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Phenomenology of men with body dysmorphic disorder concerning penis size compared to men anxious about their penis size and to men without concerns: A cohort study

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ABSTRACT

Men with body dysmorphic disorder (BDD) may be preoccupied with the size or shape of the penis, which may be causing significant shame or impairment. Little is known about the characteristics and phenomenology of such men and whether they can be differentiated from men with small penis anxiety (SPA) (who do not have BDD), and men with no penile concerns. Twenty-six men with BDD, 31 men with SPA, and 33 men without penile concerns were compared on psychopathology, experiences of recurrent imagery, avoidance and safety-seeking behaviours. Men with BDD had significantly higher scores than both the SPA group and no penile concern group for measures of imagery, avoidance, safety seeking and general psychopathology. The groups differed on the phenomenology of BDD specific to penile size preoccupation clearly from the worries of SPA, which in turn were different to those of the men without concerns. The common avoidance and safety seeking behaviours were identified in such men that may be used clinically.

Introduction

Men have different body image concerns compared to women, which are often related to masculinity. A survey in 2008 of 200 men showed their concerns were primarily about body weight, penis size and height (Tiggemann, Martins, & Churchett, 2008). Phillips and Diaz (1997) found gender differences in 188 patients with body dysmorphic disorder (BDD), in which men were more likely than women to be excessively concerned about muscle shape and the size of their genitalia – none of the women reported preoccupation with their genitals although BDD can occur in women seeking labiaplasty (Veale, Eshkevari, Ellison, et al., 2013; Veale, Eshkevari, Ellison, et al., 2014; Veale, Eshkevari, Read, et al., 2014).

For men, penis size may be regarded as a sign of masculinity and sexual prowess. Men may be fearful of negative evaluation by a sexual partner, or by other men in changing rooms or showers (termed "external shame"). A few men may experience a negative self-evaluation of the aesthetics of their genitalia (termed "internal shame") and be less concerned about evaluation from others (Veale & Lambrou, 2002). Men generally view penis size as more important than women do. Thus, in a large internet survey of 52,031 heterosexual men and women, 85% of women were satisfied with their partner's penis size, but only 55% of men were satisfied with their own penis size and 45% wanted it to be larger (Lever, Frederick, & Peplau, 2006).

Small penis anxiety (SPA) (also known as "small penis syndrome") has been described in the literature in men who have a normal sized penis but are excessively worried about its size (Wylie & Eardley, 2007). Some men who present with such worries may be diagnosed with body dysmorphic disorder (BDD) (American Psychiatric Association, 2013). Individuals with BDD are preoccupied with a perceived defect in their physical appearance that is not observable or appears only slight to others. They must also experience clinically significant distress or impairment in social, occupational, or other important areas of function. DSM-5 (American Psychiatric Association, 2013) has added a further

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criterion to DSM-IV requiring that at some point during the course of the disorder, the individual has performed repetitive behaviours (e.g., mirror checking or excessive grooming) or mental acts (e.g., comparing his or her feature with others) in response to the concerns. The preoccupation in BDD is usually with several features of the face. Occasionally in men it is focussed on their penis size (Phillips & Diaz, 1997; Phillips, Menard, Fay, & Weisberg, 2005; Veale, Boocock, et al., 1996). It is important to identify BDD in a clinical setting, as it is associated with a high rate of psychiatric hospitalisation, suicidal ideation and completed suicide (Phillips et al., 2005). It is not known how many men presenting to urologists or sexual medicine clinics with worries about penis size meet the diagnostic criteria for BDD. A number of surgical studies have described men seeking phalloplasty augmentation as having "penile dysmorphic disorder" (PDD) or "penile dysmorphophobia" but these were not based on any structured diagnostic interview for BDD or a validated screening scale (Li et al., 2006; Perovic et al., 2006; Spyropoulos et al., 2005). Many of their participants may not have had BDD. In this study the authors refer to men formally diagnosed with BDD, in whom the size or shape of the penis is their main if not their exclusive preoccupation, which is causing significant distress and shame or impairment.

The current paper also defines men with small penis anxiety (SPA) as being anxious or dissatisfied with their penis size but not meeting diagnostic criteria for BDD. For example, they may experience distress by the size of their penis but not be preoccupied by it for more than an hour a day or it may not be significantly distressing or interfering in their life. The definition of SPA or BDD with penile concerns would exclude men who have a micropenis (Wylie & Eardley, 2007). Augmentation surgery might be considered for a penis <6 cm in the flaccid state. This is based on 2 standard deviations below the mean for age (Wessells, Lue, & McAninch, 1996).

Little is known about how men with BDD focused on penile size cope with the shame about their penis size and how they are different from those with SPA (besides meeting criteria for a diagnosis of BDD). There is an extraordinary lack of scientific interest in men ashamed about their penis size with no studies on the phenomenology or characteristics of such men. However, there is no lack of "solutions" on the Internet. Most men are too ashamed to seek medical help and visit Internet sites that promote non-evidence based lotions, pills, exercises or penile extenders (Gontero et al., 2009). Men may seek help from urologists or plastic surgeons, and may be offered fat injections or a surgical procedure to try to increase the length or girth of their penis. However, cosmetic phalloplasty is still regarded as experimental without any adequate outcome measures or evidence of safety (Ghanem, Glina, Assalian, & Buvat, 2013). Furthermore, the diagnosis of BDD may be associated with a poor outcome in most cosmetic procedures (Crerand, Menard, & Phillips, 2010; Phillips, Grant, Siniscalchi, & Albertini, 2001; Tignol, Biraben-Gotzamanis, Martin-Guehl, Grabot, & Aouizerate, 2007; Veale, De Haro, & Lambrou, 2003). Therefore, a surgeon who offers phalloplasty to men with BDD would be unwise. There are no controlled trials or case series of any psychological intervention for men with BDD with penile concerns or SPA, although there is some preliminary evidence that psycho-education and counselling about the normal range of penile length and poor outcomes associated with penile lengthening surgery can dissuade men from pursuing these procedures (Ghanem et al., 2007; Shamloul, 2005). It is not known whether such counselling reduced the degree of preoccupation and distress in such men or whether they still pursue other non-evidence based solutions. Therefore, our aim was to conduct a study to determine the phenomenology. Our hypothesis was that men with BDD could be differentiated from those with SPA and from those men without concerns over penis size. This may help to develop an understanding of maintenance factors in BDD or SPA.

Method

The study consisted of a cohort group design comparing men with BDD specifically focused on penile appearance concerns against men with SPA and men without concerns who did not report any concerns with their penis size.

Participants

All men were recruited from one of three sources: (a) by email to staff and students at King's College London ($n = 36$), (b) by email to the Mind Search database of volunteers at the Institute of Psychiatry, Kings College London ($n = 10$) and (c) by a link on the website "Embarrassing Bodies" ($n = 44$). Embarrassing Bodies is an informative television programme aired on Channel 4 in which members of the public present to a doctor with physical and medical concerns (often rare or unusual). The programme has its own website on which members of the public can both learn about the body and related illnesses as well as post queries to professionals. The authors approached the producers who organised for an advertisement and study contact details to be posted on the website. In total, 90 participants were included in the study. The demographic data are shown in Table 1. The inclusion criteria were that the men had to be aged 18 or above and proficient in English in order to provide consent and complete online survey questionnaires. Our exclusion criteria were men who:

(1) Had a micropenis (defined as 4 cm or less in the flaccid state).
(2) Had a penile abnormality (e.g., Peyronie's disease, hypospadias, intersex, phimosis).
(3) Had penile or prostatic surgery (which may affect penis size).

The Queen Square NHS Research Ethics Committee granted ethics permission (Reference 11/LO/0803).

Procedure

Advertisements for participants sought to recruit men to a study that was interested in their beliefs about their penis size. After completing the questionnaires on line, men who expressed any concerns or worries about their penis size were interviewed by a trained research worker with the Structured Clinical Interview for DSM-IV disorders (SCID) (First, Spitzer, Gibbon, & Williams, 1995). DSM-IV was used as the study commenced before publication of DSM-5. Those who were diagnosed with BDD were interviewed with both the SCID and the Brown Assessment of Beliefs Scale (Eisen et al., 1998), in order to determine whether or not they had a delusional BDD. If the participant did not have any concerns about penis size, they were enrolled in the men with no concerns group. The researchers did not conduct a SCID for the men with no concerns, as we were only interested in the presenting diagnoses and comorbidity relating to the main complaint in the BDD and SPA groups.

Participants came to King's College Hospital outpatient urology department for examination to exclude a diagnosis of a micropenis or other penile abnormalities. On arrival, participants completed a consent form and were then given privacy in an air-conditioned consulting room at a constant temperature (21 °C) at sea level. Using a disposable tape measure, each participant was measured in the flaccid state from pubis to distal glans (bone-to-tip).

Twelve men were unable to attend the clinic. In order to exclude a micropenis (that would exclude them from the study), they