



BODY DYSMORPHIC DISORDER: CAUSE AND CONSEQUENCES

Aswathy J B

Research Scholar, Department of Psychology, Government College for Women, Thiruvananthapuram, Kerala, India

ABSTRACT

Body dysmorphic disorder (BDD) or body dysmorphia is a psychological condition in which you can't quit pondering at least one saw deformities or defects in your appearance. The aim of find the cause and consequences of body dysmorphic disorder. To gather the information, uses online sources and books, journals. The main causes of BDD are Abuse or bullying, Low self-esteem, Fear of being rejected, Perfectionism or comparing yourself with others, Genetics, Depression, anxiety or OCD. The consequences of BDD include Low self-esteem, social isolation, Major depression or other mood disorders, Suicidal thoughts or behaviour, anxiety disorders, including social anxiety disorder (social phobia), Obsessive-compulsive disorder, Eating disorders, Family problems, social isolation, Substance misuse, financial strain., Health problems from behaviours such as skin picking, Physical pain or risk of disfigurement due to repeated surgical interventions. Many individuals tragically excuse BDD as an inordinate type of vanity. It is essential not to overlook the fact that this is a very serious psychiatric condition.

KEYWORDS : Body dysmorphic disorder, self-esteem, depression, anxiety, OCD, social anxiety

INTRODUCTION

The majority of us have, at some point in our lives, experienced this obsession with how we look. men and women in new age trapped in the pursuit of socially approved beauty standards. Body dysmorphic disorder (BDD) or body dysmorphia is a psychological condition in which you can't quit pondering at least one saw deformities or defects in your appearance — a blemish that seems minor or shouldn't be visible to other people. However, you might feel so humiliated, embarrassed and restless that you might stay away from numerous social circumstances. At the point when you have body dysmorphic disorder, you strongly center around your appearance and self-perception, over and over actually taking a look at the mirror, preparing or looking for consolation, at times for a long time every day. Your apparent blemish and the dull ways of behaving make you critical trouble and effect your capacity capability in your day-to-day existence. You might try a variety of cosmetic procedures to 'fix' what you think is a flaw. A while later, you might feel impermanent fulfillment or a decrease in your misery, however frequently the tension returns and you might continue looking for alternate ways of fixing your apparent defect (Mayo clinic, 2021)

Enrico Morselli, a psychiatrist in Italy, first described BDD more than 100 years ago (Morselli,1891) noting that "The dysmorphophobic, indeed, is a veritably unhappy individual, who in the midst of his daily affairs, in conversations, while reading, at table, in fact anywhere and at any hour of the day, is suddenly overcome by the fear of some deformity ... (which) may reach a very painful intensity, even to the point of weeping and desperation". Kraepelin (Kraepelin,1927) and Janet (Janet,2005), have described BDD over the past century, referring to it with terms such as 'dermatologic hypochondriasis', Schönheitshypochondrie ('beauty hypochondria'), and Hässlichkeitskummerer ('one who is worried about being ugly')

Multiple studies indicate that BDD impacts between 7% and 2.3% of the general population. Among individuals who are being treated in inpatient psychiatric hospitals, the rate of BDD is estimated to be between 13% and 16%. Body dysmorphic disorder is slightly more common among women (2.5%) than among men (2.2%). Among adults who have body dysmorphic disorder, 80% report having thoughts of suicide, and 44% have attempted to end their own lives (U.S. National Library of Medicine, which is a component of the U.S. National Institutes of Health). It's possible that BDD may be even more common than this, because people with this disorder are often reluctant to reveal their BDD symptoms to others due to embarrassment and shame.

Body dysmorphia, though less talked about, is not really an uncommon mental disorder. "In India, there are about one million cases per year," Dr Mayumath Reddy, consultant psychiatrist, Yashoda Hospitals Hyderabad, tells indianexpress.com. He adds that it is something that can impact a person's day-to-day life — from their social behaviour to productivity — and their overall well-being, which makes it crucial to address the issue. study, the prevalence of BDD among orthodontic patients was 5.2%. (Sathyanarayana, 2020).

In DSM 5 BDD is categorized in "Disorder Class: Obsessive-Compulsive and Related Disorders". Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others. At some point during the course of the disorder, the individual has performed repetitive behaviors (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to the appearance concerns. The preoccupation causes clinically significant distress or impairment in social, occupational or other areas of functioning. The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder (DSM 5)

AIM

To find the cause and consequences of body dysmorphic disorder.

MATERIALS AND METHODS

Data identified using Google Scholar, MEDLINE, Embase, PsycINFO, CINAHL, Applied Social Sciences Index and Sociological Abstracts Eligible studies will include original, empirical, peer-reviewed qualitative evidence, published in English. Data will be analyzed using the 'best fit' framework synthesis approach, drawing the topic.

DISCUSSION

Body Dysmorphic Disorder (BDD), which is also known as body dysmorphia, is a serious mental health concern that is characterized by obsessive negative thoughts about one's physical appearance. People who develop BDD may become intensely preoccupied with flaws or defects that are not seen by others. This means that BDD is about as common as, or perhaps more common than, obsessive-compulsive disorder (OCD) and more common than disorders such as anorexia nervosa and schizophrenia.

Experts believe that a person's risk for BDD may be influenced

by a combination of complex genetic and environmental factors, including: Having a parent or sibling who suffers from BDD or other types of mental illness, such as obsessive-compulsive disorder (OCD). Being a victim of abuse or neglect during childhood. Age (the median age for onset of symptoms is 15; about 67% of people who suffer from BDD show symptoms of body image distortion by age 18)

Behavioral BDD Symptoms:

- Constantly checking one's appearance in mirrors
- Compulsively picking at skin
- Excessive personal grooming
- Excessive weightlifting or other forms of exercise
- Abusing steroids
- Overuse of makeup
- Persistent negative comments about one's own appearance
- Seeking reassurance from others
- Seeking cosmetic medical procedures to "fix" perceived physical flaws
- Expressing dissatisfaction with the results of prior cosmetic procedures
- Frequently changing clothes in an attempt to improve appearance
- Social withdrawal

Physical BDD Symptoms:

- Damage to the skin due to compulsive picking
- Muscle damage due to excessive weightlifting
- Distorted body image

Mental BDD Symptoms

- Obsessive comparisons of personal appearance with that of others
- Preoccupation with flaws in appearance that are not obvious to others
- Low self-esteem
- Pervasive sense of shame
- Anxiety
- Depression
- Neuroticism
- Delusions

Specialists say that the event of this problem has expanded complex lately. "An individual who has body dysmorphic disorder (BDD) sees imperfection in their body which in any case isn't there. You might imagine that your eyes or nose might entirely misunderstand something truly about them, however in the event that you would have asked another person, they would have not been concurred," says Dr Samir Parikh, chief, Behavioural wellness and Social Sciences, Fortis Health Care.

Most of us have experienced an obsession with how we look at some point in our lives as men and women trapped in the pursuit of socially accepted beauty standards. Also the inappropriate investigation and harassing one is exposed to via online entertainment. This mists self-judgment, frequently prompting low confidence and self-perception issues, which are likewise side effects of BDD.

In the same way as other psychological wellness conditions, body dysmorphic disorder might result from a mix of issues, like a family background of the problem, negative assessments or encounters about your body or mental portrait, and strange cerebrum capability or unusual levels of the mind synthetic called serotonin (Mayo clinic, 2021). research suggests that there are a number of different factors that could mean you're more likely to experience BDD. For example:

- Abuse or Bullying

It may develop a negative self-image as a result of traumatic experiences like abuse or bullying, which may cause you to

obsess over your appearance. This is especially true if you were a teen who was subjected to abuse, bullying, or other forms of trauma because this was a time when you might have been concerned about how you looked or how your body was changing.

- Low Self-esteem

Assuming you have low confidence, you might become focused on parts of your appearance that you need to move along. This is more probable in the event that you connect a ton of significance to what you look like, or on the other hand on the off chance that you feel your appearance's what is most important about you

- Fear of Being Rejected

If you worry about not fitting in, or being rejected or lonely, you may develop thought patterns that can lead to BDD.

- Perfectionism or Comparing Yourself with Others

Messages about body image that we get from films, magazines, social media and adverts can have a negative impact on our body image and self-esteem. They can give us unachievable ideas about how we should look and make us feel we're not good enough. Apps and filters that improve the way we look online can also contribute to this. Assuming you attempt to show up truly 'great' or you consistently contrast your appearance with others, you might be bound to foster BDD. Or on the other hand assuming you do exercises that are exceptionally centered around your body - for instance, modeling working out or wellness - you may likewise be at more serious gamble.

- Genetics

Some evidence suggests that BDD is more common in people whose family members also have BDD. But it's difficult to know whether symptoms - such as believing that you're disfigured or frequent mirror checking - are inherited from your parents' genes or picked up from their behavior.

- Depression, Anxiety or OCD

Individuals with other psychological wellness issues, explicitly wretchedness, uneasiness and OCD, are additionally bound to have BDD. However, it is unclear whether BDD is a cause of mental health issues like depression, anxiety, or obsessive-compulsive disorder (OCD).

- Risk Factors

Body dysmorphic disorder typically starts in the early teenage years and it affects both males and females. Certain factors seem to increase the risk of developing or triggering body dysmorphic disorder, including:

- Having blood relatives with body dysmorphic disorder or obsessive-compulsive disorder
- Negative life experiences, such as childhood teasing, neglect or abuse
- Certain personality traits, such as perfectionism
- Societal pressure or expectations of beauty
- Having another mental health condition, such as anxiety or depression

The Consequences of BDD Include

- Low self-esteem
- Social isolation
- Major depression or other mood disorders
- Suicidal thoughts or behavior
- Anxiety disorders, including social anxiety disorder (social phobia)
- Obsessive-compulsive disorder
- Eating disorders
- Family problems
- Social isolation
- Substance misuse
- Financial strain.

- Health problems from behaviors such as skin picking
- Physical pain or risk of disfigurement due to repeated surgical interventions (Mayo clinic 2021)

BDD affects an even higher proportion of people who are seen in various health care settings (e.g., cosmetic surgery, cosmetic dental, adult orthodontia, dental, or mental health settings). For example, the prevalence of BDD is 11-13% in dermatology settings, 13-15% in general cosmetic surgery settings, and 20% in rhinoplasty surgery settings. BDD is more common in women than in men in general population studies (approximately 60% women versus 40% men). However, it is more common in men than in women in cosmetic surgery and dermatology settings.

CONCLUSION

Many individuals tragically excuse BDD as an inordinate type of vanity. It is essential not to overlook the fact that this is a very serious psychiatric condition. Assuming left untreated it is probably going to demolish over the long run as it were. A significant part in assisting somebody with getting better is in teaching yourself about the confusion and regarding the numerous ways it can influence the existences of individuals living with it.

REFERENCES

1. American Psychiatric Association. (2022). Body dysmorphic disorder. In Diagnostic and statistical manual of mental disorders (5th ed., text
2. Choudhury, R. (2021). Body dysmorphia: How obsession with 'good looks' impacts the mental health of today's generation. *The Indian express*
3. Janet, P. (2005). Les obsessions et la psychasthénie: Etudes générales. *Les obsessions et la psychasthénie*, 1-322.
4. Kraepelin, E. (1927). *Psychiatrie*.
5. Mayo clinic staffs. (2021). *Mayo clinic*
6. Morselli, E. (1891). Sulla dismorfofobia e sulla tafefobia: due forme non peranco descritte di Pizzia con idee fisse. *Boll R Accad Genova*, 6.
7. Phillip. (2022). Prevalence of BDD. *Centre for OCD*
8. Reddy.M. Yashodha Hospital, Hyderabad
9. Sathyanarayana, H. P., Padmanabhan, S., Balakrishnan, R., & Chitharanjan, A. B. (2020). Prevalence of Body Dysmorphic Disorder among patients seeking orthodontic treatment. *Progress in orthodontics*, 21(1), 20. <https://doi.org/10.1186/s40510-020-00322-8>
10. U.S. (2021). U.S. National Library of Medicine, which is a component of the U.S. National Institutes of Health