

Facial attractiveness ratings and perfectionism in body dysmorphic disorder and obsessive-compulsive disorder

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Abstract

Individuals with body dysmorphic disorder (BDD) suffer from a preoccupation about imagined or slight appearance flaws. We evaluated facial physical attractiveness ratings and perfectionistic thinking among individuals with BDD ($n = 19$), individuals with obsessive-compulsive disorder (OCD; $n = 21$), and mentally healthy control participants ($n = 21$). We presented participants with photographs displaying faces varying in facial attractiveness (attractive, average, unattractive) and asked them to rate them in terms of their physical attractiveness. We further examined how the participants evaluated their own physical attractiveness, relative to independent evaluators (IEs). As predicted, BDD participants perceived their own attractiveness as significantly lower than did the IEs, and they rated photographs from the category “Attractive” as significantly more attractive than did the other groups. Furthermore, both clinical groups were characterized by more perfectionistic thinking than controls. These findings mostly support cognitive-behavioral models of BDD that suggest that individuals with BDD exhibit perfectionistic thinking and maladaptive attractiveness beliefs.

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Body dysmorphic disorder (BDD) is a chronic and debilitating disorder characterized by distress about imagined or slight appearance flaws (American Psychiatric Association [APA], 1994). Individuals with BDD are often preoccupied with flaws in their skin, hair, nose, ears, or other body parts that are either completely imaginary or, if there is a slight physical defect, their concern is excessive. These concerns often compel BDD sufferers to think about their appearance for many

hours a day. Avoidance of everyday activities, and engagement in ritualistic behaviors, such as mirror checking, grooming, and comparing one’s own appearance with other people’s appearance may lead to substantial social impairment (e.g., Phillips et al., 2006; Phillips, McElroy, Keck, Pope, & Hudson, 1993).

Recent research on maladaptive beliefs and attitudes in BDD (see review by Buhlmann & Wilhelm, 2004) has led to the development of cognitive-behavioral models of the etiology and maintenance of BDD (e.g., Veale, 2004; Wilhelm, 2006). Wilhelm’s (2006) model, for example, proposes that individuals with BDD misinterpret visual input from normal features or minor appearance flaws, leading to worry, anxiety, shame, and maladaptive coping rituals, such as mirror checking,

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excessive grooming behaviors, frequent asking for reassurance, or comparing their own appearance with others'. According to this model, most people dislike some aspects of their appearance, but individuals with BDD focus on these details, exaggerating their perceived or slight defects in appearance. Moreover, Wilhelm (2006) states that individuals with BDD have maladaptive beliefs about their attractiveness, such as higher attractiveness standards and perfectionistic thinking, which lead to a negative self-evaluation and low self-esteem. Moreover, higher levels of perfectionism may partly explain why individuals with BDD focus excessively on, and suffer from, their "imperfect" appearance.

According to the self-discrepancy theory (Higgins, 1987), discrepancies between the actual self and the "self-guides" (ideal and ought/should self) are expected to result in negative emotions. Thus, given that individuals with BDD often compare their own appearance with that of others (e.g., Wilhelm & Neziroglu, 2002), it is possible that perfectionistic thinking and discrepancies between one's own perceived attractiveness and the perceived "ideal looking appearance" lead to more unfavorable social comparisons with others. This, in turn, may result in more negative emotions and low self-esteem. Initial support for this hypothesis has been reported by Veale, Kinderman, Riley, and Lambrou (2003) who observed that individuals with BDD exhibited significant discrepancies between their actual self and their "ideal" and "should" selves. So far, the current models of BDD are predominately based on clinical observations. While there is some evidence that attention, interpretations of situations as well as emotion recognition are biased in BDD (e.g., Buhlmann, Etcoff, & Wilhelm, 2006; Buhlmann, McNally, Etcoff, Tuschen-Caffier, & Wilhelm, 2004; Buhlmann, McNally, Wilhelm, & Florin, 2002; Buhlmann et al., 2002) and that individuals with BDD suffer from low self-esteem (e.g., Buhlmann, Teachman, Gerbershagen, Kikul, & Rief, in press; Phillips, Pinto, & Jain, 2004), it has not yet been shown if they see themselves as unattractive or as "not attractive enough." Furthermore, it has not been evaluated how individuals with BDD evaluate the appearance of others. These questions relate to the broader concept of perfectionism. Higher levels of perfectionism have been found in a series of disorders, such as depression (e.g., Enns & Cox, 1999; Hewitt & Flett, 1993; Hewitt, Flett, & Ediger, 1996), eating disorders (e.g., Halmi et al., 2005; Shroff et al., 2006), obsessive-compulsive disorder (OCD; e.g., Frost & Steketee, 1997), and social phobia (e.g., Ashbaugh et al., 2007; Juster, Heimberg, Holt, &

Frost, 1996), supporting the idea that perfectionism is associated with psychopathology. Moreover, it has been found that individuals with BDD endorse beliefs, such as "I have to have perfection in my appearance" (Veale et al., 1996).

To our knowledge, facial attractiveness ratings and perfectionism have not yet been examined in BDD. In the current study, we investigated whether BDD sufferers exhibit higher levels of perfectionism than control participants. Further, we investigated whether BDD participants exhibit idiosyncratic or stricter ratings for physical attractiveness than control participants (and in particular whether these standards apply in general or only for themselves). Additionally, we investigated whether these phenomena are typical only for BDD or whether they characterize a broader spectrum of psychological disorders, such as OCD. Based on clinical observations that BDD sufferers are often characterized by thoughts, such as "As long as I don't look perfect, I won't be able to be happy," we expected that BDD participants would show levels of inflated perfectionistic thinking, as has been shown in previous research in OCD (e.g., Frost & Steketee, 1997). However, because OCD is not characterized by a preoccupation with one's physical appearance, we hypothesized that OCD participants, unlike BDD participants, would exhibit attractiveness ratings similar to mentally healthy control participants.

1. Method

1.1. Participants

The BDD group was comprised of 19 participants (six men) who met current DSM-IV (APA, 1994) criteria for BDD as determined by structured clinical interviews (Structured Clinical Interview for DSM-IV – Outpatient Version [SCID]; First, Spitzer, Gibbon, & Williams, 1995). The BDD participants had one or more of the following concerns: facial skin ($n = 14$), hair ($n = 5$), breasts ($n = 1$), eyes ($n = 1$), and shape of nose ($n = 1$). Although the BDD was the primary diagnosis in all cases (based on symptom severity), some BDD participants had the following co-morbid diagnoses: major depression ($n = 7$), agoraphobia without panic disorder ($n = 1$), and social phobia ($n = 1$). Thirteen BDD participants were on a stable dose of psychotropic medication at the time of testing: fluoxetine ($n = 7$), paroxetine ($n = 2$), fluvoxamine ($n = 3$), and clomipramine ($n = 1$).

The OCD group was comprised of 21 participants (10 men) who met current DSM-IV (APA, 1994) criteria for OCD as determined by the SCID (First et al., 1995).

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