

PHYSICAL APPEARANCE AND POOR HYGIENE PATTERNS: EVIDENCE OF SCHIZOPHRENIC ILLNESS

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Date Received:

August 24, 2016

Date Revised:

March 18, 2017

Date Accepted:

March 26, 2017

ABSTRACT

Objectives: To determine the physical appearance and personal hygiene patterns of patients with schizophrenia in a form of behavioural checklist to explain their evident function in diagnosing schizophrenia.

Methodology: The study comprised in-out patients of schizophrenia through purposive sampling technique that was conducted in two phases. In phase-I, 32 diagnosed patients were approached while for phase-II, 75 patients were diagnosed with the developed diagnostic checklist. The process involved recording the physical appearance and personal hygiene patterns in the form of video recordings. The videos were analysed through committee approach in order to formulate a diagnostic checklist of schizophrenia. The validation of the developed checklist was done through additional study on professionals including psychiatrists and psychologists having their expertise in the field to verify the indicators, consigned by the committee, as evident signs of schizophrenia. The validation of the checklist leads to Phase-II in order to find out the diagnostic accuracy of the developed tool in clinical settings. The findings were calculated in the form of frequency counting and percentages.

Results: in our study, 53% of the schizophrenics had dirt in the body, hands and feet while 41% were untidy in their appearance. 64% clinicians identified untidiness as a schizophrenic hygiene pattern whereas 92% revealed dirtiness as an indication of schizophrenia. The number of patients diagnosed through checklist was 73 while patients diagnosed by professionals were 75, with 97% diagnostic accuracy.

Conclusion: The developed diagnostic checklist, diagnosed the patients of schizophrenia with high accuracy and thus poor hygiene patterns and bizarre physical appearances were useful indicators of schizophrenia.

Key Words: Schizophrenia, Hygiene, Physical appearance, Diagnosis

This article may be cited as: Nawaz N, Jahangir SF. Physical appearance and poor hygiene patterns: Evidence of schizophrenic illness. *J Postgrad Med Inst* 2017; 31(2): 147-50.

INTRODUCTION

Schizophrenia is a psychological disorder and is usually described in terms of positive and negative symptoms. Positive symptoms include delusions, hallucinations, disorganised speech and thoughts while negative symptoms are alogia, avolition and asociality¹. Schizophrenia has always been exhibited in terms of abnormal behavioural patterns which elaborates the significant diagnostic features of illness. Among many abnormal behaviours the most obvious changes occur in physical appearance and hygiene patterns. Physical appearance has been explained as the defining traits and features of one's body. It involves body aspects as hair style, wearing and rearing patterns, body cleanliness and clothing etc. It incorporates the outward and visible aspects of a person by giving an overlook². On the other hand,

WHO³ defines hygiene as personal practices performed for conserving one's health. These have been further elaborated as conditions leading to maintain health and preventing the spread of diseases such as cleaning one self, bathing, shaving, hand washing and many others to maintain external body and grooming.

Much of work has been done in connection of physical appearance and personal hygiene patterns with psychopathology. The hygiene patterns and physical appearance describes the person's mood and mental state⁴. These behavioural clues provide the key to detect psychopathology and to plan preventive measures. The hygiene patterns not only provide information about the physical health issues but also of the mental state of the person/patient. The clients may not always say what they feel and what are their thinking patterns but their

non-verbal signals provide much more information to the service provider about their principal psychological processes⁵. These non-verbal patterns are the emotional pathways in terms of understanding the underlying psychopathology⁶.

Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition¹ also defines multiple emotional disturbances and behavioural impairments while describing the differential criteria for each disorder. A person's general appearance conveys information to the perceiver about his/her credibility, aggressiveness, uncertainty and even depression⁷. In a study, Naumann et al⁸ proposed that physical appearance indeed provide ways to the observer to make judgments of others for a variety of traits. Among all non-verbal signals, physical appearance is the most obvious expressive way of information transmission.

Similarly, Schizophrenia as an illness always involves noticeable changes in personality usually reported by family members and friends. The most obvious deteriorations occur in terms of personal care and hygiene patterns as shaving head and body hair etc.⁹. Schizophrenic's symptoms are consistent across the globe including hallucinations, delusions, disordered thinking, self-neglect, poor hygiene and difficulties in socializing¹⁰.

The aforementioned literature is evident in itself that physical appearance and hygiene patterns have a significant connection with psychopathology. Therefore, it can be assumed that patients with schizophrenia do possess and manifest certain hygiene patterns and unusual physical appearances as signs of their ailment. The current study focused on formulating a checklist of hygiene and appearance indicators which patients with schizophrenia manifest during the onset of illness. This will provide earlier information to the clinicians and the community members as family and friends so they could become able to adopt early preventive measures for the patient.

METHODOLOGY

Sample was determined for both i.e. phase-I and II. For phase-I, thirty two (n=32) diagnosed patients were approached for video recording procedure while for phase-II, seventy five (N=75) patients were diagnosed through developed diagnostic checklist. Purposive sampling technique was used to select the sample from two hospitals of Peshawar, capital city of Khyber Pakhtunkhwa, Pakistan. The age range of the sample was 16-60 years. For the validation of the checklist, twenty five (n=25) psychiatrists and clinical psychologists from Lady Reading, the Khyber Teaching and the Government Sarhad Hospital participated to endorse the check list derived on the basis of data obtained during phase-I.

Patients diagnosed with schizophrenia, mania, ma-

nor depression diagnosed by psychiatrists were included. Patients having any physical disability such as leg impairment or blindness were excluded as these could cause behaviors affecting the diagnostic check list.

Initially, 32 patients with schizophrenia were interviewed individually and their behaviours were videotaped by involving deception so as to have natural responses. Ethical approval and consent was obtained from the hospital administration and significant family members for the recording procedures in advance. The videotapes were then analysed by committee approach involving a panel of 3 clinical psychologists who assigned indicators to physical appearance and hygiene patterns by observing the recordings. The analysis was done in the form of frequency counting and percentages. The findings lead to the formulation of a diagnostic checklist of hygiene patterns and appearance for schizophrenia.

For validation of the assigned checklist of hygiene and appearance indicators, an additional study was conducted on 25 mental health professionals. They were provided a list of generic hygiene patterns and physical appearances in which the assigned patterns (observed) by the committee members were also incorporated. The professionals were asked to identify the hygiene patterns and physical appearances for patients with schizophrenia as per their daily clinical observations and experiences, from the provided list. The findings of which were then matched with the indicators assigned by the committee through frequency counting and calculating percentages.

The Phase-II involved the determination of validity and accuracy of the developed diagnostic checklist in terms of diagnosing schizophrenia. The process involved diagnosing the patients through the developed diagnostic checklist of physical appearance and hygiene patterns which were later cross checked with the diagnosis (of the same participants) made by the psychiatrists to determine the validity of the tool. The data was analysed in terms of frequencies and percentages.

RESULTS

The Committee consensus regarding observations was that 53% of the schizophrenics had dirt in the body, hands and feet while 41% were untidy in their appearance. Other assigned physical appearance and hygiene patterns for schizophrenia as assessed by the committee are shown in table 1.

Table 2 is revealing the findings of validation of the checklist by the professional practitioners. The findings are showing that 64% clinicians identified untidiness as a schizophrenic hygiene pattern whereas 92% revealed dirtiness as an indication of schizophrenia.

Table 1: Assigned checklist of physical appearance and hygiene patterns by the committee (n=32)

S. No.	Physical Appearance & Hygiene Patterns	Frequencies	Percentages
1	Untidy	13	41%
2	Dirty	17	53%
3	Inappropriately Dressed Up	09	28%
4	Messy	12	38%
5	Bare Footed	06	18%
6	Wearing Different Shoes/ Socks	06	18%
7	Buttons open/Torn off	05	16%

Table 2: Validation of the developed diagnostic checklist by the professionals (n= 25)

S. No.	Physical Appearance & Hygiene Patterns	Frequencies	Percentages
1	Untidy	16	64%
2	Dirty	23	92%
3	Inappropriately Dressed Up	21	84%
4	Messy	14	56%
5	Bare Footed	17	68%
6	Wearing Different Shoes/ Socks	17	68%
7	Buttons open/Torn off	14	56%

In our study, the number of patients diagnosed through ckecklist was 73 while patients diagnosed by professionals were 75. Accordingly, there was 97% accuracy, i-e, matched between comparison of developed checklist and professional’s diagnosis on indicators of schizophrenia.

DISCUSSION

In the present study, there was 97% accuracy of developed checklist on indicators of schizophrenia. These results suggest that the devised diagnostic checklist is highly valid and can be used for the diagnostic purpose for the said disorder. Psychiatric diagnosis is usually based on the information obtained through patients, their family, test results, observable behaviours and overt presentation of the patient. These factors do play essential role in diagnosis. The diagnostic process of psychosis is a bit diverse as not all the patients feel prepared to discuss their loss of sense, hallucinations, delusions and thinking processes. However in such instances the clinician has to rely on the information received from the friends and family members in respect of the patient’s abnormal behavioural manifestations. Moreover the clinician also has to observe the overt portents vigilantly in order to diagnose and understand the pathology. In such conditions the appearance of the patient as their hair style, hygiene conditions, make ups and wearing preferences do tell a lot about the patient’s illness to the observer/clinician¹¹. These signs do reflect

the patient’s pathology even before patient verbalizes them.

Gelder et al¹² associated strange way of dressing as the indicative features of psychosis. They further elaborated the over and under clothing as proved signs of schizophrenia. Another study reported deteriorated appearance and manners in schizophrenia as they show obvious neglect towards their hygiene and physical appearance¹³. Sweeny et al¹⁴ identified that schizophrenics, in their initial phase of illness do follow a self-imposed change in their physical appearance and perform differentiated self-mutilated behaviours. Various studies elaborated the abnormal physical appearances and hygiene patterns as signs of schizophrenia as Feldmann et al¹⁵ reported in their study that most of the schizophrenics altered their hairstyles and usually shaved their heads before the admission to the psychiatric hospitals. They claimed it a significant finding in terms of diagnosing psychosis as an overt manifestation of their mental disturbance. Similar findings about altering hairstyles were elaborated by Campo et al¹⁶ in their study.

Arnold et al¹⁷ confirmed the phenomenon of over and under clothing in the admitted patients of the psychiatric emergency rooms. They observed 25 patients with strange and unusual dress up, among which 18 received the diagnosis of schizophrenia. Therefore they concluded the bizarre clothing as associated with schizophrenic illness.

Eileen¹⁸ described schizophrenics as unkempt as they usually are unable to accomplish daily life tasks as clothing, taking care of own hygiene and dressing. Moreover the patient could wear enough but that would be in an inappropriate manner in terms of buttoning, zipping, tying etc. Patients usually appear as indifferent in their physical appearance such as negligence to bath, changing clothes, combing styles and clothing that may appear them odd to others as they might be inappropriate according to weather and season. Other conditions referring to disturbed physical appearance might include health risks related to poor hygiene, inadequate nutrition, fluid intake, inadequate eliminating behaviours, head shaving, removing body hair, failure to maintain a clean and safe living space and cannot take care of personal belongings.

LIMITATIONS

In this study, video recording method was used in order to collect the data. Other research methods such as observations to study behaviour patterns of schizophrenics could also be used.

CONCLUSION

The developed diagnostic checklist, diagnosed the patients of schizophrenia with high accuracy and thus poor hygiene patterns and bizarre physical appearances were useful indicators of schizophrenia.

IMPLICATIONS

The formulated checklist will be an effective tool in detecting schizophrenia for the community members and the clinicians. In clinical practice it will speed up the process of diagnosis by minimizing time limits, in terms of responding. Due to simplicity and ease it does not need enough training and skill to diagnose on part of the clinicians and others who shall use it. On these grounds, it will be possible to make diagnosis as accurate and precise as possible, thus, making sound decisions regarding treatment plans shall be possible.

REFERENCES

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th Ed. Washington DC; 2013.
- Example of Physical characteristics. Physical Characteristics: What You Notice First; 1996. Available at: <http://examples.yourdictionary.com/examples-of-physical-characteristics.html>
- World Health Organization. Hygiene; 2016. Available at: <http://www.who.int/topics/hygiene/en/>
- Subhani MI, Hassan SA, Osman A. Clothing translates the mood of an Individual. *Int J Busin Soci Sci.Sp Issues Arts Commerce Soci Sci* 2011; 2:1-3. http://www.ijbssnet.com/journals/Vol_2_No_23_Special_Issue_December_2011/21.pdf
- Ambady N, Rosenthal R. Nonverbal Communication. *Encyclop Ment Health* 1998; 2:775-82. Available at: <http://ambadylab.stanford.edu/pubs/1998Ambady.pdf>
- Keltner D, Kring AM. Emotion, Social Function and Psychopathology. *Rev Gen Psychol* 1998; 2:320-42. <http://socrates.berkeley.edu/~akring/keltner%20&%20kring%201998.pdf>
- White S. Effective nonverbal communication cues: your mode of dress plays a key Role; 2007. Available at: <http://www.successimages.com/articles/sw11.htm>
- Naumann LP, Vazire S, Rentfrow PJ, Gosling SD. Personality Judgment Based on Physical appearance. *Person Soci Psychol Bull Sage J* 2009; 35:1661-71.
- British Columbia Schizophrenia Society. Basic Facts about Schizophrenia; 2003. Available at: http://www.bcss.org/documents/basic_facts_about_schizophrenia.pdf
- Thara R. Schizophrenia: Disabling Today's Youth. *Int* 2005; 6: 81-8. Available at: <http://www.hcs.harvard.edu/~epihc/currentissue/thara.pdf>
- Campo JA, Hardy S, Merckelbach H, Nijman H, Zwets A. The urge to change appearance in different psychopathological categories. *Acta NeuropSychiatr* 2007; 19:104-8.
- Gelder M, Gath D, Mayou R, Cowen P. *Oxford textbook of psychiatry*. Oxford: Oxford Univ Press; 1996.
- Cancro R, Lehmann HE. Schizophrenia: Clinical Features. Schizophrenia; 2012. Available at: http://www.C/Documents%20and%20Settings/BOB/My%20Docume...cles/schiz_clin_files/fm0012_007_files/ch0012_007.htm (1 of 49)2/28/2004 4:26:12 PM
- Sweeny S, Zemecnik K. Predictors of Self-Mutilation in Patients with Schizophrenia. *Am J Psychiatr* 1981; 138:1086-9. <http://dx.doi.org/10.1176/ajp.138.8.1086>
- No author listed. Further examination of extreme haircutting and Psychosis. *Am J Psychiatry* 1988; 145:395.
- Campo JMLGA, Merckelbach HLJG. Schizophrenia and drastic changes in hairstyle. *Acta Psychiatrica Scandinavica* 2002; 106:69-106.
- Arnold VK, Rosenthal TL, Dupont RT, Hilliard D. Redundant Clothing: A readily observable marker for schizophrenia in psychiatric emergency room population. *J Behav Ther Experiment Psychiatry* 1993; 24:45-7.
- Trigoboff E. Schizophrenia and Other Psychotic Disorders; 2012. Available at: <https://www.pearsonhighered.com/uploads/PC-Kneisl2e-chapter16.pdf>

CONTRIBUTORS

NN Conceived, designed, and collected data, statistical analysis, prepared manuscript. SFJ Collected data, conducted data analysis, edited manuscript. All authors contributed significantly to the submitted manuscript.