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A COMPARISON OF EATING DISORDERS AND BODY DYSMORPHIC DISORDER ON BODY IMAGE AND PSYCHOLOGICAL ADJUSTMENT

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Abstract—Eating and body dysmorphic disorders are two diagnoses with body image disturbance as a central feature. No empirical study of the similarity of these disorders or any controlled study of body dysmorphic disorder were available. The present study compared 45 women with anorexia or bulimia nervosa to 51 men and women with body dysmorphic disorder (BDD) and 50 nonclinical controls. The eating disorder patients were mainly preoccupied with weight and body shape. BDD subjects had more diverse physical complaints and reported more negative self-evaluation and avoidance due to appearance. However, the two groups showed equally severe body image symptoms overall, and were clearly abnormal compared with controls. Both types of patients had negative self-esteem, but eating disorder patients had more widespread psychological symptoms. In conclusion, the disorders are comparable on psychological measures. Explanations of the minor differences and questions for future research on the relation between eating and body dysmorphic disorders are presented. © 1998 Elsevier Science Inc.

Keywords: Body image; Eating disorder; Body dysmorphic disorder; BDD.

INTRODUCTION

The problem of body image in eating disorders deserves special attention. Few people who seek help for eating disorder symptoms are not overly concerned with their physical appearance [1, 2] and most people discover that changing body image is the hardest part of their recovery [3], yet standard eating disorder programs provide less therapy and have a smaller treatment effect for body image compared with eating behavior [4]. Body dysmorphic disorder (BDD) is the only other diagnosis in the American diagnostic manual [5] that is characterized by a disturbed body image. The essence of the diagnostic criteria for BDD is a preoccupation with an imagined or slight defect in physical appearance that is distressing or interfering [5]. The purpose of this article is to compare these two disorders. Important issues about body image and psychopathology in both disorders might be better understood if the relation between eating and body dysmorphic disorders was clarified. Because their common diagnostic feature is a disturbance of body image, we will compare the two disorders on a standard body image assessment. In addition, we also will examine overall psychological adjustment by comparing them on total mental health symptoms and self-esteem. In designing this study, we could not predict with

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reasonable certainty what differences, if any, might emerge between these conditions on standardized measures. Not only had no comparison been reported, but no controlled study whatsoever of psychopathology in BDD was available. The existing research led us to consider that mental health symptoms might be either more severe in BDD, more severe in eating disorders, or equivalent. Following are some reasons for these possibilities.

Psychopathology is greater in BDD. BDD patients might exhibit more psychopathology if one takes the view that their appearance complaints are more pathologic. Persons with body dysmorphic disorder are normal in appearance, but imagine or grossly exaggerate defects in their appearance. By definition of the disorder, their complaints are unrealistic. Furthermore, the location of the defect can be eccentric. According to classic descriptions, BDD complaints are often localized to small features involving facial, skin, and hair flaws [5]. Unusual complaints, such as asymmetry of facial size, are not infrequent [6]. Eating disorder patients, on the other hand, do not necessarily imagine their defects. In fact, many people suffering from bulimia nervosa who obsess about their weight, are actually obese or were obese around the onset of their disorder [7]. Many people with anorexia nervosa, although perhaps unrealistically worried about becoming obese, are dissatisfied with their skinniness, which is not unrealistic. Another difference is that eating disorder complaints are less peculiar than BDD complaints, considering that concern about weight is basically normal in our culture [8].

Psychopathology is equivalent in BDD and eating disorders. Eating disorder and BDD patients might be comparable on psychopathology measures. First, the diagnostic criteria for BDD, anorexia nervosa, and bulimia nervosa overlap by including some feature of disturbed body image for all three. Second, clinical descriptions show the disorders have many symptoms in common [7, 9, 10]. Both disorders involve cognitive/affective features of intrusive thoughts about appearance and overemphasis on appearance for relationships and self-worth. Both disorders involve avoidance of places, activities, manners of dress, and so forth that provoke self-consciousness about appearance. Both disorders involve appearance preoccupation rituals such as excessive mirror checking in BDD or weighing in anorexia nervosa. And both disorders involve a quest for beauty remedies; for instance, drastic weight control in anorexia and cosmetic surgery in BDD. Third, with respect to type of appearance complaint, although classic descriptions of BDD refer to focal, eccentric flaws, the two disorders cannot be separated neatly by location of the defect [11]. Recent research shows that many eating disorder patients are preoccupied with nonweight features [12] and many BDD patients are preoccupied with weight and body shape [13]. Indeed, the latest version of the DSM on BDD states, ". . . any other body part may be the focus of concern (e.g., the genitals, breasts, buttocks, abdomen . . . larger body regions, or overall body size)" [5, p. 466]. Fourth, there is a high rate of comorbidity and lifetime prevalence of eating disorders in female BDD patients [14–16] and patients can shift from one disorder to another [17, 18].

Psychopathology is greater in eating disorders. Eating disorder patients might be more maladjusted, because of the extra problems that are specific to their disorders. Some examples are psychological changes induced by malnutrition, preoccupation with eating *and* appearance, self-disgust over vomiting or purging, and self-blame for failed weight loss attempts. Because typical BDD defects like facial fea-