



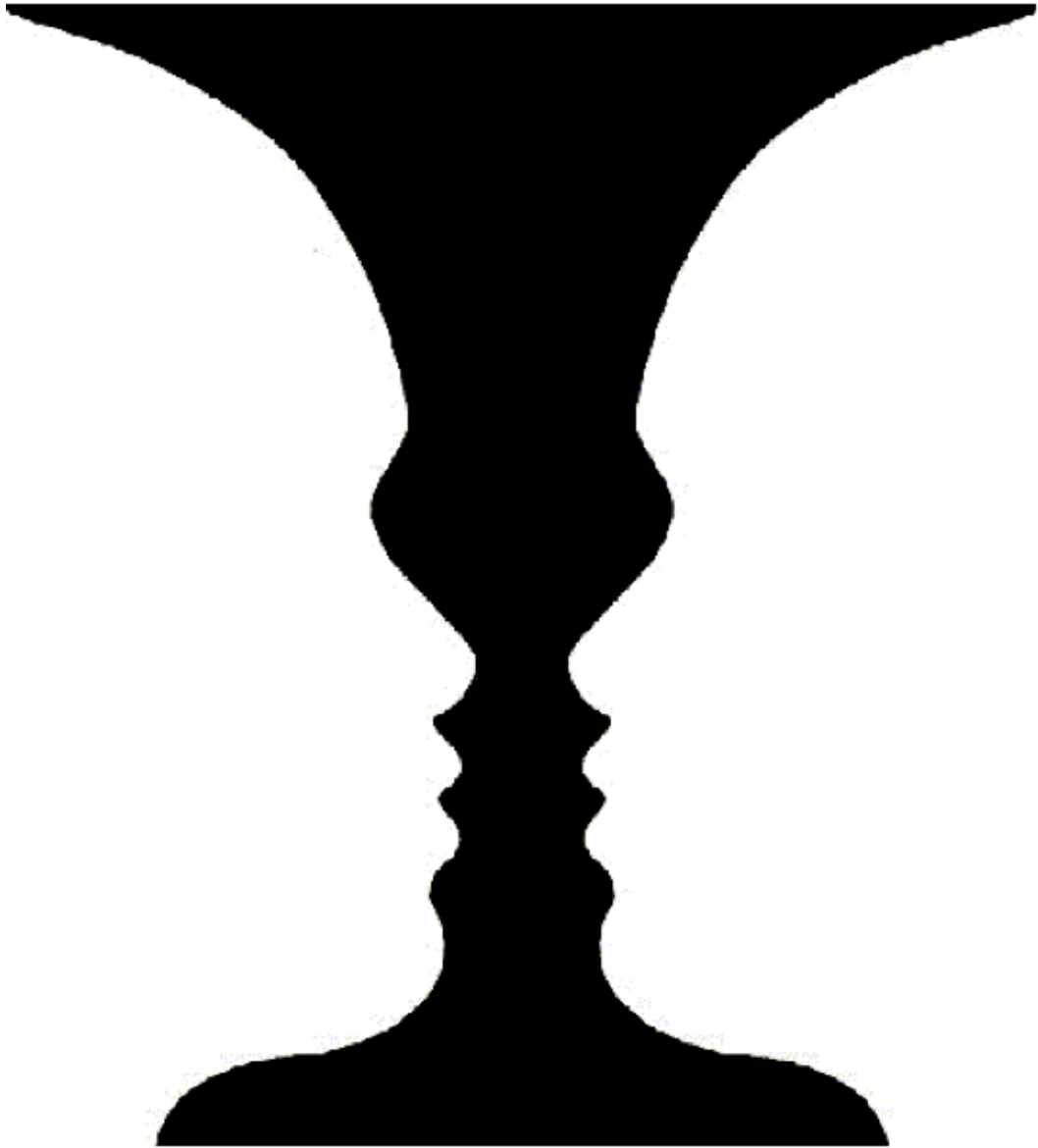
# Body Dysmorphic Disorder (BDD) and Muscle Dysmorphia *particularly in males*

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## Aims

- Offer an overview of Body Dysmorphic Disorder (BDD)
- Explore symptoms and common correlates of BDD
- Look at Muscle Dysmorphia (MD: a sub-type of BDD)
- Explore possible underpinnings of BDD and MD
- Offer an overview of current treatment practices and approaches
- Particular considerations regarding BDD in the male population



# What is body image?

**Perceptual/physical** – what we see

**Cognitive** – what we think about what we see

**Emotional** – how we feel about what we see

**Behavioural** – how we express what we see/how we maintain our body image



## Self as a walking nose

The photomontage is by Steve Caplin (author of *How to Cheat in Photoshop*) and David Veale, who is a director of a national specialist service in BDD at the Maudsley and Royal Brompton Hospitals. Does your work lend itself to a striking visual image? Get in touch on [jpn.sutton@bps.org.uk](mailto:jpn.sutton@bps.org.uk).

This photomontage illustrates how a man with body dysmorphic disorder (BDD) described his experience of being

excessively self-consciousness about the size of his nose. This is described in our model as the "self as an

aesthetic object", whereby he experiences his self as a distorted image in appearance-based (objectified) terms.

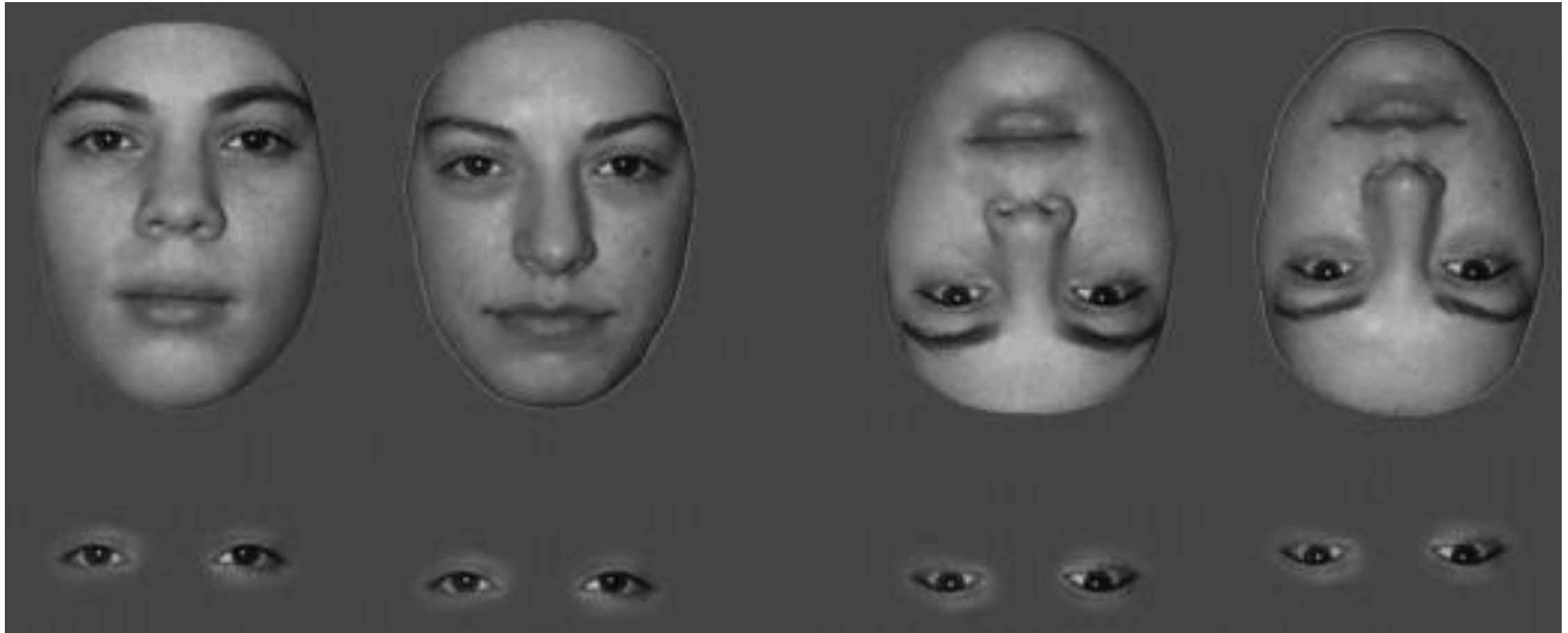
viewed from an observer perspective. Thus he feels as if he looks like a "walking nose" and this defines his identity. Such images are often associated with aversive memories such as being teased or bullied during childhood. Cognitive behaviour therapy uses imagery rescripting for such memories and to help refocus an individual's attention away from the self.



# Accounting for a distorted body image

- Our body image (including what we see in the mirror) is NOT a picture projected from our eyes into our brain; Our body-image is CONSTRUCTED by our brain mostly from information other than what we 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
  - Attention bias

# Face Inversion Effect



# Distorted body image

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Cosmetic procedures increase dissatisfaction

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Vigilance for laughter or whispering - if you look for trouble, you'll find it. Increases self-consciousness.

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'Tuning in' to bodily sensations to assess - magnifies them, which feeds the distorted body-image

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

## DSM-5

- A. Distressing 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 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.

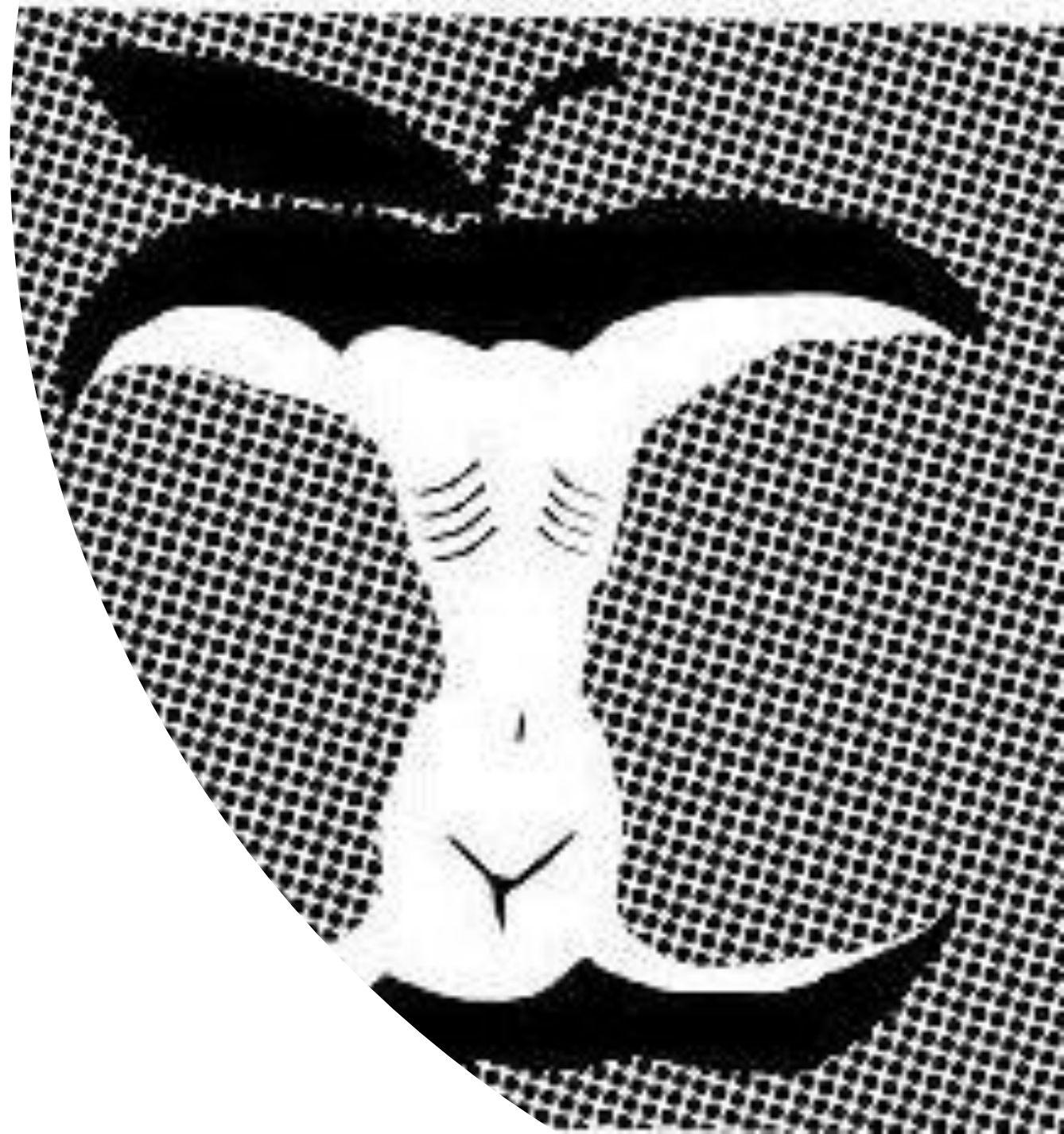
## DSM-5

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

# DSM-5

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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.



## BDD is differentiated from.....

- Eating disorders
- Body integrity identity disorder
- Social phobia
- OCD
- Depression
- Gender Dysphoria



# Important Facts about BDD

- Has nothing to do with vanity
- Comes under the umbrella of Obsessive Compulsive-Related Disorders
- Is more common than better-known and better-understood mental health struggles like anorexia and schizophrenia
- Many medical professionals have not heard of it/are unsure of what it is
- Cosmetic/dermatological/dentistry procedures are rarely helpful; neither is extensive time in the gym, steroids etc.
- Has one of the highest suicide rates of any mental health diagnosis
- The suicide rate for males with BDD is higher than females

# What are the Characteristics of BDD?



**Criticising and worrying** about the way part of the 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** the appearance to that of other people



**Avoiding** places, people, or activities because of the 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 the appearance concerns



**BDD is not a modern  
phenomenon**

**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)

# Surveys of BDD Sufferers

- Onset usually in adolescence (av. 16)
- Typically 10 years before presentation
- Almost equal M/F, highly single/separated
- High co-morbidity (depression, social Phobia, OCD, disordered eating)
- High levels of avoidant, paranoid, obsessional personality aspects



# Prevalence



2% of the general population



2.2% of the adolescent population



4-5% of people seeking medical treatment



5-20% of cosmetic surgery patients



8.8-12% of dermatology patients

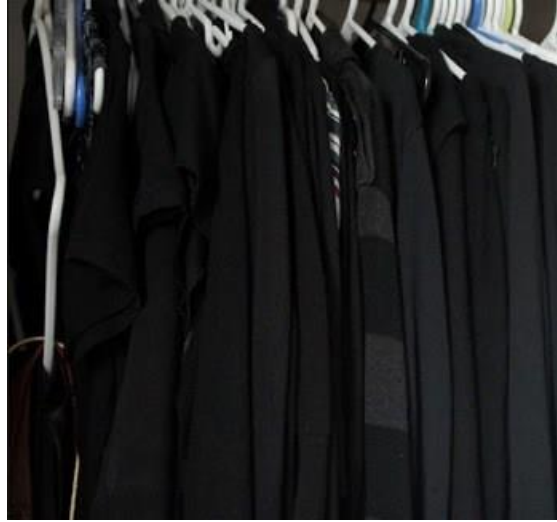


8% of people with depression

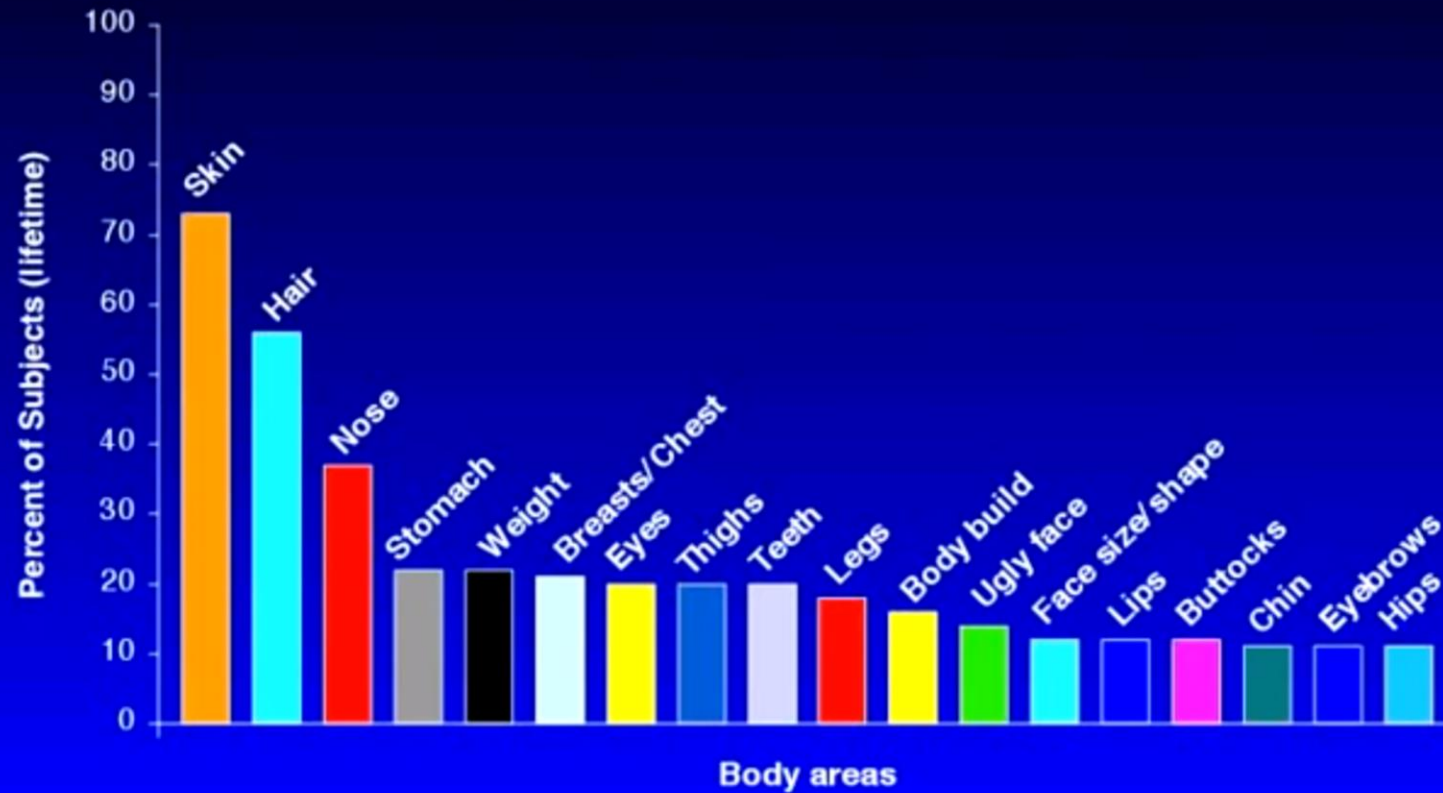
# Severity of BDD

- 24-28% Suicide Attempt Rate
- 78-81% Suicidal Ideation
- 36-58% Hospitalisation
- 32-40% Housebound
- 42% Full-time employment/student
- 70% Single

# Safety Behaviours



# Body Areas of Concern



Phillips and Diaz, *J Nerv Ment Dis*, 1997; Phillips et al, *Psychosomatics*, 2005

**N=507**

BODY  
DYSMORPHIC  
DISORDER

# Why do people struggle with BDD?

- Serotonin? Genetics?
- Evolutionary factors
- Difficult early life experiences
- Bullying experiences
- Low self-esteem
- Social pressure
- Unrealistic appearance expectations – media etc.
- Attention to detail/visual processing differences (local v global processing) – an artistic eye



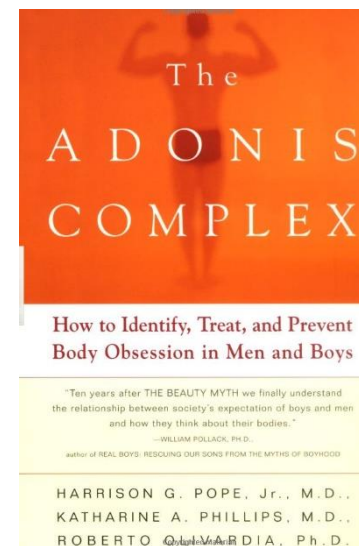
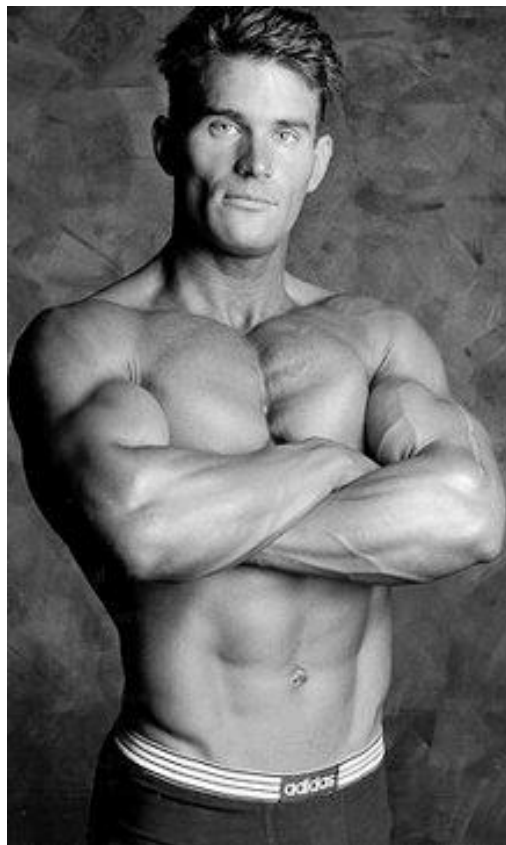
## Muscle dysmorphia

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 areas with other body areas, which is often the case.”

# BDD affects men and women (almost) equally

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# Characteristics of Muscle Dysmorphia

- Belief that the body is insufficiently muscular, 'puny' etc. *Including body distortion.*
- A strong desire to reduce body fat and increase muscle mass.
- Restriction of the diet, e.g. high protein and low fat, use of protein powders, removal of particular food groups (*can lead to blood sugar imbalances, electrolyte imbalances and nutritional deficiencies*).
- Use of dietary supplements.
- Use of anabolic-androgenic steroids, performance enhancing supplements and/or similar.
- Spending hours in the gym, including pushing the self beyond physical pain and limitations (*can lead to gym-related injuries which do not stop the person working out*).
- Is correlated with social physique anxiety – *the belief that others are evaluating their body in a negative way.*
- Involvement in bodybuilding can be a factor in its development.
- Often leads to social isolation and loneliness; can impact on employment also.



# Important Facts about Muscle Dysmorphia

- Was originally identified within a study of male body builders in 1993 (at this time was termed '*reverse anorexia*').
- Individuals with BDD with MD symptoms have a higher rates of attempted suicide and an increased incidence of anabolic-androgenic steroid use.
- Was originally thought to be a form of an eating disorder but is now classified in the DSM (added in DSM-V) as a sub-type of BDD (*this is still contested by some experts*). Therefore, it also comes under the umbrella of OCD.
- Often goes alongside a strong desire for symmetry (also a characteristic of discrete BDD).
- Is also conceptualised as an addiction by some clinicians.
- Relatively little is known about MD's characteristics and prevalence.
- Research has demonstrated that men who are exposed to advertising that features muscular men experience greater discrepancy between their ideal body size and their actual body size (e.g. Berry & Howe, 2005).
- Insight can be tricky as low fat diets and exercise are typically societally perceived to be healthy.

# Associated Risks Include:

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- Musculoskeletal injuries
- Eating disorders
- Kidney failure
- Infections/diseases from shared needles
- Substance abuse
- Supplement overdose
- Cardiovascular diseases
- Suicide
- Death



# NICE Guideline Treatments

BDD Specific CBT

High Dose – SSRIs

CBT + SSRIs

**NICE** National Institute for  
Health and Care Excellence

# Key CBT Strategies

- **Exposure and Response Prevention**
- Reduce/ban safety behaviours
- Ritual recording and reduction
- Shame tackling
- Behavioural experiments
- Activity scheduling
- Mirror re-training
- Detached observation
- Valued directions

# Theory A versus Theory B

## Theory A

I am struggling with a physical difficulty

I am ugly/ I have a defect in my appearance

If I fix the defect, I will be okay/happy/lovable

## Theory B

I am struggling with an emotional/psychological difficulty

I do not see myself the way others see me

I require psychological/emotional help

## **Mental processes to target for change**

- Self-focused attention
- Self-criticism
- Rumination
- Comparing
- Vigilance
- Planning & preparation
- Mental correction
- Thought suppression
- Fusion of thoughts with reality

# Question

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BDD is widely regarded as particularly difficult to treat. Why is this?



# Barriers to treatment

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**SHAME (can be stronger in the male population)**

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Preoccupation with a perceived defect (usually with feared consequences)

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Excessive self-consciousness and the role of self-focused attention

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Ideas or delusions of self-reference

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Overvalued idea or delusion / poor or absent insight

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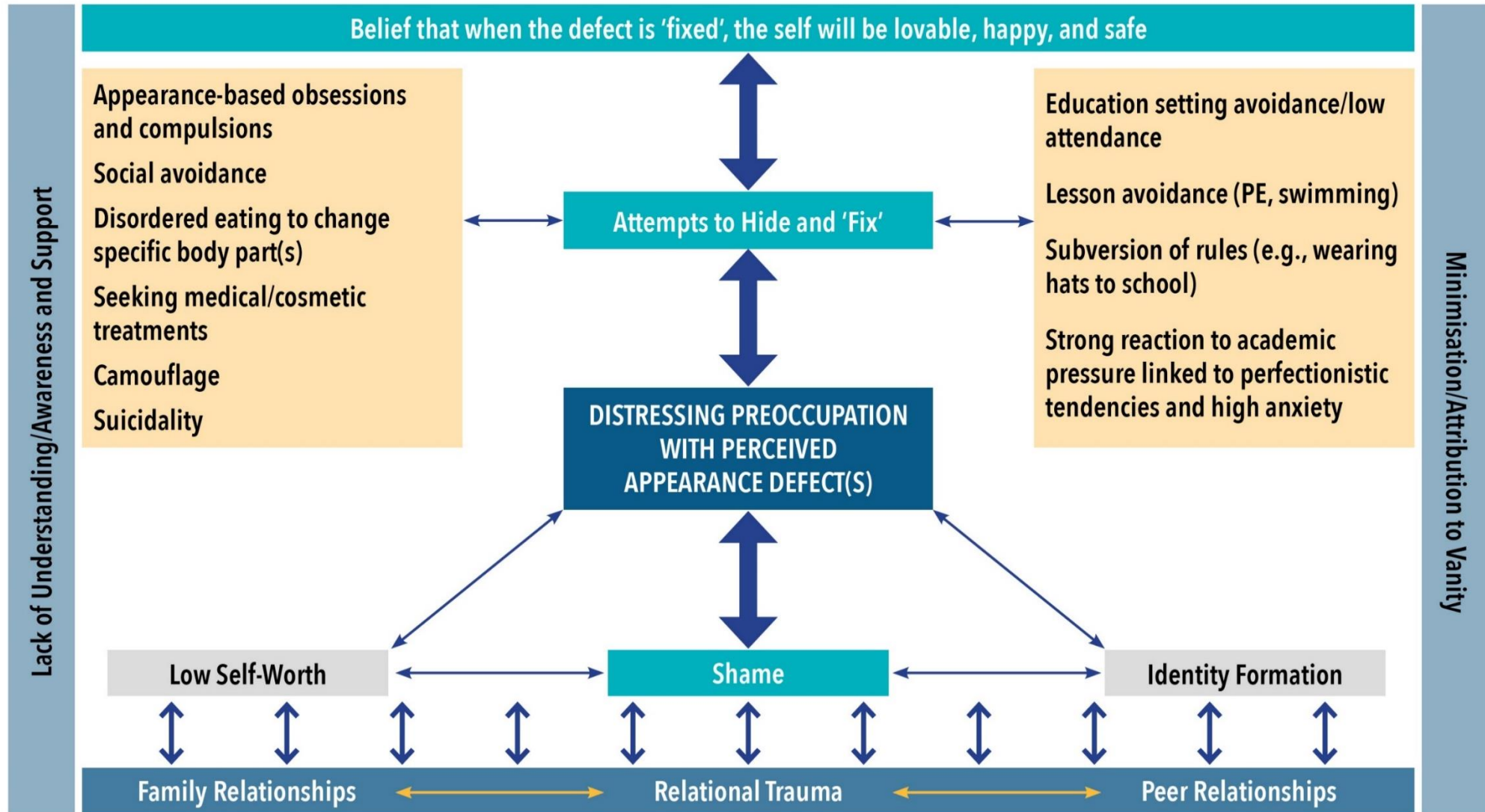
Safety-seeking and avoidance behaviours (e.g. camouflaging one's features; mirror checking)

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DIY cosmetic procedures; skin-picking and interference in one's life



# Shame-Identity Model of BDD in Young People



# Body Dysmorphic Disorder and Educational Psychology

What EPs *know* about it and what they can *do* about it

Alexander Mummery, Trainee Educational Psychologist, UCL Institute of Education

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My study examined awareness of **BDD** among educational psychologists (EPs), as well as how they viewed their role in terms of providing support.

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## Key Findings

The majority of EPs had limited to no knowledge of **BDD** and had received no prior training in it

The majority of EPs thought it was important to consider **BDD** in their practice, although only a few thought direct therapeutic work was a possibility

## Implications

EPs most valued training, research and online forums as ways to raise awareness

In light of **CAMHS'** limited capacity, reassessment of EP practice in relation to treating mental health issues may be prompted

## Not helpful for BDD

- Repeated reassurance
- Cosmetic or dermatological procedures
- Debates on whether the person has BDD
- Minimising
- Calling self or being called, crazy or narcissistic
- Treatment as psychosis

## Helpful for BDD

- Active , empathetic listening
- Asking open, curious questions sensitively
- Noticing safety behaviours and inquiring gently about their purpose
- Educating yourself about BDD through books, videos etc.
- Acknowledging the person's view of reality and gently suggesting an alternative view
- Suggesting that physical treatments may not be helpful and why
- Offering to come along to support groups
- Suggesting the suspension of Theory A while the person engages in psychological treatment.

# Explaining BDD

NOT DESCRIBE BDD AS “IMAGINED DEFECT” BUT “DISTRESSING PREOCCUPATION WITH THE WAY YOU FEEL ABOUT YOUR APPEARANCE” OR “THERE SEEMS TO BE DIFFERENCE BETWEEN THE WAY YOU FEEL ABOUT YOUR APPEARANCE AND WHAT OTHERS SAY”

NOT “DISTORTED” PERCEPTION – VALIDATE EXPERIENCE, E.G. “GHOSTS FROM THE PAST MAY BE LINKED TO SOME OF THE FEELINGS WITH YOUR BODY IMAGE”

DO NOT ARGUE ABOUT DIAGNOSIS – VALIDATE DISTRESS AND IMPAIRMENT (SIMILAR TO OTHER DISORDERS WITH OVER-VALUED IDEAS) AND ENCOURAGE THE PERSON TO TEST OUT ALTERNATIVE THEORIES.

## Explaining BDD cont.

Careful with term such as 'acceptance' or 'coping' which can be interpreted as resigning oneself to be ugly

Body image is not just photo on the back of your eye. It depends on feelings, how self-focussed you are and 'ghosts from the past' - difficult concept for most individuals

Best to explain as preoccupation issue – can't get perspective on anything you spend too much time thinking about



Cosmetic Procedure Screening (COPS)



The Body Image Questionnaire (BIQ)



[http://psychology.iop.kcl.ac.uk/cadat/questionnaires/questionnaires\\_for\\_clinical\\_use.aspx](http://psychology.iop.kcl.ac.uk/cadat/questionnaires/questionnaires_for_clinical_use.aspx)



The Yale Brown Obsessive Compulsive Scale (YBOCS) modified for BDD



Or draw a picture.....

# Measurement

## Avenues of Support/Information/Signposting

BDD Foundation – *online groups, face-to-face groups, structured support groups, online information, published literature, Conferences.*

OCD Action – *online groups, online information, yearly OCD Action Conference, advocacy service.*

[www.skinpick.com](http://www.skinpick.com) – a skin picking resource

[www.b-eat.co.uk](http://www.b-eat.co.uk) – the UK's leading eating disorder charity

[www.changingfaces.org.uk](http://www.changingfaces.org.uk) – support for people with visible differences such as burns or cleft palates.

[www.depressionalliance.org](http://www.depressionalliance.org) – affiliated with MIND; [www.mind.org.uk](http://www.mind.org.uk)

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

## Books/Further Reading

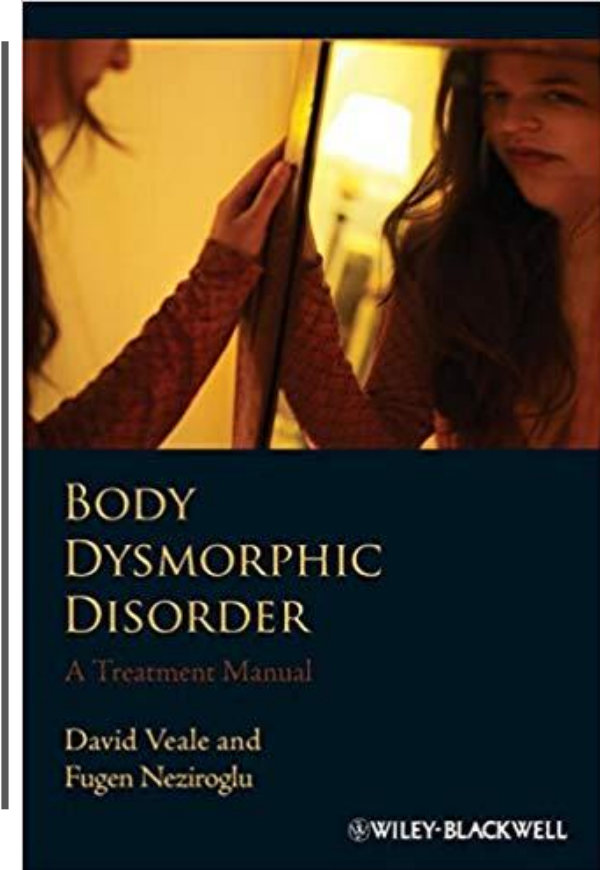
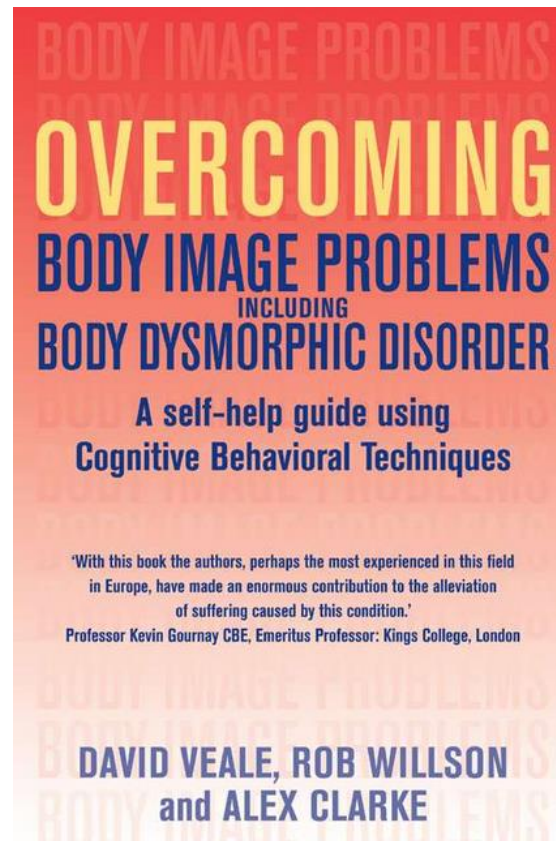
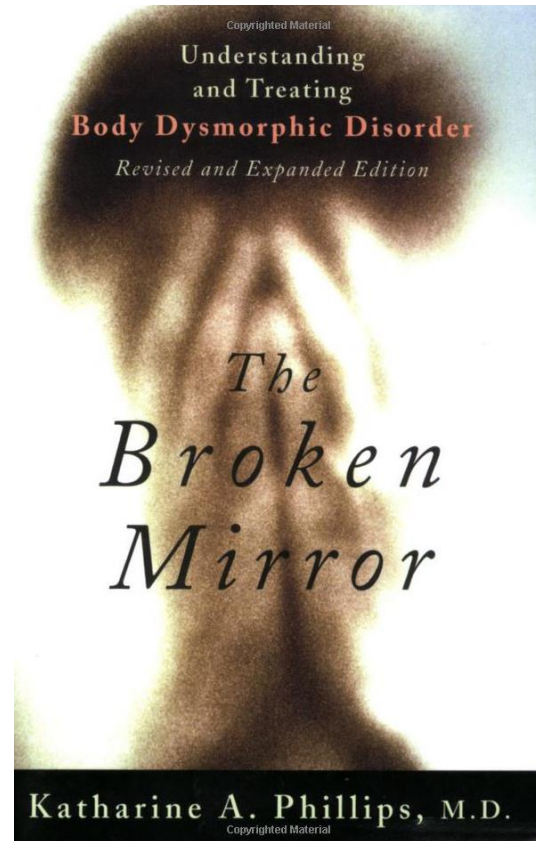
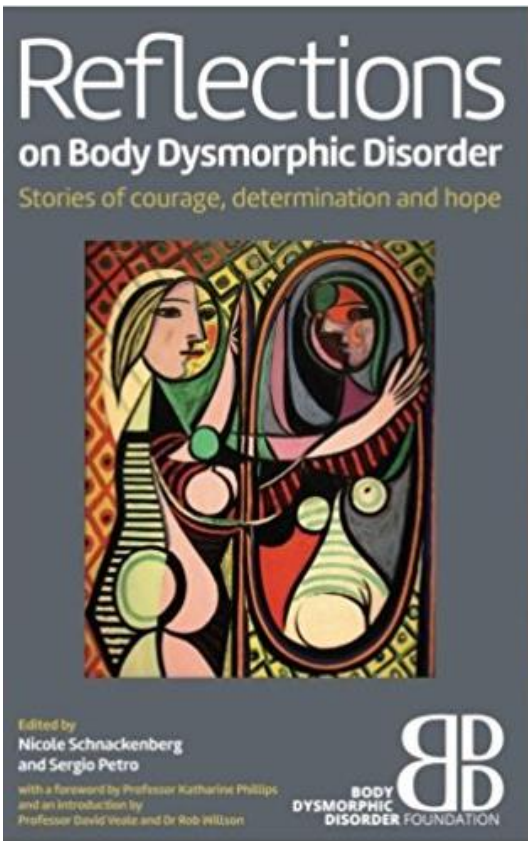
Phillips, K. (2005). *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder*. Oxford: Oxford University Press.

Phillips, K. (2009). *Understanding Body Dysmorphic Disorder: An Essential Guide*. Oxford: Oxford University Press.

Veale, D., Willson, R., & Clarke, A. (2009). *Overcoming Body Image Problems Including Body Dysmorphic Disorder*. Quincy, MA: Robinson Press.

Veale, D. (2010) *Body Dysmorphic Disorder: A Treatment Manual*. Wiley.





# Highlighted Further Reading

usually temporarily reduces anxiety and involves such activities as excessive cleaning, repeated checking or counting and hoarding. Repeated thoughts, such as fear of harming other people, are common symptoms of OCD and do not mean that people are at risk of acting on these thoughts.

## **What is BDD?**

Body Dysmorphic Disorder (BDD) is characterised by a preoccupation with and anxiety about what is believed to be a major physical flaw. A person with BDD might spend an excessive amount of time concealing the perceived defect and looking at themselves in the mirror. Other disorders related to OCD – for example Trichotillomania (TTM/ Compulsive Hair Pulling) and Compulsive Skin Picking (CSP) – are not covered by the NICE Guideline, but further information is available from OCD Action.

patient may have OCD you could ask:

- Do you wash or clean/check things a lot?
- Is there any thought that keeps bothering you that you'd like to get rid of but can't?
- Do your daily activities take a long time to finish?
- Are you concerned with putting things in a special order or are you very upset by mess?
- Do these problems trouble you? If so, to what extent?

**OCD Action is the national UK charity for people affected by OCD and related disorders. Around 1-2% of the population are estimated to have OCD. The World Health Organization recognises OCD as one of the top ten disabling disorders.**



Any Questions?