

The Shackles of The Mirror? - A Case Study on Body Dysmorphic Disorder

Smita B. Thomas¹ & Suphala Kotian²

¹ Research Scholar, College of Social Science & Humanities, Srinivas University, Mangalore, India.

OrcidID: 0000-0001-9895-6024; E-mail: smitabijuthomas@gmail.com

² Professor, Srinivas University, Mangalore, India

OrcidID: 0000-0002-5747-4982; E-mail: suphalakotian@gmail.com

Area/Section: Psychology.

Type of the Paper: Review based Case Study.

Type of Review: Peer Reviewed as per [C|O|P|E](#) guidance.

Indexed in: OpenAIRE.

DOI: <https://doi.org/10.5281/zenodo.5555511>

Google Scholar Citation: [IJMTS](#)

How to Cite this Paper:

Thomas, Smita B., & Suphala Kotian, (2021). The Shackles of The Mirror? - A Case Study on Body Dysmorphic Disorder. *International Journal of Management, Technology, and Social Sciences (IJMTS)*, 6(2), 156-161. DOI: <https://doi.org/10.5281/zenodo.5555511>

International Journal of Management, Technology, and Social Sciences (IJMTS)

A Refereed International Journal of Srinivas University, India.

CrossRef DOI: <https://doi.org/10.47992/IJMTS.2581.6012.0163>

© With Author.



This work is licensed under a [Creative Commons Attribution-Non-Commercial 4.0 International License](#) subject to proper citation to the publication source of the work.

Disclaimer: The scholarly papers as reviewed and published by the Srinivas Publications (S.P.), India are the views and opinions of their respective authors and are not the views or opinions of the SP. The SP disclaims of any harm or loss caused due to the published content to any party.

The Shackles of The Mirror? - A Case Study on Body Dysmorphic Disorder

Smita B. Thomas¹ & Suphala Kotian²

¹ Research Scholar, College of Social Science & Humanities, Srinivas University, Mangalore, India.

OrcidID: 0000-0001-9895-6024; E-mail: smitabijuthomas@gmail.com

² Professor, Srinivas University, Mangalore, India

OrcidID: 0000-0002-5747-4982; E-mail: suphalakotian@gmail.com

ABSTRACT

Purpose: *This case study was done to do a detailed study on the recent trends with photographs and how it affects the body dysmorphic disorder [BDD] across all genders and age groups. The intention was to understand how is body dysmorphic disorder affects persons eating habits, social interaction, and body image. In this article, various research studies and scholarly articles were studied to understand in detail regarding Body dysmorphic disorder. The emphasis was given on age, gender, social media networking site users, etc. It was also intended to study how the media influences people towards a certain skin color and body type. It was found not a single study was done in India though there are articles by Indian authors on body shaming, body image, and how media is obsessed with unrealistic beauty standards which indirectly creates body image concerns in people. This case study justifies the need for studies to be done in India to identify Body dysmorphic disorder using various scales like Body image concern inventory, etc.*

Objective: *This case study was done to understand the studies done on body dysmorphic disorder around the world. To understand the pattern, occurrence ratio between youngsters and elderly and social media users and non-users.*

Design/Methodology/Approach: *Detailed Review of literature was done on various scholarly articles provided over medical, psychology, and journal websites.*

Findings/Results: *Most of the studies were done in European countries and very few in Asia. The studies revealed that women are more affected by BDD than men. People active on social networking sites, following celebrities, and media were more discontent with their body parts or in general. Studies also show that the younger population is more affected by body dysmorphic disorder. It was also noted that there was no direct study done in India for identifying body dysmorphic disorder.*

Type of Paper: *Research Case Study.*

Keywords: Body dysmorphic disorder, Social media, Body dissatisfaction

1. INTRODUCTION :

You look into the mirror and find yourself fat, ugly, loose skin, wobbly belly, wrinkles but others tell you to have beautiful facial features, grace, elegance, and a modest demeanor which makes you look extremely attractive. But every single time you look at the mirror you despise yourself more and more. This is exactly what happens to people with body dysmorphic disorder. With the increasing trend of selfies people comparing themselves with others on social networking sites have unconsciously increased the body image consciousness and comparisons among people and have made them critically judgemental towards their bodies. It can be either about one particular part of the body or a complete self. A person might despise one body part or look at themselves in the mirror and completely hate the way they look which might cause them distress, anxiety also might lead to obsessive-compulsive disorder spectrum [1].

2. OBJECTIVE :

This case study was done as a pilot project to review the research studies done on body dysmorphic disorder in India and around the world. The primary objective of this paper was to understand the

pattern, triggering factors, occurrence ratio, its impact between youngsters and elderly and social media users and non-users, and how they deal with it. It also aimed to understand what were the coping strategies people with body dysmorphic disorder used.

3. METHODOLOGY :

Detailed Review of literature was done on various scholarly articles provided over medical, psychology, and national and international journals websites over the last 10 yrs. The databases of google scholar, PubMed, Academia, Shodhganga, Research Gate, DSM library, E-books on Diagnostic and statistical manual of mental disorders were searched. Keywords like SNS, Instagram, Body Corrective Surgery, Facebook, Fashion, Body image, etc were searched. Various books were searched to understand more about BDD, its clinical sign and symptoms, treatment modalities, etc. Full-text articles of the accepted abstract which included the social media aspects of body image and body dysmorphic disorders were accepted.

4. DEFINITION :

Body Dysmorphic disorder is a psychological health condition where one is obsessed with the minor flaws in their looks which may or may not be visible to others. It is also referred to as dysmorphophobia. The person suffering from BDD often perceives themselves as flawed on a whole like ugly, fat, or a certain aspect of them being flawed like a crooked nose, lips, teeth, etc. this is such a strongly inbuilt phenomenon that the person wouldn't want to look at the mirror at all or spent hours looking at the mirror and feel depressive, anxious and self-pity. It also taxes an individual with a considerable amount of waste of time and money in trying to rectify these minor flaws that others might not even notice. It many a time make a person socially repulsive and want to avoid any kind of social gathering and spent time in self-loathing.

5. INCIDENCE :

It is said that 0.7% to 2.4 % of the population has BDD [2], and 80 % of them have faced abuse at home or by their loved ones or were emotionally neglected [3]. It usually starts during adolescents and may continue till adulthood and affect men and women both, but the various evidence-based studies depict BDD to be prevalent more among, women, teenagers, and people with pre-existing psychiatric conditions. BDD is also included in somatoform disorder, and in DSM-5 BDD is categorized in the obsessive-compulsive spectrum.

6. SIGNS AND SYMPTOMS :

Signs and symptoms may start at a very young age but are often unnoticed under the spectrum of growing up changes and social or peer influence. Recently a lot of obsessions over selfies and filtered photographs also play a role in concealing the symptoms of BDD. Commonly overserved signs and symptoms of the identifies cases of BDD are [4] [5] [6] [7] :

- i. Being extremely judgemental about one look
- ii. Misperception about one's physical attributes
- iii. Perceiving oneself as thin despite being fit and muscular is also known as bigorexia or muscle dysmorphia.
- iv. Social anxiety or isolation
- v. Mirror avoidance
- vi. Too much time with mirror or OCD
- vii. Depression, negative self-evaluation
- viii. Emotional, low self-esteem
- ix. Overuse of cosmetics to camouflage the self-sensed flaws
- x. Eating disorders
- xi. Impaired confidence
- xii. Impaired concentration on other works leading to poor professional or academic performance
- xiii. Repeated outfit changing
- xiv. Seeks repeated verbal assurances
- xv. Seeking cosmetic surgeries to fix the perceived defect or flaw
- xvi. Delusional of others talking about your flaws
- xvii. Constantly comparing your appearance with others
- xviii. Constantly occupied with one's appearance

- xix. Avoiding or overindulging on social networking sites
- xx. In extreme case might lead to depressive disorders, diabetes, hypertension, and suicidal tendencies.

7. CAUSES AND RISK FACTOR:

There can be multiple reasons for body dysmorphic disorders. It can be multidimensional varying from childhood experiences to genetics to the impact of social media with the ongoing selfie trend, commonly termed as biopsychosocial. As per the sociocultural theory of self-esteem, the information given by the media and friends about how important appearance is is internalized by many who accept others' predefined ideals of beauty as their own [8]. The recent trend in social media networking sites that pass the message only via photographs like Snapchat and Instagram the users are specifically careful to use proper filters to make each photo look perfect [9]. The photos posted by the celebrity handles are often presented with a lot of photo editing done by the professionals which are often unattainable by common men and unrealistic in nature and this can certainly be the casual triggering factor of BDD [10]. The common risk factors are [11].

- i. Genetics
- ii. Childhood experiences with body shaming, bullying, and abuse
- iii. Personality traits like perfectionist, introvert, extremely sensitive, etc.
- iv. The pressure of societal set standards of beauty
- v. Having other psychiatric conditions like OCD, Various eating disorders, depression, etc.
- vi. Social anxiety often precedes BDD
- vii. Social media.

8. TREATMENT AND PREVENTION :

- i. Medications: - Selective serotonin reuptake inhibitors like antidepressants. [12]
- ii. Psychotherapy: - cognitive behavior therapy [13]
- iii. Family counselling [14]
- iv. Diversional therapy [15]

9. PREVENTION :

As most of the time the symptoms start during the teenage years the family needs to play a pivotal role

- i. Never body shame a child
- ii. Watch the early symptoms carefully
- iii. Make sure the child is not overindulging on social media without supervision
- iv. A healthy family relationship at home
- v. Open communication at home
- vi. Never support the bullying of the child whether outside or inside the home, always stand for your child.

Not only does BDD usually goes unnoticed under the cover of 'recent trends' but also BDD is usually untreated or inadequately treated thinking the perception will change with age. A study was done by Buhlann on 172 samples with BDD that only 21.4% took the help of psychotherapy or psychopharmacology medications. [16]

10. ANALYSIS :

A systemic and detailed review of the literature was done with studies all across the globe which depicted a similar pattern of onset, symptoms, and treatment. A few studies do depict females and teenagers being more susceptible to BDD and the increased influence of mass media and social networking sites. A lot of studies showed how this leads people to plastic surgeons for corrective surgery of the nose, chin, lips, breast, hips, etc. It was found in various researches the majority of the clients undergoing reconstructive surgery were females. Also, a correlation was found between the nativity of the people and the particular body part they were discontent with e.g., a Study done in China depicted the college-goer being more concerned about their eyes and eyelashes, Indians being more discontent with body weight and color, etc [17].

The prevention aspect plays a pivotal role than the treatment as by the time the client or the near ones identify the need for the treatment the symptoms might have settle such deep that it becomes difficult to identify and segregate them from reality. A major observation that strikes was though BDD is said to affect at least 1 in 50 cases not a single study was found done in India. Various supported studies were found which spoke about how Indian students and females are specifically influenced by aiming thinness and fair complexion due to the influence of advertisements, media, and social media. Studies in India also depicted the eating disorders in teenagers to achieve the thinness and also that most of the students with normal frames considered themselves to not be of the normal frame [18].

A good amount of work is also required to be done by those in limelight like the people from the media and glamour industry. These are the people who occupy the news and visual media most of the time. These are the people the younger generation idealizes. These are the people who look attractive and set the current beauty and fashion norms. But what is not shown is behind the screen these people have an army of dedicated staff who work diligently to make sure these celebrities look a certain way to the world. Right from color correction and makeup of every body part that's visible, to hiding the normal curves, to amalgamating the muscles with the VVX effects, to plan the diet, cook for them with measures and in every few hours, to help them eat on time and in a certain manner, to the money that goes into the best, organic, high-end meals and supplements, to not only planning their workout but making them do it with all the medical help as needed and still have the cosmetic surgeons at hand for corrective surgeries as and when needed to eventually still have the photoshops and screen correctors to make sure the audience get to see only the best. Glorifying a certain body frame, skin color, hair texture is just another way of inculcating the set beliefs of the general population who go gaga over their favorite celebrities. Its high time media talks more about sportsmen and women, talk about fitness, talk about the importance of natural diets, talk about being true to what one is, talk about how genetics define our physical attributes, talk more about going under the knife for cosmetic reasons is just abuse to the body, talk more on accepting oneself the way we are and using realistic and natural methods to make ourselves the best version of oneself.

11. CONCLUSION :

The body is that part of a human personality that is visible to the outside world, and hence everyone wants to have it the most perfect way one perceives to be. BDD is often unrecognized, undiagnosed hence untreated for the simple reason that most of the time the parents shun it off in the growing children thinking it's due to hormonal changes of teenagers. By the time it has taken an irreplaceable place in the life of an adult its mostly become the reality to the individual. The person would never believe that no one else can see the flaws in him or her and might feel that people are just being 'kind' by not pointing it out to them. Even if one realizes that there is a disconnect with their perception and reality or the parents are vigilant enough to realize BDD setting in kids a whole lot of stigma and apprehension to seek help from a mental health expert itself can be a big obstruction to disclose their anxieties and seek treatment. A study done by Philips et al. compared the treated and untreated samples with BDD and found that those undertaking treatment had had a better lifestyle without the co-morbidities of OCD, eating, and mood disorders [19]. In 2019 systematic reviews using databases from various websites were used to identify the pattern of It was found that appearance-based social media use was found to be associated with body image dissatisfaction to a large extent. It highlighted the comparisons between body image dissatisfaction to be related to BDD symptomatology. They concluded that excess social media use may lead to the onset of BDD [20].

REFERENCE :

- [1] Nagar, I., & Virk, R. (2017). The Struggle Between the Real and Ideal. *SAGE Open*, 7(1),1-6
- [2] Bjornsson, S., Didie, A. R. E., & Phillips, A. K. (2010). Body dysmorphic disorder. *Obsessive-Compulsive Spectrum Disorders*, 12(2), 221-232.
- [3] McMullen, R. (2021). Body Dysmorphic Disorder Treatment 2020 - TMS BrainCare: Psychiatrist, Depression treatment clinic in Manhattan, NY. TMS BrainCare: Psychiatrist, Depression treatment clinic in Manhattan, NY. Retrieved 27 August 2021, from <https://tmsbraincare.com/body-dysmorphic-disorder-treatment-2020/>.
- [4] Phillips, K., Didie, E., Menard, W., Pagano, M., Fay, C., & Weisberg, R. (2006). Clinical features of body dysmorphic disorder in adolescents and adults. *Psychiatry Research*, 141(3), 305-314.

- [5] Altamura, C., Paluello, M., Mundo, E., Medda, S., & Mannu, P. (2001). Clinical and subclinical body dysmorphic disorder. *European Archives of Psychiatry and Clinical Neuroscience*, 251(3), 105-108.
- [6] Phillips, K., Menard, W., Fay, C., & Weisberg, R. (2005). Demographic Characteristics, Phenomenology, Comorbidity, and Family History in 200 Individuals with Body Dysmorphic Disorder. *Psychosomatics*, 46(4), 317-325.
- [7] Ruffolo, S. J., Phillips, K., Menard, W., Fay, C., & Weisberg, R. (2006). Comorbidity of body dysmorphic disorder and eating disorders: Severity of psychopathology and body image disturbance. *International Journal of Eating Disorders*, 39(1), 11-19.
- [8] Thompson, J., Heinberg, L., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. American Psychological Association.
- [9] Sharma, M., & Khanna, A. (2017). Selfie use: The implications for psychopathology expression of body dysmorphic disorder. *Industrial Psychiatry Journal*, 26(1), 106 -113.
- [10] Ryding, F., & Kuss, D. (2020). The use of social networking sites, body image dissatisfaction, and body dysmorphic disorder: A systematic review of psychological research. *Psychology of Popular Media*, 9(4), 412-435.
- [11] Schulte, J., Schulz, C., Wilhelm, S., & Buhlmann, U. (2020). Treatment utilization and treatment barriers in individuals with body dysmorphic disorder. *BMC Psychiatry*, 20(1), 1-11.
- [12] American psychiatry publication. (2013). *Obsessive-Compulsive and Related Disorders. Diagnostic and Statistical Manual of Mental Disorders* (5th ed., pp. 5-22).
- [13] Phillips, K., Albertini, R., & Rasmussen, S. (2002). A Randomized Placebo-Controlled Trial of Fluoxetine in Body Dysmorphic Disorder. *Archives Of General Psychiatry*, 59(4), 381.
- [14] Hollander, E., Allen, A., Kwon, J., Aronowitz, B., Schmeidler, J., Wong, C., & Simeon, D. (1999). Clomipramine vs Desipramine Crossover Trial in Body Dysmorphic Disorder. *Archives Of General Psychiatry*, 56(11), 1033.
- [15] Ipser, J., Sander, C., & Stein, D. (2009). Pharmacotherapy and psychotherapy for body dysmorphic disorder. *Cochrane Database of Systematic Reviews*, 2009(1), 1-21.
- [16] Harrison, A., Fernández de la Cruz, L., Enander, J., Radua, J., & Mataix-Cols, D. (2016). Cognitive-behavioral therapy for body dysmorphic disorder: A systematic review and meta-analysis of randomized controlled trials. *Clinical Psychology Review*, 48(1), 43-51.
- [17] Pillai, V., & Sündermann, O. (2019). Racial teasing and body dysmorphic disorder symptoms – A cross-sectional study of Asian ethnic groups in Singapore. *Asia Pacific Journal of Counselling and Psychotherapy*, 11(1), 47-59.
- [18] Buhlmann, U. (2011). Treatment Barriers for Individuals with Body Dysmorphic Disorder. *Journal Of Nervous & Mental Disease*, 199(4), 268-271.
- [19] Hegde, K. S., L., SM S, B., PSVN, S., & Rai, P. (2021). Body Image, Self-Esteem and Depression in Female Adolescent College Students. www.Jiacam.org. Retrieved 27 August 2021.
- [20] Phillips, K., Menard, W., Fay, C., & Weisberg, R. (2005). Demographic Characteristics, Phenomenology, Comorbidity, and Family History in 200 Individuals with Body Dysmorphic Disorder. *Psychosomatics*, 46(4), 317-325.
