

L. McKeown

Social relations and breath odour

Author's affiliation:

L. McKeown, 194 Varsity Row, Thunder Bay,
Ont., Canada P7B 5P1

Correspondence to:

L. McKeown
194 Varsity Row
Thunder Bay
Ont., Canada P7B 5P1
Tel.: +1 807 3457545
Fax: +1 807 3454491
E-mail: lmckeown@tbaytel.net

Abstract: In this retrospective qualitative study, the researcher reviewed 55 client records of The Breath Odour Clinic.

The purpose was to determine if individuals attended a clinic specialised in treating oral malodour for medical or social reasons. The study focused on the psychosocial and breath odour history. Clients had agreed to the use of information for research purposes. Society uses odour as a means to define and interact with the world. The olfactory, smelling experience is intimate, emotionally charged and connects us with the world. It follows that the smell from mouth breath odour can connect or disconnect a person from their social environment and intimate relationships. How one experiences one's own body is very personal and private but also very public. Breath odour is public as it occurs within a social and cultural context and personal as it affects one's body image and self-confidence. Body image, self-image and social relations mesh, interact and impact upon each other. Breath odour is a dynamic and interactive aspect of the self-image. In addition, breath odour may be value-coded as 'bad'. In 75% of the cases reviewed, decreased self-confidence and insecurity in social and intimate relations led clients to seek treatment at the specialised breath odour clinic. Their doctor, dental hygienist or dentist had treated medical and oral conditions but not resolved their breath odour problem. When a person perceives a constant bad breath problem, she/he uses defence techniques, and may avoid social situations and social relations. This affects a person's well-being.

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Introduction

As breath connects us with the surrounding world, bad breath odour or halitosis can play a vital role in self-image and social interaction. Pathological disease, medical conditions, medications,

hormones, saliva, stress and/or food and fluid intake can influence bacterial imbalance, putrefaction and degradation. Oral malodour or halitosis is:

a general term denoting unpleasant breath arising from physiological and pathological causes from oral and systemic sources. The principal underlying reason for occurrence of this condition in different individuals is usually related to one specific source. As the halitus is emitted through the mouth, it is admixed and tainted with malodorous volatile compounds emanating from the oral cavity. Thus, the oral malodour becomes a contributing or frequently dominant component of offensive breath (1).

Usually, oral malodour is caused by a bacterial imbalance in the mouth. Current research indicates that over 300 species of bacteria live in the mouth, and at least 80 are capable of producing bad breath. The offending species live either on the tongue biofilm or in the dental plaque (2).

Unfortunately, people are unable to accurately assess their own breath odour. Therefore, assessment and testing is important to determine if there is an actual problem. Clinical tests for assessment of oral malodour include:

- Extra- and intra-oral examination including periodontal assessment.
- Interscan Halimeter™ used to measure volatile sulphur compounds (<http://www.halimeter.com>).
- Organoleptic evaluation of nose and mouth air, and interproximal plaque.
- BANA (Benzoyl-DL-Arginine-Naphthyl Amide) reagent enzyme test strips (2).
- pH indicator strips.

To authentically address and resolve the breath odour problem, the test results are considered in relation to pathological, psychosocial factors, and food and fluid intake. The client is seen several times over a 3- to 4-month period to monitor the effectiveness of the protocols.

Purpose

The purpose was to determine if clients attend a clinic specialised in the treatment of breath odour problems for medical or social reasons.

Methodology

This is a retrospective qualitative study. The researcher reviewed 55 client records of The Breath Odour Clinic in Thunder Bay, Ontario, Canada. This research focused on analysing the breath odour and psychosocial history documentation. This data had been collected during the consultation and interview process

prior to breath odour treatment. Clients had consented to the use of data for research purposes.

Literature review

In *Many Mirrors Body Image and Social Relations*, Sault *et al.* (3) present body image as dynamic, interactive and integrated. Breath odour is a dynamic and interactive aspect of the body image, which may be redefined in accordance with changing circumstances. Breath odour affects social bonding and social interaction.

How we experience our body is very personal and private but also very public. Oral malodour is very public as it occurs within a social and cultural context. Body image and social relations mesh, interact and impact upon each other.

...body images are culturally defined by relationships with other people. ...A person's social relationships and body image are reciprocally related and grow together, with a change in one reflected by a change in the other... The body image system is dynamic, interactive and so closely integrated that neither body image nor social relations have priority or precedence over the other. (3)

The role of odour in culture is found in *Aroma: the Cultural History of Smell* (4). Odours are invested with social and cultural values. Society uses odours as a means to define and interact with the world. Smell is not simply a biological and psychological phenomenon. Smell is cultural and hence a social and historical phenomenon. 'Odours are essential cues in social bonding... often the odour of the other is not so much a real scent as a feeling of dislike transposed into the olfactory domain.' (4) Smell is important to our emotional and sensory lives. We constantly smell, are smelled, emit and perceive odours. Meanings and values are frequently attributed to these odours.

Synnott in *A Sociology of Smell* (5) states that olfaction has powerful social significance because smell is:

- highly personal, a 'smell consumption' of another
- physiologically direct
- a trigger for memories and emotions
- subliminal
- Odour can be:
 - a danger signal
 - a boundary marker
 - a distance maintainer
- an impression management technique
- a school child's joke, protest or harassment

Odour defines an individual and the group. Smell mediates social interaction. Odour is above all a statement of who one is (5). If a person's breath smells 'bad' or deviates from the olfactory

norm, the odour may be a sign that there is something wrong with their physical, emotional or mental health.

The odour is a natural sign of the self as both a physical and value judgement. Such judgements are used in intergroup relations to legitimise power differentials, and also to challenge them in a most intimate way. There is a tendency of conflicting powers to attribute foul odours to each other. The intimate emotionally charged nature of the olfactory experience ensures that value-coded odours, such as 'bad' breath, are interiorised by persons in a very personal way.

Good times equate with good smells. Even cow manure smells good when it evokes wonderful memories of happy holidays. Smells are often judged by the positive or negative value of the remembered context. The meanings of odour are therefore extrinsic and individually and socially constructed. What smells foul to one person may be fragrant to another. Odour, memory and meaning are intimately linked and deeply rooted in our personal lives every day. Significant events can change the meaning of an odour, including oral odours. In *The Body in Everyday Life* (6), the researchers state that the image we hold of our bodies is socially mediated and impacts upon our sense of self, and our level of confidence in social situations. Our perception of our body can affect our ability to relate to others and how others relate to us (7). Changes impact upon our social relations, so 'good' breath that has 'gone bad' or turned 'skunky' can negatively affect one's body self-image and confidence in social relations.

The 'skunk' is a symbol of avoidance. Upon encountering a skunk, most persons carefully maintain distance and warn others nearby of potential contamination. From a sociological standpoint, the 'skunk' we encounter may be the person with bad breath (8). Usually, we step back from the person to prevent further violation of our olfactory system. Mentally, we may label a person and inform others that the 'offending' person has a 'problem'. Seldom do we confront the person about the 'problem' for fear of embarrassment. Society does not encourage talk about intimate relationships regarding smell.

Social involvement can become severely jeopardised, particularly in modern societies in which there is growing concern about odours (9). To some extent, oral malodour defies both measurement and verbal description because a given smell may or may not be offensive to different individuals (10). Smells, unlike colours, do not remain in an encased form. Smells are formless (11). So, oral breath odour can escape and cross boundaries.

Jewish liturgical teachings, dating back about two millennia, state that a man who marries a woman and subsequently discovers that she has bad breath can summarily divorce her without fulfilling the terms of the marriage contract (12).

Results

In this retrospective analysis of the psychosocial and breath history in the 55 documents, there were 41 females and 14 males. Clients were from a variety of backgrounds such as teacher, pensioner, miner, nurse, student and sales person. Clients ranged in age from 7 to 82 years with an average age of 48 years. There is no consistent 'profile' for the person with oral malodour, as it may be found among any workers or any age group.

In 75% of the cases, someone who was important and significant in a social relationship had told the client about his/her breath odour. In 17 cases, it had been a husband, wife, spouse or partner. In 24 cases, it had been someone in a work or leisure social situation. In 25% of the cases, clients had 'self-determined' their breath problem.

Most clients had sought help for the problem from their physician, dentist and/or dental hygienist. In 23 cases, clients had asked their medical doctor, 18 had asked their dentist and 10 had asked their dental hygienist. Some clients, i.e. 12 of the 55 had asked all three professionals about the problem. About one-third of the clients, 21 of the 55, had not sought help from the medical or oral health profession. In cases where clients had seen medical and oral health professionals, systemic and dental causes were eliminated but the oral malodour problem remained.

Discussion

Our self-image is affected by what we perceive, and by our interpretation of other people's perception of us within a social and cultural context. Breath odour is part of self- and body image (6). How a person perceives his/her breath affects his/her self-image and confidence and will also affect how others respond.

Breath odour emitted from the mouth when speaking is important to a person's self-presentation in everyday life, and to his/her social acceptability. Real or perceived oral malodour affects self-confidence, self- and body image. When a person has a negative image of his/her breath odour, he/she becomes the 'skunk', the symbol of avoidance. Avoidance tactics may be used so that closeness to other people may be avoided, thus limiting social relations, for example, one young man said, 'I'm backing away from people because I am worried about bad breath. Now people are beginning to think I'm antisocial.'

Anxiety about oral malodour can significantly interfere with an individual's personal, professional, business and social life. Most people have bad breath occasionally. However, some people perceive a personal bad breath problem, although, in fact, it may not be a constant problem.

In the case of one client, she had been teaching all day and had not eaten. After work, she went for groceries. She met some of her

students in the store who said, 'Yuk, your breath stinks.' She then became self-conscious and unsure of her own breath in all social situations.

Body images are socially determined and intertwined with feelings about self. These feelings influence behaviour, particularly interpersonal relationships. In cases when the malodour is perceived only by the client, the person becomes anxious and uncertain about presenting himself or herself in favourable olfactory terms in social relations. Such clients merely need to be reassured that their own breath is fresh. As the above client stated after testing, consultation and treatment: 'If I had not come here and been tested I would not have known for sure that my breath is OK.' We are often quick to take offence at the smell of others. In this way, we both assert and maintain our respective individualities (13). Bad breath can be insidious and repulsive in the workplace. It cannot be contained and encased and may be extremely offensive when it escapes and causes distress to co-workers. A 60-year-old male said, 'I work in a mine and co-worker's bad breath odour is very oppressive in the confining small space of the cage we are in as we go underground.' Unfortunately, individuals are unaware of their own odour as it cannot be seen like a visual image in a mirror or a colour in a painting, or heard like a sound of an alarm.

Bad breath is personal, but also public, as it occurs within a social and cultural context. Yet we are very hesitant to tell people about their bad breath. It is embarrassing and difficult to approach the issue as a person's feelings may be hurt.

Often we ostracise and exclude people because their breath smells bad. Or, in other cases, people cruelly and falsely attribute bad breath to someone, knowing it will affect their self-confidence and self-image. For instance, in the case of a 13-year-old female, schoolmates were using bad breath as a means of:

'bullying' her. 'One girl made it her life's mission to harass me about my breath. I couldn't stand it any longer, so I changed schools. Thinking I have bad breath has been hard on my self-image and confidence.'

Once a person perceives a constant breath problem, he/she develops defence mechanisms and may avoid social situations. For example, a 34-year-old female aesthetician said, 'My boyfriend told me about 7 years ago. Now I am self-conscious and wear a mask while working with clients.' The boyfriend's personal comments affected this woman's interpersonal relationships at work. This woman did not, in fact, have a chronic oral malodour problem. A 21-year-old male, overly concerned about his breath, said:

I became conscious in my first dating relationship because she said my breath smelled bad. Since then I'm becoming very awkward in public. I try to act normal but I'm developing nervous quirks that turn people off.

A 42-year-old female stated that:

For as long as I can remember I have had a breath problem. People back away and cover their mouth when I talk. This lowers my confidence and self-esteem.

A 72-year-old female said:

Years ago my husband told me once in a while about my breath. Also, my sister long ago said, 'Turn your face.' My breath problem causes me stress and embarrassment. I have avoided getting close to anyone for years.

Offensive breath odours disconnect us from the social environment and intimate relationships. Oral malodour, real or perceived, requires testing and treatment by professionals who are knowledgeable and trained in proper testing and analysis.

Conclusion

How we experience our body is very personal and private but also very public. Breath odour, part of one's body experience, is very public as it occurs within a social and cultural context. In this retrospective study, the researcher determined that once a bad breath problem is experienced, or thought to exist, an individual's self-confidence, self- and body image is eroded. This leads to insecurity in social situations.

The researcher also found that social interactions were the main reasons that clients sought help. Oral malodour, real or perceived, is a social disability, as smell can separate people most profoundly. For people who interact regularly with the public, their oral malodour can cause discomfort in other persons. Thus, a person's effectiveness at work can be diminished. Some people may be obsessed with clean breath to the point that their own effectiveness is impaired (14). Halitosis or bad breath is a common condition that affects personal relationships. In addition to cases of actual halitosis, a pervasive fear of bad breath, known as halitophobia, severely interferes with some people's quality of life (15).

Smells arouse people. Then, things happen, and depending on whether the experience is pleasant or unpleasant, the odour will be remembered as 'good' or 'bad'. Although the recognition and treatment of oral malodour may seem insignificant among the existing plethora of medical conditions, it can have a profound effect on a person's social relationships. Breath problems need to be seriously considered and treated appropriately.

Future research

Further research is required about oral malodour, body image and social relations. In a sociological approach to mouth odour research, questions might be: What are the social dynamics involved in the

identification of mouth odour? What are the relations between perceived odours and labelling or social 'typing'? What are the circumstances that render breath odour attractive, neutral or repulsive in social relationships? Do partners report oral malodour because they have a trusting caring relationship, or does the breath start to smell 'bad' as the relationship deteriorates? Odours are very powerful emotional stimuli and can arouse emotional memories. As odours have the ability to affect emotions, is there some evidence that when a partner's breath becomes 'skunky' it is time to seek counselling to help rescue the relationship?

Presently, the media marketing of breath odour control products indicates that public interest exceeds scientific endeavours. Thus, there is much to be learned through future research of oral malodour and social relations.

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