
Report On The Body Dysmorphic Disorder: Psychological And Sociological Factors

Introduction

Have you ever encountered a person that spends hours of their day thinking about how they look and seeking constant reassurance from others? This person may be experiencing body dysmorphic disorder. Body dysmorphic disorder, (BDD) in short, is a mental disorder in which sufferers spend hours of their time distressing about flaws in their bodies that others cannot see.

Victims perceive their body image with negative thoughts and often think of many ways to fix them by resorting to several solutions that may bring them temporary pleasure at the expense of their health. Body image that sufferers have in their minds is not the actual image that others perceive rather it is usually an exaggerated, deformed version of their frames which makes them feel conscious and insecure about their bodies. It is usually questions like “do I look fat? Is my hair fine? Do I look good? Are you sure I look fine?” that are usually trivialized by others when, in fact, should be taken into consideration as they could be effective signs to the onset of body dysmorphia. Both men and women are affected; however, the prevalence of women with BDD is higher than men. Furthermore, symptoms start emerging during early years of adolescence, at around fifteen to eighteen years of age.

BDD is a common yet underdiagnosed disease:

- a. It is usually mistaken for other disorders like Obsessive Compulsive Disorder which increases the chance of keeping it unnoticed and untreated.
- b. Lack of knowledge about the disorder makes it difficult for sufferers to even realize that they are experiencing a disorder often dismissing it, thus, causing its symptoms to worsen with time.

Two historical figures, Krapelin and Morselli, in 1891 have identified BDD and stated that having negative thoughts cross one’s mind are not a problem; however, it only becomes an obstacle when these thoughts persist and become an obsession that interfere with their social life and mental health. Past evidence also suggests that the disorder was driven by “biological and genetic disorders”.

The Diagnostic and Statistical Manual (DSM) is a psychological dictionary discovered in 1952,

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used mostly by psychiatrists, that holds descriptive information of every disorder discovered so far, stating its causes, risk factors, comorbidities and remedies that can be applied. C. BDD has recently been grouped with DSM-5 disorders such as OCD and trichotillomania. Both BDD and OCD are easily mistaken for one another due to their overlapping similarities.

Some claim that BDD is merely based on psychological and sociological factors, thus, dismissing biological aspects. Most research into biological aspects have not been proven yet causing many to rely only on psychological and social impacts of BDD. Clinical evidence of a case study show that “Of 161 individuals with BDD being studied, 37% had a major depressive disorder, 33% had social phobia, and 26% had OCD.”

Therefore, Body dysmorphia is a disorder based on two main contributors to BDD, psychological and sociological factors. E. Biological evidence may not have been present in abundance; however, recent studies have introduced several proven biological evidences that take part in causing BDD. FMRI images indicate neurobiological evidence of malfunction in the left part of the brain that plays which causes an impaired vision among victims of BDD causing them to perceive images differently than others. As Melinda Wenner Moyer stated in her article Obsessions Revisited, there is a genetic link between BDD and OCD disorders and so one could acquire BDD if OCD had been present with any of their relatives.

BDD is divided into three categories: psychological, having negative thoughts that arise from guilt, subordination or poor body image; sociological, by pressuring one to reach ideal social standards depicted by society and to some extent biological through genetic predisposition.

Psychological Factors of BDD:

- A. Eating Disorders: Eating disorders such as bulimia and anorexia nervosa are linked to Body Dysmorphic Disorders and are prevalent among women in the middle east. Women that lack confidence in their body shapes and sizes often resort to harmful eating habits such as fasting, purging or binge eating disorders.
 - a. Evidence of prevalence of eating disorders among women in Lebanon, have been studied; nearly “46. 1%” of the Lebanese population were diagnosed with Bulimia, “39. 4%” diagnosed with anorexia nervosa, and “14. 4%” found with Binge eating disorder.
 - b. Reports of eating disorders among women in the United Arab Emirates have been found increasingly during the religious month of Ramadan, that is taken advantage of to lose weight, where some choose to stay fasting for days and others purge the food they have eaten.
 - c. Reports on the levels of eating disorders have been increasing especially during the month of Ramadan in the United Arab Emitterates, when women abuse the

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- idea of the religious ritual; some choose to continue fasting till the next day and others to purge the food they have eaten.
- d. Anorexia nervosa, a mental condition, in which the sufferer develops apprehension towards food as they would always view themselves as “fat” individuals, even though others see otherwise.
 - e. Victims of BDD are more likely to resort to solutions such as starve, binge, and purge where they restrict themselves from eating until they feel the need to binge eat and finally purge the large amounts of food consumed out of guilt.

B. OCD

Women with Body Dysmorphia are often diagnosed with obsessive compulsive disorder (OCD).

- a. An investigation among “40%” of a group of Turkish females had been found to be dissatisfied with their bodies especially in areas like the face and lower parts of the body and were diagnosed with OCD.
- b. Repetitive actions could be physical, like checking the mirror several times during the day or mental, such as constantly comparing one’s self to others.
- c. Examples of common OCD actions include skin picking, mirror checking, seeking assurance, and changing one’s outfit several times a day.
- d. Both OCD and BDD are two different disorders that have overlapping symptoms shown in the psychological reference book, DSM-5, and are usually mistaken for one another.

C. Personality traits

Personality traits of Body Dysmorphic victims cause adverse impacts on their health that can occasionally lead to suicides.

- a. As Philips and McElroy have specified in their article, Personality disorders and traits in patients with body dysmorphic disorder, people suffering from BDD often hold special characteristics that differentiate them from the rest. They tend to be “sensitive, introverted, perfectionistic, and insecure.”
- b. Individuals suffering from BDD have certain personality traits that may often obstruct with their health conditions.
- c. Perfectionism may eventually lead to hopelessness if the individual fails to complete or successfully finish a task, which may cause other symptoms like severe depression and anxiety.

Body Dysmorphia often shapes individuals in ways that makes it hard for them to function normally in their lives, thus, creating many negative thoughts that might drive some to commit

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suicide. E. Raising awareness and notifying society of the disorder along with its symptoms and how it is different from OCD is already 50% through the curing process.

Sociological Factors of BDDA

Support 1: Body Dysmorphic disorder is a serious matter that causes dangerous consequences in social situations. “Social Anxiety Disorder (SAD) and Body Dysmorphic Disorder (BDD)” are extremely different mental disorders that overlap. Angela Fang and Stephan G. Hofmann’s article examined the improvements towards people with social anxieties, and it was found that it was positively correlated to people with BDD. This obsessive condition is unrecognized in the Arab region and causes an “alarming increase” to the disorder. Very similar features of the relationship between BDD and Social phobia (SB) that causes social anxieties and difficulties in behavior due to the fear of criticism by others.

Furthermore, the lack of prevalence and treatments to mental issues such as BDD causes an increase in the individual’s mental health and limits their abilities to communicate with others, eat or write in a public atmosphere. However, speaking in front of a big audience is a common issue many of them face. R. Srinivasa Murthy examined the “Lebanese Evaluation” ; it selected and interviewed “3000 Lebanese citizens to undergo a Diagnostic and Statistical Manual of Mental Disorders”. Researchers found that “25. 8% have mental disorders; anxiety and mood swings that are caused from the pressure in the society”.

The anxiety that is caused from individuals with BDD interfere in their everyday lives and their relationship with others. As the article states, the so-called “imaginative ugly” syndrome causes social isolation as well, which impacts on their relationships and intimacy with their loved ones. Becoming jobless due to BDD is understandable because of depression and social isolation. Many tend to miss out on working days and neglect communicating with others. Also, due to the fear of public humiliation or negative opinions; they always feel like the outsiders in their working team and opt the easier way out which is being quite at all times.

Support 2: The negative outcome on idolizing false body images towards women on social media, increases risk on developing BDD. Throughout history, women were always expected to be desirable and look a certain way to attract men. Till now, it is very common to idealize false and perfect beauty standards by projecting modern idols through social media. Women, particularly young girls suffer from social anxieties that feel the need to look a certain way to be comfortable in their own skin; this negative affect on their body dissatisfaction reduces their self-esteem. The value of beauty is a subjective belief towards a body image that was influenced by many sociocultural factors such as bloggers and runway models.

Mury Rabin’s article emphasizes on how feminine gender role norms contributed to an increase

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in their body consciousness. False perceptions are created and worshiped, and they will start developing more awareness of themselves. Young girls that are diagnosed with BDD will suffer greater risks of anxiety and depression as they will be obsessing towards their features, beauty values and compare them to artists that have the “perfect figure”, they will view themselves more in the mirror and seek social approval from others. As Dorian Singh stated, women’s body shape or an “hourglass figure” through artists and social media influencers systematically affected the standards of beauty. Lebanese artists in particular, such as Haifa Wehbe and Myriam Clink project their body as sexual objects and unnatural hour glass shape. Teenagers see those images and believe that this is the perfect body they want to achieve. Unfortunately, their self-esteem will worsen when they cannot meet the standards of beauty that society wants be aware of their flaws.

Society even gives beauty standards towards children. Rachael Michelle Johnson stated how much Disney movies sets a perfect image of how women should look like, moreover, they always put too much value for their prince. Disney princesses produce unrealistic expectations of beauty such as thin bodies and perfect hair; this unconsciously impacts on the way young girls see themselves. They will look up to those Disney characters and try to act, and dress a certain way to attract boys.

Support 3: Environmental factors such as childhood trauma and parental neglect plays a big role in developing BDD. According to Psychiatry research, BDD starts to develop from adolescence. “94% of adolescence were reported to have severe, or extreme distress” due to high rates of problems in school and family environment. Parental neglect of their children’s psychological issues increases gradually in time if it wasn’t treated or given any attention. Many parents that are also obsessed with always looking good for the society pressure their children and tease them about their appearance in order to have the beauty standards they want.

Furthermore, Fugern Niziroglu. , et al states how childhood traumas, such as verbal or sexual abuse tend to develop BDD. They become more aware and disturbed about their body image especially if they were assaulted. Being raped affects their body integrity and their attitude about themselves, they will be develop shame and disgust about a body part that was assaulted, especially in pre-adolescent. .

Risk factors of BDD

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1. Seeking cosmetic surgeries to change physical appearance.

The article Cosmetic Surgery and Body Dysmorphic Disorder affirms that there is an

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increase in cosmetic procedures and surgeries on women that are diagnosed with BDD. Safety and legal considerations to undergo aesthetic procedures are neglected towards patients with BDD. Diana Zuckerman and Jordan Klesme revealed that cosmetic operations such as breast implants are higher among patients that suffer from BDD. However, they often remain dissatisfied and can have suicidal ideation and attempts.

2. Avoiding treatment and misusing medication.

BDD was an untreated mental condition that has only recently begun to gain more attention. Patients feel ashamed to speak about their mental illness and resolve to medications without consulting doctors or psychiatrists. Improper medicinal pills such as anti-depressants and benzodiazepines, which are used to reduce their depression and ease their anxieties, worsen their condition. They are not treating the disorder properly, but are only finding ways to reduce and numb their mental thoughts.

3. Pharmacotherapy

Patients with imaginative thoughts require more than just medications. They require therapy. The article of Effect of pharmacotherapy for anxiety disorders on quality of life: a meta-analysis proclaims that pharmacotherapy is a proper treatment for patients who suffer from any anxiety and complications that are caused by BDD. Therapy is one of the most effective ways to release depression and anxious thoughts that are built in the patients' heads. Once they feel comfortable to speak about their problems and face them, they start healing with proper medications that come along.

It is important to shed light on the different complications that BDD patients might suffer in order to remove the stigma and encourage patients to seek the proper therapy. BDD patients are unaware that they are seeking the wrong treatment and letting their problems worsen, while they have the option to undergo pharmacotherapy that proved very successful.

Conclusion

We explored the different psychological and sociological manifestations of the Body Dysmorphic Disorder, and showed that it is not limited to genetic and biological predispositions. Moreover, we presented the complications that patients have due to social stigmas and personal delusions, and suggested a way to help them overcome these barriers and seek the proper medical and psychological treatment.

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