



The meaning of beauty: Implicit and explicit self-esteem and attractiveness beliefs in body dysmorphic disorder

Ulrike Buhlmann^{a,*}, Bethany A. Teachman^b, Eva Naumann^c, Tobias Fehlinger^c, Winfried Rief^c

^a Humboldt University of Berlin, Department of Clinical Psychology, Rudower Chaussee 18, 12489 Berlin, Germany

^b University of Virginia, USA

^c Marburg University, Germany

ARTICLE INFO

Article history:

Received 19 September 2008

Received in revised form 1 February 2009

Accepted 5 February 2009

Keywords:

Body dysmorphic disorder

Self-esteem

Attractiveness

Implicit associations

Physical attractiveness stereotype

Body image

ABSTRACT

Body dysmorphic disorder (BDD) is characterized by imagined or slight defects in one's appearance. We evaluated implicit and explicit biases among individuals diagnosed with BDD ($n = 21$), individuals with subclinical BDD symptoms ($n = 21$), and healthy control participants ($n = 21$). Specifically, we used the Implicit Association Test [IAT; Greenwald, A. G., McGhee, D. E., & Schwartz, J. L. K. (1998). Measuring individual differences in implicit cognition: the implicit association test. *Journal of Personality and Social Psychology*, 74, 1464–1480] to examine automatic associations related to self-esteem, associations between attractive and important, and a physical attractiveness stereotype (associations between attractive and competent). BDD participants had significantly lower implicit self-esteem, relative to control participants, and the subclinical BDD participants were intermediate between these groups. Although no group differences were observed on the implicit Attractive Important IAT; as predicted, BDD participants had significantly stronger implicit associations between attractive and competent than the other groups, in line with a common stereotype about physical attractiveness. Both the Attractive Competent IAT and Self-Esteem IAT were significant predictors of BDD symptom severity, and distress and avoidance during a mirror exposure task. Findings are discussed in light of cognitive-behavioral models of BDD.

© 2009 Elsevier Ltd. All rights reserved.

Individuals with body dysmorphic disorder (BDD) are preoccupied with slight or imagined defects in their physical appearance, often tied to the face, skin, or hair (e.g., pimples, misshapen nose; American Psychiatric Association, 2000). They often misperceive the “defect” as repulsive and think about their appearance for many hours a day, even though others do not share their concerns. BDD is further characterized by significant avoidance of social activities, which may even lead to being housebound (e.g., Phillips et al., 2006; Phillips, McElroy, Keck, Pope, & Hudson, 1993).

1. Cognitive-behavioral models of BDD

Recently, several cognitive-behavioral models have been developed to explain BDD's unique symptom pattern (e.g., Neziroglu, Khemlani-Patel, & Veale, 2008; Neziroglu, Roberts, & Yaryura-Tobias, 2004; Veale, 2004; Wilhelm, 2006; Wilhelm & Neziroglu, 2002). According to these models, most people dislike some aspects of their appearance, but individuals with BDD over-

focus on these details, exaggerating perceived appearance “defects”. It is also assumed that individuals with BDD have maladaptive beliefs about the importance of attractiveness (e.g., “If I am not attractive, I won't be able to be happy”). Consequently, because appearance is believed to be highly important and individuals with BDD perceive themselves as unattractive, they evaluate themselves negatively and have low self-esteem. Further, these negative beliefs about their appearance are believed to lead to anxiety, shame and sadness, which in turn lead to maladaptive coping strategies, such as excessive mirror gazing, and/or avoidance behaviors.

There is growing evidence for cognitive-behavioral models of BDD. For instance, persons with BDD misinterpret ambiguous situations related to appearance and misinterpret others' facial expressions as threatening (Buhlmann, Etcoff, & Wilhelm, 2006; Buhlmann, McNally, Etcoff, Tuschen-Caffier, & Wilhelm, 2004; Buhlmann, Wilhelm, et al., 2002; Clerkin & Teachman, in press-a, in press-b). They further selectively attend to emotional information in a modified Stroop paradigm (Buhlmann, McNally, Wilhelm, & Florin, 2002), and often endorse maladaptive beliefs such as “If I am unattractive, I will be alone and isolated all my life” (Veale et al., 1996). BDD has also been found to be associated with reports of low self-esteem (e.g., Phillips, Pinto, & Jain, 2004).

* Corresponding author.

E-mail address: ulrike.buhlmann@hu-berlin.de (U. Buhlmann).

Despite this initial support, additional research on maladaptive beliefs and evaluations in BDD is needed (for a review see Buhlmann & Wilhelm, 2004). In particular, one might ask why physical attractiveness is important, or, more specifically, why it might be perceived as more important to individuals with BDD. Research on the physical attractiveness stereotype has shown that attractive individuals, relative to unattractive individuals, are believed to possess more positive attributes, such as social and intellectual competence (for a review see Eagly, Ashmore, Makhijani, & Longo, 1991; Feingold, 1992). From an evolutionary perspective, looking beautiful might enhance mating success in animals and humans (e.g., Etcoff, 1999), so there may be an adaptive aspect to this belief. However, according to cognitive-behavioral models of BDD, rigidly held beliefs about the meaning of physical appearance can also be problematic, leading to maladaptive coping strategies, such as increased attention to appearance flaws and mirror checking or avoidance. We hypothesize that persons with BDD will strongly endorse the physical attractiveness stereotype (more than those with a healthier body image), believing that physical attractiveness signifies other positive qualities. We suspect that this belief may partly explain why attractiveness is so over-valued among persons with BDD.

2. Implicit associations in BDD

Asking individuals about their explicit (available to conscious introspection) beliefs tied to appearance may only tell part of the story in BDD, because people may either be reluctant to report their negative evaluations, or these negative evaluations may lie outside conscious awareness or control (see Greenwald & Banaji, 1995). To help address these concerns, implicit beliefs and evaluations can be examined. For instance, the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) is a widely used paradigm that reflects relatively involuntary associations in memory, reducing the impact of social desirability and response biases. Indeed, there is growing evidence in the clinical field demonstrating that implicit negative biases, as assessed by the IAT, are associated with various forms of emotion dysregulation and psychopathology (e.g., de Jong, 2002; Tanner, Stopa, & De Houwer, 2006; Teachman, 2005; Teachman, Smith-Janik, & Saporito, 2007; Teachman & Woody, 2003). Moreover, these implicit biases show variable relationships with explicit biases (see Nosek, 2005), and can predict different aspects of psychopathology-relevant behavior and symptoms (e.g., Asendorpf, Banse, & Mücke, 2002; Clerkin & Teachman, *in press-b*; Teachman & Allen, 2007; Teachman, Woody, & Magee, 2006).

It seems especially important to incorporate implicit measures when examining maladaptive beliefs and self-evaluation in BDD. This illness is often associated with shame and, from our clinical experience, BDD sufferers often perceive themselves as vain when admitting how much importance they place on physical appearance. Thus, reporting these ambivalently endorsed beliefs can be difficult. We recently applied the IAT paradigm to examine implicit and explicit self-esteem and beliefs about the importance of attractiveness among individuals diagnosed with BDD, individuals with subclinical BDD, and psychiatrically healthy control participants (Buhlmann, Teachman, Gerbershagen, Kikul, & Rief, 2008). As expected, we observed that the BDD group had significantly lower implicit and explicit self-esteem than the control group, and the subclinical BDD group was intermediate between these groups. Interestingly, no group differences were observed on the implicit Attractive Important IAT, which may have been due to the particular IAT design that was used (see discussion in Buhlmann et al., 2008, outlining the need for an appropriate comparison category given the relative nature of the IAT).

Thus, to date there is some evidence that implicit biases are tied to BDD, but little is known about the relationship between dysfunctional implicit beliefs, negative affect, and maladaptive coping strategies (e.g., avoidance). Elucidating these links has critical theoretical and clinical implications. Theoretically, cognitive-behavioral models of BDD suggest that maladaptive beliefs (including those at an automatic level) about appearance and self-worth set a person up to get caught in a vicious pattern of unrealistic appearance expectations, followed by increasing distress that one cannot meet the expectations, and repeated attempts to 'fix' one's appearance or give up and avoid situations that elicit appearance concerns (e.g., Neziroglu et al., 2008, 2004; Veale, 2004; Wilhelm, 2006; Wilhelm & Neziroglu, 2002). Establishing the links between the belief, affect and behavior components of this pattern would help to more clearly test these models. Moreover, this knowledge could be used clinically to refine therapeutic strategies to break this vicious cycle of BDD.

To our knowledge, there is only one study so far examining how dysfunctional beliefs (implicit or explicit) predict *in vivo* appearance-related avoidance and mirror gazing. Using an undiagnosed student population with BDD symptoms, Clerkin and Teachman (*in press-b*) found a dissociation whereby various implicit and explicit BDD-relevant biases predicted different BDD phenomena. Specifically, an implicit bias uniquely predicted how close persons sat to a mirror, but not self-reported distress or urge to avoid the mirror, while explicit biases uniquely predicted these latter characteristics. These findings point to the likely role of implicit biases in BDD problems, but the results were sufficiently mixed that many open questions remain. In particular, the implicit appearance and mirror seating measures in Clerkin and Teachman did not effectively distinguish among the high and low BDD symptom groups. This may have been due to the measures selected, or to the use of an analogue (rather than diagnosed) sample. The current study builds on these promising but somewhat ambiguous findings by using novel measures of mirror avoidance and implicit biases related to BDD, and including a diagnosed clinical sample.

The purpose of the current study was to investigate implicit (1) self-esteem, (2) associations between attractive and important, and (3) associations between attractive and competent among individuals diagnosed with BDD, individuals with subclinical BDD, and psychiatrically healthy control participants. Our goal was to establish the presence of these biases in a diagnosed BDD sample, and then to examine whether the biases would predict BDD symptom severity, as well as distress and avoidance during a mirror exposure task. We hypothesized that the BDD group, relative to the control group, would be characterized by lower implicit self-esteem and higher implicit beliefs about attractive being associated with important as well as attractive being associated with competent. The subclinical BDD group was expected to exhibit moderate levels of negative BDD-relevant associations, intermediate between the diagnosed and healthy control group, given that they endorsed some BDD symptoms but the impairment was not sufficient to warrant diagnosis (and following Buhlmann et al., 2008). Further, we expected that the implicit biases would predict the various BDD symptoms, supporting cognitive models of BDD, and suggesting that implicit processes may be involved in the maintenance of BDD pathology.

3. Methods

3.1. Participants

The BDD group was comprised of 21 individuals (20 females, mean age = 28.2, SD = 8.4) whose diagnoses were confirmed by trained graduate students administering the German version of the structured clinical interview for DSM-IV (SCID; Wittchen, Zaudig,

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات