‘Take a Bath’ in Mental Health Rehabilitation: The Hidden Psychobathology

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In mental health rehabilitation the focus of the professionals is on overall holistic development, but mainly on vocation and finding a suitable occupation and a place to live safely. In recent times, this has shifted to supported employment, supported housing and supported education. It is expected that in future the focus would be on the use of technology and virtual world for the purpose of psychiatric rehabilitation.

However, the family of the person with mental health problem and caregivers not only appreciate these development, they continue to have their own concerns and worries. Studies on what distresses the family members show interesting results which are an eye opener for the professionals. Behaviours and symptoms which are most distressing have been reported to be those related to self-care and personal hygiene. In clinical experience, it is noted that family members show an unduly heightened concern on cleanliness mainly in the form of bathing. Bathing is one of the indicators of recovery of the person for them. Family members do not focus as much on the changes in psychotic symptoms, as on the bathing behaviours. A study done three decades back identified behaviours which were most distressing for family members, and it was noted that almost 2/3rds had reported poor personal care as the second most distressing behaviour. Replication of this study after 25 years confirmed that this

figure enhanced to 75% of relatives indicating poor personal hygiene as a distressing behaviour.

Somehow, not much significance is given to personal hygiene in general and bathing in particular in mental health care. Though the IDEAS scale for assessment of disability has an item on personal care which enquires about cleanliness and bathing, other clinical evaluation focuses on positive and negative symptoms. The minimal guidelines for mental health centres also have a requirement of providing one bathroom for at least ten patients. The provision of this facility does not guarantee bathing behaviours of the person with mental health problem.

Bathing and not bathing form an amusingly distressing complaint by family members of persons with a mental health problem—‘he/she hasn’t taken bath for 3 days... or many weeks... or years’ to ‘takes bath many times a day’ or ‘takes bath for a very short time or very long time’. Taking a regular bath is a sign of recovery or normality for family caregivers. It is observed that manics take an early morning bath with cold water [in winter], depressives, catatonics and those with negative symptoms avoid bathing, obsessive compulsives take bath many times to deal with the obsessions. Surprisingly, one has never heard of a command hallucination asking the person to take a shower. There are also no delusions related to bathing, or the bathing soap or water being poisoned. Children and adolescents hate taking bath [normal behaviour], their parents love giving them a bath, though. Some personalities camouflage not bathing with deos and perfumes, while others have sham baths—sound of water flowing or dripping or showing a wet towel as a proof of having bathed. Bathing in Ganges and holy rivers rids one of the sins of this and previous lives. The pharma industry would sooner or later come up with specific medications to enhance bathing, and the future neurobiology and functional MRI studies would

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highlight the shower areas in the brain. Sigmund Freud missed out on explaining psychodynamics of bathing behaviours, and their psychosexual underpinnings. Psychiatric centres could experiment with bathing therapies. There could be bathing therapists. One psychiatrist advises couples with psychosexual problems to bathe, shower, soap and lather together, for arousing arousal. With so much on bathing rituals and behaviours, it is surprising bathing has not found its way in books on psychopathology and modern classificatory systems. This *psychobathology* seems to be a hidden phenomenon in mental health care.

It is for the mental health professionals to consider whether there should be some intervention focusing on this behaviour. It may be in the form of incentives or token points for observing cleanliness of the individual. Making too much of an issue of bathing leads to unhealthy expressed emotions like critical comments for not bathing and over involvement in forcing the person to take a bath. Such coercions actually may have adverse effects on the individual and should be avoided. The impact of such expressed emotions in relapsed or aggravation of the disorder are well known and researched.

This issue of the journal has a large variety of articles with a wide international flavour. These include the Validation of a Vietnamese Mental Health Recovery Scale for Vietnamese refugees, a comparison of the Opinions of Italian Psychology Students About People Diagnosed with Depression and Schizophrenia, Feasibility and

Psychometric Properties of the Recovery Assessment Scale (RAS) in People with Mental Illness for Its Use in Argentina, and Prevalence of School Non-attendance Among Children and Adolescents Being Managed for Neuropsychiatric Conditions at a Mental Health Facility in Lagos, Nigeria, The Challenge of Social Inclusion: A Basis for Enclave Community Approaches in the United States of America, In the Eye of the Beholder: Recovery and Personal Narrative from the USA, The Process of Developing a Co-design and Co-delivery Initiative for Mental Health Programming from Canada, The Relationship between Social Competence, Symptom Severity and Employment in Schizophrenia from USA, Reliability and Score Ranges of the PHQ-9 and GAD-7 in a Primary and Secondary Care Mental Health Service from the United Kingdom. Besides this there is a user perspective on living with schizophrenia and a book review of a heart touching book written by a husband and a well known Dr. Jagannath Wani, on his experiences of coping with his wife's illness and his own career. There are a few experiences from the Indian background on The Care-Giving Needs of Carers of Persons with First Episode of Psychosis: Exploratory Qualitative Findings from India, and Quality of Life of People with Physical Disabilities in a Rural Block of Tamil Nadu, India.

The popularity of the journal, and its receiving contributions from different parts of the globe, indicate a need for increasing the frequency of the journal.