

BODY DYSMORPHIC DISORDER (BDD)

In the western culture there is a desire for the beautiful body. Both genders are dissatisfied with their body shapes: women want to be thinner and men want to either be thinner or larger. For women this dissatisfaction has been linked to eating disorders. In men this dissatisfaction has been linked to Body Dysmorphic Disorder (BDD) BDD is a disorder where the individual is preoccupied with an imagined physical defect or excessively concerned with an existing physical defect. This preoccupation causes distress or impairment of functioning in the individual's life (American Psychiatric Association, 2000). This disorder affects approximately 2% of the population (Miller, 2005). These individuals believe that their looks are the key to their self-esteem. They tend to seek reassurance from others and may be prone to alcohol and drug problems. In men, the disorder can manifest in the form of muscle dysmorphia, steroid use and eating disorders (Miller, 2005). Muscle dysmorphia has been referred to as "reverse anorexia" or "bigorexia" (Leone, Sedory & Gray, 2005) a state where men focus on how large (muscular) they can get. Research suggests than these men see themselves smaller that what they are, and it is the perceived pressure or anxiety regarding their size that pushes them to continue to exercise and diet. Some researchers suggest that the ideals of male beauty have changed over the years. Masculinity, success and confidence may now be associated with size. This change in beauty definition paired with the male's perceived pressure, may be facilitating an increase in undiagnosed BDD.

WHAT TO DO?

1. Identify the problem. Does the individual miss social events to work out? Do they restrict foods? How much time is spent on grooming or working out? Etc.
2. Talk of feelings. Very often men with signs of BDD are isolated and use exercise and diet as a form of coping with emotions.
3. Seek counselling. BDD is a perceptual problem, which includes body image. Some research suggests a pre-disposition, while other research suggests cultural influences such as media.

REFERENCES

American Psychiatric Association. (2000). Quick Reference Guide to the Diagnostic Criteria from DSM-IV-TR. Arlington, VA: American Psychiatric Association.

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