



Body dysmorphic disorder: The functional and evolutionary context in phenomenology and a compassionate mind



David Veale^{a,b,*}, Paul Gilbert^c

^a The Institute of Psychiatry, King's College, London SE5, United Kingdom

^b South London and Maudsley NHS Foundation Trust, London SE5, United Kingdom

^c Mental Health Research Unit, Kingsway Hospital, Derby, DE22, United Kingdom

ARTICLE INFO

Article history:

Received 12 August 2013

Received in revised form

14 November 2013

Accepted 19 November 2013

Available online 26 November 2013

Keywords:

Body dysmorphic disorder

Functional analysis

Compassionate mind

Attachment

ABSTRACT

The descriptive phenomenology of Body Dysmorphic Disorder (BDD) is well known in terms of the content of the beliefs, the attentional biases and the nature of the repetitive behaviors. Less has been written about the function of BDD symptoms in relationship to a perceived threat of a distorted body image and past aversive experiences. This article therefore explores the functional and evolutionary contexts of the phenomenology of BDD as part of threat based safety strategies. The attentional bias and checking are discussed in terms of threat detection and monitoring. Behaviors such as comparing self with others and camouflaging appearances have the function of monitoring and avoiding social threats such as social contempt, shame, rejection and ridicule from others. These fears may be rooted in early aversive emotional memories. People with BDD may find it difficult to engage in therapy if they do not have a good understanding of the context and function of their behaviors and if the memories of past aversive experiences (e.g., of rejections and shame) have not been emotionally processed. In addressing these social threats we discuss how the mammalian attachment and affiliation based emotions need to be recruited as part of the therapeutic process. These affiliative processing systems underpin a compassionate orientation to working with people with BDD and their capacity for engaging in the change process.

© 2013 Published by Elsevier Inc.

1. Introduction

Much is now known about the descriptive phenomenology of Body Dysmorphic Disorder (BDD). The preoccupation and distress in BDD are most commonly around the face (especially the nose, facial skin, hair, eyes, eyelids, mouth, lips, jaw, and chin) (Neziroglu & Yaryura-Tobias, 1993; Phillips, McElroy, Keck, Pope, & Hudson, 1993; Veale et al., 1996). However, any part of the body may be involved and the preoccupation is frequently focused on several body parts. Sometimes the complaints are non-specific as in feeling ugly or “not right”.

BDD is now grouped in DSM-5 in the section for Obsessive-Compulsive and related disorders, partly on the similarity in the phenomenology of obsessions and compulsions to BDD, and the comorbidity and family history of Obsessive-Compulsive Disorder (OCD). However, (Storch, Abramowitz, & Goodman, 2008) highlight how the phenomenology of OCD does not fit neatly into the two categories of obsessions and compulsions. Factor analysis of

the Yale Brown Obsessive-Compulsive Scale (YBOCS) in OCD reveals just one factor score, in which the resistance and control items do not meaningfully contribute to the total severity (Deacon & Abramowitz, 2005). Storch et al. (2008) further argue that repetitive and compulsive behavior, per se, is not the defining feature of OCD. Rather, repetition is simply one of the several means by which people with OCD respond to a threat and that the term “compulsivity” has become a way of describing a whole range of behaviors. We shall consider how this observation is just as relevant for BDD in which behaviors are also conceptualized as “compulsions” in the BDD-YBOCS (Phillips et al. 1997).

DSM-5 has added “repetitive behaviors” as a characteristic feature of BDD at some point during the disorder. The emphasis in DSM-5 is on the form rather than a functional understanding of the phenomenology. The term “behavior” in BDD is, however, interpreted broadly in DSM-5 in terms of how a person responds to a perceived defect(s). It includes cognitive processes such as comparing and scrutinizing others (which could also be conceptualized as part of the preoccupation in BDD). In the same manner, ruminating about a perceived defect could be part of the preoccupation and part of the response. Thus like OCD the phenomenology of BDD is unlikely to fit into two distinct categories of obsessions and repetitive behaviors.

* Corresponding author at: Centre for Anxiety Disorders and Trauma, The Maudsley Hospital, 99 Denmark Hill, London, SE5 8AZ, United Kingdom. Tel.: +44 203 228 4146; fax: +44 203 228 5215.

E-mail address: David.Veale@kcl.ac.uk (D. Veale).

Overt “repetitive behaviors” in BDD include: checking in mirrors or reflective surfaces (or checking directly without a mirror); taking photos of oneself; touching the body part or contour of one’s skin; seeking reassurance or questioning others about their appearance; changing and re-arranging clothes; excessive exercise or weight-lifting; excessive make-up, tanning or grooming; seeking of cosmetic and dermatological procedures; altering position of the body or using clothing such as hats to camouflage; or skin-picking (Lambrou, Veale, & Wilson, 2012; Perugi et al. 1997; Phillips et al., 2006; Phillips & Diaz, 1997). An integral feature of BDD is avoidance of social or public situations or intimacy, or avoidance of specific cues that trigger appearance-related anxiety (for example photos or video taken by someone else, looking in certain mirrors or being in certain lighting). Some of the behaviors described above, such as repeated seeking of reassurance, may be more “compulsive-like” in that they are largely involuntary: a person feels driven to perform them, they are repetitive (one act immediately after another) and are seldom resisted. In addition an individual with BDD may have a criterion to terminate a compulsion such as mirror gazing by wanting to feel “comfortable” or “just right” (Baldock, Anson, & Veale, 2012). Other behaviors such as obtaining a cosmetic procedure or altering body position to camouflage a feature are difficult to conceptualize as compulsions.

2. Functional relationships in BDD

This article goes beyond the descriptive phenomenology of BDD (that focuses on the content of the beliefs about being ugly and descriptions of the behavior as compulsions in response to an obsession) and focuses on a *functional* and *contextual* understanding of BDD. Partly because individuals with BDD are very sensitive to shame, it is important to be cautious about language that implies some kind of deficit/error within the self, and therefore to avoid the language of thinking errors/distortions, dysfunctional/maladaptive beliefs, or brain defects. Instead we will use language (e.g., “better safe than sorry”) that recognizes threat and negativity biases as normal to human processing systems (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). Moreover, threat focused styles of attending and thinking can be very functional and understandable, and can track evolutionarily important concerns (Tobena, Marks, & Dar, 1999). We agree too that like OCD, not all behavior in BDD has to be conceptualized as a compulsion just because it is repetitive (Storch et al., 2008).

We want first to focus on the principle that the ways of responding in BDD are highly understandable given the way that humans like many other animals have evolved to respond to threat rapidly in order to protect themselves and that this rapidity often works on a ‘better safe than sorry’ principle (Gilbert, 1998a; Marks, 1987). Thus we will argue that it is important at an assessment not just to make a diagnosis of BDD and go through a detailed checklist of behaviors, but also (a) to make a developmental formulation as a means of engagement and begin to understand how past experiences shape a person’s view of their own appearance as a threat, and (b) to provide a functional and evolutionary context by normalizing how the ways of responding are very understandable in terms of trying to keep the person safe.

Rapid, physiological threat response (the flush of anxiety) helps to deal with actual threat but is unhelpful in the absence of any concrete external threat. Moreover, threat sensitivity is easily developed from previous learning and conditioning. Emotionally conditioned memories of threat can fuel rumination and in BDD is focused on shame (Kim, Thibodeau, & Jorgensen, 2011) and in particular body shame (Veale, 2002). Ways of responding in BDD echo those of other anxiety disorders: when under threat it makes



Fig. 1. Three types of affect regulation system; Gilbert (2009) reprinted with permission from Constable & Robinson.

sense to think in black and white terms or give selective attention to a threat – this is how the threat system is setup (LeDoux, 1998). The response is similar to that in other body image disorders where there is marked shame and self-criticism.

Central to our argument is the importance of understanding both threat processing itself (LeDoux, 1998) and the regulators of threat processing, particularly the way mammalian social behavior has come to regulate threat; for example, the presence of a parent can calm a distressed child or encourage a youngster to engage with things that scare him or her (Mikulincer & Shaver, 2007). Feeling supported by others can stimulate courage (Gilbert, 2009). Recent research into the functional analysis of emotions and emotional regulation suggest that distinct emotion regulation systems underlie feelings of threat and safeness (Depue & Morrone-Strupinsky, 2005; Gilbert, 2009). Three types of emotion regulation system have evolved, each with a different function and triggered in different contexts. These three systems interact and are depicted in Fig. 1 below.

2.1. (1) Threat and self-protection-focused system

This system is focused on the detection of threat, attention processing, and response to threats. Threat-based emotions include anxiety, disgust, shame, anger and hatred and are associated with a range of behaviors such as fight, flight, freeze and the motivation for specific safety-seeking behaviors that aim to prevent harm coming to an individual (for example, escaping from a predator, averting the gaze from a dominant-other as social threat). The threat system enables individuals to detect and monitor a possible threat with increased sensitivity (“hyper-vigilance”); narrowing of one’s attention (“selective attention”); rapid decision-making when a potential threat is detected (“black and white thinking”) or using emotion to act fast (“emotional reasoning”). Therefore individuals may respond to threats not (only) because of dysfunctional beliefs or “thinking errors” but from the use of evolved mechanisms and heuristics (Baumeister et al., 2001; Gilbert, 1998a).

The threat system typically evolved for rapid response using the “better safe than sorry” heuristics. Slow responders would be at risk of dangerous delay in defensive maneuvers. For example, an animal grazing calmly may be easily alarmed by audible, visual or somatic cues indicative of a predator nearby, and will take flight. Subordinate animals are highly vigilant to potential threats from dominants (Gilbert & Bailey, 2000). Threat-response can often be made on the basis of a ‘false alarm’ – the animal runs away, but in reality no threat was imminent. If you watch birds feeding on a lawn, you will see how rapidly they give up food in favor of escape.

Download English Version:

<https://daneshyari.com/en/article/912256>

Download Persian Version:

<https://daneshyari.com/article/912256>

[Daneshyari.com](https://daneshyari.com)