



Evaluating implicit attractiveness beliefs in body dysmorphic disorder using the Go/No-go Association Task

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ARTICLE INFO

Article history:

Received 16 June 2010

Received in revised form

27 September 2010

Accepted 28 October 2010

Keywords:

Body dysmorphic disorder

Body image

Importance of attractiveness

Implicit associations

Go/No-go association task

Dermatological condition

ABSTRACT

Cognitive-behavioral models of body dysmorphic disorder (BDD) suggest the disorder is characterized by exaggerated beliefs about the significance of appearance. However, previous studies assessing automatic associations regarding the importance of attractiveness failed to find any differences between individuals with BDD and healthy control participants using the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998). An open question is whether the BDD and control groups indeed implicitly evaluate attractiveness comparably, or whether methodological factors (e.g., the IAT design requirement of a relative comparison category for attractiveness) made it difficult to observe group differences. To address this question, we evaluated explicit and implicit attractiveness beliefs among individuals with BDD ($n = 36$), individuals with a dermatological condition ($n = 36$), and psychiatrically healthy control participants ($n = 36$) using the single target category Go/No-go Association Task (GNAT; Nosek, & Banaji, 2001). Indeed, BDD participants had significantly stronger implicit associations between attractive and important, relative to the other groups, whereas there was no difference between the dermatology and control groups. Further, the GNAT was effective at classifying individuals with BDD above and beyond the prediction offered by an explicit measure of attractiveness beliefs. The GNAT may be a useful tool for assessing implicit associations in clinical populations because it does not require an explicit comparison target category, which is a restriction of many implicit measures.

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1. Introduction

Individuals with body dysmorphic disorder (BDD) are preoccupied with perceived defects or flaws in their physical appearance, frequently 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).

1.1. Cognitive-behavioral models of BDD

Several cognitive-behavioral models have been developed to explain BDD's unique symptom pattern (e.g., Neziroglu, Khemlani-Patel, & Veale, 2008; Veale, 2004; Wilhelm, 2006; Wilhelm &

Neziroglu, 2002). According to these models, individuals with BDD have maladaptive beliefs about their appearance, such as “If I am not good looking, I won't be able to be happy.” These beliefs may be activated automatically (e.g., rapidly and outside conscious control or awareness) and trigger negative self-evaluation and low self-esteem, given that persons with BDD perceive themselves as unattractive or not attractive enough. In addition, these negative beliefs are thought to lead to anxiety, shame and sadness, which in turn lead to maladaptive coping strategies, such as mirror checking, and/or avoidance behaviors.

To date, several studies have supported the idea of maladaptive appearance beliefs and interpretive biases in BDD. For example, individuals with BDD interpret ambiguous situations related to appearance negatively and misinterpret others' facial expressions as threatening (Buhlmann, Etcoff, & Wilhelm, 2006; Buhlmann, McNally, Etcoff, Tuschen-Caffier, & Wilhelm, 2004; Buhlmann et al., 2002; Clerkin & Teachman, 2008; Feusner, Bystritsky, Hellemann, & Bookheimer, 2010). However, other elements of the cognitive-behavioral models of BDD have not been adequately tested, especially concerning the automatic nature of the maladaptive appearance beliefs.

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1.2. Implicit associations in BDD

Research in the field of social psychology has shown that people might be reluctant to report their evaluations, or the evaluations may reside outside conscious awareness or control (see Greenwald & Banaji, 1995). In addition, processing that occurs outside conscious control is thought to hold a significant role in perpetuating pathological anxiety (see Beck & Clark, 1997; McNally, 1995). Thus, given the close relationship between BDD and anxiety disorders (e.g., similarities with obsessive-compulsive disorder and social phobia; see Allen & Hollander, 2004), it is important to determine whether the same automatic biases operate in BDD. Both the reluctance about reporting certain associations and the uncontrollability of the associations may be evident in BDD. Specifically, BDD sufferers are often ashamed to talk about their concerns and perceive themselves as vain when admitting how much value they put on how they look. Also, in clinical practice, persons with BDD often describe the concerns about appearance as being involuntary. Thus, the current study sought to assess both explicit and implicit components of distorted appearance beliefs to more fully understand appearance evaluations and their relationship to BDD.

The Implicit Association Test (IAT; Greenwald et al., 1998) is a widely used paradigm that reflects relatively involuntary associations in memory, reducing the impact of social desirability and response biases. We recently conducted two studies examining explicit and implicit 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; Buhlmann, Teachman, Naumann, Fehlinger, & Rief, 2009). As expected, using the IAT in both studies, we observed that the BDD group had significantly lower implicit self-esteem than the control group, and the subclinical BDD group was intermediate between these groups. Interestingly, neither study found a group difference on an IAT assessing associations about the importance of attractiveness. In addition, Clerkin and Teachman (2009) failed to obtain a significant group difference on a similar IAT in a student population with high and low BDD symptoms.

Despite these null findings, we are reticent to conclude that persons with BDD do not have exaggerated implicit associations about the importance of attractiveness. In part this is because of the emerging support for cognitive-behavioral models of BDD. Also, Buhlmann, Teachman, et al. (2009) found that BDD participants had significantly stronger implicit associations on an IAT between attractiveness (compared to unattractiveness) and being competent (versus incompetent) than the subclinical and control groups, in line with a common stereotype about physical attractiveness. Further, both the IAT assessing attractiveness-competence associations and the IAT assessing self-esteem were significant predictors of BDD symptom severity, and distress and avoidance during a mirror exposure task (Buhlmann, Teachman, et al., 2009). Instead, we suspect that the null importance of attractiveness findings may have been due to the particular IAT design that was used. As outlined in Buhlmann et al. (2008), the IAT requires that the target category (attractiveness in this case) be evaluated relative to another target category. In the previous studies, we compared evaluations of attractiveness relative to kindness or looking plain. Thus, we can only conclude that individuals with BDD are no different in their associations about attractiveness relative to kindness or relative to being unattractive, leaving open the possibility that the comparison categories are driving the (lack of) effects. This is especially problematic when considering that evaluations of ugliness are extremely salient to people with BDD, and evaluations of kindness may trigger concerns tied to fears of negative evaluation, also a prominent concern in BDD.

In consequence, there is a need to evaluate implicit associations about the importance of attractiveness with a task that does not require the direct comparison category that is needed with an IAT. An alternative paradigm assessing implicit associations is the Go/No-go Association Task (GNAT; Nosek, & Banaji, 2001), which has the advantage that it measures implicit associations toward a single target category (de Houwer, 2002; Nosek & Banaji, 2001). Teachman (2007) used the GNAT to investigate implicit fear associations toward spiders in a student population and found that, consistent with predictions, the high fear group exhibited significantly stronger spider fear associations than the low fear group. Further, implicit associations towards spiders were associated with explicit measures of spider fear and self-reported anxiety during a subsequent behavioral avoidance test involving a live spider. Moreover, Schoenleber and Berenbaum (2010) administered the GNAT to assess associations between shame and Cluster C personality disorders and found that, as predicted, associations between shame and pain were uniquely associated with dependent personality disorder. In addition, Lee and colleagues, found in two longitudinal samples that positive implicit partner evaluations, as assessed with the GNAT, were associated with a diminished risk of the couple breaking up over a 12 month follow-up period (Lee, Rogge, & Reis, 2010). Thus, there is growing evidence that the GNAT may be an effective task for assessing implicit associations in clinical and non-clinical populations.

The purpose of the current study was to investigate implicit associations about the importance of attractiveness using the GNAT to determine if it would be sensitive to group differences in BDD symptoms. Specifically, we evaluated associations between attractive and important among individuals diagnosed with BDD, individuals diagnosed with a dermatological condition, and a control group that reported no current or past Axis-I psychiatric disorders. We included the dermatology group as a non-psychiatric comparison group in order to control for general skin concerns. We hypothesized that the BDD group would be characterized by stronger associations between attractive and important, relative to the other groups. In contrast, we expected no difference between the dermatology and psychiatrically healthy control groups because despite possible differences in appearance of and concerns about skin, the distorted beliefs about the importance of attractiveness that are thought to characterize BDD were not expected to be evident.

2. Material and methods

2.1. Participants

All participants were recruited through posted flyers in the greater Berlin area, Germany. Specifically, the BDD group was recruited via flyers advertising for a research study on appearance concerns. The dermatology group was recruited with flyers advertising for a research study on dermatological problems. Flyers for the control group advertised for individuals who did not report any current or past psychological problems.

The BDD group was comprised of 36 Caucasian individuals (12 males) whose diagnoses were confirmed by the first author administering the German version of the structured clinical interview for DSM-IV (SCID; Wittchen, Zaudig, & Fydrich, 1997). To further characterize the sample, BDD symptom severity was assessed with the German version of the clinician-administered Body Dysmorphic Disorder Modification of the Yale-Brown Obsessive-Compulsive Scale (BDD-YBOCS; Phillips et al., 1997; Stangier, Hungerbühler, Meyer, & Wolter, 2000). It consists of 12 items that measure the severity of BDD symptoms during the past week. BDD-YBOCS interviews indicated moderate BDD symptom

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