasing self-efficacy, and 4) cognitive restructuring (Noguchi, 2006) .

(3) Self-efficacy

Self-efficacy is another essential concept we need to utilize in adopting new behaviors or modifying our behaviors. Self-efficacy proposed by Bandura (1977) is a general theory of behavior change which refers to an individual belief that he or she can perform or succeed at a particular task or behavior, like successfully undergoing a specific treatment or giving up smoking, for example. Self-efficacy is an individual's subjective perception of his/her ability to perform in a given setting, or ability to attain desired results, often proposed as a primary determinant of emotional and motivational states and behavioral change. A high or reasonable degree of self-efficacy is considered an important ingredient of mental health, whereas low self-efficacy and a feeling of worthlessness are common depressive symptoms.

Self-efficacy is constructed from four principal sources of information: enactive

mastery experiences that serve us indicators of capacity; vicarious experiences that alter efficacy beliefs through transmission of competencies and comparison with the attainments of others; verbal persuasion and allied types of social influences that one possesses certain capabilities; and physiological and affective states from which people partly judge their capableness, strength, and vulnerability to dysfunction.

3. Fashion and Quality of Life of the Elderly:

(1) What is well-being for the elderly?

The elderly need to enhance Quality of Life (QOL) in their daily life to improve well-being. Zest for living is extremely important in the health of the elderly. We can look forward to continued advances in life expectancy however relatively little has been done to ensure that we live out this increased life expectancy with full mental and physical health and vigor. We need to change ourselves and our culture so that we can enjoy and develop our lives more as we age.

Successful aging is conceptually and philosophically opposite to what is commonly understood as “normal aging.” Successful aging is determined basically by a low risk of disease and disability, good cognitive and physical functioning, and an active participation in society. These three elements are closely related to being free of disease and disability, which makes it more likely to maintain physical and mental functioning and to participate actively in society (Rowe & Kahn, 1998).

Today we know that most of the changes that were previously considered intrinsic to the aging process are in reality a consequence of extrinsic factors like not exercising or not engaging in mental activities, or not communicating with others. The disciplines of health psychology may be equipped to probe fashion’s many forms and faces.

(2) Case: Fashion Triggered a Promoting Health Behavior.

Mrs. M at 82 years old and smoker for over 10 years has begun to feel run down and exhausted for no reason in a nursing home. She was about 20 pound overweight and drank 8 or more cups of coffee a day. Dr. N, the health counselor, learned that although Mrs. M wanted to feel better in general, she had no intention to give up coffee or cigarettes. Mrs. M strongly wanted to lose weight however, and was not adverse to incorporating an exercise program into her life. Rather than aggressively try to persuade Mrs. M that she needed to give up coffee and cigarettes, Dr. N decided to focus on exercise and nutrition since she knew that both smoking and excessive coffee drinking could deplete the body of essential vitamins and nutrients. Dr. N referred Mrs. M to a nutritionist and helped her to devise a plan for modifying her eating habit and physical activities throughout the day. Dr. N did, of course, stress the increased benefit of quitting smoking and reducing caffeine intake, but she did not push the point since her client was already defensive about these habits. Dr. N knew that becoming more physically fit and active often naturally leads to a decreased desire to use harmful substances and behaviors. Since losing weight was Mrs. M's general motivation, as well as diminishing chronic fatigue, Dr. N., the health counselor, decided to focus her strategy on the client's immediate goals. She also had to be sensitive to Mrs. M's age and life experiences, and not attempt too drastic a change that might be unrealistic. Assessing the client's goals helped her plan how best to respond. Dr. N., health counselor, has noticed that Mrs. M often saw the pages of magazine advertising fashion. Mrs. M seemed to remember her young days and said to Dr. N, "I used to wear a green dress when going out. This dress reminds me of the days I enjoyed shopping!"

Dr. N. started a program: "Growing Younger" with workshop of "Color my dress and let's make-up" in order to improve the well-being of the elderly in nursing home. Participants who participated in the program were 23 women, including Mrs. M, aged between 78 to 90 years, and 12 of them are diagnosed as depression. Two times a week, they received help in doing make-up by a specialist in make-up and advised in choosing dresses suited to their own taste in color. The elderly, then, were going to enjoy walking around the neighborhood even shopping with members of support groups in the community and university student volunteers. Participating in activities, walking and communicating with each other, the elderly found and reported the vivid feelings and improvement of their psychological, physiological and social well-being. Participant thought "My friend next door looks lively. It is great that she can express herself in the clothes, I can do it, too". Each clothe successfully presented a unique mood in each scene.

(3) The process, consequence and positive change

After 6 months, the participants were asked to answer questions selected from two kinds of questionnaire: Recovery Locus of Control Scale (RLOC), and Generalized Self-efficacy Beliefs, in semi-structured interviews. For each item there is a choice: 'not at all true' which scores 1 to 'exactly true' which scores 4. Some of them showing high scores were, 1) How I manage in the future depends on me, not on what other people can do for me, 2) Getting better now is a matter of my own determination rather than anything else, 3) I can always manage to solve difficult problems if I try hard enough, 4) I can solve most problems if I invest the necessary effort. The score on this scale reflects the strength of an individual's generalized self-efficacy belief. Thus the higher the score, the greater is the individual's generalized sense of self-efficacy. Even older individuals could improve their aerobic capacities by just

walking 45 minutes a few times a week. Even walking has been found to strengthen bones and therefore prevent osteoporoses. Improved muscles can also help to prevent falls and maintain independence and the ability to engage daily life activities.

The participants completed another questionnaire survey, including the stage of readiness to exercise, self-efficacy for exercise, social support for exercise, decisional balance for exercise (benefits and costs), perceptions of neighborhood environments for exercise, and perceptions of house environments for exercise. Analysis of covariance assessed independent associations between stage of readiness to exercise and self-efficacy for exercise, social support for exercise, decisional balance for exercise (benefits), decisional balance for exercise (cost), and perceptions of neighborhood environments for exercise after controlling for age. Twenty-five percent of elderly were in the preparation stage (currently doing exercise but not regularly). Forty-five percent of elderly indicated that they were currently sedentary but intended to do more exercise in the next 6 months (contemplation), and 15% were doing no regular exercise and they did not intend to do more (pre-contemplation).

Barriers to the behavior modification are lack of encouragement from others such as friends and/or family and lack of advices from others such as physician. Semi-structured interviews and surveys were conducted with six family care givers for the elderly, about their motivational development stages. Community volunteer members, students, and care givers observed the elderly who participated in this program and found that their cognition should change in phases in the order, from negative response, to embarrassment response and then to positive response in the activities with makeup, fashionable dressing, and walking out.

Barriers to the behavior to going out among the elderly are assessed. In spite of the fact that most elderly seek and enjoy the companionship of others and going out, one of the reasons they hesitate to do so may be because of their appearance. They believe their clothes are not suitable in public, shabbily and scruffily dressed for going out. Also, they feel themselves physically not confident for going out alone. Moreover, in Japan some time ago the stereotype was that the main task of the elderly was to retire and leave their place for new generations. But it is increasingly clear that maintaining an activity level in tasks that are meaningful and keeping significant relationships with others are basic for the preservation of health throughout life.

4. Discussion and theoretical implication for intervention

(1) Healthy elderly

Here we will discuss the effects of the elderly walking that fashion triggered. The case of Mrs. M. indicates that utilizing fashion may propose the idea contributing to well-being for the elderly - a very large population in the near future in Japan. The enhancing effects of positive feelings on physical health and longevity were supported by accumulating evidence. The broaden concept of positive emotions frequently used in the area of positive affect and health proposes that positive emotions, like happiness, joy, pride, and love, have health-protecting physiological effects (Tugade, Fredrickson & Barrett, 2004). Bird (1983) distinguished the "ageless" and the "old" on the basis of having energy and purpose for living, or the lack of these. Granick and Paterson (1971) report a high degree of stability in the healthy elderly in their longitudinal study with regard to activities, relationships, and general outlook on life.

(2) Active walking and physical activity:

Among well known health behaviors such as, sleeping 7-8 hours per night, eating breakfast, never smoking, rarely eating between meals, being at prescribed weight, moderate use of alcohol, and regular physical activities, exercise is potentially the most modifiable and the one that can have the greatest impact on risk factors. A general decline in physical capacity is accepted as a normal part of the process of aging. However, it can be prevented by the adoption of a lifestyle that includes regular exercise throughout our lifespan. Physical exercise increases strength, decreases the risk of death, improves moods, helps coping with stress, and reduces the impact of other risk factors. This effect of exercise occurs even at advanced ages and for individuals who have never before engaged in physical activities or who are suffering from chronic conditions or suffering depression (Noguchi, 2006).

Physical inactivity is associated with an increased risk of various chronic health conditions, including certain cardiovascular and musculoskeletal diseases, some cancers, and depression. However, Japanese national data (Japan Ministry of Health, Labor and Welfare, 2007) indicate that the prevalence of participation in regular leisure-time physical activity (30 minutes or more of moderate physical activity at least two times per week) of the elderly, aged between 70 to 90 years, was approximately 15%, the lowest of all age groups for both sexes. Therefore, it is importance to understand individual and environmental factors affecting current sedentary behavior prior to designing strategies for bringing exercise behavior closer to optimal levels in the elderly. Thus, it is necessary to study the associations between stage of readiness to exercise and psychosocial and environmental factors in Japanese elderly.

Motivating individuals to engage in physical activity has been the subject of several studies. Among them, the use of health counseling to promote physical activity and move the stage forward has been found successful with the elderly (Noguchi, 2006). As mentioned before, these effects make physical activity the most important protective behavior in which an individual can get involved. In addition, physical exercise not only has an impact on quality of life but also can increase life expectancy. We found that exercise could strengthen muscles, improve mobility, and reduce frailty even in people almost 90 years old in this program, "Growing Younger".

(3) Depression

Dr. N. provided a step-by-step participants manual for the implementation of Brief Behavioral Activation Treatment for Depressions. Behavioral techniques for treating depression frequently have been paired with a variety of cognitive intervention (Beck, Rush, & Emery, 1979). Research suggests, however, that it is the behavioral component of treatment (e.g., behavioral activation) that is sufficient for the alleviation of overt depressive symptoms as well as modification of maladaptive cognition and improvement of life functioning (Grtner, Gollan, Dobson, & Jacobson, 1998). Depression persists because 1) reinforcement available for non-depressed behaviors is low or nonexistent, and/or 2) depressed behavior produces a relatively high rate of reinforcement. Based on this philosophy, the behavioral activation treatment for depression is designed to increase exposure to the positive consequences of healthy behavior, thereby increasing the likely reoccurrence of such behavior and necessarily reducing the likelihood of future depressed behavior. In this program, the elderly with depression like to wear something orange colored belongings.

(4) The Precede-Proceed Model

In the Precede-Proceed Model (Green & Kreuter, 1980), three broad categories are 1) predisposing factors: within the individual, such as knowledge, attitudes, perceptions, experiences, and so forth, associated a specific behavior; 2) enabling factors of an environmental nature which facilitate action; 3) reinforcing factors such as the actions of other people, health professionals, teachers, and social support persons. The thoughts “I feel more vivid when I wear this colorful dress” and “The older person must keep oneself neat” represented 1). The facts that “My daughter selected my favorite dress for me” and “It is our make-up day, today ” represented 2). Positive comment and compliment represented 3). This model provides for a series of sequential steps designed to help plan a move from the recognition of educational needs to the development of a program designed to fulfill those needs.

We found that the elderly in this case, when they became aware of their own new feelings, or moved to the point of changing behaviors, were showing certain stages and described below.

(5) The Transtheoretical Mode

The Transtheoretical Model (Prochaska & DiClemente, 1982) is a five-stage theory to explain changes in people’s health behavior. It suggests that change takes time, that different interventions are effective at different stages, and that there are multiple outcomes occurring across the stages (e.g., belief structure, self-efficacy). The five stages are 1) pre-contemplation (not interesting and thinking about changing behavior: “I am not interesting in any clothes or things”), 2) contemplation (considering changing behavior:” She looks young recently, I may change my hairstyle”), 3) preparation (occasionally changing behavior or making small changes: “I experienced one day workshop for make-up and choosing dress”), 4) action (sustaining the change over time or participating in healthy behavior on a regular

basis, resulting in major benefits: “I registered the program and walking out two times a week with a volunteer. Every time I wear nicely”), and 5) maintenance (continuing the behavior after 6 months of regular use: “I am happy. Walking makes me strong, sometimes I find myself enjoy shopping”). The result supported utility of the staging framework for measuring motivational readiness for walking behavior among the elderly. These findings have important implications for further exercise adherence research based on Trastheoretical model. In the elderly samples, the stages of change for walking behavior were successfully distinguished by self-reported physical activity and/or walking behavior level. Specifically, participants in post adoption stages (preparation, action, and maintenance) reported significantly higher exercise/sports scores compared to those in pre-adoption stages (pre-contemplation and contemplation).

.Getting older is something most people dread because they believe it portends the loss of functional capacities and the enjoyable aspects of life. Our best option, then, is to remain as vital as we can for as long as possible. The value of social participation and communication is generally acknowledged, but for no group are these of greater health value than for the aged. With a great deal of newly found time on their hands, the elderly need activities that will occupy them profitably and enjoyably. It is considered to understand “fashion” with color and design as a very attractive and strong health promoting factor, and it is suggested that people of any age should be interested in dressing fashionably to make their life and community more vibrant and colorful. Future research may address the psychological and physiological pathway through which fashion and affective states influence our well-being.

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