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Mirror gazing increases attractiveness in satisfied, but not in dissatisfied women: A model for body dysmorphic disorder?

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ABSTRACT

Body dysmorphic disorder is a severe disturbance in which the person is preoccupied with an imagined defect in appearance. It is unclear what causes and what maintains BDD, although it is assumed that patients are characterized by an increased self-focused attention. Since patients spend a lot of time examining their 'defect' in reflecting surfaces, it might well be that mirror gazing itself is an important maintaining factor for BDD, as it may lead to a loss of sense of proportions. If so, normal individuals' body evaluations are expected to decrease likewise after mirror exposure. In the present study, 50 female students watched both their own face in the mirror and a photograph of a neutral female face for 3.5 min. Before and after gazing, they rated the attractiveness of the faces. Results indicate that mirror exposure did not lead to decreased attractiveness in normal participants. However, when participants were divided into high and low satisfaction about appearance, highly satisfied individuals' evaluations of their own face improved, whereas low satisfied individuals' evaluations tended to decrease. For the other face, only the low satisfied individuals showed increased attractiveness scores at post-test. The results are explained by selective visual attention and are in line with recent findings in eating disordered women.

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1. Introduction

Body dysmorphic disorder (BDD) can be a chronic, debilitating condition in which the person is preoccupied with an imagined defect in one's appearance or, in the case of a slight physical anomaly, the person's concern is markedly excessive (American Psychiatric Association, 2000). The concerns often relate to one or more body parts that are visible to other people, such as the nose, ears, skin and eyes. However, the preoccupations might also concern the more covered body parts such as the muscles or genitals (Albertini & Phillips, 1999). Reliable data on the prevalence of BDD are still lacking, but it seems to affect men and women equally and it usually develops around adolescence (Phillips, Kim, & Hudson, 1995). BDD patients spend a lot of time – about 3–8 h per day (Phillips, 1996) – thinking about their defect, examining it in mirrors or other reflecting surfaces, and trying to hide, camouflage or even change the so-called deformity (Veale, 2000; Veale & Riley, 2001). The disorder is, thus, time consuming and chronic, although the level of functioning may vary across individuals: some people function reasonably well while others are isolated, develop a (secondary) depression or even commit suicide (Cororve & Gleaves, 2001).

It is yet unclear what causes and what maintains BDD. It is suggested that its maintaining factors are cognitive, affective and behavioural in nature (Veale, 2004; Veale et al., 1996; Veale & Riley, 2001). Regarding the cognitive part, BDD patients are assumed to be characterized by an increased self-focused attention (SFA), as is seen in social phobic patients (Clark & Wells, 1995; Rapee & Heimberg, 1997). Several theories argue that attention can either be focused externally, e.g., to the world around or the task at hand, or internally, to aspects of the self, like thoughts and feelings. The latter produces a heightened SFA (Buss, 1980; Carver & Scheier, 1983; Duval & Wicklund, 1972). According to Rapee and Heimberg (1997), social phobics tend to have a more negative mental representation of their external appearance. Increasing SFA will enhance awareness to this negative mental representation, thus producing anxiety. Clark and Wells (1995) proposed that because people with social phobia are excessively self-aware, they do not process positive social feedback. As a result, they rely on their own negative evaluations to assess their social performance. Based on these theoretical models, there should be an interaction between negative evaluation or negative mental representation and self-focus in producing social anxiety (Zou, Hudson, & Rapee, 2007).

Self-focused attention in BDD is characterized by excessive focusing towards the own body, instead of dealing with external information (Veale et al., 1996). This process of selective attention appears to be focused on specific features of an image leading to a heightened awareness and relative magnification of certain aspects, which contributes to the development of a distorted body image (Veale, 2004). Thus, frequent mirror gazing at the 'disfigured' body part, might lead to distorted, or enlarged, images. Through intense and prolonged inspection of the "ugly" part, BDD patients might lose their sense of proportions (Veale & Riley, 2001). In a recent study on visual attention processes (by means of eye movements recordings), Grochowski, Heinrichs, and Lingnau (2007) proved that candidate patients for cosmetic surgery who could be diagnosed as BDD ($n=4$ patients out of 15 candidate patients) indeed demonstrated a specific attentional focus on 'ugly' facial areas.

Situational SFA may be induced by the presence of an audience, a mirror or a video camera (Buss, 1980). Frequent and prolonged mirror gazing implies an increased self-focused attention. Note that mirror gazing is one of the most remarkable characteristics of BDD patients. Therefore, it might be hypothesized that mirror gazing acts as an important maintaining factor for BDD.

If mirror gazing by itself is indeed an important determinant for a negative evaluation of parts of one's appearance, it might be expected that normal individuals' evaluation of (parts of) their bodies would decrease likewise after sustained mirror exposure. That is, inducing a state of self-focused attention by gazing at the face for a while, might lead to an unfavourable impression in undisturbed individuals, as well. Research by Hofmann and Heinrichs (2002) indicated that undisturbed individuals with prior mirror exposure indeed reported more statements about their bodily appearance than undisturbed individuals without this prior mirror exposure. However, there was a balance between the amount of positive and negative statements reported. This might be explained by the fact that individuals were asked to record three positive and three negative characteristics about themselves. To investigate what would happen in a more naturalistic situation of mirror gazing (that is, without specific directions on the amount of positive or negative answers) we had undisturbed individuals – in

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