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Selective processing of emotional information in body dysmorphic disorder

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Abstract

Body dysmorphic disorder (BDD) is a syndrome characterized by distress about imagined defects in one's appearance. Though categorized as a somatoform disorder, BDD is marked by many characteristics associated with social phobia (e.g., fear of negative evaluation) and obsessive-compulsive disorder (e.g., intrusive thoughts about one's ugliness, checking). In the present experiment, we tested whether BDD patients exhibit selective processing of threat in the emotional Stroop paradigm as do anxiety-disordered patients. Relative to healthy control participants, BDD patients exhibited greater Stroop interference for positive and negative words, regardless of disorder-relevance, than for neutral words. Further analyses suggested that interference tended to be greatest for positive words related to BDD. These data suggest that BDD patients are vulnerable to distraction by emotional cues in general, and by words related to their current concerns in particular. Results suggest that BDD may indeed be related to anxiety disorders such as social phobia. © 2002 Elsevier Science Inc. All rights reserved.

Keywords: Body dysmorphic disorder; Stroop; Cognitive bias; Selective attention

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1. Introduction

Body dysmorphic disorder (BDD) is characterized by preoccupation with perceived defects in one's appearance (American Psychiatric Association, APA, 1994). People with this syndrome are commonly distressed about abnormalities in their skin, hair, nose, ears, and so forth that are either wholly imaginary or so trivial as to elude detection by others (Phillips, McElroy, Keck, Pope, & Hudson, 1993). Although classified among the somatoform disorders (APA, 1994), BDD shares many features with social phobia and obsessive-compulsive disorder (OCD). Like people with social phobia, those with BDD exhibit fear and avoidance of situations in which they may be exposed to scrutiny and negative evaluation (about their appearance). Like OCD, BDD is characterized by recurrent, intrusive thoughts about one's ugliness that are difficult to resist and that prompt checking (e.g., glancing in mirrors) and excessive grooming. Indeed, selective attention to imagined defects in one's appearance may figure in the etiology of BDD. For example, a person who excessively attends to a small scar on his or her face may become persuaded that it is dramatically salient to everyone else.

To the extent that BDD shares core phenomenological features with social phobia and OCD, it may also resemble these anxiety disorders in terms of information-processing biases. For example, many studies have indicated that patients with anxiety disorders exhibit attentional biases favoring the processing of threatening information (For reviews, McNally, 1996; Williams, Watts, MacLeod, & Mathews, 1997). In studying attentional bias, researchers have often used the emotional Stroop color-naming paradigm (Williams, Mathews, & MacLeod, 1996). In this paradigm, participants are shown words of varying emotional valence, and are asked to name the colors in which the words appear while ignoring their meaning. Delays in color-naming, or Stroop interference, occur when the meaning of a word captures the participant's attention despite his or her attempt to attend to the color of the word. Patients with anxiety disorders tend to exhibit greater interference for threatening words directly connected to their disorder-related concerns than for other emotional or neutral words (Williams et al., 1996). So far, attentional biases which have been well studied in anxiety disorders have never been examined in BDD.

In the present study, we tested whether patients with BDD exhibit patterns of Stroop interference that commonly occur in patients with anxiety disorders. We asked patients with BDD and control participants to color-name words from the following categories: (1) BDD-threat (e.g., *disfigured*), (2) BDD-positive (e.g., *pretty*), (3) general-threat (e.g., *dangerous*), (4) general-positive (e.g., *kindness*), (5) neutral (e.g., *banister*), and (6) non-words (*ooooo*). We included these word types to test several hypotheses that have already been explored in anxiety disorders.

According to the *specific-threat hypothesis*, BDD patients should exhibit more interference for BDD-threat words than for other words. According to the *general-threat hypothesis*, BDD patients ought to exhibit greater interference for both BDD-threat and general-threat words than for other words. According to

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