



Building Body Acceptance

Module I

Understanding Body Dysthormic Disorder

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Introduction

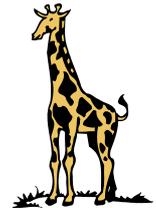
Are you a person who finds that you spend a great deal of time focussed on a particular aspect of your appearance? Do you view a particular part of your body as seriously flawed in some way? Have you noticed that your efforts to improve or hide the area of concern from others is becoming time consuming and affecting your life in a negative way? Do you have trouble believing others when they tell you that you look fine? If you answered yes to any of these questions, you may be experiencing a problem called Body Dysmorphic Disorder and you may want to keep reading these “Building Body Acceptance” Modules.

The aim of this current module is to provide you with some general information about body image and Body Dysmorphic Disorder, to consider how this problem might develop, and to discuss some of its negative consequences. In later modules, we will discuss how you can overcome this problem.

What Is Body Image?

From time to time, most people will feel somewhat dissatisfied with particular aspects of their appearance, perhaps thinking that their thighs are too big, skin is too blotchy, or that they are not tall enough. Furthermore, most people will engage in some level of personal grooming, will check the mirror to see how they look, and may use make-up or other treatments to enhance their physical appearance. However, there is a difference between momentary dissatisfaction with your appearance, which we all have from time to time, and a body image problem.

Before we get started, it is important for us to think about what we mean by *body image*. Of note, the term *body image* does not refer to how you actually look. An *image* of something usually refers to a representation of the original thing. For example, a memory is a mental representation of a past event, and a photograph is a visual representation of the thing in the photograph. We say it is a representation because it often does not have the same qualities as the original thing. For example, an A4 sized photograph of a giraffe does not mean that giraffes are actually A4 sized.



Body image therefore refers to a representation that you have of your physical appearance. All of us have a view of how we look and may evaluate this in a positive, negative, or even neutral way. However, individuals with a body image problem may have a particularly negative and sometimes biased view of one or more aspects of their appearance. This negative view can lead to a preoccupation with the area in question, and to high levels of worry and distress.

Before we go further, take a few moments to describe your appearance, and how you feel about your appearance.

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BDD is thought to affect approximately 1-2% of the population, and affects men and women equally. It often arises during adolescence, however most people who are diagnosed with this problem do not receive a diagnosis until 10 to 15 years after their symptoms began. It is thought that this may be due to the secrecy and shame often associated with the problem, which prevents people from seeking help.

While BDD may present in many different ways, take a moment to consider the following two case examples:

Jane is a 36 year old woman who attended her GP complaining of depressed mood. Upon further questioning it was found that over the past few years Jane has slowly withdrawn from her friends, and often refuses to leave the house due to what she describes as her “hideous” looks. Jane feels that the lines around her eyes make her look much older than she is, and she worries that others will notice this and be repulsed by her advanced ageing. Jane frequently checks her lines in the mirror, and applies eye cream approximately once per hour. She will not go to the shops to buy groceries unless she has carefully applied make-up and styled her hair forward to conceal the lines around her eyes as much as possible. Jane has been spending what little money she has on trips to the beauty salon and expensive creams. She says that the main reason she is depressed is because she cannot afford the plastic surgery that she knows would fix this problem. When Jane’s GP told her that her lines were very faint, barely noticeable and more than appropriate for her age, Jane said she knew he was just being kind and asked if he knew of any new treatments that could help her with this problem.

Bill is a 28 year old man who attended his GP complaining of high anxiety. Bill described feeling very anxious being around other people, such as at work, going on dates, catching up with his mates, and even attending family gatherings. Generally Bill avoids these sorts of situations as much as possible, and he is considering quitting his job. Bill’s fear of social situations seems to have started in recent years, since becoming preoccupied with the idea that he is balding. Bill worries that his hair is prematurely thinning, that this is very noticeable to others, and that people will ridicule and mock him. He has begun spending money on expensive hair replacement treatments. Bill feels better in situations where he can wear a cap to cover up his hair, but becomes highly anxious in situations where this sort of attire is inappropriate (e.g., at the office). When the GP told Bill that his thinning was hardly noticeable, Bill felt he wasn’t being taken seriously.

In summary, Jane and Bill’s stories are consistent with a diagnosis of BDD because they meet the three criteria used to diagnose BDD by experts around the world.

1. Jane and Bill are experiencing a **preoccupation** with a slight defect in their appearance
2. The preoccupation and associated behaviours are **significantly affecting their ability to function** in some way (e.g., socialising, leaving the house, working) and are causing them **significant distress** (e.g., depression, anxiety)
3. Their symptoms are **not due to another mental health problem**, such as an eating disorder*

So at the heart of BDD is a fairly specific **negative body image** that one tries to manage via various behaviours that are intended to improve things, but often backfire and make things worse. From now on we will use the term ‘negative body image’ to refer to the perceived flaws in your appearance that seem to preoccupy you the most. We have settled on this term, because it is likely at this early stage you believe that the body image you hold is very much accurate and in tune with how you really look. But, whilst at the moment you might see this image as an accurate one, hopefully you can also acknowledge that the image is a negative one, and that you would like to feel better about how you see yourself. We will also use the terms ‘flaw’ or ‘defect’ to describe what you perceive as a flaw or a defect, even if others wouldn’t necessarily agree. What matters most is the distress your appearance causes you.

* **While BDD and eating disorders are often both thought of as being body image problems, they require different treatment approaches. If your preoccupation is mainly with your weight/shape and you have changed your eating patterns because of this, we recommend that you instead review the “Overcoming Disorder Eating Modules” available at www.cci.health.wa.gov.au. Due to the associated medical risks, we recommend that you contact your medical practitioner if you are engaging in extreme food restriction, vomiting, laxative use or excessive exercise.**

Could I have BDD?

If you are reading these modules, it is possible that you have already been wondering whether you need to work on your body image. Alternatively, these modules may have been suggested to you by a friend, colleague or health professional. Either way, if you are uncertain about whether these modules are right for you, we suggest that you complete the following quiz to see if BDD might be a current problem.



	Never	Occasionally	Often	Very Often
I feel very dissatisfied with one or more aspects of my appearance				
I have difficulty concentrating on things other than how I look				
I use words like <i>ugly</i> , <i>defective</i> , <i>unattractive</i> , or <i>horrible</i> to describe my appearance				
I check my appearance in the mirror or other reflective surfaces or I avoid mirrors or reflective surfaces because of the way I look				
I use cosmetics, clothing or other means to camouflage aspects of my appearance				
I hold my body in certain positions to hide aspects of my appearance				
I ask others whether I look okay or I try to convince them how bad I look				
I have trouble believing people when they say I look fine				
I compare myself to others and think that I look worse than them				
I spend time researching ways to fix my appearance				
I spend time trying to improve the look of the body part I dislike (e.g., by picking my skin, getting cosmetic treatments, grooming)				
I contemplate cosmetic surgery				
I avoid socialising because of how I look				
I avoid intimate relationships because of how I look				
The way I feel about my appearance prevents me from doing things I would like to do				

If you have answered most of the above questions with Often or Very Often, then BDD might be something you want to work on. BDD can be experienced from mild to severe levels, so even if you have only answered Often or Very Often for a few of the above statements, you may still want to stay with us as you might learn some skills that could be useful in the future.

My Negative Body Image

At this stage, we recommend that you identify more clearly your **negative body image**. You might do this by closing your eyes and bringing an image of yourself to mind. Note how you see yourself in your 'mind's eye'. Be aware of the details of the picture you see. Be aware of any other felt impressions or sensations that might go with this picture (e.g., a burning, tingling or raw sensation to represent acne, or a sensation of heaviness in a body part that you see as being too large, etc).

Open your eyes and use the information you gathered in that image to record the following:

The particular body part or aspect of my appearance that I am highly dissatisfied with is:

My main concerns about this body area or aspect of my appearance is:

The picture I see of myself looks like:

The other sensations that go with this picture are:

See if you can summarise all this information into one sentence that captures your negative body image (e.g. “I have terrible disgusting acne”, “my nose is horrible and huge”, etc)

My Negative Body Image is... _____

If you feel comfortable to do so, it can also be interesting to take the time to draw a portrait of yourself. Sometimes we can better capture how we think and feel about something using pictures rather than words. You don't have to be a brilliant artist to be able to do this, using stick figures or any other visual representation is fine. The main thing is that it captures in some way how you see you. At the end of these modules we will ask you to do a self-portrait again, so you can see if there have been any changes in your impression of yourself.

MY SELF PORTRAIT

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Negative Impacts of BDD

BDD can have numerous negative impacts. Below are the most common areas affected by BDD.

Social and romantic relationships. If you are worrying that others will notice and negatively judge your appearance, you may restrict your socialising to very limited circumstances (e.g., only going out at night so that others are less likely to notice your flaw), or you may avoid socialising outright. You may also avoid romantic and intimate relationships for fear that your partner or romantic interest will notice the flaw, be repulsed in some way, and no longer wish to be with you.

Supportive relationships. Time spent worrying about or trying to conceal your appearance or seeking treatments from professionals, may impact on your ability to attend to important family matters. Family and friends may become distressed at seeing you so upset over your appearance. On the other hand, they may become frustrated if you continue to worry despite them continuing to reassure you that everything is okay. In some cases, you may feel let down by or even angry towards your family or friends for not understanding what you are going through, or for not helping in your efforts to change your appearance.

Work or study. The time taken with checking, grooming, and avoidance behaviours often associated with BDD mean that you may fall behind with your work or study requirements. Due to the often excessive worrying and concern, you may also find it difficult to concentrate on your work or study tasks, such that everyday tasks take longer to complete. In addition, you may find it difficult to enter work or study environments, due to your concern that others will notice and judge your appearance. As such, distress about your appearance may be stopping you from having the career you desire.

Life enjoyment and satisfaction. Constant focussing on perceived defects can lead you to experience feelings of depression, anxiety, embarrassment and shame. In some cases, you may become so focussed on your perceived defects and seeking ways to improve your appearance, that you will stop doing things that you used to enjoy or that gave you a sense of achievement (e.g., exercise, hobbies). This withdrawal leads to further depressed mood, as you limit your opportunities for fun and positive experiences. As such, your life can become very narrow, limited and unfulfilling.

Secrecy and shame. Many people with BDD will not mention their concerns to anyone because they are worried about appearing vain or superficial. They may also worry that by mentioning their perceived defect to another person, they will then draw attention to the defect. For those who do mention their concerns, the response from others is often that they look fine. While well-meaning, this type of response can make someone with BDD feel more isolated and misunderstood, and less likely to want to mention the problem again.



Finances. Multiple or repeated beauty or cosmetic procedures, time spent away from work, and even travel costs to attend dermatology or plastic surgery can soon start to add up. For some people, the preoccupation, grooming and checking behaviours associated with BDD can become so overwhelming or time-consuming that you are no longer able to work.

If you believe you may be experiencing BDD, take a moment to write down how it is affecting you in a negative way.

How Does BDD Develop?

So far we have discussed what we mean by the terms *body image* and *Body Dysmorphic Disorder*, have considered whether this may be a problem for you, and have explored some of the negative aspects of experiencing such a problem. However, something that many people who experience this problem will ask is, “why do I have this problem?”

The exact cause of BDD is not known. While there is some evidence that BDD, like most disorders, may in part be inherited or have a biological base, it is generally accepted that several other important factors can increase the likelihood of you developing the problem. For example, people with BDD often report the following prior experiences:

Having others around you experience a body image or anxiety problem

Especially during your childhood and adolescence, your experiences can strongly influence how you view yourself. If you witness someone such as a parent or friend worrying excessively about their own appearance and going to large efforts to try to improve or conceal a perceived flaw, it may increase the chances of you also worrying about and trying to amend an aspect of your appearance. If you have been exposed to others who set strict standards regarding appearance, or who are anxious about their appearance being negatively judged by others, it can also increase the likelihood that you too will set strict standards about your appearance and hold concerns about your looks being judged by others.

Acne or other physical changes during adolescence

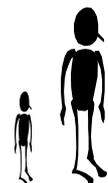
Adolescence is not only a time of rapid physical change, but also a time when being accepted and “fitting in” with others is particularly important. The onset of acne, hair growth, weight gain, growth spurts, and breast enlargement are some common changes that occur during puberty. If you were concerned that you were developing too quickly, too slowly, or that a previously acceptable or even attractive feature (e.g., smooth skin) has changed unfavourably, this can increase your chances of becoming focussed on and wanting to cover up that feature.

Experiencing a change in your appearance

Outside of adolescence, a change to a previously acceptable or attractive feature can also be judged negatively and increase your concern regarding that particular feature. The development of fine lines around your eyes or mouth, weight gain, scarring, the loss of hair with age, and the changes women experience to their bodies post pregnancy, are common examples of changes that can increase the amount of concern one has regarding their appearance.

Having experienced negative comments, bullying or teasing

While not everyone who is teased or bullied about their appearance will go on to develop BDD, many people with BDD report specific memories of this, especially during their adolescence. Regrettably, bullies will often focus on something that you may already be feeling insecure about. Hurtful name calling such as “pizza” or “freckle face”, and negative labelling such as “ugly” are unfortunately common in the school yard. Even seemingly playful nicknames, such as “stretch” for someone who is taller than average, can leave you believing that others simply cannot see past that aspect of your appearance, and are evaluating you solely based on how you look. In some cases, even witnessing such events happening to another person can increase your belief that others judge and accept their peers based primarily on appearance.



Social and cultural pressures

Throughout history and even in different current cultural groups, perceptions of beauty have varied greatly. For example, contrary to current western ideals, being well above average weight in some cultures is viewed as a sign of wealth and prosperity. Unfortunately, particular industries such as those concerned with cosmetic products and procedures, dietary supplements, and fashion, have a vested interest in making us feel like we are not quite good enough and that we could do more to improve our appearance. The use of methods such as soft lighting and airbrushing of magazine photographs can also lead to the normalising of somewhat unrealistic and unattainable appearance standards.

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Take a moment to write down any experiences you have had that may have increased your concern and focus on your appearance.

As mentioned, these are simply some of the common experiences that people with BDD have reported. It certainly does not cover all possible contributing factors. Don't worry if you are not able to identify any particular factors that may have contributed to the problem starting in the first place. You can still work on changing the problem even if you don't know where it came from.

The Good News

Given that your susceptibility to developing BDD may have been influenced by biological factors or even experiences from the past, it may at first seem a little discouraging. After all, there is little we can do to change our biological make-up, and we certainly can't go back and change our past. But the good news is that it doesn't necessarily matter how you came to develop BDD, when it comes to taking steps forward to change it. It is really important to read on, because as you will see in the next module, there are things that we do in the 'here and now' that keep our BDD going...and these are the things we can do something about to overcome this problem.



What You Can Expect From This Information Package

This information package is designed to help you begin to reduce any preoccupation you may have with an aspect of your appearance, and to address any unhelpful behaviours you may be engaging in due to concerns about your appearance.

We have begun with a discussion about what BDD is, what impact it can have on one's life, and how it may develop. In the next module, we will explore and discuss what keeps BDD going. The modules after these will focus on what you can do to overcome BDD.

The following are the modules that make up this information package:

- Module 1: Understanding Body Dysmorphic Disorder
- Module 2: What keeps BDD Going?
- Module 3: Reducing Appearance Preoccupation
- Module 4: Reducing Checking & Reassurance Seeking
- Module 5: Overcoming Negative Predictions, Avoidance & Safety Behaviours
- Module 6: Adjusting Appearance Assumptions
- Module 7: Self-Management Planning

When using self-help materials, some people might skip sections or complete things in a different order. The modules in this information package have been designed to be completed in the order they appear. We recommend that you work through the modules in sequence, finishing each module before moving on to the next one in the series. We believe that by doing this, you will maximise the benefits you might receive from working through this information package.

We believe that this information package will be beneficial for people with BDD, as well as anyone who would like to address difficulties they might have with their body image. We encourage you to take the journey through these modules and hope that you will come away with a more balanced and healthy image of your body, feel more accepting of yourself, and hence get back to living the life you want. You might find that it gets a little tough at times, but we encourage you to stay with it and keep on working through these modules until you reach the end. See you at the next module!

Module Summary

- “Body image” refers to the mental representation that you have of the way you look.
- A body image problem does not necessarily mean that there is a problem with your appearance, but rather that you are perceiving and evaluating your physical appearance in a negative way.
- Body Dysmorphic Disorder, or BDD, refers to a specific body image problem marked by an intense preoccupation with a perceived flaw in your physical appearance.
- BDD is not simple vanity or dissatisfaction with appearance. BDD is a distressing condition which is often associated with depression, social anxiety and feelings of shame.
- People with BDD can spend significant amounts of time evaluating their appearance in the mirror, comparing their appearance with others, and engaging in behaviours designed to try to hide or conceal the area of concern.
- BDD often creates significant interference with relationships and with day-to-day activities. It can limit your desire to leave the house, socialise, and participate in activities such as work or study. It can also negatively affect your finances if you pursue costly cosmetic or dermatological procedures.
- While biological factors and experiences from the past may increase the chances of developing BDD, by focussing on the things that keep it going in the here and now, you can work towards overcoming this problem.



Coming up next ...

In the next module, we will explore and discuss what keeps BDD going.

About The Modules

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BACKGROUND

The concepts and strategies in these modules have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for Body Dysmorphic Disorder (BDD) is based on the approach that BDD is a result of problematic cognitions (thoughts) and behaviours.

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“BUILDING BODY ACCEPTANCE”

This module forms part of:

Anderson, R., Saulsman, L., McEvoy, P., Fursland, A., Nathan, P., & Ridley, S. (2012). *Building Body Acceptance: Overcoming Body Dysmorphic Disorder*. Perth, Western Australia: Centre for Clinical Interventions.

ISBN: 0 9757995 9 2

Created: November 2012