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Seeing in the Mind's eye: Imagery rescripting for patients with body dysmorphic disorder. A single case series

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ABSTRACT

Background: Intrusive images of appearance play an important role in the maintenance of body dysmorphic disorder (BDD) and are often linked to negative autobiographical experiences. However, to date there is no study examining the use and efficacy of imagery rescripting in BDD.
Method: This study investigated imagery rescripting in six patients with BDD, using a single case series A–B design. The intervention consisted of two treatment sessions (T1, T2). BDD and depressive symptoms were evaluated prior to (T1), post (T2) and two weeks after intervention (FU), using the Yale -Brown Obsessive Compulsive Scale for BDD (BDD-YBOCS), the Body Dysmorphic Symptoms Inventory, and the Beck Depression Inventory.
Results: At post-treatment, significant reductions in negative affect, distress, vividness and encapsulated beliefs associated with images and memories as well as an increased control were observed for five of six patients. These were maintained or decreased at two weeks follow-up. Scores on the BDD-YBOCS indicated a significant 26% improvement in BDD severity at follow-up for the whole group. Considering response as a ≥30% reduction in BDD-YBOCS score, four of six patients were classified as treatment responders. At follow-up, significant improvements in BDD and depressive symptoms were observed for the whole group.
Limitations: The small sample size and the lack of a control group limit the generalizability of our results.
Conclusions: The findings indicate the potential efficacy of imagery rescripting, and highlight the need for further controlled trials. Imagery rescripting should be considered as a treatment technique within the cognitive framework of BDD.

1. Introduction

Body dysmorphic disorder (BDD) is characterized by an excessive preoccupation with one or more perceived defect(s) or flaw(s) in physical appearance which are not observable or appear slight to others (American Psychiatric Association, 2013). Individuals with BDD believe that specific features of their face, skin or body (e.g., nose, facial skin, or breasts) are ugly or disfigured, and often report that the defect(s) are on their mind many hours a day.

Cognitive-behavioral models of BDD emphasize the role of mental imagery in the maintenance of the disorder (Neziroglu, Khemlani-Patel, & Veale, 2008; Veale, 2004; Veale & Neziroglu, 2010). According to Veale and Neziroglu (2010), intrusive mental images of the „defective“ feature(s) or a „felt” impression of how one appears to others activate cognitive and emotional processing. Fusion between both intrusive images or “felt” impressions and past aversive experiences (e.g., of rejection or shame) maintain evaluations and beliefs about being ugly or rejected and avoiding and safety-seeking behaviors (e.g., mirror checking, camouflaging, comparing self with others). Consequently, individuals with BDD direct their attention not only on details of their face or body, but also inwardly towards internal sensations, intrusive images of appearance, and negative evaluations, beliefs and emotions concerning the appearance. In particular intrusive images of appearance seem to support negative beliefs about the way the individual sees themselves.

To date there are only a few studies examining mental imagery and the role of past adverse or traumatic experiences in the development and/or maintenance of BDD. Firstly, research examining negative life-events found that individuals with BDD experienced significantly more appearance and competency-related teasing, and remembered the teasing as more vivid and

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traumatic, relative to individuals without BDD (Buhlmann, Cook, Fama, & Wilhelm, 2007; Buhlmann et al., 2011). Furthermore, research on traumatic experiences showed that individuals with BDD reported about emotional and/or physical neglect or abuse as well as sexual abuse in childhood or adolescence (Buhlmann, Marques, & Wilhelm, 2012; Didie et al., 2006; Neziroglu, Khemlani-Patel, & Yaryura-Tobias, 2006). An emerging line of research suggests that mental images may be based upon adverse or traumatic experiences from earlier in the individual's life. Using a semi-structured interview, Osman, Cooper, Hackmann, and Veale (2004) asked 18 patients with BDD and 18 healthy controls to bring to mind spontaneously occurring images of appearance they frequently experience during distressing situations. They were subsequently asked whether they could recall a particular memory which seemed closely linked to the image. Both, BDD patients and controls, were just as likely to experience spontaneous appearance-related images. However, BDD patients reported about significantly more negative, recurrent, and vivid images than controls. In addition, images were more distorted (i.e., defective features took up a greater proportion of the whole image), typically involved visual and bodily sensations and were viewed from an observer perspective. Finally, the majority of BDD patients (88%) reported a particular memory of a negative autobiographical event (e.g., teasing, self-consciousness about appearance changes during adolescence) that was *associated* with their recurrent images in terms of sensory and emotional detail and interpersonal content. Two BDD patients reported that the images were *closely linked* to a particular memory. These results indicate that distorted images of appearance are often related to the meaning of distressing memories. This has important implications for the treatment of BDD.

Recent research has highlighted the benefits of imagery rescripting for the treatment of traumatic memories and pathogenetic early developed schemas in different psychological disorders (personality disorders: e.g., Weertman & Arntz, 2007; post-traumatic stress disorder: e.g., Arntz, Tiesema, & Kindt, 2007; social anxiety disorder: e.g., Wild, Hackmann, & Clark, 2008; depression: e.g., Wheatley, Brewin, Patel, & Hackmann, 2007; eating disorders: e.g., Cooper, Todd, & Turner, 2007). Imagery rescripting was originally developed to treat traumas (Smucker & Dancu, 1999) and was also proposed as an intervention for the treatment of various forms of memories and schemas (Arntz & Weertman, 1999). It aims to update the meaning of these memories and schemas by integrating new perspectives through the use of imagery. Arntz and Weertman (1999) describe imagery rescripting as a three-phase procedure in which patients imagine early adverse events during childhood with an adult perspective. Patients are asked to relive the original scene from a child perspective (phase 1), then as an adult (phase 2), to watch what happens to their younger self and to intervene whatever (s)he thinks is right, and then again to imagine the situation as a child (phase 3), to view the actions of themselves as an adult, to feel what it means for him/her and to ask for anything (s)he needs from the intervening adult. This procedure is also being used in the treatment of childhood memories in PTSD (e.g., Arntz et al., 2007). Given that in psychological disorders such as social anxiety disorder, distressing or traumatic events can be also experienced throughout the course of life, the child–adult-perspective described by Arntz and Wertman can be adapted to the biographical circumstances of patients and can be replaced by a 'past self' – 'current self' – perspective (cf. Wild, Hackmann, & Clark, 2007).

To our knowledge, so far there is no study examining the use and efficacy of imagery rescripting in BDD. In their treatment manual, Veale and Neziroglu (2010, p. 258–260) describe the use of imagery rescripting in three short case samples in which the "defective" feature or "felt" impression of the patients was linked to negative autobiographical appearance-related experiences. Given that individuals with BDD *do* experience intrusive distorted images and memories for emotional autobiographical material (Osman et al., 2004; Veale & Neziroglu, 2010) and report about past adverse or traumatic experiences (Buhlmann et al., 2007, 2011; Didie et al., 2006; Neziroglu et al., 2006) it seems that imagery rescripting might be an effective intervention for BDD. Through identifying distressing memories associated with the recurrent images and then rescripting and updating the meaning of these memories, the symptoms of BDD may improve and may in turn lead to changes in more general maladaptive beliefs. Therefore, in the current study we investigated the efficacy of imagery rescripting in a case series of patients with BDD. Given that BDD shares many cognitive processes with social anxiety disorder (e.g., excessive self-focused attention, mental imagery) (e.g., Hackman, Clark, & McManus, 2000) we followed the procedure by Wild et al. (2008) using imagery rescripting with cognitive restructuring. We hypothesized that imagery rescripting would lead to changes in symptomatology (i.e., fewer BDD symptoms), reduced imagery and/or memory distress and vividness, and higher controllability of image and/or memory. We further investigated whether the treatment effects can be maintained for a short follow-up period of two weeks.

2. Methods

2.1. Design

A single case series A–B design was used with one follow-up assessment. The single case design was chosen to assess feasibility of using this approach with a new clinical population.

2.2. Participants

Six patients with a primary DSM-IV diagnosis of BDD were recruited from the outpatient unit at university. They requested for psychotherapy and initially participated in a study founded by the German Research Foundation which investigated face perception in BDD (DFG STA 512/9-1, DFG RI 2571/1-2). After the experimental study, those patients who asked for additional psychological treatment were included in the present case study. All patients reported distressing intrusive mental images with respect to facial features and were able to identify negative autobiographical memories related to the images. Patients did not meet diagnostic criteria for comorbid PTSD. They all received individual bi-weekly treatment sessions of cognitive therapy for BDD (Ritter & Stangier, 2013). Informed consent was obtained in line with the guidelines for psychotherapy practice in Germany. Imagery rescripting was introduced at an early stage of the therapy, and was given by one of the investigators (VR, licensed cognitive behavioral therapist) who is highly experienced with imagery rescripting in patients with social anxiety disorder (Leichsenring et al., 2013). None of the patients had completed any imagery interventions before.

Exclusion criteria were: a) current or past comorbid OCD, b) acute suicidality, c) current alcohol abuse or dependence or other substance-related disorders, d) a history of psychotic or bipolar disorders, e) organic mental disorders, and f) concurrent psychotherapeutic treatment. Three patients fulfilled the criteria for at least one concurrent comorbid disorder which was less severe than BDD. No patient received medication. Patient characteristics are shown in Table 1.