


**BODY DYSMORPHIC DISORDER (BDD): CAUSE, TREATMENT, AND PREVENTION** <https://doi.org/10.56238/sevened2025.011-023>**Malislene Lucas de Araujo<sup>1</sup>, Luis Reinaldo Candido<sup>2</sup> and Marcia Elizabeti Machado de Lima<sup>3</sup>.****ABSTRACT**

This article sought to highlight some body dysmorphic disorders (BDD) presented by students of the courses: Accounting Sciences and Psychology of the Pantanal Family-FAPAN, Cáceres/MT. The objective was to highlight disorders in order to propose ways of prevention, both in the physical and psychological spheres. Data were collected using the Body Shape Questionnaire, which points out body image disorders through a scale of agreement and disagreement in their respective degrees. A total of 50 questionnaires were analyzed, and the age of the participants ranged from nineteen (19) to forty-seven years(47), with a total of 24 (48%) women and 26 (52%) men. The following distortion results were obtained from the answers: mild - 07 (11%); moderate - 02 (4%); severe - 03 (6%); and the absence of distortion - 38 (79%). In the Psychology course, a greater number of individuals with distortions was found. Mild and severe distortions prevailed in the female group. The oscillation between "mild" and "severe" represent the feminine extremes in the concern with body image. In the case of this research, the individuals interviewed have a good degree of satisfaction with their body images. Some types of prevention and treatment through psychotherapy were pointed out: Psychodynamic; Cognitive-behavioral therapy; Cognitive analytic therapy; Interpersonal psychotherapy; Humanistic therapies.

**Keywords:** Body Dysmorphic Disorders (BDD). Psychology. Body Shape Questionnaire. Psychotherapy.

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## INTRODUCTION

Image Distortion Syndrome - BDD, called Dysmorphophobia, is an excessive concern with the body, whether or not it has a defect that apparently affects the image of this body. Dysmorphophobia comes from a Greek word that means *ugliness*, hence its meanings cause disorders in those who feel ugly, or in those who, for some reason, have been left with marks or scars that prevent them from living normally in society. In the young age group it causes a lot of concern and in the adult group it mainly harms women (ABCMED, 2014).

This disorder consists of delusional thoughts and presents itself through obsessions that resist opinions, contrary demonstrations and other objective ways of denying the disturbing picture. The subject dresses up in rituals to meet his impulses and circumvent or hide his physical appearance, in almost all cases, without apparent need (ABCMED, 2014).

This article seeks to highlight some body dysmorphic disorders (BDD) presented by students of the Accounting Sciences course, 5th semester, and students of the Psychology course of the Pantanal Family-FAPAN, in the city of Cáceres/MT. Evidence was selected in data collected through a questionnaire applied to these students, the results of which are reported at the end of the study.

It is known how uncomfortable it is to feel ugly in the midst of others who are in the social environment. The physical aspect is a conditioner for human actions, especially if physical attributes are valued to perform certain actions. However, this aspect is not limited to this exigence, it overflows into all moments of some people's lives, especially in the lives of the youngest. This was the observed problem that stimulated the proposition of this research.

The proposed objective of the work was to propose ways to prevent BDD, both in the physical and psychological spheres, after identifying the possible causes and appropriate treatments for each situation presented.

In the structural process, we sought to meet the standardization suggested by Lakatos and Marconi (2003). The *Body Shape Questionnaire* was used, which was translated and validated in Portuguese in 2001 (PIETRO *et al.*, 2001). It is a body imaging questionnaire that seeks to point out the body image disorders that shake a person. It evaluates through a scale that points out the agreements and disagreements in their respective degrees. For the scoring of the questions, the scale presents six (6) possible answers, namely:

- a) Never-one point value;
- b) Rarely- two-point value;

- c) Sometimes: three-point value;
- d) Very often: value of four points;
- e) Always: value of six points.

The sum of the points will reflect the level of concern with the image that the interviewee has about his body.

## BODY IMAGE

The *schemat*, according to Fischer (1968), was described by Bonier (1905) as the distortion of body image, thus, Head (*apud* FISCHER, 1968) built the theory stating that the individual builds an image about himself and starts to judge his movements and postures in society. After this understanding, Mitchel (*apud* BARROS, 2005) showed the world that body image can be changed, through treatments.

Another definition of body image was proposed by Silder (1994) as being the figure we form in our mind about our own body and states that the body should be analyzed from an organic, psychological and sociological point of view. Thompson (1999) complements the concept by saying that it involves components, which are: Perceptual - the one that involves the estimation of body size and weight related to the perception of physical appearance; Subjective: one that involves satisfaction with one's appearance and level of concern; Behavioral: one who avoids situations of discomfort in relation to appearance. Man condenses his image in an amalgam of physiological and emotional aspects, thus he unites temporal life: past, present and transcends to the future.

## BODY DYSMORPHIC DISORDER (BDD)

On the threshold of the twenty-first century, we see the emergence of many disorders of psychic origin in the subjects, since it is not new that society in general has been systemically subjected to the overvaluation of aesthetics, disregarding inner values. The globalization process is not the valve that started all this, but rather an intensifying vehicle that enables a vast boost to the standardization of forms accepted in and by social conventions. Forms that concern happiness, success and power, as if such spheres, in order to be materialized, depended fundamentally on the external beauty, the bodily beauty of the subject (APA, 1995).

Body Dysmorphic Disorder (BDD), or as it is also known as Dymorphophobia, is a disorder caused by the exacerbated concern of a subject with his own physical appearance,

which in this case, on certain occasions, abhors a good part and/or one hundred percent of his own body in favor of a purely social and conventional label of beauty standard.

The defects are purely imaginary and are fostered by the subject as he compares himself to other subjects, subjugating himself and his characteristic and singular beauty. That is, the subject is excessively concerned with his appearance to the point of seeing tiny, small and/or large anomalies in his own body, although many times, there are not even any (APA, 1995).

Segundo Torres *et al.* (2005, p.01):

Body Dysmorphic Disorder is a mental disorder that is characterized by affecting the patient's perception of their own body image, leading them to have irrational concerns about the defects they believe they have in some part of their body (for example: crooked nose, misaligned eyes, skin imperfections and many others).

Thus, in view of this statement, we can see that BDD is basically a distorted view of family, social and professional functioning, because the subject sees himself cornered (although not in general lines) by social conventions and, therefore, subjugates himself and limits himself to look like another person and/or try to correct the "defect", which he cannot bear to see in himself. In other words, these issues surround society, since the "beautiful" enchants and serves as a standard, while the "ugly" is left aside, overshadowing, in a way, the subject who carries in himself a peculiar difference from another subject, and so on.

Subjects who feel "less beautiful" in the face of social conventions see themselves in the task of camouflaging themselves and, for this, they use some techniques to perform this action, such as: makeup, clothes, gestures, etc. One way to identify if a person has BDD is to check if they look at themselves a lot in the mirror, if they stare or observe another person or move away from them.

Therefore, some of these behaviors can become rituals that impair daily activities. As a psychological disease, BDD persists for years, and can be characterized as chronic and dangerous, sometimes causing suicide (PHILLIPS *et al.*, 1993; FIGUEIRA *et al.*, 1999).

According to Guilhardi (2001), the person attributes his life problems to all physical defects, believing that through surgery he will have his physical defects corrected, however he is not aware of the unhealthy consequences that this act will cause to his life and, sometimes, surgery does not solve the problem, causing more disorders. Without concern for the quality of life, the subject accepts any proposition that frees him from the defects that torment him.

The World Health Organization (WHO) conceptualizes quality of life (QoL) as the judgment that the person establishes about his or her place in life, culture and in the value

systems of the society in which he or she lives. Thus, it stipulates the relationships between their goals, their desires, standards and concerns (RAQUETE, BATISTA and ARANTES, 2017).

The convenience and comfort offered by modern technology has promoted a decrease in physical activities, generating numerous factors that harm health and QoL, such as stress and sedentary lifestyle. In addition to these factors, they influence the way people see their bodies, their body images. Gomes *et al.* (2014) state that society standardizes and idealizes a body image that is far from the reality experienced and far from the need to keep the body healthy. Satisfaction with body appearance promotes well-being that sometimes does not match the maintenance of body health.

These authors go on to say that the level of satisfaction with the body determines the subject's relationship with himself and with other people. To achieve such satisfaction, one looks for gyms, training, physical conditioning and also help in medicine. Gomes *et al.* (2014) states that this search for improving appearance is very frequent.

Among men, body changes cause very strong dissatisfaction, so they seek to improve their bodies in gyms or by ingesting chemical products. They change their eating habits in an attempt to meet the affections of society (ROMA, LEBRE and VASCONCELOS, 2003).

## PRESENTATION OF DATA

### INCLUSION AND EXCLUSION CRITERIA

The criteria used to include the interviewee in the group that would be part of the research were:

- a) be of legal age (18) years old;
- b) be an academic in the Psychology and/or Accounting Sciences course;
- c) to be devoid of enrollment;
- d) have active attendance at college in 2019.

The exclusion criteria were:

- a) not accepting to answer the questionnaire for personal reasons;
- b) have a medical certificate in the period and date of application.

### INSTRUMENTS FOR DATA COLLECTION

To measure the level of dissatisfaction with the body image of these students, a self-administered measurement instrument was used: the *Body Shape Questionnaire (BSQ)*,

which was adapted and validated for Brazil by Conti; Strings and Lotarre (2009). This questionnaire measures the degree of concern with body shape and self-deprecation related to the perception of physical appearance.

The questionnaire consists of 34 questions that are related to body image distortion. Each of these questions has six items of free choice, which makes the answers possible.

Being:

- 1- Never
- 2- Rarely
- 3- Sometimes
- 4- Frequently
- 5- Very often
- 6- Always

The data collection was carried out during class hours with the authorization of the class teacher at the time of application, using 10 to 15 minutes in each class.

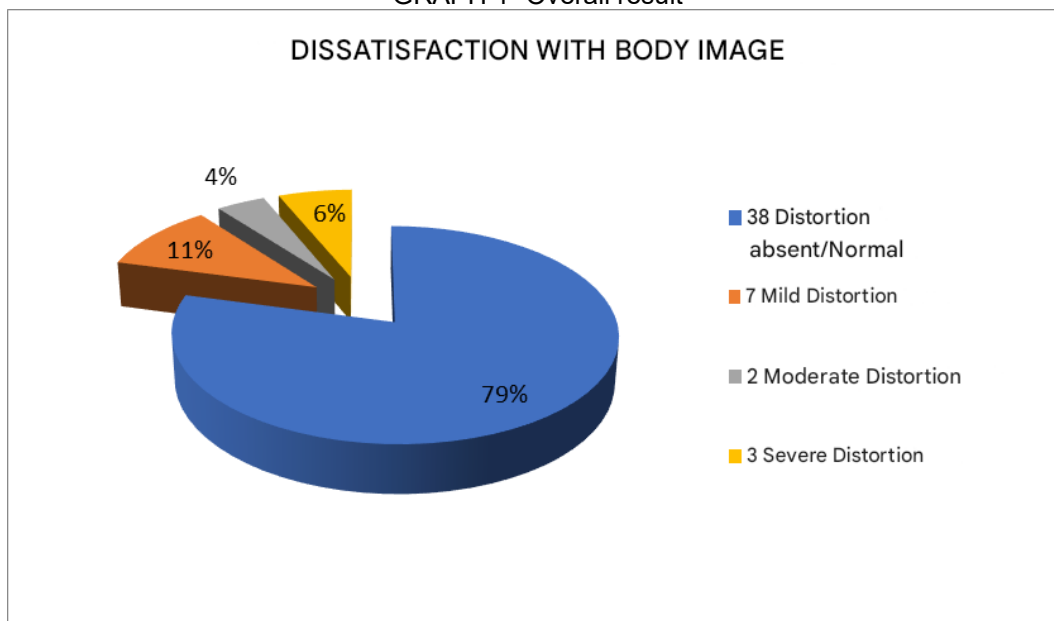
The points, with notes on levels of distortion of body image, were computed according to the answers obtained and then classified for analysis.

## DATA ANALYSIS AND DISCOURSE

For the research it was proposed to analyze the data of 60 students, from this proposal we obtained the return of 50 questionnaires and, after the analysis, it can be observed that the age varies from nineteen(19) to forty-seven years(47), in a total of 24 (48%) women and 26 (52%) men. The age difference between the participants refers to the conclusions of studies that report that there are large body changes over time. Each stage of life requires a different behavior from the individual, so the conceptions about the image of the body also change. Most of the time, the individual seeks satisfaction, the "perfect" image of his body. With the influence of the media, young people are more likely to feel inferior and out of place in relation to themselves in society.

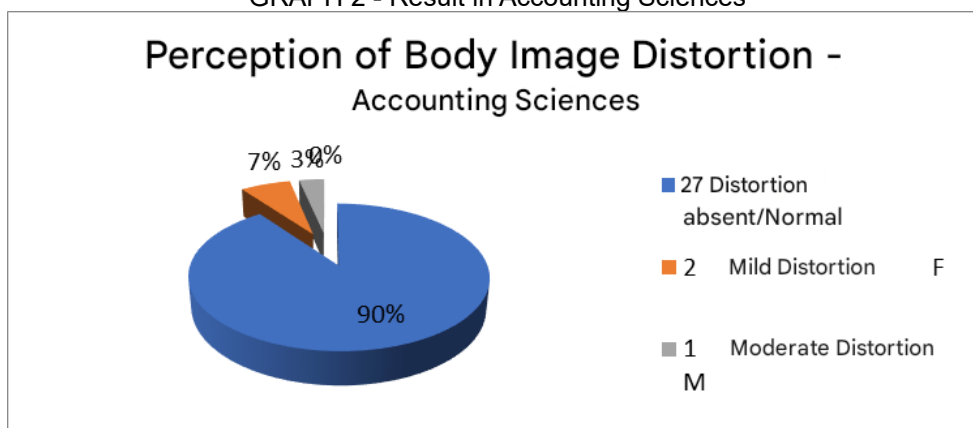
Graph 1 shows the general results obtained with the application of the BSQ questionnaire in the sample studied.

GRAPH 1- Overall result



The following results were obtained from the answers: Of the 50 interviewees, 21 were dissatisfied with their body image, as follows: mild distortion - 07 (11%); moderate distortion - 02 (4%); severe distortion - 03 (6%); and the absence of distortion - 38 (79%). Mild and severe distortions prevailed in the female group. The oscillation between "mild" and "severe" represent the feminine extremes in the concern with body image. This is defined by Damasceno (2005) as the representation that the individual creates mentally about the physical appearance in his relationship with himself and with others. This representation encompasses satisfaction with weight; with appearance; with the ideal body and projected by society; with any apparent distortion, among many others. The beliefs, values, and attitudes experienced in a culture define the degree of satisfaction of the individual. In the case of this study, the individuals interviewed showed a good degree of satisfaction with their body images, perhaps due to the predominance of people with an age that exceeded the young age range.

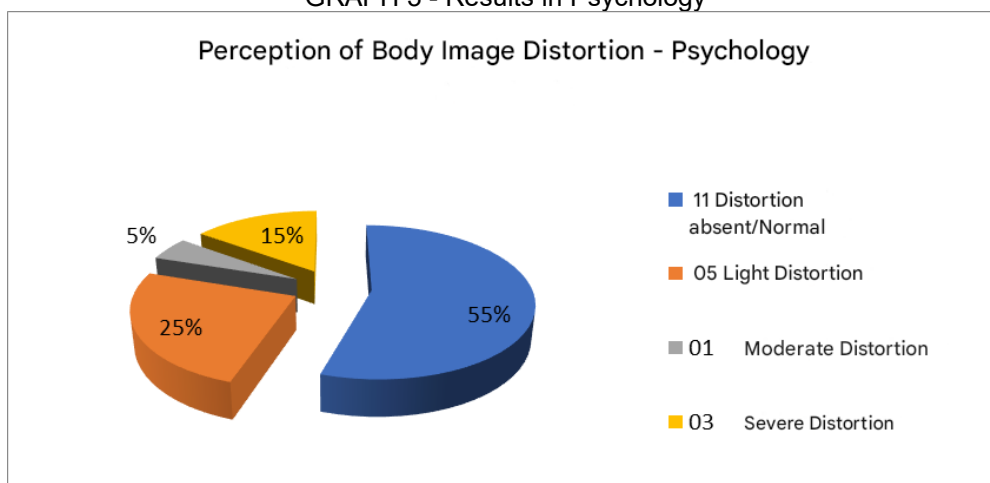
GRAPH 2 - Result in Accounting Sciences



In this group of interviewees, it is noted that none of them seriously suffers from the image of their bodies, and it can be said that their images are enhanced in a satisfactory attitude. Males are the least concerned, which indicates the absence or a reduced number of individuals who suffer from vigorexy. This is a body dysmorphic disorder that overvalues the aesthetic defects that one has or that one thinks one has. This causes a lot of pain and suffering, even making man feel repugnant to himself and to society.

Females show more concern with their body image. Such concern is very old and in the Middle Ages beauty was the target of fierce conquest. Among the goddesses of Olympus, the dispute aroused anger and envy, as it continues to be today, when the search for the acclaim of beauty and the search for *photoshops* to perfect the image and satisfy, in a deceitful way, everyone.

GRAPH 3 - Results in Psychology



In this group of academics, there is a greater number of individuals concerned with their body images than in the other group. It is seen that there is almost a tie between those who do not have dissatisfaction and those who suffer from their possible distortions. Even if it is "moderate" or "mild", the distortion is worrisome, as it is always marked by pain and physical and psychological suffering. The "severe" level is the one that causes the most problems to the individual, in addition to the pain mentioned causes behaviors that transform physical health, requiring monitoring by specialists.

## CONCLUDING SUGGESTIONS

After conducting this research, it can be concluded that there is treatment for body dysmorphic disorders, either through therapies or through clinical treatments with antidepressants. However, the combination of the two is the best solution, according to the

readings carried out. There is an appropriate therapy for each case presented by the patient, the individual just needs to seek care.

Some psychotherapeutic treatments are pointed out here, as it is understood that they are allies highly capable of helping those who seek this type of treatment.

## TYPES OF PSYCHOTHERAPY

Several different types of psychotherapy are available. These include:

- **Psychodynamic (psychoanalytic) psychotherapy** – will work on encouragement to expose what is going on in your mind in order to help you become aware of meanings or patterns that are hidden and that your actions and words may be significantly related to your problems.
- **Cognitive-behavioral therapy (CBT)** – It consists of a psychotherapy proposal that studies how beliefs and thoughts are linked to behavior and feelings. This approach teaches skills for behavior and thinking style changes to help you cope with stressful situations and other problems.
- **Cognitive analytic therapy (CAT)** – uses psychodynamic psychotherapy and CBT methods to investigate how certain behaviors can cause harm, and how to improve it through self-help and experimentation.
- **Interpersonal psychotherapy (IPT)** – Studies the relationship between disease and the emergence of events involving interpersonal relationship issues, as well as developing coping strategies.
- **Humanistic therapies** – This approach focuses on the inherent possibilities of the human being's ability to reconstruct himself from his own resources, having as a fundamental concept the so-called actualizing tendency.
- **Systemic Approach** - Considers human reality from the perspective of a holistic consecution, that is, a broad view at the same time of the whole, where the individual never exists alone, but always in relation to the other/others, in this sense the family assumes an essential role for the understanding and search for solutions to emotional/effective incongruities.

BDD turns out to be more common than we imagine. What is happening today is the search for erroneous interventions that do not act correctly at the heart of the problem, because people are unaware of the seriousness of the problem. It is essential that the person seeks help from a psychologist, if necessary, and/or a multidisciplinary team, in order to analyze how the person sees himself and, with the use of techniques and methods,

circumvent and/or eliminate the feeling of inferiority and sadness in relation to his own body (NEZIROGLU *et al.*, 2001).

The moods of people who suffer from BDD are usually of introverted origin, as the difference messes with the psychology and self-esteem of this person. Regarding the treatment for this disorder, BDD, in mild cases, for example, the family itself can help. The treatment should last for a long time, until the subject shows improvement and moves on with his life, without being subjugated to another person by physical differences (NEZIROGLU *et al.*, 2001).

Generally, the support of relatives and friends for these people ends up being enough for them to see themselves and regain confidence in themselves. Therefore, when the person is unable to enter a treatment with a professional, this ends up being a valid and relevant way to be put into practice.

According to Savoia (2000):

Being aware, in a relaxed way, of the affected part, clearly improves the interaction with it (behavioral techniques, by removing anxious stimuli, promote the reduction of anxiety); becoming aware of external space: promoting an approximation of feared external stimuli in order to overcome them (Gestalt therapy: this process of becoming aware broadly applies awareness of external space).

By acting in this way, both internally and externally, the person can recover gradually and healthily. There should be no separation of these individuals from the social environment, as this can be an act of complication, since the person can demonstrate behaviors suspicious of an act of suicide, for example. Therefore, behavioral therapy should be required in patients who have BDD.

As far as cognitive therapy is concerned, it should include modifications of negative, distorted thoughts and irrational beliefs about physical appearance. When studying body image correction using cognitive therapy, Rosen *et al.* (1989, 1990 *apud* SAVOIA, 2000) propose discussions about body image, how they develop and their effect on self-esteem and other aspects on behavioral and psychological functioning.

Menezes (2006) discusses treatments in patients with BDD, and tells us the following:

The vast majority of patients with BDD, around 90%, seek non-psychiatric treatment for their complaints, especially in aesthetic procedures, surgical or not. The most indicated pharmacological treatment for BDD would be the use of antidepressant medications, especially Selective Serotonin Reuptake Inhibitors (ISRS), due to the low rates of side effects among medications in this class. We can also use other types of antidepressants such as double receptors or even tricyclic antidepressants, taking into account their unwanted side effects (MENEZES, 2006).

With regard to psychotherapeutic treatment, it can be stated that in this case BDD is the best way to go, as it surrounds the treatment method by cognitive-behavioral therapy and promotes the patient's gradual control of their obsessions, a greater ability to preside over their interpersonal relationships and, consequently, their reinsertion into their daily activities(ROSEMBERG, 2004).

To this end, the study of Body Dysmorphic Disorder (BDD) becomes pertinent and valid, as this disorder devastates society as a whole, destroying and problematizing the lives of many people, for the simple fact that they are different from each other. Each being is unique, it is unique because of its differences and that is what makes them different from each other, because no one is or is forced to look a certain way to live happily.

As a possible way out, which acts directly from the subject who suffers from this disorder, it is up to him the arduous task of loving and valuing himself day after day, promoting in himself the desire to conquer his own path and motivate himself with every difference he finds in his own body, transforming it into a work of art that only the person has, far from singular copies, stereotyped and loaded with individual heterogeneity, promoted by a high self-esteem and a greater strength than those of the destructive social conventions imposed by the history of the constitution of man.

Promoting well-being in oneself and in others is an exercise that delegates maturity and time, when it comes to human singularities, which are capable of boosting and consolidating a subject for what he is and not for what he is said to be. Thus, everything that refers to the psychological must be worked on, polished and polished so that love itself is practiced and valued according to the environment, whether social, family, etc.

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