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Mirror, mirror on the wall, who is the ugliest of them all? The psychopathology of mirror gazing in body dysmorphic disorder

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Abstract

Patients with Body Dysmorphic Disorder (BDD) may spend many hours in front of a mirror but little is known about the psychopathology or the factors that maintain the behaviour. A self-report mirror gazing questionnaire was used to elicit beliefs and behaviours in front of a mirror. Two groups were compared, which consisted of 55 controls and 52 BDD patients. Results: Prior to gazing, BDD patients are driven by the hope that they will look different; the desire to know exactly how they look; a belief that they will feel worse if they resist gazing and the desire to camouflage themselves. They were more likely to focus their attention on an internal impression or feeling (rather than their external reflection in the mirror) and on specific parts of their appearance. They were also more likely to practise showing the best face to pull in public or to use “mental cosmetic surgery” to change their body image than controls. BDD patients invariably felt worse after mirror gazing and were more likely to use ambiguous surfaces such as the backs of CDs or cutlery for a reflection. Conclusion: Mirror gazing in BDD consists of a series of complex safety behaviours. It does not follow a simple model of anxiety reduction that occurs in the compulsive checking of obsessive–compulsive disorder. The implications for treatment are discussed. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Body image; Body Dysmorphic Disorder; Psychopathology; Mirror gazing

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1. Background

This study was prompted by a patient with Body Dysmorphic Disorder (BDD) who reported to one of the authors that he had just spent 6 hours staring at himself in front of a series of mirrors. The obvious questions were what exactly did the behaviour consist of, what was the function of the behaviour and what maintained his behaviour especially when he reported feeling worse after gazing in the mirror?

Mirror gazing occurs in about 80% of patients with BDD while the remainder tend to avoid mirrors sometimes by covering them or removing them to avoid the distress of seeing their own image and the time wasted mirror gazing (Veale, Boocock, Gournay, Dryden, Shah, Willson et al., 1996; Phillips, McElroy, Keck, Pope & Hudson, 1993; Neziroglu & Yaryura-Tobias, 1993). BDD is a hidden disorder, as many patients do not tend to seek help from mental health professionals. When BDD patients do seek help, they may present with symptoms of depression or social phobia and not reveal their main problem unless they are specifically questioned (Veale et al., 1996). Patients are secretive about mirror gazing probably because they think they will be viewed as vain or narcissistic. Patients report however shame about their behaviour and disgust about their appearance. This may account for why mirror gazing is not described in standard textbooks of psychopathology or psychiatry since Morselli first described the condition of “dysmorphophobia” (Jerome, 2001, personal communication). There is some literature on the effects of mirror confrontation in normal controls and psychiatric patients. For example Schwarz & Fjeld (1968) found that subjects who were asked to focus on mirror images for a period of time in a darkened room often experienced gross distortions in their apparent appearance or unusual somatic sensations. Fisher (1970) and Duval & Wicklund (1972) have found that increased self-awareness by the presence of a mirror led healthy individuals to become more self-critical by highlighting their own defects and deviations from the ideal. Lipson & Przybyla (1983) observed students as they walked past a long mirror. For both male and female students, time spent mirror gazing was positively correlated with physical attractiveness. Mirror gazing is sometimes seen in schizophrenia, especially when a patient makes drastic changes in their appearance (for example shaving off one’s hair or the use of striking make-up) (Campo, Frederikx, Nijman & Merckelbach, 1998). Such dramatic changes in appearance are usually part of a command hallucination or a paranoid delusion and may involve significant periods of mirror gazing.

Mirror gazing in BDD has been compared to the compulsive checking of Obsessive Compulsive Disorder (OCD) and BDD has been conceptualised as on the spectrum of obsessive–compulsive disorders (Phillips, McElroy, Hudson & Pope, 1995; Hollander, 1993; Yaryura-Tobias & Neziroglu, 1997). Early experimental analysis on compulsions such as washing and checking found that they were maintained because they “work” by reducing anxiety in the short-term (Hodgson & Rachman, 1972; Roper, Rachman & Hodgson, 1973; Roper & Rachman, 1976). But does mirror gazing in BDD follow the same model as compulsions in OCD? In the authors’ opinion, mirror gazing appears to be much harder for patients to resist than the checking compulsions of OCD. More recent analyses of compulsions reveal a more complex picture of safety or neutralising behaviours, which are distinct from compulsions (Rachman, 1998) and the recognition that compulsions do not always “work” or reduce anxiety. OCD patients also typically use problematic criteria for terminating a compulsion, namely feeling “comfortable” or “absolutely sure” (Richards & Salkovskis, 1995) or the “right feeling” (Yaryura-Tobias & Neziroglu, 1997). It is

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