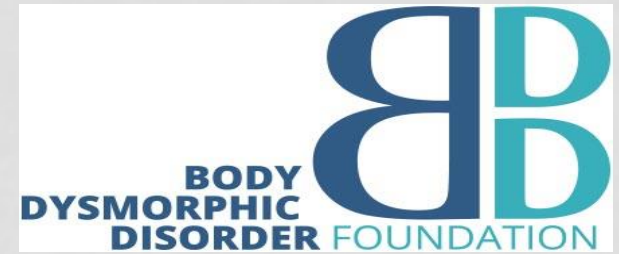


**Institute of
Psychiatry**
at The Maudsley

KING'S
College
LONDON



BODY DYSMORPHIC DISORDER

ROB WILLSON - COGNITIVE BEHAVIOURAL
THERAPIST



@RobCBTherapist

BDD IS NOT A 'MODERN DISEASE' : DYSMORPHOPHOBIA

A subjective feeling of ugliness or physical defect which the patient feels is noticeable to others, although the appearance is within normal limits. (Morselli 1891)

DSM-5

- A. Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.

DSM-5

B. At some point during the course of the disorder The individual has performed repetitive behaviours (e.g. mirror checking, excessive grooming, skin picking, reassurance seeking), or mental acts (e.g. comparing his or her appearance with that of others) in response to the appearance concerns.

DSM-5

C. The preoccupation causes clinically significant levels of distress and/or impairment in social, occupational some other important area of functioning.

DSM-5

D. The appearance preoccupation is not better explained by concerns with body fat or weight in individual whose symptoms meet diagnostic criteria for an eating disorder.



ED, NOT BDD!

MUSCLE DYSMORPHIA: DSM-5

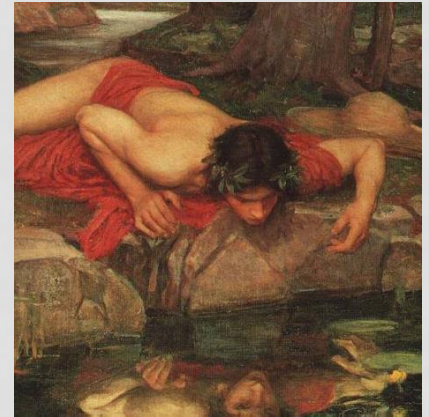
“The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular. This specifier is used even if the individual is preoccupied with other of the areas with other body areas, which is often the case.”

INSIGHT

- **Fair insight:** the individual recognises that the body dysmorphic disorder beliefs are definitely or probably not true, or they may or may not be true.
- **Poor insight:** the individual thinks that the body dysmorphic disorder beliefs are probably true.
- **Absent insight/ delusional beliefs** the individual is completely convinced that the body dysmorphic disorder beliefs are true.

BDD MYTHS?

- BDD is rare
- It's a disease of our modern times
- It's a young persons problem
- You can't help people with BDD
- Only women have BDD
- BDD is basically low self-esteem
- BDD is basically the same as an eating disorder
- People with BDD are narcissists
- It's not really a serious problem, everyone worries about their looks
- The way to recover is to get the right information about how you really look and then to improve your appearance if necessary.



BDD FACTS

- BDD is common, affecting around 2% of the population
- It's been recorded since the 19th century
- It starts on average age 13, can last decades.
- People with BDD can be helped with specific CBT and SSRI medication.
- Only slightly more women than men have BDD.
- BDD is a (serious) psychiatric disorder
- BDD is a separate problem from eating disorders
- People with BDD are distressed and preoccupied, not narcissists
- It's really a serious problem, not everyone worries about their looks for several hours a day
- The way to recover is to re-focus and reduce preoccupation with appearance, improve mood, reduce distress, and re-gain your ability to function in all important areas of life.

WHAT IS BDD?

- **Criticising and worrying** about the way part of your body looks (but not mainly about being thin enough or worrying about becoming fat)
- Spending **a lot of time** (more than an hour) thinking about appearance every day.
- **Checking or 'fixing'** appearance (e.g. checking in the mirror or other reflective surfaces, grooming activities, or skin picking).
- **Hiding, covering, or disguising** a perceived flaw in appearance (e.g. with make-up, hats, bulky clothes, or body posture)
- **Comparing** your appearance to that of other people.
- **Avoiding** places, people, or activities because of your appearance concerns (e.g. bright lights, mirrors, dating, social situations, being seen close-up)
- Appearance related critical thoughts that cause a lot of **anxiety & shame**.
- **Interference** with work, school, family, socialising, or relationships because of your appearance concerns

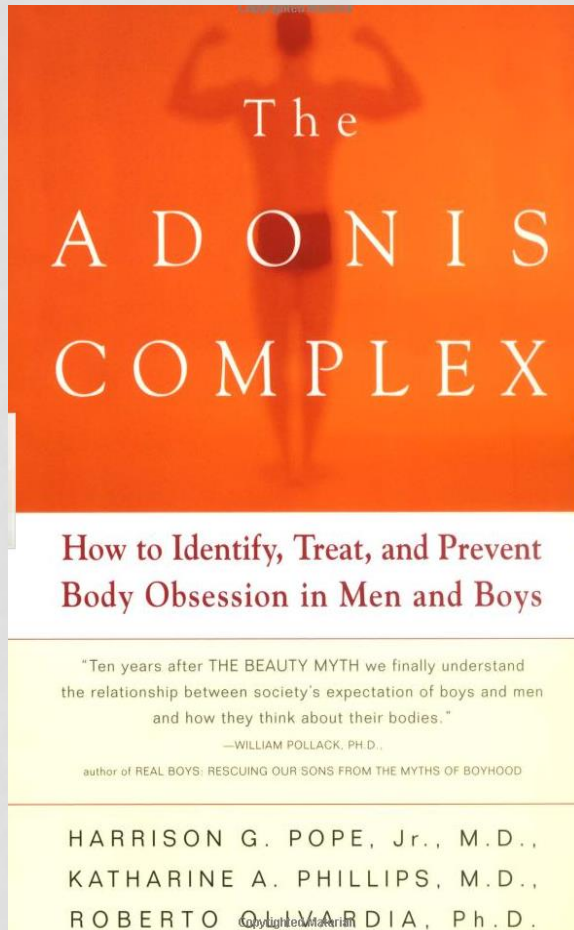
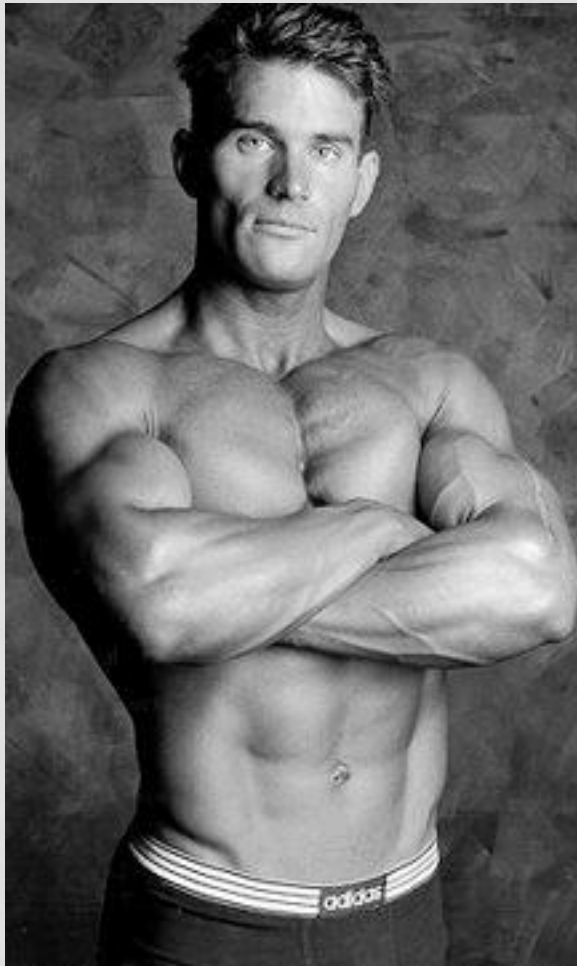
COMMON APPEARANCE CONCERNS IN BDD

- May be any area of the body
- Often multiple areas of the body
- 'Too small', 'too big', 'doesn't fit together', 'out of proportion', 'not symmetrical enough', 'just ugly', 'disgusting'
- Face most common (nose, facial skin, hair, eyes, teeth, lips, chin)
- Concerns about size and shape of penis, and of labia increasingly presented

‘IT’S NOT UNUSUAL...’ THE PREVALENCE OF BDD

- 1-2% of the general population
- 4-5% of people seeking medical treatment
- 5-10% of cosmetic surgery patients
- 8.8-12% of dermatology patients
- 8% of people with depression

BDD AFFECTS MEN AND WOMEN (ALMOST) EQUALLY!



IDENTIFYING CAUSES OF BDD

- Genetics
- Personality traits
- Life-experiences
- Biology
- Neurology
- Environment
- Social

However accounts of 'cause' may not give complete answers regarding maintenance or treatment (and vice versa)



BDD probably caused by a interacting mixture of factors

PSYCHOLOGICAL 'CAUSES' OF BDD?

So, if BDD is not 'about' your appearance, but does not 'reflect' the way you look, what is behind your BDD?

- Bullying?
- Teasing?
- Humiliation?
- Over-emphasis on appearance in family?
- Feeling defective; appearance is all I've got going for me?
- Perfectionism?
- Fear of humiliation or rejection?

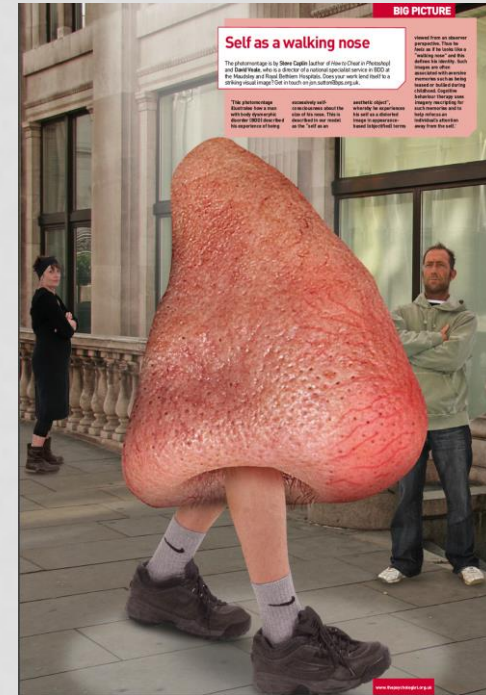
Solution (avoidance & rituals) become the problem.

Key is to build understanding, compassion, and an anti-BDD plan. And the steadily and systematically follow the plan, not how you feel.

ACCOUNTING FOR A DISTORTED BODY IMAGE

Our body image (including what you see in the mirror) is NOT a picture projected from your eyes into your brain; Our body-image is CONSTRUCTED by your brain mostly from information other than what you see e.g.

- Mental images (intrusive, self-constructed, observer perspective) can easily be misinterpreted as ('fused' with) reality
- Memories, ('ghosts from the past')
- Bodily sensations
- Emotions & Felt sense





Visual perception studies show that we SEE WHAT WE BELIEVE

Social psychology studies show that comparing (e.g. against others appearance) increases dissatisfaction

Countless research studies show that our emotions cause biases in our perceptions - how/what we hear, feel, think, and see. The more negative the emotion, the more negative the bias in perception.

- Mental cosmetic procedures increase dissatisfaction
- Vigilance for laughter or whispering - if you look for trouble you'll find it. Increases self-consciousness.
- 'Tuning in' to bodily sensations to assess magnifies them, which feeds distorted body-image

Preoccupation, checking, may over-stress aspects of the brain linked with and interfere with it's functioning – can't see the wood for the trees:

"individuals with BDD have abnormal brain activation patterns when viewing their own face, showing hyperactivity in primary and secondary visual processing regions for [blurred] faces and hyperactivity in frontostriatal systems for [normal] faces,"
(Feusner, 2010)

NOT HELPFUL FOR BDD

- Repeated reassurance
- Cosmetic or dermatological procedures
- Debates on whether you have BDD
- Minimising the problem
- Telling them to pull themselves together
- Calling self or being called, crazy or narcissistic
- Treatment as psychosis

MEDICAL TREATMENT



"And so the Ugly Duckling was diagnosed with body dysmorphic disorder and put on a course of selective serotonin reuptake inhibitor antidepressants"

High dose SSRI anti-depressants.

Same as OCD.

'Dose-response' relationship, so important to build to high dose.

THEORY A

- Theory “A” is the one you been acting on - that your problem is your appearance.
- It means you have to try very hard to hide or to alter your appearance. However your solutions then become your problem and caused increasing interference and distress.
- What have been the consequences to you of following Theory A?

THEORY 'B'

- Theory B is that *preoccupation with your appearance is the problem*. This means you become excessively self-conscious about your appearance. (This has probably developed from some of your early experiences such as being teased and bullied).
- Have you noticed that solving your problem as an appearance problem makes your preoccupation and distress worse?
- Would you be prepared to act as *if* it was Theory “B” for at least three months? You can always go back to Theory “A” if it’s not working?
- If Theory B were true what would this mean in how you solve the problem?
- What would be the positive consequences of following theory B?

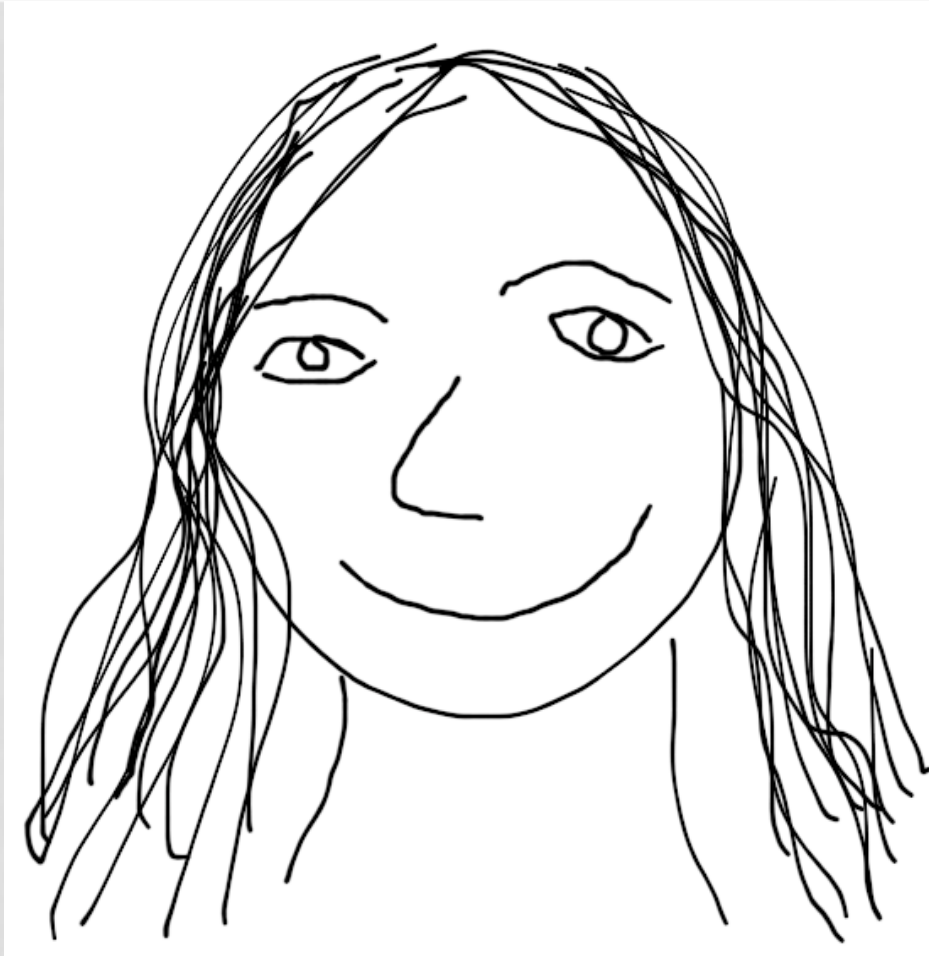
CBT FOR BDD IN A NUTSHELL

- Key is to understand what makes your BDD (preoccupation, distress) worse/better
- Test out treating your BDD 'as if' it's a psychological problem for e.g. 3 months
- Reducing & stopping rituals/safety behaviours e.g.
 - Checking
 - Reassurance seeking
 - Comparing
 - Camouflage
- Approaching feared/avoided situations
- Dealing with mirrors and photographs
- Detached observation of critical thoughts, mind reading etc.
- Attention training
- Building self-compassion
- Reclaiming life from BDD

PRE- INTERVENTION SELF- PORTRAIT



POST-INTERVENTION SELF- PORTRAIT



REFERENCE POINTS

- Literature on BDD still lacking, so helpful to think of BDD as similar to (but not the same as!):
- OCD
- Social Phobia
- Health Anxiety

COGNITIVE MODEL OF BDD

1. Dissatisfaction with some aspect(s) of appearance is common but approx. 1% of population develop BDD.

CB MODEL CONT..

2. Distress relating to ‘flaws’ mediated by meaning attached.

Note: These meanings frequently related to earlier experiences.

CB MODEL CONT..

3. Excessive focus of attention on 'defect' appearance leads to:
- i) Increased self-consciousness.
 - ii) Magnification of defect and minimisation of other aspects of appearance/self in ones mind.
 - iii) Greater sensitivity to changes in appearance (Ugly days, lighting, mirrors)

CB MODEL CONT..

4. Strategies employed by sufferers as attempts to reduce distress increase preoccupation.

THE SOLUTION IS THE PROBLEM



THE SOLUTION IS THE PROBLEM...

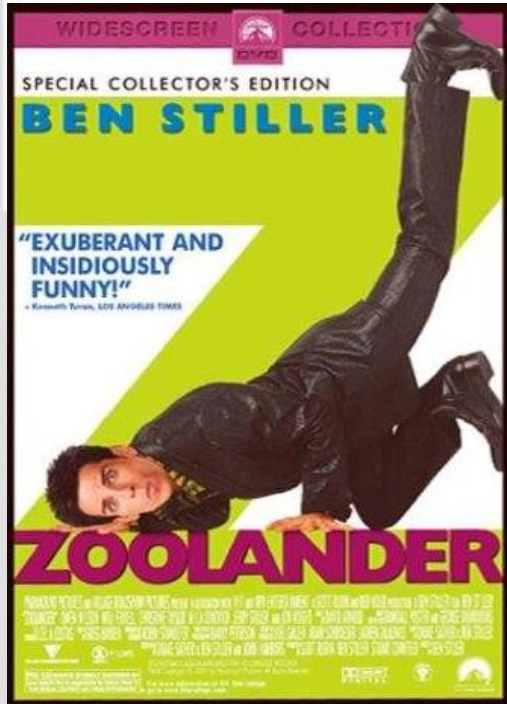
- Wearing a hat, baseball cap, sunglasses, baggy clothes, scarf
- Long hair to hide face
- Sitting in particular way to hide the worst side
- Avoiding eye contact
- Skin-picking
- Mirror gazing, checking, or avoidance - also other reflective surfaces
- Reassurance Seeking
- Checking by touch, measuring
- Camouflage using clothing, padding, hairstyle, or make-up
- Attempting to distract others from 'defect' e.g. jewelry, accentuating other body parts; body piercing or a tattoo
- 'DIY' Cosmetic Surgery, dermatological treatments, and dental procedures
- Careful choice/avoidance of mirrors
- Use of alcohol/drugs in social situations
- Frequent trips to Beauty Salon or Hairdressers.
- Often looking for & trying out new skincare/beauty/hair-care products
- Researching or seeking cosmetic surgery
- Collecting magazines for photographs and appearance related articles
- Photographs of self on mobile phone
- 'Policing' photographs, facebook etc.
- Avoidance of 'attractive' people
- Careful choice of lighting
- To name but a few....

CB MODEL CONT...

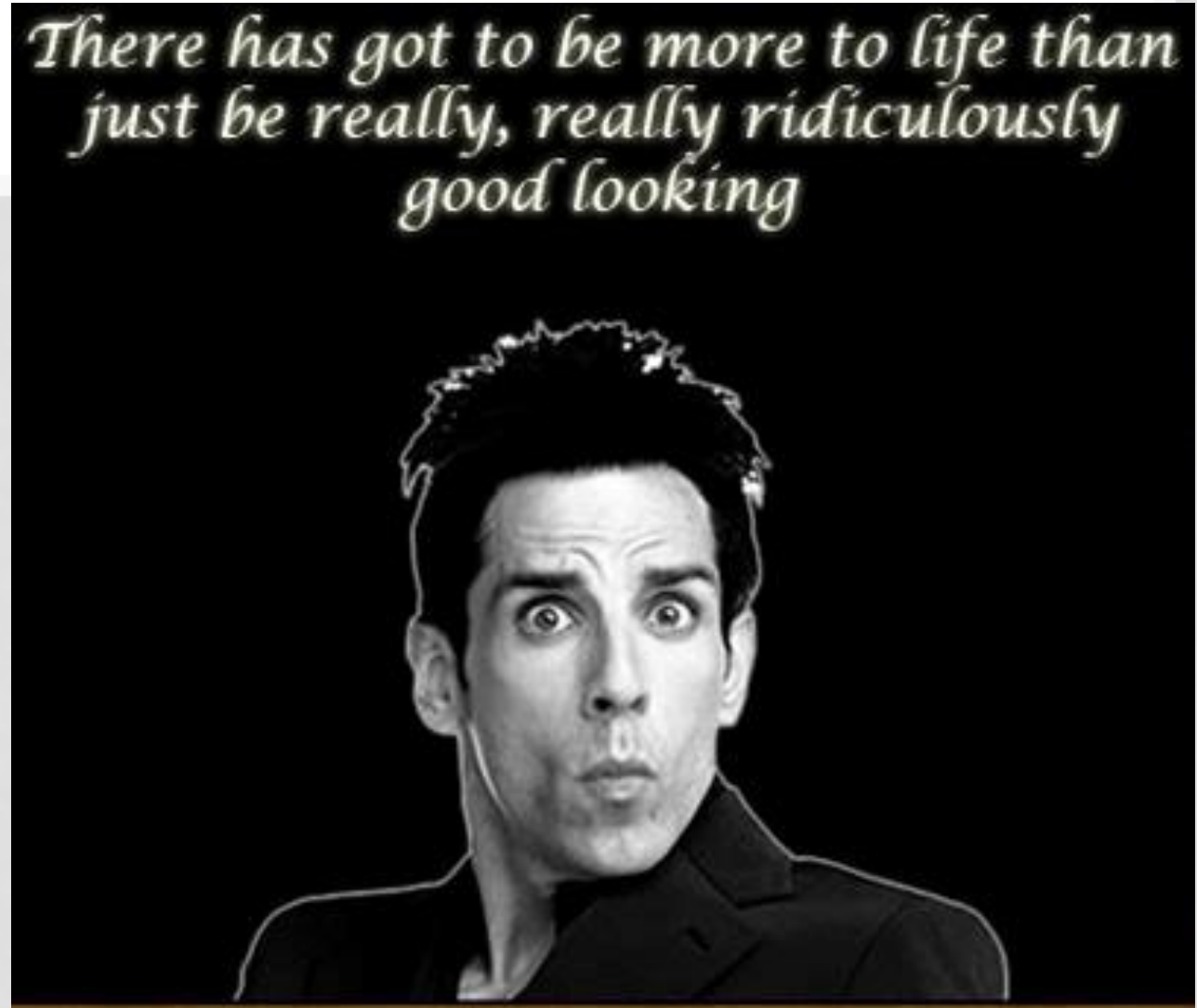
- Mental and behavioural strategies in BDD frequently lower mood:
- Altering perceptions
- Altering appearance
- Increasing plausibility of negative meanings/images
- Greater level of isolation
- BDD loves a vacuum

CB MODEL CONT..

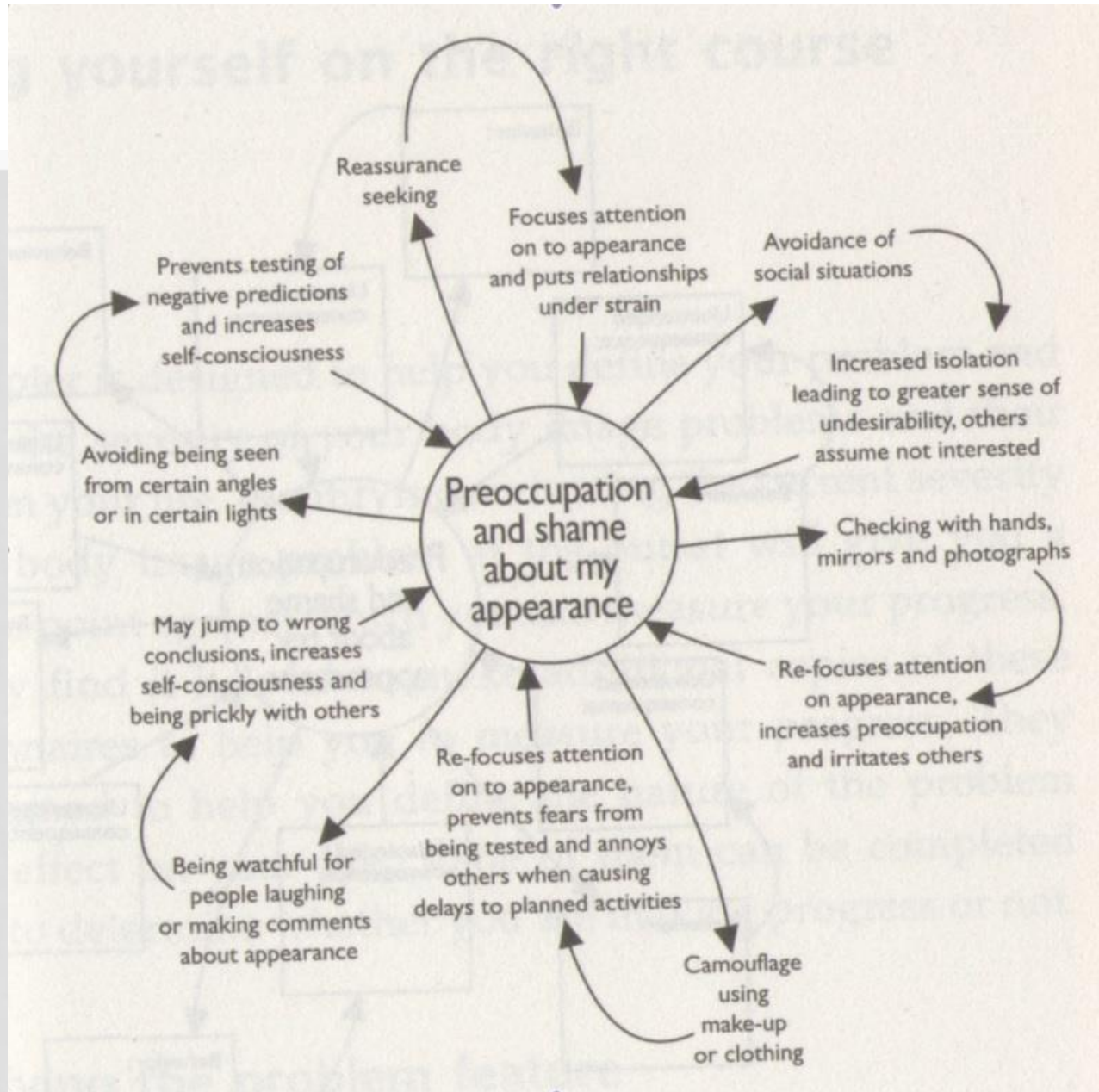
Assumed responsibility and blame for 'causing' the defect (e.g. through seeking cosmetic surgery, DIY cosmetic surgery, picking, choosing the wrong hairdresser) leads to feelings of Guilt and increased Depression.



What might a healthy attitude toward appearance look like?



VICIOUS FLOWER



DETACHED OBSERVATI ON



MOTIVATIONS AND META-COGNITIONS

- If I can work out why I look so ugly then maybe I can fix it
- I criticise myself so it stops me from deluding myself that I look OK
- It mentally prepares me for being humiliated
- If I plan what I can do to fix it, it gives me hope and stops me from committing suicide
- If I don't compare, I won't know where I stand

MOTIVATIONS FOR MIRROR GAZING

- Hope that I will look different
- Need to camouflage self
- Need to know exactly how I look
- Compare with ideal or how I used to look
- Mental cosmetic surgery
- Feel worse if I resist

ATTENTION TRAINING

- Aim is to reduce self-consciousness and preoccupation
- Attention training technique (ATT)
 - Listening -Wells
- Task-concentration training - Bogels
 - A short walk, can be graded
- Both require regular practice

AIM FOR ATTENTION

- Largely externally focused
- View whole of self in reflection
- Slight self-serving positive bias
- No rating/ judgement of self
- No associations or fusion with past aversive experiences

VALUED DIRECTIONS

Your true values can get lost when you have BDD or get mixed up with (and very much diluted by) BDD.

What do you really want to be about?

What do you want to be remembered for?

What will you want to look back upon on your deathbed?



WHAT DO YOU WANT TO BE ABOUT IN TERMS OF..

- ☐ Career
- ☐ Intimate/romantic relationships
- ☐ Parenting
- ☐ Education
- ☐ Friends/Social life
- ☐ Family
- ☐ Spirituality
- ☐ Community/society
- ☐ Physical health/fitness
- ☐ Recreation/leisure

NEGLECTED ASPECTS OF PERSONALITY?

MORE YOU, LESS BDD!

- * Creativity
- * Open-mindedness
- * Love of learning
- * Courage
- * Industriousness
- * Enthusiasm
- * Kindness
- * Social intelligence
- * Forgiveness
- * Discretion
- * Appreciation of excellence
- * Hope
- * Ingenuity
- * Good judgment
- * Perspective on life
- * Perseverance
- * Honesty
- * Love
- * Generosity
- * Teamwork
- * Humility
- * Self-control
- * Gratitude
- * Optimism
- * Curiosity
- * Spirituality
- * Wisdom
- * Diligence
- * Authenticity
- * Connectedness
- * Social skills
- * Fairness
- * Prudence
- * Appreciation of beauty
- * Sense of humour
- * Playfulness

KEY POINTS

- Avoid using BDD diagnosis as form or reassurance.
- Be warm and understanding as to why it might be (e.g. personal history) that you worry too much about your appearance REGARDLESS of how you think you look.
- Fully commit to tackling your concerns 'as if' BDD even if VERY unsure (most are). Temporarily SUSPEND judgment on appearance/body parts.
- Identify clearly all of the safety strategies that you use, consider that the solution is the problem.
- Systematically cut back and stop safety behaviours and start facing fears. REPEAT!!!

KEY POINTS CONT...

- Practice detached observation from negative thoughts and images 'I'm having the thought that....'
- Refrain from scrutinising your appearance in mirrors, photographs, reflective surfaces etc..
- Re-train your attention
- Avoid ruminating and dwelling
- Avoid planning and preparing
- Fully engage with sides of your personality & values aside from personal aesthetic.

FILLING THE VOID LEFT BEHIND ONCE YOUR BDD HAS GONE - CRUCIAL FOR RELAPSE PREVENTION



THE FAR SIDE • Gary Larson



The woods were dark and foreboding, and Alice sensed that sinister eyes were watching her every step. Worst of all, she knew that Nature abhorred a vacuum.

SUPPORT AND INFO

- BDD support group runs at the priory hospital southgate 3rd Sunday of every month 4-6pm
- OCD Action
- BDDHelp.co.uk
- The BDD Foundation
- Ifeelugly.info

