Body Dysmorphic Disorder

An introductory guide to BDD and how to assess and treat it.

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Introduction

The Author

I am a cognitive behavioural psychotherpist. With over 20 years experience working with obsessional disorders. I originally started treating people with Body Dysmorphic Disorder when I worked with Dr David Veale at the Priory Hospital North London. Since then I have run specialist services in the NHS including a group treatment program for BDD clients. I also lectured for 7 years at Chester University training future CBT therapist. I now work privately at The Manchester CBT Clinic specializing in the treatment of BDD and OCD.

BDD is often missed or misdiagnosed and as a consequence treated using the wrong approach. This can often worsen the condition.

This guide will explain what body dysmorphic disorder is and how it affects people. It will describe the thinking patterns and behaviours that are significant in BDD. It will cover the possible causes and then the treatments available

David Knight

CHAPTER ONE

What is BDD?

BDD Basics

Diagnosis

Typical statements from patients I have worked with are:

"I can't go out because of my concerns about how others see me"

"I think I look like a freak"

"Despite people telling me I look OK I remain convinced I am ugly…..and it is ruining my life"

BDD is an anxiety disorder related to perceived body image. It affects approximately 2% of the general population.

A diagnosis of BDD is given if you have:

• **Excessive and obsessive worries** about one or more perceived flaws in your physical appearance. The flaw cannot be seen by others or appears to be very slight. There are extreme negative thinking patterns. These include a highly distorted self-image and low self-worth. They also believe people are judging them continuously.

• **Compulsive behaviours and rituals.** These can include excessive use or avoidance of mirrors. Using make up to cover flaws. Picking your skin excessively to try to 'fix' your appearance. Dressing in ways to cover up the perceived flaw. Avoiding social activities. There are many other safety behaviours that can develop.

CHAPTER TWO

BDD Thinking

Thinking Patterns

Thoughts and Images in BDD

People with BDD tend to have very extreme black and white thinking patterns. Sometimes so fixed to be almost delusional.

They usually have a vivid image of themselves which they see when they look in the mirror and which they think everyone else sees. This picture in their head is a gross distortion of how they look but because they have held it for so long it has become believable. They see themselves as the ugliest person in the room.

This image causes high levels of anxiety and self-disgust.

This leads them to believe that everyone is noticing this and judging them for it. They fear that people will laugh or criticise the way they look. They ultimately believe people will reject or shun them due to their appearance.

Thinking Patterns

Typical thinking errors in BDD

Black and White Thinking

- "I'm completely hideous/grotesque"

Mind Reading

- "When someone sees me, they think I'm the ugliest person in the world"

Predicting the Future

- "I'm so ugly that if I leave the house, everyone I see will stare at me"

Negative Filtering

- "Because of how I look, nothing good ever happens to me"

Personalisation

- "My baby is not developing properly because of how I look"

Catastrophising

- "If I go to work with this facial spot, the whole day will be a disaster"

These thoughts and images cause strong negative feelings. To deal with this people with BDD develop a complex set of behaviours and avoidances to cope.

Common areas of concern

Perceived flaws in appearance

- Skin – small scars or blemishes
- Nose – the size and shape
- Hair – imperfect or receding/losing hair
- Body parts are seen as too big or small
- They may be seen as out of proportion
- They may see themselves as disfigured
- It can be any part of their body
- It can be a belief that their face is lacking symmetry

Often it is specific features they worry about or can be an overall sense of ugliness. The area of concern can often change over time.

The image they have of themselves is extreme

GOOD LOOKING I----------AVERAGE----------**X**-I UGLY

On a scale of attractiveness they will often see themselves as 100% ugly - as almost not human.

CHAPTER THREE

BDD Behaviours

Mirrors

A complex relationship

People with BDD have a complicated relationship with mirrors. Their reflection is constantly reinforcing their beliefs about their appearance as what they see is distorted by the self-image they have in their minds already. This leads to a number of behaviour patterns.

Some people will sit for hours studying their appearance, focussed on their flaws. They may well push and pull things around to try to look better. They may pick at marks on their skin repeatedly. They may carry out imaginary plastic surgery – the 'if only I could look like this'. The checking may be more broken up with the sufferer having to go back repeatedly to check how they look.

They may also avoid looking completely or only use one mirror that is safe e.g. the lighting is just right. Mirrors for some people have also been replaced by taking Selfies on their phone to check how they look. This of course can distort the image. They may carry a mirror with them when out or use other reflective surfaces to check.

It is important to emphasise here that this is not vanity! They are not feeling good about how they look. They are wanting to know if it is safe to go out.

Camouflage-Cover up-Make up

Hiding the flaws

If you believe you look grossly ugly and think people will attack or reject as a consequence it makes sense to do thing to try to protect yourself. This is what people with BDD do. They will try to cover up the flaw with how they dress or hold themselves.

Hats, scarves and sunglasses are often used to cover their face. They will use clothes to hide how they look. They may also change their posture, keep their face turned away or use their hand to cover up the flaw.

They may also do things to distract like wearing designer clothing or jewellery so people look at them and not their flaws. Make up is often used to change their appearance. This is used too hide marks on their skin or to change how their face looks. E.g. if they think their eyes look too small. As these behaviours are seen as highly important they can take a lot of time getting them perfect. Make up may take hours of work to get it just right so it is safe to be seen.

Repeated use of beauty treatments or tanning salons sometimes spending large amounts of money to look better. IT may also be focussed on their hair leading to some people have to having to go to the hairdresser excessively or have to do this themselves.

Other behaviours

Avoidance and checking

AVOIDANCE

BDD leads to an avoidance of people. They feel vulnerable to attack when around them. Some days when their BDD is worse they may not be able to go out. In fact, some people become completely housebound by their BDD. Even when out they will avoid crowded places. When walking around they will tend to look down to avoid seeing the stares that they believe are happening all the time.

HYPERVIGILANCE

They are constantly monitoring how they look (mirrors/selfies) and for any signs that people have noticed. The slightest look will be perceived as judgement. They will also listen out for comments and laughter

REASSURANCE SEEKING

The BDD sufferer may seek reassurance from someone they trust like a parent or close friend. This may give temporary relief but because their self-image is so strong they soon disbelieve what they are told. They think they aren't telling the truth and are just trying to be nice

.

PLASTIC SURGERY

Removing the flaws

This is often a route people with BDD take as they see the problem as physical not psychological. They will research possible treatments and often try to get them carried out., 25-60% manage to get some form of medical treatment. This is more difficult now as most surgeons are trained to pick out people with BDD. This is important as surgery rarely fixes the problem and often makes it much worse.

- 72% no change in symptoms
- 12% symptoms improved
- 16% symptoms worsened

They will usually find something wrong with the outcome and feel like they have made things worse. They may then try to get repeated interventions, shopping around to new clinicians to try to fix the mistakes. It can also get rid of what may have been their only hope of escaping their perceived problems. This can lead to their suicide risk increasing.

Plastic surgeons and dermatologists are better at assessing for BDD now.

Associated Problems

Other conditions that are found with BDD

- **Depression** is common in people with BDD. It is a symptom of the BDD not a cause.
- **Social phobia and Obsessive-Compulsive Disorder** also overlap with BDD and people often fit a diagnosis of one or both. BDD is the primary diagnosis when the focus is on perceived flaws in their appearance.
- **Eating Disorders** also overlap with BDD. If a normal-weight person is concerned about being fat or weight and does not meet diagnostic criteria for an eating disorder, then BDD should be diagnosed.
- **Trichotillomania** (hair-pulling disorder): When hair tweezing, plucking, pulling, or other types of hair removal is intended to improve perceived defects in the appearance of body or facial hair, BDD should be diagnosed rather than trichotillomania (hair-pulling disorder).
- **Excoriation** (skin-picking) disorder: When skin picking is intended to improve perceived defects in the appearance of one's skin, BDD should be diagnosed rather than excoriation (skin-picking) disorder.

Suicidality

Risk

It must be emphasised that people with BDD have a high suicide rate. It has one of the highest suicide rates of all mental health problems.

It is 20 times more common than in depression. Suicide risk must be uppermost in any assessment and treatment program.

Past attempts and thoughts need to be assessed. Present risk needs to be assessed. It is important to measure their level of risk at every session.

Alcohol and Drug use

This can be high as they try to cope with their symptoms. High alcohol and drug use is of course a risk factor in suicide.

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CHAPTER FOUR

Muscle Dysmorphia

MUSCLE DYSMORPHIA

BDD in the gym

Muscle dysmorphia is a type of BDD, also known as Bigorexia.

The majority of people with this are men. Often body builders. In one study it showed 10% of body builders fitted the diagnosis. People with this experience obsessive worries about their body being too small, skinny, weak or insufficiently muscular.

As with BDD this is a distorted image of how they look. They are in fact of average build or they can be extremely muscular.

Their main compulsive behaviours are focussed on building muscle to try to look big enough.

They will spend excessive time exercising, specifically lifting weights. They will take nutritional supplements and often use steroids and other substances. Steroid use can of course increase their level of paranoia worsening their symptoms.

There is often a lot of checking behaviours using mirrors to check how they look. The image they see though is distorted.

CHAPTER FIVE

BDD Development

THE CAUSES OF BDD

How it develops

There is no single thing that causes BDD. There are thought to be a number of common factors that are seen in many people with BDD. It usually starts in early adolescence when people start to worry more about their appearance and how they fit in with others around them.

Family History

There may be a genetic factor involved in the development of BDD as there is with OCD. There is an increased chance of developing BDD if one of your parents has an anxiety disorder or OCD.

Bullying and Abuse

This may be at home or at school. They may have one or more parents who are critical or at worse abusive. This leads to two things. Firstly, a negative view of themselves. They see themselves as Not Good Enough as this is how a child interprets their parent's behaviour. They also see people as critical/abusive. They then often develop rules to cope with this e.g. I must not get anything wrong or I will get attacked. This is often then worsened through experiences at school. At school children will often pick on aspects of other children's appearance. Most children are able to cope with this but people who develop BDD hold on to these experiences. They act as small traumas. The memories are often unprocessed and continue to affect people years later. This causes their General belief of 'Not Good Enough' changes to I don't look good enough or I look Ugly. The teenage years exacerbate this as their bodies go through massive changes. Also, the teenage brain is going through major changes which makes it difficult to rationalise clearly.

Once the belief is in place they become fixated on it. It is the most important thing about them and it is important to change it or hide it from view. You think you won't be accepted because of how you look.

CHAPTER SIX

BDD Assessment

Assessment

What, When, Where, Who with

The assessment should cover the development of the disorder and any major or minor incidents that have added to or reinforced the problems e.g. bullying.

All of their behaviours need to be assessed. A useful tool is the YBOCS – BDD. This assessment questionnaire goes into detail about all the aspects of BDD. You can download a copy here.

As with OCD it is essential to build up a hierarchy of their behaviours and avoidances.

Ask them about the perceived defect. You can even ask them to draw it. This helps you to understand the image they hold in their mind.

Assess their thinking patterns using the downward arrow technique (“if that happens what does that mean …”)

Trigger – Someone looks at me

Thoughts – They are staring at me

They think I look disgusting

They will laugh at me or reject me

I must hide how I look or I will never be accepted

Emotions – panic

Behaviour – look down and escape

IMPORTANT: always assess for suicide risk (at assessment and at each treatment session)

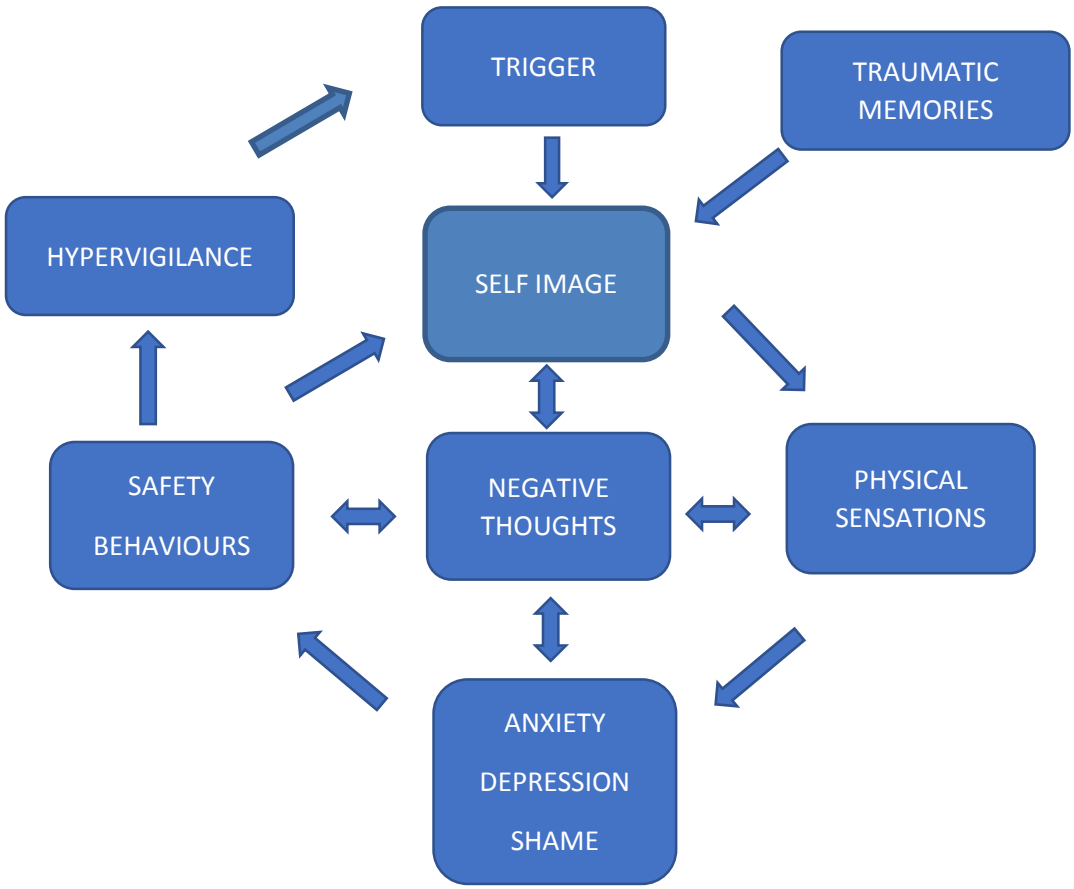
BDD Screening Tool

A useful quick test

ANSWERING YES TO QUESTIONS **1** AND **3** AND AT LEAST ONE YES IN QUESTION **2** DENOTES SUITABILITY FOR REFERRAL FOR SPECIALIST BDD ASSESSMENT.			
1	Are you very concerned about the appearance of part(s) of your body that you consider especially unattractive?	YES	NO
2	Does this concern:		
	A - Cause you a lot of distress?	YES	NO
	B - Significantly interfere with your social life?	YES	NO
	C - Interfere with your school work or job?	YES	NO
3	Do you spend more than 1 hour thinking about your defect?	YES	NO

The CBT Model for BDD

Veale



This model describes the BDD process. An event like someone looking triggers their distressing self image. This is fed by their aversive memories. This leads to a chain of negative thoughts and feelings. They then cope by utilising their safety behaviours to calm their feelings and escape the situation.

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CHAPTER SEVEN

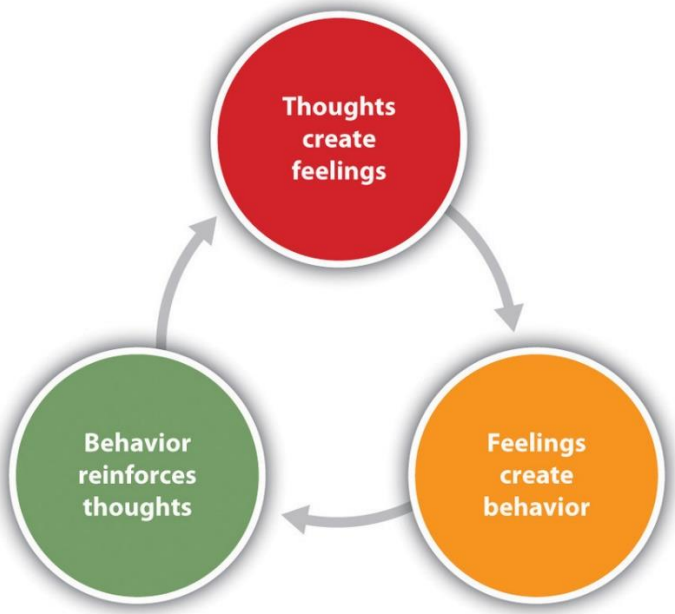
Treatment Techniques

Treatment

CBT for BDD

The most effective approach is a specialised programme of Cognitive Behaviour Therapy (CBT)

CBT is the evidence based psychotherapy which has been shown to be effective with a wide range of psychological problems. CBT works by firstly understanding the problems and breaking it down into the pattern of their thoughts, Behaviours and Emotions. It is important to analyse their problems in detail before starting any treatment.



TREATMENT TECHNIQUES

What to do next

There is no clear protocol recommended at the moment.

Psychoeducation

Help them to understand how their mind works. Help them to see how their thoughts are distorted. It is useful to use examples of this distorted filter, like someone with anorexia thinking they look overweight.

Theory A and B

This is a good approach with BDD. It means saying that there are two competing theories to explain their problems. Either it is true that they look ugly and that people really are judging them or that their mind has distorted how they see themselves. You then take the approach of treating as if it is just BDD and testing it thoroughly to see if the evidence backs it up. This means you are not challenging their idea that they look ugly directly as doing that tends to worsen the problem.

Weaken rigid thinking patterns

It is important to help them see how extreme and black and white their thinking has become, using the standard techniques of Cognitive Restructuring (Beck). E.g. Is ‘everyone’ really staring?

Further Techniques

Calming memories and facing fears

Process Memories

This is very important. BDD sufferers often have a number of key memories that disturb their thinking, worsening their BDD symptoms. They will have unprocessed memories of being bullied or name calling. They tend to be very clear, first person memories. They can usually still hear the comments. These memoires still cause distress. They cause 'PTSD like' symptoms of high anxiety and avoidance. These memories can be processed in a number of ways:

Eye Movement Desnsitisationa and Reprocessing – EMDR

Imaginal Exposure

Imagery Rescripting

Behavioural Experiments and Exposure and Response Prevention

These two techniques are essential. As with OCD a programme of ERP is needed to gradually face their fears. It is useful to integrate the behavioural experiment approach. An example of this is how they behave in crowded situations. They will walk along looking down to avoid people looking. This of course reinforces their BDD and leads to no disconfirming evidence. A good task to set is to walk along looking ahead and testing how many people actually look (%) at them. Getting them to count how many don't notice them and how many look? Of those who look how many actually look in a negative judgemental way? They are carrying out exposure and also testing their beliefs. This can then be used with their hierarchy stepping up to more difficult exposures.

Gradually reduce safety behaviours

Using the techniques above it is important to gradually peel away their safety behaviours e.g. wearing less make up and testing if people react differencty. The BDD will predict that they will. The evidence they find in reality starts to challenge the extreme thinking patterns.

Further Techniques

Mirrors and Mindfulness

Mirror Retraining

BDD suffers have to be taught how to use mirrors ‘normally’. This often involves reducing the time in front of the mirror and how often they are used. They will usually get too close studying themselves in minute detail. They need to learn what is the right distance to use. This is often as part of their exposure programme.

Improve overall self esteem

It is important to not just focus on their appearance. In fact that is one of the major goals, to reduce the importance of appearance. Treatment should help them to build their overall confidence and self worth.

Mindfulness

Meditation has been found to be very helpful in the treatment of BDD. It helps people to disengage from their obsessive thinking. It is better to get them to use external cues e.g sounds rather than focussing on their breath. They are already too internally focussed and too aware of physical sensations.

The treatment of BDD is not a quick process. It takes time and patience. The client with BDD has lived in that world for many years and their thoughts and behaviours have become very entrenched. The treatment to change their thinking and behaviour is done in small steps at their pace. With the right approach though BDD is very treatable and people can overcome their symptoms.

I hope you have found this booklet useful

Thanks

David Knight

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Please contact me if you want more information on BDD

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