



# Patient-identified events implicated in the development of body dysmorphic disorder



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## ABSTRACT

Little is known about the causes of body dysmorphic disorder (BDD), but researchers have proposed a diathesis-stress model. This study uses a patient-centered approach to identify stressful events to which patients attribute the development of their BDD symptoms. An Internet-recruited sample of 165 adults with BDD participated. A large minority of participants attributed the development of their BDD to a triggering event. Bullying experiences were the most commonly described type of event. Additionally, most events were interpersonal and occurred during grade school or middle school. There were no differences in severity of psychosocial outcomes between participants who did or did not attribute their BDD to a specific triggering event. However, participants who specifically attributed their BDD development to a bullying experience had poorer psychosocial outcomes (i.e., perceived social support, depression severity, functional impairment, quality of life) compared to those who attributed their BDD development to another type of triggering event.

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## 1. Introduction

Body dysmorphic disorder (BDD) is a severe psychiatric illness that involves an excessive preoccupation with a slight or imagined flaw in one's physical appearance. This excessive preoccupation is accompanied by time-consuming rituals, such as mirror checking, comparing one's appearance to that of others, and camouflaging body parts, and these rituals are performed to reduce distress related to the appearance preoccupation (American Psychiatric Association [APA], 2013). BDD affects 1.7–2.4% of the population (Buhlmann et al., 2010; Koran, Abujaoude, Large, & Serpe, 2008; Rief, Buhlmann, Wilhelm, Borkenhagen, & Brahler, 2006), yet despite its severe presentation and relatively high prevalence rate, BDD research is in its infancy compared to other psychiatric disorders.

In particular, empirical work investigating the etiology of BDD is scarce. Like many psychiatric disorders, a diathesis-stress model has been proposed, in which a combination of predisposing vulnerability factors (e.g., genetics, brain structure and function, personality traits) and triggering environmental stressors lead to the development of BDD (Cororve & Gleaves, 2001; Fang, Matheny, & Wilhelm, 2014; Fang & Wilhelm, 2015). A small base of research has been conducted to identify the types of environmental stressors

that pose particular risk for the development of BDD. Specifically, results of a handful of cross-sectional studies have shown higher rates of self-reported previous teasing and bullying experiences among those with BDD compared to healthy controls (Buhlmann, Cook, Fama, & Wilhelm, 2007; Veale et al., 2015) and clinical comparison groups (Veale et al., 2015). Another study demonstrated that when individuals with BDD experience spontaneous, appearance-related images, those images are frequently associated with memories of being teased or bullied about one's appearance during adolescence (Osman, Cooper, Hackmann, & Veale, 2004). Moreover, studies in non-clinical samples have documented positive correlations between severity of retrospectively recalled childhood bullying and BDD or muscle dysmorphia symptom severity (Boyda & Shevlin, 2011; Menees, Grieve, Mienaltowski, & Pope, 2013; Webb et al., 2015; Weingarden & Renshaw, 2016; Wolke & Sapouna, 2008). Two studies using non-clinical samples also demonstrated interaction effects, in which those with more severe BDD or muscle dysmorphia symptoms who also reported more severe bullying experiences had the worst outcomes, including greater functional impairment, more severe depressive symptoms, and lower self-esteem (Weingarden & Renshaw, 2016; Wolke & Sapouna, 2008).

In addition to research on bullying, other studies have shown elevated rates of retrospectively reported abuse during childhood or adolescence among individuals with BDD compared to healthy controls (Buhlmann, Marques, & Wilhelm, 2012; Veale et al., 2015), clinical comparison groups (Neziroglu, Khemlani-Patel, & Yaryura-

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Tobias, 2006; Veale et al., 2015), and published norms (Didie et al., 2006). Finally, one conceptual review that proposes a model of BDD development highlights cultural factors that may trigger BDD (Cororve & Gleaves, 2001). These include developing beliefs that beauty is highly important, as well as experiences involving upward comparisons of one's appearance to that of others. Taken together, the most commonly proposed triggering events in the existing literature include bullying or teasing experiences, childhood abuse, and beliefs about the importance of beauty.

Beyond the mere presence of events, some researchers have also proposed characteristics that may make such events especially risk-inducing. For example, one review cites the importance of the developmental stage of triggering events, emphasizing that negative events which occur during adolescence or puberty may especially influence BDD development (Cororve & Gleaves, 2001). Consistent with this review, several of the studies described above focused on teasing or bullying that occurred during childhood or adolescent developmental stages (e.g., Buhlmann et al., 2012; Didie et al., 2006; Osman et al., 2004). Because adolescence is a time when individuals begin to establish their identities and become more attuned to others' opinions of themselves, a stressful event experienced during adolescence may be especially influential in engendering negative beliefs about oneself that contribute to BDD. In addition to developmental stage, authors of another review highlighted the potential importance of events that are interpersonal in nature as triggers of BDD development (Feusner, Neziroglu, Wilhelm, Mancusi, & Bohon, 2010). This makes sense, given that BDD involves heightened concerns about being evaluated negatively by others due to one's appearance, and BDD shares some phenomenological similarities to social anxiety disorder (Fang et al., 2014).

Taken together, the existing empirical research that identifies specific triggering events is consistent with the diathesis-stress model that has been proposed for BDD (Cororve & Gleaves, 2001; Fang et al., 2014). However, to date this research has primarily adopted a top-down approach, in which theoretically-driven potential risk factors (e.g., bullying, abuse) have been selected for study (e.g., by examining their rates of occurrence across BDD and comparison groups). One disadvantage of using a top-down approach is that it may miss important types of triggering events that have not been hypothesized by researchers. On the other hand, bottom-up and patient-centered designs allow patients to identify events that they believe have influenced their BDD's development, without constraints of the researchers' hypotheses. This type of approach provides an opportunity to capture novel information about BDD's development in an area where little data exist (Kitzinger, 1995). Moreover, collecting information about triggering events through an open-ended approach provides an opportunity to gain more subtle information about the nature of triggering events, which might otherwise be missed in previous closed-ended designs (Anderson, 2010).

In order to complement and extend existing research, the present study used a bottom-up, patient-centered design to identify factors to which individuals with BDD attribute the development of their appearance concerns. Participants were prompted to indicate whether they attributed their appearance concerns to a specific triggering event. If they answered yes, they were asked to describe that event, in an open-ended response field. Using participants' responses to these items, we first aimed to identify the proportion of participants with BDD who attribute the development of their appearance concerns to a specific event (Aim 1). Additionally, we aimed to identify whether there were common types of events identified across BDD participants, and whether or not these commonly cited events were consistent with the top-down empirical literature to date (Aim 2). Third, to increase our understanding of the factors that make events most triggering, we

aimed to identify common characteristics of the events described (Aim 3). For example, we examined the proportion of events that were interpersonal in nature, the proportion that were ongoing incidents as opposed to a one-time experience, and the developmental stage at which the events occurred.

Finally, we wished to extend the findings of Weingarden and Renshaw (2016) and Wolke and Sapouna (2008), described above, which demonstrated that, in non-clinical samples, individuals with more severe BDD symptoms as well as more severe bullying experiences reported the highest levels of depression and functional impairment. To do so, we investigated whether those who reported specific triggering events also reported worse psychosocial outcomes. In particular, we first tested whether those who do attribute their BDD to a specific triggering event experience worse psychosocial outcomes compared to those who do not attribute their BDD to a triggering event (Aim 4). Next, since bullying events were linked with poorer psychosocial outcomes in the extant literature, and because bullying events were the most commonly described event in our sample, we tested whether those who attributed their BDD to a bullying event experienced worse psychosocial outcomes compared to those who attributed their BDD to another type of triggering event (Aim 5).

## 2. Method

### 2.1. Participants

The present study's sample was collected as part of a larger study investigating correlates of depression, suicidality, and impairment in individuals with BDD compared to those with obsessive compulsive disorder (OCD) and healthy controls (Weingarden, Renshaw, Wilhelm, Tangney, & DiMauro, 2016). We recruited the sample ( $N = 165$ ) online through BDD-oriented websites (see Procedures). BDD diagnosis was established with the Body Dysmorphic Disorder Questionnaire (BDDQ; Phillips, 1996), described below. The BDDQ is a dichotomous self-report screening tool for BDD diagnosis. In addition to four items that assess DSM-IV diagnostic criteria, there is an open-ended question that asks participants to describe the nature of their appearance concerns. This open-ended item was used to rule-out those with solely weight or shape concerns (who likely had primary eating disorders) or those whose sole appearance concerns were due to skin picking or hair pulling. Two M.A.-level doctoral students independently scored this open-ended item within the larger study's sample. Inter-rater reliability was adequate ( $\kappa = .68$ ) (Landis & Koch, 1977), and items for which the raters disagreed were discussed and easily resolved.

Participants ranged in age from 18 to 63 years ( $M = 29.42$ ,  $SD = 10.13$ ). The majority of participants were female (92.1%) and either dating (40.6%) or single (32.7%). An additional 20.6% were married and 6.1% were separated or divorced. The majority of participants were Caucasian (83.6%), with 6.1% of the sample reporting their race as Hispanic or Latino, 3.0% reporting their race as East Asian, and the remaining participants reporting a different race. Participants' scores on the 10-item self-report Yale-Brown Obsessive Compulsive Scale Modified for BDD (BDD Y-BOCS) fell in the moderately severe range ( $M = 22.94$ ,  $SD = 5.58$ ).

### 2.2. Procedures

Procedures were approved by a university institutional review board. Participants were recruited online, through BDD and obsessive compulsive related disorders websites, including the International OCD Foundation website and the Massachusetts General Hospital OCD and Related Disorders Program/BDD Program website. We used an Internet-based recruitment strategy in order

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