

Mindfulness may improve body dissatisfaction and body dysmorphic disorder by reducing destructive social comparisons

Janice To

Abstract

Mindfulness, the practice of being present and open, involves self-compassion and full acceptance of the self as it is (Kabat-Zinn, 1990). It encourages non-striving, which Kabat-Zinn (1990) describes as a non-judgmental way of being in the world. We see quite the opposite in individuals with body dysmorphic disorder (BDD), a chronic condition involving an excessive preoccupation with imagined or slight defects in appearance (Crerand, Franklin, & Sarwer, 2006; Sarwer, 1997). While body image concerns are often associated with women (Feingold & Mazzella, 1998), they are similarly prevalent in men (Knauss, Paxton, & Alsakar, 2007). Women who want to be thinner and men who want to be more muscular are some examples of people preoccupied with their appearance. These individuals often seek multiple rounds of cosmetic surgery due to their negative preoccupations (Crerand et al., 2006; Knauss et al., 2007). Problematic conceptualizations of the self, including negative social comparisons, lead to negative body image, body dissatisfaction and, in extreme cases, BDD. To date, there is a dearth of research directly examining the relationship between mindfulness and BDD. In this paper, I investigate the clinical benefits of mindfulness-based therapies on reducing negative social comparisons that underlie body dissatisfaction by increasing psychological flexibility, by increasing present-moment awareness, and by encouraging unconditional self-acceptance. While Cognitive Behavioural Therapy (CBT) is currently the preferred treatment for BDD, the literature on mindfulness and body image suggests that mindfulness-based interventions, such as Acceptance and Commitment Therapy (ACT), may be highly efficacious.

Keywords: mindfulness, body dissatisfaction, body image, body dysmorphic disorder, treatment

Mindfulness involves acceptance and compassion towards the self, emphasizing a non-judgmental way of being in the world (Kabat-Zinn, 1990). Kabat-Zinn's seminal work outlined the fundamental characteristics of mindfulness, including present-moment awareness, emotional neutrality, and acceptance of all feelings and experiences. In contrast to mindless self-criticisms, which is a defining characteristic of body dysmorphic disorder (BDD), mindfulness fosters empathy, self-compassion, and an appreciation of the self as it is.

BDD involves excessively preoccupying oneself with imagined or slight defects in one's appearance. It is categorized as an obsessive-compulsive spectrum disorder due to its time-consuming compulsive actions and beliefs (American Psychiatric Association, 2013), such as prolonged gazing in the mirror, poking at disliked parts of the body, and seeking cosmetic surgery or treatment (Aouizerate et al., 2003). Because of this categorization, research has focused on the compulsive aspects of BDD, seldom examining the critical roles of body dissatisfaction and poor body image, despite that such issues are central to BDD (Mulken & Jansen, 2006; Sarwer, 1997). Body dissatisfaction is defined as a critical evaluation

of the self; it involves a perceived incongruity between one's actual body and one's ideal body (Albertson, Neff, & Dill-Shackleford, 2014). Although women often strive to be thinner and men typically want to decrease body fat and become more muscular (Lavender, Gratz & Anderson, 2012), these concerns become pathologically excessive in people who suffer from BDD. Patients with BDD have incredibly distorted perceptions of their own appearance, driving them to undergo recurring rounds of cosmetic surgery (Crerand et al., 2006). Yet, these procedures rarely improve BDD symptoms (Bjornsson, Didie, & Phillips, 2010; Crerand et al., 2006).

Mindful people possess qualities opposed to those characteristic of individuals with BDD. Mindful people are less concerned about comparing themselves to others, and they find contentment in their present state of being. As such, they are more likely than non-mindful individuals to feel complete acceptance of themselves. Though it has not yet been formally investigated, it is conceivable that mindfulness-based therapies, through reducing negative self-evaluations and dissatisfaction with any aspect of the self by teaching psychological flexibility, may effectively treat BDD (Bjornsson et al.,

2010). First, I will examine the role of social comparison, which often causes negative self-criticisms, in the development of body dissatisfaction and BDD. Next, I will explain how mindfulness can counteract this development. Finally, I will discuss current treatments for BDD, specifically cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT), focusing on how these techniques compare to mindfulness-based interventions.

Self-Criticisms through Social Comparison

According to Festinger's (1954) social comparison theory, individuals engage in frequent interpersonal comparisons in order to contextually place themselves in the greater social fabric. These comparisons are immediate, automatic, and subconscious, though they are not always harmful. However, social comparisons that elicit negative emotions are more frequent than those that elicit positive emotions (Fardouly & Vartanian, 2015); this means social comparisons are often more harmful than they are helpful. The greater frequency of negative social comparisons may be related to the cultural atmosphere. For example, social media outlets such as Instagram and Facebook now offer immediate access to images of other individuals, which may increase a person's susceptibility to negative social comparison (de Vries & Kühne, 2015; Feinstein et al., 2013; Lup, Trub, & Rosenthal, 2015) and may perpetuate unfavourable perceptions of body image and lead to increased body dissatisfaction (Engeln-Maddox, 2005; Verplanken & Tangelde, 2011). Indeed, several studies have found that viewing images of thin women is positively related to greater reports of body dissatisfaction (Adams et al., 2013; Bell, Lawton, & Dittmar, 2007; Hargreaves & Tiggemann, 2004; Tiggemann & Slater, 2004), suggesting that social comparison worsens body image.

Though body dissatisfaction is problematic, the internalization of discrepancies between one's own body and bodies in the media is more pervasive and damaging (Alberts, Thewissen & Raes, 2012; Cattarin, Thompson, Thomas, & Williams, 2000; Fardouly & Vartanian, 2015; Verplanken & Tangelde, 2010). This internationalization results in more deep-seated desires for thinness (Dijkstra & Bareld, 2011), muscularity (Knauss et al., 2007), and other idealized physical attributes. When in-

dividuals strive to emulate unrealistic bodies celebrated in popular media, failure to do so triggers negative self-evaluations and leads to beliefs of personal inadequacy (Carson & Langer, 2006). Whereas the effects of discrepancies between one's actual and ideal body can range from less severe to more severe, extreme body image concerns can lead to the development of pathological issues such as eating disorders, anxiety, and depression (Albertson et al., 2014). Paired with extreme body image concerns, high internalization of discrepancies may lead to BDD (Mulken & Jansen, 2006; Sarwer, 1997).

Unlike common body image concerns, BDD involves a lengthy fixation with appearance that is highly distressing to the individual. Subsequently, those with BDD have heightened dissatisfaction over slight or imagined body defects (Crerand et al., 2006; Sarwer, 1997). Because appearance is so important to the identity and the self-esteem of individuals with BDD, failure to reach certain predetermined body ideals results in feelings of inauthenticity (Heppner & Kernis, 2007). In other words, those who suffer from BDD do not believe their current bodies are as they should be. To ameliorate the negative self-evaluations caused by the perceived discrepancy between their bodies and their physical ideals, people with BDD alter their appearance when feeling any degree of body dissatisfaction (Mulken & Jansen, 2006), resulting in time-consuming and uncontrollable desires to fix themselves (Veale & Riley, 2001). Attempts to reconcile this dissatisfaction, such as repeated cosmetic surgery, reflect the erroneous belief that such treatments can effectively eliminate perceived physical discrepancies (Vargel & Ulusahin, 2001). However, such treatments only marginally improve BDD symptoms, if at all (Bjornsson et al., 2010; Crerand et al., 2006; Crerand, Phillips, Menard, & Fay, 2005; Sarwer & Crerand, 2004).

Treatment Comparison

Cosmetic surgery and other such reactive treatments that target exterior blemishes are ultimately ineffective, because at the base of any self-dissatisfaction lies an absence of contentment with the present self, or what Kabat-Zinn (1990) calls non-striving. This ability to accept the self is critical to mental health (Pearson, Follette, & Hayes, 2012); a lack of acceptance may result in depression or anxiety. Mindful people are less likely

to engage in social comparisons and they have greater acceptance of their bodies (Alberts et al., 2012; Dijkstra & Barelds, 2011; Lavender et al., 2012). Whereas body dissatisfaction involves toxic behaviours such as obsessing over appearance ideals and constantly checking one's body, mindfulness emphasizes unconditional acceptance and encourages the distancing of the self from judgments and criticisms. Mindfulness techniques could potentially mitigate body image concerns by encouraging non-striving and self-acceptance in spite of media's socially manufactured ideals of beauty, thereby reducing dependence on ideal body types (Fink et al., 2009; Stewart, 2004). One becomes more empathetic, kind, and self-compassionate, rather than critical of one's flaws with increased mindfulness (Alberts et al., 2012; Albertson et al., 2014; Ferreira, Pinto-Gouveia, & Duarte, 2013). Moreover, mindfulness could reduce anxiety about being negatively evaluated, as mindfulness discourages judgment (Carson & Langer, 2006). Rather than trying to gain approval from others, a mindful individual is living in the moment and is accepting of himself or herself.

Indeed, mindfulness is efficacious in reducing body dissatisfaction (Albertson et al., 2014; Carson & Langer, 2006; Dijkstra & Barelds, 2011; Hamilton, Kitzman, & Guyotte, 2006; Linde et al., 2015; Stewart, 2004). Mindfulness can also improve disorders of body image, including anorexia and bulimia (Hartmann, Thomas, Greenberg, Rosenfield, & Wilhelm, 2015; Proulx, 2007; Rodríguez, Cowdrey, & Park, 2014). As mindfulness promotes a non-judgmental self-awareness, mindfulness training can counteract fixation with appearance and rumination with appearance-related thoughts through coping strategies such as psychological flexibility, present-moment focus, and acceptance (Hartmann et al., 2015). Mindfulness practices helped women relate to their self-criticisms (e.g. I am fat) and their negative emotions (e.g. I have no friends because I am fat) in a way that avoided fixating too much on disliked body parts (Albertson et al., 2014). In this study, researchers taught participants a variant of loving kindness mindfulness meditation. The listener focused in the present moment—that is to say, she is not focusing on the past or on what is to come, but she is simply noticing her breathing as it occurs. Then, she is asked to think about a certain trait that makes her unhappy, and to al-

low any feeling of inadequacy to transpire. Following this, the listener puts both hands over her heart and the instructor encourages her to comfort herself, repeating the phrase, "May I be safe. May I be peaceful. May I be kind to myself. May I accept myself as I am" (Albertson et al., 2014, p. 5). Through such mindfulness practices, individuals may be able to cope more effectively with these evaluations and these feelings of discontent with the body by reducing rigid, unchanging attitudes towards the self (Lavender et al., 2012). Because mindful individuals recognize that they are separate from their thoughts, and they recognize those thoughts as fleeting, they are better able to cope with their negative emotions and beliefs. This research points to the potential of mindfulness application for treating BDD: individuals who are more mindful are less likely to be excessively affected by the social comparisons that could lead to poor body image and to body dissatisfaction. Mindfulness meditation training should therefore be holistically implemented into standard avenues of treatment for body image concerns, which target underlying schemas and negative attitudes towards one's body (Hartmann et al., 2015).

Cognitive Behavioural Therapy (CBT) is the most empirically supported psychosocial intervention for body image dissatisfaction and BDD (Bjornsson et al., 2010; Grant & Cash, 1995; Strachan & Cash, 2002; Wilhelm, Phillips, Fama, Greenberg, & Steketee, 2011). The relationship between CBT and mindfulness remains tenuous, and there is conflicting literature about the two therapies. CBT and mindfulness seem diametrically opposed; whereas CBT encourages individuals to challenge their schemas and beliefs, mindfulness encourages individuals to ignore negative self-evaluations and social comparisons. Achieving emotional neutrality; however, may be more feasible than altering and challenging dysfunctional thoughts (Adams et al., 2013). Hamilton, Kitzman, and Guyotte (2006) nevertheless attempt to bridge the seeming discrepancy between CBT and mindfulness meditation by highlighting acceptance of schema content. Mindfulness may indirectly promote schema change by encouraging the individual to test beliefs with a new approach (Kabat-Zinn, 1990).

Acceptance and Commitment Therapy (ACT) is a third generation cognitive behavioural approach that

incorporates mindfulness processes into its therapeutic methods, teaching the client to fully accept all his or her thoughts and emotions (Lillis, Hayes, Bunting & Masuda, 2009). Unlike CBT, ACT teaches individuals to be better able to cognitively distance themselves from their thoughts and to respond more flexibly to them. Similar to mindfulness practices, this therapy does not attempt to change existing schemas and does not offer alternate interpretations to problems; rather, this therapy promotes an unconditional acceptance of all states of being and of all experiences. Currently, only one pilot study has investigated the efficacy of acceptance-based exposure therapy for BDD (Linde et al., 2015). This study included 13 female and 8 male patients from Sweden who fulfilled the DSM-IV criteria for BDD. Many of them (52%) received one or more rounds of plastic surgery, and they received previous psychiatric treatment (86%). The main goal of this study's acceptance-based exposure exercises was not to eliminate body image concerns or anxiety, but rather to cultivate more flexible response patterns. Through fostering greater psychological flexibility, ACT has been successful in treating body image dissatisfaction. ACT also increased distress tolerance and self-acceptance (Lillis et al., 2009; Pearson et al., 2012). This therapy can also improve compulsive disorders such as OCD, which is closely associated with BDD (Fairfax, 2008; Hanstede, Gidron, & Nyklicek, 2008; Hartmann et al., 2015). As with its treatment of body image disorders, such as eating and weight disorders, ACT promotes releasing one's judgments (Pearson, Heffner, & Follette, 2010). Rather than fixating on a certain thought as an indisputable truth, clients are encouraged to live in the present moment and encouraged to stop ruminating on the past. Teaching clients to cognitively distance themselves from their thoughts, and to recognize the difference between a fleeting thought (e.g. I am ugly) and reality (e.g., I am having the thought that I am ugly), is at the heart of ACT programs (Pearson et al., 2010).

Future Directions and Conclusion

Mindfulness-based interventions and meditation training reduce the negative behaviours and negative affect associated with body dissatisfaction and poor body image. In particular, mindfulness teaches individuals that social comparisons often instigate mindless self-

criticisms and negative self-evaluations. Acceptance and non-judgment of the self, on the other hand, can erode negative views of oneself, including concerns about one's body. Research has not yet investigated the efficacy of mindfulness in treating BDD, despite sharing similar underlying mechanisms as body dissatisfaction. Hence, future studies could compare the effects of mindfulness training with other empirically supported therapies like CBT, the current standard treatment for both body dissatisfaction and BDD. Researchers could also focus on the lasting effects of mindfulness; therefore, longitudinal studies are necessary. Evidence suggests there are lasting long-term benefits to meditation training (Miller, Fletcher, & Kabat-Zinn, 1995; Reibel, Greeson, Brainard, & Rosenzweig, 2001), that are not yet extensively tested.

In summary, this review examined how mindfulness could reduce social comparisons, especially negative self-evaluations, in BDD. While not inherently detrimental, social comparisons may have more pathological consequences, such as extreme body dissatisfaction and distorted body image, which are central to the development of BDD. In contrast to these unexamined comparisons, mindfulness encourages non-striving, or an acceptance and contentment with the self as it is. I then compared the treatment techniques and outcomes of mindfulness-based therapies, CBT, and ACT. Mindfulness-based interventions have demonstrable benefits for body dissatisfaction and negative body image, which stem from negative evaluations and rigid dependence on ideal body types found in the media. Specifically, mindfulness encourages present-moment awareness, non-judgmental attitudes, cognitive flexibility, and unconditional self-acceptance. Mindfulness can be potentially applied to BDD interventions, using current literature on body dissatisfaction and body image concerns as a framework. There are no studies exploring this particular topic, therefore future research could investigate potential mindfulness therapies for individuals with BDD.

References

- Adams, C. E., Benitez, L., Kinsaul, J., McVay, M. A., Barbry, A., Thibodeaux, A., & Copeland, A. L. (2013). Effects of brief mindfulness instructions on reactions to body image stimuli among female smokers: an experimental study. *Nicotine & Tobacco Research: Official Journal of The Society for Research on Nicotine and Tobacco*, 15(2), 376-384.
- Alberts, H. J. E. M., Thewissen, R., & Raes, L. (2012). Dealing with problematic eating behaviour: The effects of a mindfulness-based intervention on eating behaviour, food cravings,

- dichotomous thinking and body image concern. *Appetite*, 58, 847-851.
- Albertson, E., Neff, K., & Dill-Shackleford, K. (2014). Self-compassion and body dissatisfaction in women: a randomized controlled trial of a brief meditation intervention. *Mindfulness*, 1-11.
- American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C.: American Psychiatric Association.
- Aouizerate, B., Pujol, H., Grabot, D., Fayout, M., Suire, K., Braud, C., ... Tignol, J. (2003). Body dysmorphic disorder in a sample of cosmetic surgery applicants. *European Psychiatry*, 18, 365-368.
- Bell, B. T., Lawton, R., & Dittmar, H. (2007). The impact of thin models in music videos on adolescent girls' body dissatisfaction. *Body Image*, 4(2), 137-145.
- Bjornsson, A. S., Didie, E. R., & Phillips, K. A. (2010). Body dysmorphic disorder. *Dialogues in Clinical Neuroscience*, 12(2), 221-232.
- Carson, S. H., & Langer, E. J. (2006). Mindfulness and self-acceptance. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 29-43.
- Cattarin, J. A., Thompson, J. K., Thomas, C., & Williams, R. (2000). Body image, mood, and televised images of attractiveness: The role of social comparison. *Journal of Social and Clinical Psychology*, 19(2), 220-239.
- Crerand, C. E., Franklin, M. E., & Sarwer, D. B. (2006). Body dysmorphic disorder and cosmetic surgery. *Plastic and Reconstructive Surgery*, 118(7), 167-180.
- Crerand, C. E., Phillips, K. A., Menard, W., & Fay, C. (2005). Nonpsychiatric medical treatment of body dysmorphic disorder. *Psychosomatics*, 46(6), 549-555.
- de Vries, D. A., Kühne, R. (2015). Facebook and self-perception: Individual susceptibility to negative comparison on Facebook. *Personality and Individual Differences* 86, 217-221.
- Dijkstra, P., & Barelds, D. P. (2011). Examining a model of dispositional mindfulness, body comparison, and body satisfaction. *Body Image*, 8(4), 419-422.
- Engeln-Maddox, R. (2005). Cognitive responses to idealized media images of women: The relationship of social comparison and critical processing to body image disturbance in college women. *Journal of Social and Clinical Psychology*, 24(8), 1114-1138.
- Fairfax, H. (2008). The use of mindfulness in obsessive compulsive disorder: Suggestions for its application and integration in existing treatment. *Clinical Psychology & Psychotherapy*, 15(1), 53-59.
- Fardouly, J., & Vartanian, L. R. (2015). Negative comparisons about one's appearance mediate the relationship between Facebook usage and body image concerns. *Body Image*, 12, 82-88.
- Feingold, A., & Mazzella, R. (1998). Gender differences in body image are increasing. *Psychological Science*, 9(3), 190-195.
- Feinstein, B. A., Hershenberg, R., Bhatia, V., Latack, J.A., Meuwly, N., Davila, J. (2013). Negative social comparison on Facebook and depressive symptoms: Rumination as a mechanism. *Psychology of Popular Media Culture* 2(3), 161-170.
- Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2013). Self-compassion in the face of shame and body image dissatisfaction: Implications for eating disorders. *Eating Behaviours*, 14(2), 207-210.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Fink, S., Foran, K. A., Sweeney, A. C., & O'Hea, E. L. (2009). Sexual body esteem and mindfulness in college women. *Body Image*, 6(4), 326-329.
- Grant, J. R., & Cash, T. F. (1995). Cognitive-behavioral body image therapy: Comparative efficacy of group and modest-contact treatments. *Behavior Therapy*, 26(1), 69-84.
- Hamilton, N. A., Kitzman, H., & Guyotte, S. (2006). Enhancing health and emotion: Mindfulness as a missing link between cognitive therapy and positive psychology. *Journal of Cognitive Psychotherapy*, 20(2), 123-134.
- Hansted, M., Gidron, Y., Nyklicek, I. (2008). The effects of a mindfulness intervention on obsessive-compulsive symptoms in a non-clinical student population. *The Journal of Nervous and Mental Disease*, 196(10), 776-779.
- Hargreaves, D. A., & Tiggemann, M. (2004). Idealized media images and adolescent body image: "comparing" boys and girls. *Body Image*, 1(4), 351-361.
- Hartmann, A. S., Thomas, J. J., Greenberg, J. L., Rosenfield, E. H., & Wilhelm, S. (2015). Accept, distract, or reframe? An exploratory experimental comparison of strategies for coping with intrusive body image thoughts in anorexia nervosa and body dysmorphic disorder. *Psychiatry Research*, 225(3), 642-650.
- Heppner, W. L., & Kernis, M. H. (2007). "Quiet Ego" functioning: The complementary roles of mindfulness, authenticity, and secure high self-esteem. *Psychological Inquiry*, 18(4), 248-251.
- Kabat-Zinn, J. (1990). *Full Catastrophe Living: Using the Wisdom of your Mind to Face Stress, Pain and Illness*. New York: Dell Publishing.
- Knauss, C., Paxton, S. J., & Alsaker, F. D. (2007). Relationships amongst body dissatisfaction, internalisation of the media body ideal and perceived pressure from media in adolescent girls and boys. *Body Image*, 4(4), 353-360.
- Lavender, J. M., Gratz, K. L., & Anderson, D. A. (2012). Mindfulness, body image, and drive for muscularity in men. *Body Image*, 9(2), 289-292.
- Lillis, J., Hayes, S., Bunting, K., & Masuda, A. (2009). Teaching acceptance and mindfulness to improve the lives of the obese: A preliminary test of a theoretical model. *Annals of Behavioural Medicine*, 37(1), 58-69.
- Linde, J., Rück, C., Bjureberg, J., Ivanov, V. Z., Djurfeldt, D. R., & Ramnerö, J. (2015). Acceptance-based exposure therapy for body dysmorphic disorder: a pilot study. *Behaviour Therapy*, 46(4), 423-431.
- Lup, K., Trub, L., & Rosenthal, L. (2015). Instagram #instasad?: exploring associations among instagram use, depressive symptoms, negative social comparison, and strangers followed. *Cyberpsychology, Behaviour and Social Networking*, 18(5), 247-252.
- Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry*, 17(3), 192-200.
- Mulkens, S., & Jansen, A. (2006). Changing appearances: Cosmetic surgery and body dysmorphic disorder. *Netherlands Journal of Psychology*, 62(1), 34-40.
- Neziroglu, F., Khemlani-Patel, S., & Veale, D. (2008). Social learning theory and cognitive behavioral models of body dysmorphic disorder. *Body Image*, 5(1), 28-38.
- Pearson, A. N., Follette, V. M., & Hayes, S. C. (2012). A pilot study of acceptance and commitment therapy as a workshop intervention for body dissatisfaction and disordered eating attitudes. *Cognitive and Behavioral Practice*, 19(1), 181-197.
- Pearson, A. N., Heffner, M., & Follette, V. M. (2010). Acceptance and commitment therapy for body image dissatisfaction: A practitioner's guide to using mindfulness, acceptance, and values-based behavior change strategies. Oakland, CA: New Harbinger Publications.
- Proulx, K. (2007). Experiences of women with bulimia nervosa in a mindfulness-based eating disorder treatment group. *Eating Disorders*, 16(1), 52-72.
- Reibel, D. K., Greeson, J. M., Brainard, G. C., & Rosenzweig, S. (2001). Mindfulness-based stress reduction and health-related quality of life in a heterogeneous patient population. *General Hospital Psychiatry*, 23(4), 183-192.
- Rodríguez, I. M., Cowdrey, F. A., & Park, R. J. (2014). Is there a place for mindfulness in the treatment of anorexia nervosa? *Advances in Eating Disorders: Theory, Research and Practice*, 2(1), 42-52.
- Sarwer, D. B. (1997). The "obsessive" cosmetic surgery patient: A consideration of body image dissatisfaction and body dysmorphic disorder. *Plastic Surgical Nursing*, 17(4), 193-209.
- Sarwer, D. B., & Crerand, C. E. (2004). Body image and cosmetic medical treatments. *Body Image*, 1(1), 99-111.
- Stewart, T. (2004). Light on body image treatment: Acceptance through mindfulness. *Behavior Modification*, 28(6), 783-811.
- Strachan, M. D., & Cash, T. F. (2002). Self-help for a negative body image: A comparison of components of a cognitive-behavioral program. *Behavior Therapy*, 33(2), 235-251.
- Tiggemann, M., & Slater, A. (2004). Thin ideals in music television: A source of social comparison and body dissatisfaction. *International Journal of Eating Disorders*, 35(1), 48-58.
- Twohig, M. P., Hayes, S. C., & Masuda, A. (2006). Increasing willingness to experience obsessions: Acceptance and commitment therapy as a treatment for obsessive-compulsive disorder. *Behavior Therapy*, 37(1), 3-13.
- Vargel, S., & Ulusahin, A. (2001). Psychopathology and body image in cosmetic surgery patients. *Aesthetic Plastic Surgery*, 25, 474-478.
- Veale, D., & Riley, S. (2001). Mirror, mirror on the wall, who is the ugliest of them all? The psychopathology of mirror gazing in body dysmorphic disorder. *Behaviour Research and Therapy*, 39(12), 1381-1393.
- Verplanken, B., & Tangelder, Y. (2011). No body is perfect: The significance of habitual negative thinking about appearance for body dissatisfaction, eating disorder propensity, self-esteem and snacking. *Psychology and Health*, 26(6), 685-701.
- Wilhelm, S., Phillips, K. A., Fama, J. M., Greenberg, J. L., & Steketee, G. (2011). Modular cognitive-behavioral therapy for body dysmorphic disorder. *Behaviour Therapy*, 42(4), 624-633.