Changes in Appearance and Psychosis

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Case Study

Changes in Appearance and Psychosis

JOOST À CAMPO, HENK NIJMAN, AND HARALD MERCKELBACH

A link between psychotic decompensation and haircutting has been reported in a number of case reports and small series studies (Strawn, Ryken, and Black 1987; Markowitz 1988; Feldmann and Paynter 1988; Ryken and Merrel 1990; à Campo and Merckelbach 1996). For example, Feldmann and Paynter (1988) noted in their sample of schizophrenic patients ($N = 34$) that 41% of them had drastically altered their hairstyles prior to admittance to a psychiatric hospital. The authors argued that this phenomenon is clinically significant as these changes were made before other overt signs of psychotic decompensation were observable. Likewise, in one of our earlier studies (à Campo and Merckelbach 1996) we noted that drastic changes in hairstyle are associated with psychotic symptoms. That study involved 19 patients who were preoccupied with or drastically manipulated their hair (e.g., shaving bald). Of these patients, 18 had psychotic symptoms, while 13 of them fulfilled the criteria for schizophrenia or schizophreniform disorder.

Apart from changes in hairstyle, other drastic manipulations of appearance prior to psychiatric admittance have been reported by psychiatric professionals as well as schizophrenic patients themselves. For example, Arnold and associates (1993) concluded that wearing redundant clothing (many layers) is "a readily observable marker for schizophrenia in a psychiatric emergency room population" (p. 45). In a similar vein, during interviews, schizophrenic patients report a variety of manipulations that they have inflicted upon themselves (e.g., shaving of the head, wearing wigs, wearing redundant or strange clothes, and even plastic surgery; see à Campo, Frederikx, Nijman, and Merckelbach 1988).

One could argue that drastic manipulations of one's appearance are peripheral epiphenomena of severe psychopathology. Perhaps this is true, but assuming that these changes are a consequence of severe psychopathology does not imply that they are clinically meaningless. The case study described below illustrates this point.

THE CASE OF MR A.

Mr A is a 35 year-old psychiatric patient who had initially been diagnosed as suffering from borderline personality disorder with antisocial characteristics. He had a history of aggressive behavior and drug abuse. The senior author (à C) met Mr A for the first time in the summer of 1997. At that point in time, Mr. A had been in treatment for three years, but his condition had not improved. The treatment consisted of psychotherapy in combination with antidepressant medication. The first thing that struck the first author when Mr A entered the consulting room were the large tattoos on his neck.

One side displayed a 666 tattoo in black

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ink, while the other side showed a tattoo of a pentagram. On the basis of our earlier studies on bizarre appearance of schizophrenic patients (à Campo and Merckelbach 1996; à Campo, Frederikx, Nijman, and Merckelbach 1988), Mr. A was invited to explain the meaning of these tattoos. Although at first he was reluctant to talk, he finally told that the tattoos were recently engraved in his neck in order to serve Satan. Further examination of his thoughts and perceptions, made it plain that the patient had suffered from severe delusions from adolescence forward.

Once Mr. A was diagnosed as suffering from paranoid schizophrenia, the treatment regimen was changed. Mr A was now administered 10 mg haloperidol per day. As a result of this, his delusions disappeared and his overall psychiatric condition improved markedly. Mr. A became a mild and cooperative man, in control of his aggressive impulses. After a few weeks, his thoughts and perceptions became relatively normal and during the following sessions, he started to gain insight in his illness. He no longer felt threatened by others and realized that irrational fears had driven him to severe misconduct. Furthermore, he became aware of the social impact of his tattoos, namely that people avoided him. In retrospect, Mr. A says the following about his disease: "When I was ill, I thought I lived with Satan and therefore I needed to have his signs in my neck. Now that I have come to my senses, I want those tattoos removed. I am ashamed of them and I hope I will never get so confused again." At his request, the tattoos were removed by plastic surgery. This surgery was experienced by the patient as an important step in the treatment of his disorder.

DISCUSSION

This case illustrates that the gross manipulations of a patient's appearance deserves clinical scrutiny. It may well be that these manipulations mark the onset of a loss of identity in individuals who are predisposed to develop a psychotic disorder in later life (à Campo, Frederikx, Nijman, and Merckelbach 1998). Note that body-image distortions are not uncommon in schizophrenic patients—especially during the first stages of their illness (Chapman, Chapman, and Raulin 1978). Clearly, longitudinal studies that examine whether respondents with marked and frequent changes of appearance are, indeed, at a higher risk of developing psychotic symptoms are required. In psychiatric practice, clinicians do observe striking examples of patients whose psychotic decompensation is preceded by extraordinary alterations in their appearance. The case study shows that this association may have clinical relevance, although, of course, the evidence is anecdotal.

Meanwhile, the vast majority of people with extraordinary clothing styles or peculiar hairdos will never become schizophrenic. After all, in modern western society, many subcultures have their own specific dress codes and, what is exotic in one subculture may be common in another. However, when drastic changes in appearance coincide with aggression, social misconduct, and drug abuse, the possibility of a developing psychotic illness deserves serious consideration. Without careful examination of the meaning that a person attributes to changes in appearance, psychotic behavior may be misdiagnosed as antisocial or criminal, as was the case with Mr. A.

The current results in mind raise the question of going along with clients' requests for tattoo and piercing shops, as well as plastic surgeons. Surgeons sometimes intervene in a way that involves drastic and irreversible changes in appearance without thorough assessment of the motives of the patient who seeks such interventions. Even after an extensive evaluation of these motives, gross mistakes can be made. For example, in our hospital, a young man was admitted who had been hormonally treated for transsexualism for a few years. After psychotic decompensation and a subsequent treatment with neuroleptics, he recovered from his paranoid delusions, but also no longer saw himself as a women trapped in a man's body. Although a severe misdiagnosis like this is rare, more subtle self-inflicted

physical changes, may signal psychiatric illness. The case of Mr. A was presented to underline this point.

If future research would confirm that there is a robust connection between psychosis and manipulation of the body, this finding may inform clinical practice. After all, the appearance of the patient is readily observable for both family and psychiatric professionals, while the contents of delusions and hallucinations may not be, they have to be disclosed by the patient. In the case of Mr. A, the bodily signs of his illness, indeed, provided the psychiatrist with a starting point for examining his delusional thinking. The relevance of exploring changes in physical signs for clinical practice include marked changes in appearance that may serve as warning signals of decompensation. In a broader perspective, drastic changes could be an indicator for a vulnerability for psychosis in later life.

REFERENCES

À CAMPO, J. M. L. G., FREDERIKX, M., NIJMAN, H. L. I., and MERCKELBACH, H. L. G. J. (1998) Schizophrenia and changes in appearance. *Journal of Clinical. Psychiatry* 59:197.

À CAMPO, J. M. L. G., and MERCKELBACH, H. L. G. J. (1996) Schizofrene patiënten en haardracht (Schizophrenia and drastic changes in hairstyle). *Tijdschrift voor Psychiatrie* 38:690–695.

ARNOLD, V. K., ROSENTHAL, T. L., DUPONT, R. T., and HILLIARD, D. (1993) Redundant clothing. A readily observable marker for schizophrenia in the psychiatric emergency room population. *Journal of Behavior Therapy and Experimental Psychiatry* 24:45–47.

CHAPMAN, L. J., CHAPMAN, J. P., and RAULIN, M. L. (1978) Body-image aberration in schizophrenia. *Journal of Abnormal Psychology*, 87:399–407.

FELDMANN, T. B., and PAYNTER, C. N. (1988) Further examination of extreme haircutting and psychosis. *American Journal of Psychiatry* 145: 395.

MARKOWITZ, J. (1988) More on haircutting and psychosis. *American Journal of Psychiatry* 145: 271–272.

RYKEN, T., and MERREL, A. (1990) Haircutting and psychosis revisited. *Journal of Clinical Psychiatry* 51:83.

STRAWN, K., RYKEN, T., and BLACK, D. W. (1987) Extreme haircutting and psychosis. *American Journal of Psychiatry* 144:1102–1103.