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The effect of self-focused attention and mood on appearance dissatisfaction after mirror-gazing: An experimental study



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ABSTRACT

Background and objectives: Self-focused attention is hypothesized to be a maintenance factor in body dysmorphic disorder (BDD). The aim of this study was to use an experimental paradigm to test this hypothesis by studying the effect of self-focused attention during mirror-gazing on appearance dissatisfaction.

Methods: An experimental group design was used, in which 173 women were randomly allocated to one of three conditions before mirror-gazing for 2 min: (a) external focus of attention, (b) self-focus of attention, and (c) self-focus of attention with a negative mood induction.

Results: After mirror-gazing, participants across all groups rated themselves as being more dissatisfied with their appearance. In both the self-focus conditions, there was an increase in sadness from pre to post mirror gazing, and there was a significant difference in focus of attention for participants in the self-focused, mood-induced group from pre to post manipulation, suggesting mood induction had more of an effect than focus of attention.

Limitations: (1) there was no condition involving an external focus with a negative mood induction, and (2) due to the level of information provided to patients on the nature of the task, we cannot rule out demand characteristics as an influencing factor on our results.

Conclusions: Self-focused attention during mirror-gazing may act indirectly to increase appearance dissatisfaction via the effect of negative mood. Further studies are required to establish the relative contribution of self-focused attention and negative mood to increases in appearance dissatisfaction as a function of mirror-gazing.

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People with body dysmorphic disorder (BDD) are excessively preoccupied with a perceived defect or ugliness in their appearance (American Psychiatric Association, 2013). The most common areas of preoccupation are on the face, although any part of the body may be the focus of attention, and indeed more than one feature commonly occurs (Phillips, McElroy, Keck, Pope, & Hudson, 1993; Veale, Boocock, et al., 1996). The 'flaw' is not noticeable to others, or appears only slight, yet causes enormous shame, depression, or interference in life and is associated with a high risk of suicide (Phillips, Coles, et al., 2005).

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Self-focused attention is a core process in a cognitive behavioural model of BDD (Neziroglu, Khelmani-Patel, & Veale, 2008; Veale, 2004; Veale, Gournay, et al., 1996) and refers here to a preoccupation with appearance-related sensations, thoughts, images, feelings and memories and ultimately preoccupation with a (distorted) body image or 'felt sense' of how one looks (Osman, Cooper, Hackmann, & Veale, 2004). Within this model, BDD is understood in terms of an objectification of the self in aesthetic terms, whereby the individual's worth is evaluated in terms of how they look. Self-focused attention is then used to monitor and evaluate the self in these terms. The model proposes that self-focused attention may generate distortions in body image especially where internal stimuli are negative, for example involving anxious or sad feelings and memories of appearance-related teasing. The model further proposes that self-focused attention interferes with the processing

of more objective and potentially corrective information from the external environment, such as visual cues from others or from what they see in their reflection. A self-focus of attention accesses one's thoughts, feelings, images and memories (that is about one's self) which may relate to past aversive experiences of teasing or being rejected (Buhlmann, Cook, Fama, & Wilhelm, 2007; Osman et al., 2004). People with BDD may experience this form of self-focused attention more or less constantly, but the model proposes that it is likely to characterize the way in which people with BDD look in the mirror. Mirror-gazing is one of the most commonly reported repetitive behaviours in BDD (Phillips, Menard, Fay, & Weisberg, 2005) and is hypothesized to be an important maintenance factor in itself within a cognitive behavioural model of BDD (Veale, Gournay, et al., 1996). Windheim, Veale, and Anson (2011) found that BDD patients were more self-focused than healthy controls at the start and end of a mirror session, and that both groups became more self-focused over time. Further, a questionnaire study found that when people with BDD look in the mirror they report using more internal criteria (relating to internal thoughts, images and feelings) to determine when to stop gazing, whereas healthy controls use more external criteria. i.e., what they see (Baldock, Anson, & Veale, 2012). In addition, people with BDD typically feel more dissatisfied with their appearance after looking in the mirror (Veale & Riley, 2001; Windheim et al., 2011). This effect has also been observed in healthy controls as discussed below. In the current study we sought to probe the relationship between focus of attention (self-focus, versus external-focus) and the change in appearance dissatisfaction after mirror-gazing.

We know from existing mirror-gazing studies that mirror-gazing can lead to increases in appearance dissatisfaction in controls as well as in people with BDD. Baseline appearance satisfaction and selective attention for liked versus disliked parts may inform this relationship. In a study by Mulkens and Jansen (2009) investigating non-clinical participants, it was the sub-sample of study participants who were dissatisfied with their appearance at baseline that experienced increases in dissatisfaction after mirror-gazing. However, Jansen et al. (2008) found that describing the body in a neutral way during mirror exposure reduces body dissatisfaction. This process of neutral describing may assist an external focus of attention. Kollei and Martin (2014) instructed healthy controls, BDD patients, and depressed patients to look accurately at their whole bodies in the mirror and to *focus on and verbalize everything that entered their minds*. This latter instruction overlaps partially with our self-focus condition, but the process of verbalizing and the instruction to look accurately at their whole bodies relates to adopting a more external focus. They found that all participants, including healthy controls, experienced an equally strong increase in negative body-related cognitions after the mirror task. The changes specific to BDD were a lack of positive body-related cognitions and a significantly greater increase in sadness and anger.

To our knowledge, there has not to date been a study looking at the relationship between mirror-gazing and body dissatisfaction in the context of an experimental manipulation of self, versus an external focus of attention. In the present study we manipulated attention according to specific instructions to focus either internally on one's thoughts, feelings, images and memories (that is self-focus) or externally on one's reflection in the mirror as if viewed by an observer. We were additionally interested to study the contribution of negative mood. Negative mood is prevalent in BDD (Kollei & Martin, 2014) and there is evidence of a reciprocal relationship between negative mood and self-focused attention (Mor & Winquist, 2002). Finally, negative mood itself increases body dissatisfaction (Haedt-Matt, Zalta, Forbush, & Keel, 2012). We therefore included a group who were given instructions to focus

internally and who in addition had a negative mood induction to enhance the ability to access any negative thoughts and feelings.

The primary hypothesis was that mirror-gazing with self-focused attention on appearance-related thoughts, feelings, images and memories would lead to a greater increase in appearance dissatisfaction compared to mirror-gazing with an external focus of attention in the mirror. The subsidiary hypothesis was that mirror-gazing with an internal focus of attention and a negative mood induction would lead to the greatest increase in appearance dissatisfaction between groups.

1. Method

1.1. Design

This was a between subjects design. Participants were randomised to one of three conditions during mirror gazing: external focus of attention; self-focused attention; and self-focused attention with a negative mood induction. The aim of the study was to compare the three conditions in terms of appearance dissatisfaction before and after mirror gazing.

1.2. Participants

A convenience sample of 173 female students and staff was recruited by email and poster campaigns informing potential recruits of the aim of the study. Only female participants were recruited in order to remove sex as a confounding factor. *Inclusion criteria:* Participants were included in the study if they were: (a) female, (b) aged between 18 and 40 years old, (c) understood written English and were able to complete questionnaires. *Exclusion criteria:* Participants were excluded from the study if they had: (a) previous participation in research of a similar nature, (b) visual impairment diagnosis, (c) neurological disorder, head injury or epilepsy diagnosis, (d) learning disability diagnosis, and (e) were currently pregnant.

1.3. Materials

Each participant completed the following questionnaires:

(1) Demographic information

All participants were asked their age, first language, ethnicity, marital status, and questions to screen whether or not they met the inclusion and exclusion criteria.

(2) Multidimensional Body-Self Relations Questionnaire—Appearance Scales (MBSRQ-AS; Cash (2000))

The MBSRQ-AS is a 34-item validated self-report scale measuring body image. We used only the Appearance Evaluation subscale (7 items) to compare the conditions at baseline. Previous studies of undergraduate females suggest mean Appearance Evaluation scores range from 2.93 (SD .50; Hollander, Cohen, and Simeon (1993)) to 3.17 (SD .82; Grøtte et al. (2015)). The Cronbach's alpha in this sample was .95.

(3) Hospital Anxiety and Depression Rating Scales (HADS (Zigmond & Snaith, 1983))

This scale consists of 14 items (7 items to each subscale) that were used to compare the severity of anxiety and depression symptoms in participants in the three conditions at baseline. The total range is 0–21. Higher scores represent increased severity of

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