



## Building Body Acceptance

### Module 2

## **What Keeps BDD Going?**

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## Introduction

So far, we have discussed how your actual appearance (how you really look) is often different to your body image (how you think you look). We explored what is meant by the term 'Body Dysmorphic Disorder' or 'BDD', and some of the negative impacts that BDD can have on your day-to-day functioning and enjoyment. We also discussed some of the earlier life experiences that are commonly reported by people who experience BDD. In this Module, we will consider how those past experiences may be affecting you in the present, and explore what is keeping your BDD going now.

## Appearance Assumptions

While there is no one factor or experience that we can directly say causes BDD, it makes sense that the beliefs we hold about ourselves, others and the world around us are learned as a result of the experiences we have had in our lives. From our experiences, we continue to develop conclusions, assumptions or guidelines that help us to function on a day-to-day basis, and ensure our survival by guarding us from physical and emotional suffering.

For the most part, having these assumptions provides us with helpful guidelines for living, so long as they are realistic and somewhat flexible. For example, I have an assumption that "All drivers in Australia drive on the left hand side of the road". This assumption developed out of my earlier experiences of being a passenger in a car, watching other vehicles negotiate the roads, and eventually learning to drive myself within Australia. Currently, this assumption operates without me being completely aware of it. That is, I don't have to repeatedly remind myself that I must drive on the left, it happens somewhat automatically. It also protects me from having an accident.

All-in-all, the assumption in the above example seems *helpful* in that it appears fairly accurate (i.e., it is generally accepted that Australian's drive on the left), and it is also *flexible* (i.e., it acknowledges that this assumption may not apply when outside of Australia). However, we can also have more unhelpful assumptions by which we try to lead our lives. An assumption tends to be *unhelpful* when it is inaccurate and/or inflexible in some way.

At the heart of BDD lay certain unhelpful appearance related assumptions, often comprised of inaccurate or inflexible "if... then" statements. Remember, that it is often due to your past experiences that you develop these assumptions. For example, imagine that you had experienced a period of bullying and teasing at school due to having acne. This experience could lead you to develop an assumption such as "If people see the real me, they will be repulsed". This assumption, based on your prior experience, could continue to affect you in to adulthood even long after the bullying has stopped.



In BDD, the types of experiences that have likely shaped your appearance assumptions are those we have already discussed in Module 1, page 7 (i.e., seeing others around you with a body image or anxiety problem, physical changes during adolescences, a change in your appearance at any time of life, negative comments/bullying/teasing, social/cultural pressures).

### Common unhelpful appearance assumptions linked to BDD may include:

- "If people see the real me, then they will be repulsed"
- "If I blend in, then others will accept me"
- "If I can see the problem, then everyone else must be noticing it too"
- "If I relax my standards, then I will let myself go"
- "If I don't change my appearance, then I will never be happy"
- "If I don't look perfect, then I look awful"
- "If I stand out, then I will be ridiculed"
- "If I am ugly, then I have no value"
- "If I look attractive, then I will be successful in life"

Take a moment to consider the sorts of **appearance assumptions** or guidelines that you may hold. To help you with this, think about what you expect of your appearance, what standard you think you must achieve physically, and then what you think will happen if you don't achieve this. Also think about how you expect others to react when it comes to your physical appearance. Take a few minutes to write these down. Also, take a moment to think about how your assumptions may be linked back to your past experiences.

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Appearance assumptions play a central role in BDD. Many people can be dissatisfied with their appearance, and many people can have a poor body image, but holding unhelpful appearance assumptions are what generate the more extreme body image problem seen in BDD. Think of it this way....someone can have a negative body image that "I have a huge nose", but it is only going to cause them significant distress and problems in their life if they also hold an appearance assumption like "If I don't look perfect, others will reject me". Conversely, their negative body image probably wouldn't cause them great distress if they held the more flexible and realistic appearance assumption that "It's OK to not look perfect". Appearance assumptions are the key difference between someone who says "I have a huge nose but it's not that important", versus someone who says "I have a huge nose and should hide away from people".

## Triggers

While we have already considered how the past can lead you to develop unhelpful appearance assumptions, more recent events can also trigger or exacerbate your underlying appearance concerns. These triggers can make you tune in to your negative body image, having it 'flare up' as a significant problem now. Often your triggers will be linked to your appearance assumptions in some way, that is, triggers will tend to be things that either support or threaten to support your appearance assumptions. For example, lets say you assume "if I stand out in my appearance, others will ridicule me", then a trigger that threatens to support that assumption could be an occasion where you will be the centre of attention (i.e., your own birthday party or wedding) – you haven't stood out or been ridiculed yet, but the potential for it to happen looms. Whereas a trigger that actually supports the same assumption might be receiving a comment from someone (e.g., "you look terrible") – as the concern that you will be ridiculed feels like it has actually happened.

### Below are common examples of BDD triggers:

- Direct negative comments (e.g., "you're ugly", or "bad haircut")
- Indirect comments (e.g., "you look different today", or a dentist asking "would you like your teeth whitened?")
- Perceived or actual rejection by others (e.g., a relationship break up)
- Situations where your appearance may be evaluated by others (e.g., going on a date, applying for a modelling job, meeting people for the first time)
- Situations where other's attention may be on you (e.g., having to give a speech, be in a photograph)
- Exposure to attractive people (e.g., in magazines, on television, or in person)
- Seeing an unflattering photograph or image of yourself in a reflective surface
- Noticing a slight change in your appearance (e.g., greying hair, loss of muscular tone with age)



Stress from things such as financial, work, or relationship problems doesn't directly cause BDD, but may worsen your BDD symptoms.

**Take a moment to write down any triggers that you have experienced recently that may have increased your level of concern about your appearance. Also, are you currently experiencing any stressful situations? If so, write them down below.**

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### What Keeps BDD Going?

#### Appearance Preoccupation

It is a common human experience that when we are confronted with a difficult or threatening situation we often find it hard to shift our attention away from that threat. This is actually a very useful part of your survival response. After all, if you are confronted with a real threat (e.g., a snake), you want your attention to focus in on and evaluate that threat, and for your mind to come up with a range of solutions to the problem (e.g., how to get away from the snake safely).

Unfortunately, many people who experience BDD report great difficulty shifting their attention away from thoughts about their appearance. This makes sense given people with BDD believe that there is something wrong (*a threat*) with their appearance. Just like in the snake example above, their attention therefore focuses on the area of concern, and they begin to evaluate and mentally search for solutions to the problem with their appearance. Unfortunately, until they feel that the threat is resolved, which rarely seems to occur, these distressing thoughts will continue.

There are many ways of describing this mental experience, including worrying, ruminating, brooding, evaluating, and obsessing. Whatever the term you use, this preoccupation can include numerous:

- unanswerable questions e.g., “Why do I look like this?”
- self-criticisms e.g., “I’m so ugly”
- fantasies e.g., “If I was taller, then...”
- negative comparisons e.g., “They are so much prettier than me”
- overgeneralisations e.g., “This pimple ruins my entire appearance”
- worries e.g., “What if they laugh at me?”, and
- negative reflections on the past e.g., “If I hadn’t had that treatment, then...”



People with BDD also frequently report a range of distressing mental images regarding their appearance, which replay over and over in their minds.

Regardless of the type of preoccupation you are experiencing, time spent churning over these negative thoughts about your appearance can be very distressing. Individuals with BDD often report high levels of depression, anxiety and feelings of disgust when thinking about their appearance. The preoccupation and negative thinking, whilst in some ways is an attempt to find a solution to your negative body image, in the end it just serves to strengthen your negative body image, and often promotes the unhelpful behaviours you engage in as a way of managing your appearance.

**Take a moment to recognise the extent of your appearance preoccupation. Record how much time you spend thinking about your appearance? What do you find yourself focussing on and saying to yourself about your appearance?**

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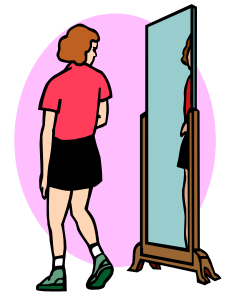
## Checking & Reassurance Seeking

To check on or ask for reassurance about things we are worried about is a normal human behaviour. Most people have thought to themselves “I’m not sure I locked the door properly”, and have walked back and checked or even asked a companion “Did I lock the door when we left?” Usually, this will lead to us feeling less worried, and allow us to continue on with our everyday lives.

In terms of our appearance, many people check how they look in the mirror, and some people will ask for advice from others as to whether an outfit looks ‘okay’ before heading out. However, due to their excessive questioning, worry, and self-criticism about their appearance, people with BDD often find themselves engaging in high levels of mirror checking, comparing themselves with others, and reassurance seeking behaviours. These behaviours may be done to see if the ‘defect’ is still there, see if it has worsened, or see if it is as bad as first thought.

People with BDD have reported engaging in *frequent and repeated*:

- Mirror gazing, including using mirrors that magnify
- Checking their appearance in reflective surfaces e.g., shop windows
- Checking areas of their body visually, by touch, or by mentally scanning that area
- Verifying their appearance by taking a photograph or video footage of themselves
- Measuring parts of their body e.g., using tape measure or callipers
- Making comparisons e.g., by looking at old photographs of themselves, or comparing their own appearance with that of others, and
- Asking family members, friends, and professionals about their appearance, either to reassure themselves that their appearance is OK, or to reassure themselves that there is a real problem by convincing others of the defect.



Unfortunately, the more you focus on your appearance by engaging in these behaviours, the more sensitive or “tuned in” you will be to any negative aspects of your appearance, and the more likely you are to notice things that you, or others, simply wouldn’t usually have noticed. Ultimately, the more you engage in these behaviours, the stronger your negative body image becomes.

**Take a moment to write down any checking & reassurance seeking behaviours you engage in because of your concerns about your appearance. Were there any negative consequences of these behaviours?**

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## Negative Predictions

In general, people with BDD will often make a range of negative predictions about how others will perceive them in social situations. They tend to:

- **overestimate** the likelihood that others will respond to their appearance in a negative manner,
- **underestimate** their ability to cope if this did occur, and
- **discount** any information which suggests that things will not be as bad as they predicted. For example, overlooking the many times they have been to social events where no-one has made a negative comment regarding their appearance, or where they may have even been complimented.



Often, these negative predictions will arise as a result of your appearance assumptions being confronted with a trigger situation. For example, imagine if you hold the appearance assumption “If people see the real me, then they will be repulsed”, and then you are asked out on a date. It makes sense that your mind will come up with a range of negative predictions such as “this will end badly”, “once they see me up close and in the daylight they will be disgusted and want to leave”, “they will tell their friends how horrible I really look”, and “I’ll never meet anyone who wants to be with someone who looks like me”. Unfortunately, these negative predictions can leave you feeling too anxious to socialise, date, or to work or study. They can also drive feelings of helplessness and hopelessness about the future. At the end of the day, this type of thinking just reinforces the negative light in which you see yourself.

**Take a moment to write down some of the negative predictions you have experienced in regard to your appearance. What kind of things do you say to yourself about your appearance when it comes time to socialise, go on dates, or to work or study?**

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## Avoidance & Safety Behaviours

Avoidance and safety behaviours are strategies used to try to protect you from experiencing anxiety and potentially negative incidents. People who experience BDD may avoid a large range of potential people, places or situations where they feel their appearance may come in to question by others, or where they feel they will be reminded of their distressing appearance flaws. To name a few, these can include excessive avoidance of: social situations, dating, attractive people, mirrors, looking at yourself in photographs, or attending appointments (e.g., hairdressers, beauticians).

Avoidance can often have a pay off in the short term, because there are fewer reminders of your appearance flaws, fewer chances of being evaluated badly by others, and therefore at times less worry and concern.



However, in the longer term avoidance keeps your fears going, and can even make them worse. By avoiding you never have the opportunity to test your belief that your appearance is seriously flawed and that bad things will result from this that you cannot cope with. You never get to find out whether this belief is really true, or you just think it is true, and so your fears live on.

The term “safety behaviours” refers to another form of avoidance. To use safety behaviours means that you may not outright avoid something, but will only approach that feared place, person or activity if certain back-up plans are in place. Often they can involve things you do to try to improve or hide your appearance, and hence avoid being judged negatively by others.

Common examples of BDD safety behaviours include:

- Using make-up, hairstyles or carefully arranged clothing to conceal the area of concern or draw attention away from it
- Excessive pursuit of beauty, dental or dermatological treatments, or cosmetic surgery to correct the perceived flaw
- Engaging in behaviours such as skin-picking, hair plucking, or excessive exercise in an effort to improve the look of a particular area or your overall shape
- Only attending social events / going on dates at night or in poorly lit areas to reduce the chances of being negatively evaluated
- Holding your body in certain postures, turning your face a particular way, or covering features with your hand during conversations to hide the problem area
- Only socialising with particular trusted people to reduce the chances of being negatively evaluated
- Avoiding eye contact with others to decrease the likelihood of them looking at and evaluating you

Unfortunately, engaging in safety behaviours only temporarily reduces your worries and concerns. The next time you are confronted with a similar situation, you will feel the need to use them again and never learn that you can survive without them.

**Take a moment to consider your use of avoidance & safety behaviours to manage your appearance concerns. Write down the things you might be avoiding because of your appearance, such as certain people, places, or activities. Also, what safety behaviours do you use to decrease the chances of being negatively evaluated, or to improve or hide the problem area?**

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**Please note...**It is important to recognise that each person will be different in how they manage their appearance concerns. Two people could have the same negative body image, but use completely different behaviours to deal with it. Some people may mirror check, whilst others may avoid mirrors altogether. Some people may spend lots of money on beauty treatments, whilst others may avoid these sorts of appointments at all costs. Some may conceal their appearance with immaculate grooming and make-up, while others may appear messy because they cover up their appearance with bulky clothing and hair covering their face. The main point of this module is that you discover what it is that **you** do to manage your negative body image.

### Putting It All Together: Model of How BDD is Maintained

So how does this all fit together? Generally speaking, when your underlying **appearance assumptions** that have been there all along meet your current **triggers**, your **negative body image** “flares up” and becomes activated. By “activated” we mean that it moves from being dormant to being switched on like a light switch. When this happens you are at an increased risk for experiencing BDD.

Once activated, your negative body image affects how you think, behave, and feel in response to your triggers. In terms of how you feel when your negative body image is activated, often high levels of **distress** result, such as anxiety, depression, shame and disgust.



When your negative body image is activated, there are four main strategies you are likely to engage in as a result of the negative body image, which are aimed at improving your perceived flaw, controlling your distress, or protecting you from negative evaluation by others.

These four strategies are: 1) **appearance preoccupation** becoming the focus of your attention, 2) engaging in **checking & reassurance seeking** to monitor your appearance and attempt to allay your fears, 3) making **negative predictions** about how others will respond to you should they also notice your perceived flaws, and 4) engaging in **avoidance & safety behaviours** to reduce your chances of being negatively evaluated by others.

In the short term, some of these processes may at times provide a temporary sense of relief or control over your appearance concerns. However in the long term they can lead to many **negative consequences**, such as:

- Focusing on an aspect of your appearance (via preoccupation and checking), can alert you to minor imperfections that you or others would normally not have noticed, magnifying your negative body image and leaving you more distressed.
- Avoidance and safety behaviours can limit your ability to learn whether others really will accept you as you are, therefore limiting your ability to build self confidence and put your negative body image into perspective. In turn, some safety behaviours like excessive beauty or dermatological treatments may lead to inflammation, infection or damage, and thus create another appearance related issue to worry about. Or some efforts to cover up (e.g., excessive makeup), can have the opposite effect and draw more attention to yourself, seemingly becoming a self-fulfilling prophecy.
- The more you use the four strategies mentioned, the more you will continue to use them, as you don't give yourself the opportunity to learn new ways of managing the distress related to your appearance. They become the only way you know how to manage life with your perceived flaw.
- Appearance assumptions underlying the problem stay intact, as your four strategies just strengthen the idea of the importance of physical appearance, and deprive yourself the opportunity to build a tolerance for your imperfections, which everyone needs. You don't get to see what really happens when you put your real or 'imperfect' self out there in the world, instead of hiding away and covering up. Often when people with BDD finally test out their assumptions, the outcome is quite different and far less disastrous than they predicted.



The following case illustrates how this can develop in to a vicious cycle.

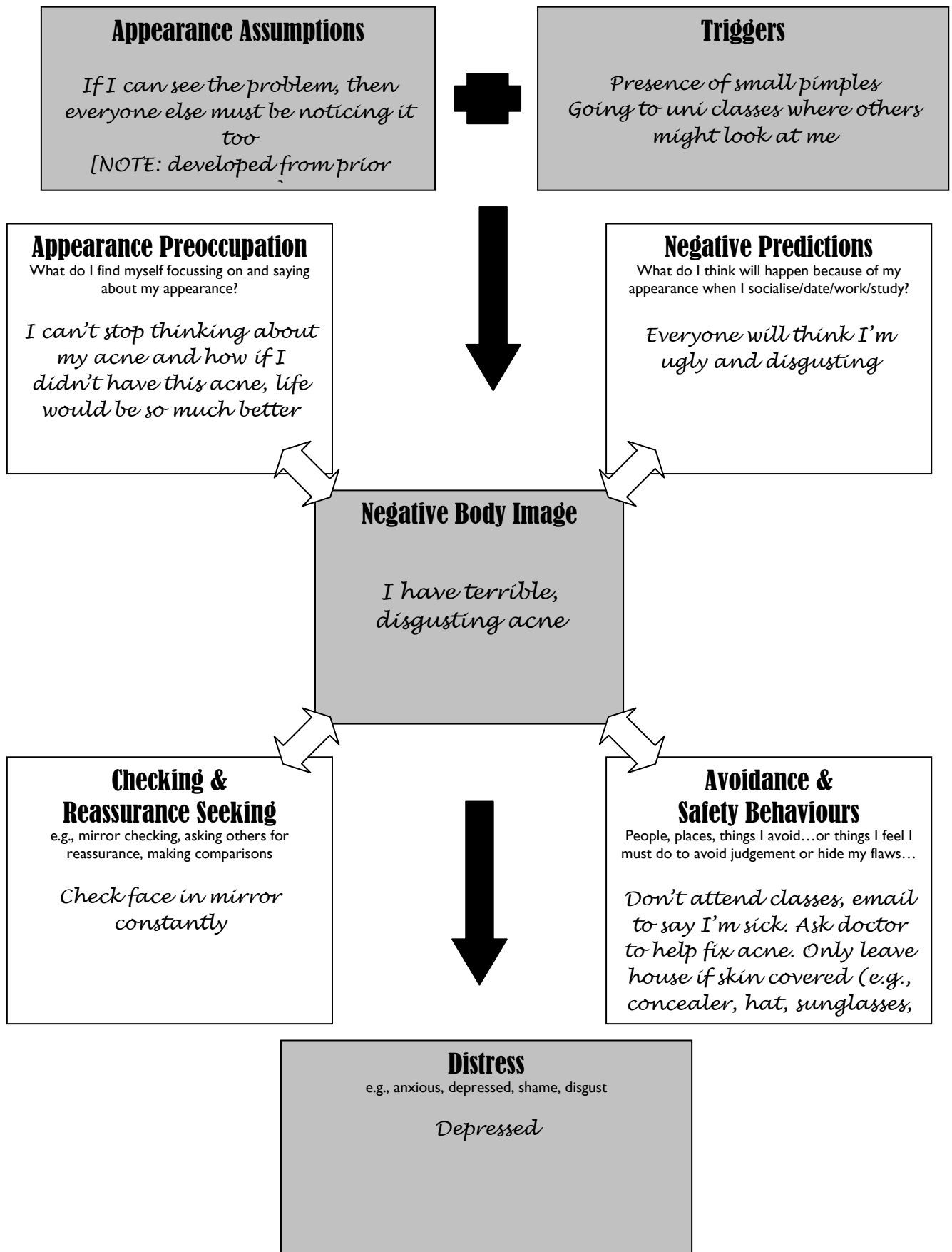
*John was a 22yo man who presented to his doctor complaining of depression due to his terrible acne. John reported that he had experienced acne since his early teens when he had been teased and called names by his classmates. John was at risk of losing his position at university because he avoided going to classes and would email to say he was sick on days he thought he would be asked to contribute to group discussions. John was requesting that the doctor treat his acne so that he could then start living the life he had always wanted.*

*On further examination, the doctor noted some small pimples, but not the “terrible acne” that John was describing. John revealed that he thought about his acne “constantly”. He would spend hours each morning monitoring and evaluating his acne in the mirror, and would not leave the house unless he had first applied concealer, a hat and sunglasses, and carefully arranged his hair forward so that it covered the sides of his face. John believed that if he didn’t cover up his skin, others would be disgusted by him and would think that he was ugly.*

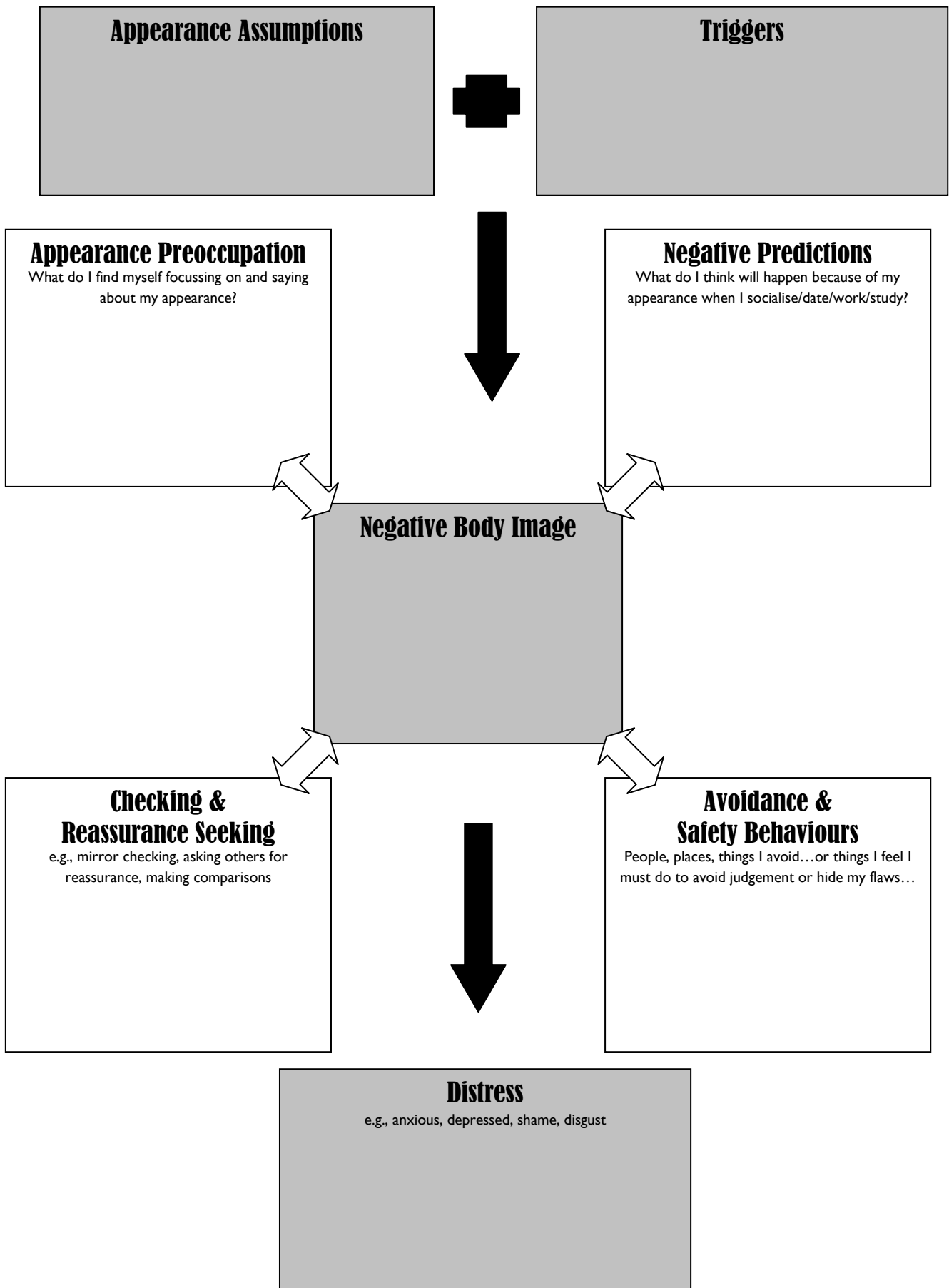
On the following page we have collated this information into a model, so that it is easier to see how John’s BDD is being triggered and then maintained.

As you can see, John is caught in a vicious cycle of focussing on and worrying about the negative impacts of his appearance, and engaging in efforts to control his worry and to change or conceal his appearance. In the long term, this can keep the problem going or even draw unwanted attention to John. On the following page, there is a worksheet for you to detail your own example. We recommend that you go back to the answers you have recorded throughout this Module so far, to help you create your own model. (Note: for the middle box of the model - “Negative Body Image” - you may want to revisit what you wrote on Module 1 page 6).

Example - How BDD is Maintained



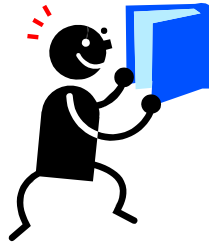
How My BDD is Maintained



### More Good News...

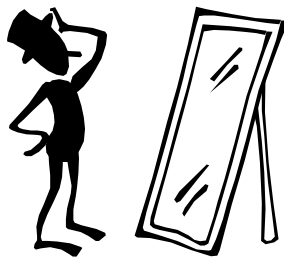
At first, it may look overwhelming to see how your efforts to try to control or reduce your appearance concerns can actually keep them going. However, being able to understand what is keeping BDD going on a day-to-day basis lets you see where you can start to make some changes to break this vicious cycle.

The remainder of these modules will cover a range of cognitive and behavioural strategies aimed at gradually breaking down the unhelpful thoughts and behaviours that keep this cycle going. We encourage you to commit to working through the modules, in order, and completing all of the exercises and worksheets, as this will bring you the most benefit.



## Module Summary

- At the heart of BDD lays certain unhelpful appearance related assumptions, often comprising inaccurate or inflexible “if... then” statements. These have often developed due to your past experiences.
- When your unhelpful appearance assumptions are paired with a trigger situation, such as having to enter a social event where your appearance may be evaluated by others, this activates your negative body image, and leaves you feeling distressed.
- When your negative body image is activated, you engage in the following strategies to improve your perceived flaw, control your distress, or protect yourself from negative evaluation by others:
  - Appearance preoccupation
  - Checking and reassurance seeking behaviours
  - Negative predictions about how others will evaluate and respond to you, and how you will cope if that happens
  - Avoidance and safety behaviours
- In the short term, these behaviours may provide a temporary sense of relief or control over your appearance concerns.
- In the long term, these behaviours may lead to:
  - a strengthening of your negative body image
  - increased distress
  - increased appearance preoccupation
  - an increased desire to check, compare and seek reassurance from others
  - limited opportunities to learn whether others will accept you as you are, and to build self-confidence
  - increased use of avoidance and safety behaviours
- Understanding what keeps BDD going is the first step towards breaking this vicious cycle.



### Coming up next ...

In the next module, you will learn ways to start decreasing your preoccupation with and focus on your appearance.

## About The Modules

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### BACKGROUND

The concepts and strategies in these modules have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for Body Dysmorphic Disorder (BDD) is based on the approach that BDD is a result of problematic cognitions (thoughts) and behaviours.

### REFERENCES

These are some of the professional references used to create the modules in this information package.

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### “BUILDING BODY ACCEPTANCE”

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