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body+soul radio has hit the airwaves. So tune in every Sunday from 8 to 10am on Sydney's MIX 106.5 FM for a mix of feel-good music plus insight and advice from our own medical expert Dr Cindy Pan, relationship guru Toby Green, exercise physiologist Damien Kelly and psychologist Dr Timothy Sharp.



PHOTOGRAPHY: AUSTRAL

Seeing is believing?

Sufferers of body dysmorphic disorder are so obsessed with an imagined defect in their appearance that it dominates their lives. By **Chantal Abitbol**.

Mark O'Neill* can't stand the sight of his face. "The skin on one half of my face has three times as much skin as the other. Everyone says they can't see it, but I don't believe it. I'm deformed," he says. "When I look in the mirror, I automatically sense that I'm worthless."

O'Neill, 24, a massage therapist from Melbourne, first started to obsess over his face at age 16. At first, he took to wearing make-up to hide his "flaws". Later, he became addicted to plucking his eyebrows, often spending six hours a day in front of the mirror, but he still never got the results he wanted. "About 90 per cent of the time, I'd lock myself away. It was torture," he says.

Then one day, he read the book *The Broken Mirror* (Oxford University Press) by Dr Katharine Phillips, which is about body dysmorphic disorder (BDD), a severe psychiatric condition in which a person becomes so preoccupied with an imagined or minor "flaw" that it becomes a compulsion.

O'Neill realised that he needed help. "My looks obsession was killing me. I was on the verge of suicide," he says.

Italian physician Enrique Morselli first described BDD in 1886 as "dysmorphobia", but the disorder received little attention in medical and scientific circles until the late 1980s. Today, it is estimated that about one per cent of Australia's population suffers from the disorder, but some experts fear it could be higher.

Hiding away

A survey conducted by Melbourne psychiatrists in June this year showed that 3.2 per cent of the 435 Australian university students surveyed met the criteria for clinical diagnosis. A separate survey conducted by the same team, of teenagers aged 17 to 18, showed an even higher rate of nine per cent.

"BDD is not a rare disorder, only an under-recognised one," says Professor David Castle, chair of psychiatry at the University of Melbourne and co-author of *Living With Your Looks* (University of

Western Australia Press). “People with BDD see their problem as essentially cosmetic, so they go to see cosmetic surgeons or dermatologists, [instead of] psychiatrists. They also feel embarrassed by the problem, so they don’t discuss it,” he says. “Clinicians aren’t often aware of it and don’t ask the right questions, so they don’t recognise it either.”

Most sufferers begin to notice the onset of symptoms at about age 16, but it can also start younger. Both men and women are equally affected. “Women are more concerned with their face, skin or breasts, while men are more likely to be concerned with muscularity or baldness,” says Professor Castle.

People with BDD suffer from such a twisted self-image that many develop repetitive and often time-consuming rituals in order to cope. Some spend hours scrutinising their perceived defects in front of the mirror or in any reflective surfaces – shop windows, car mirrors, metal cutlery – while some go to great lengths to avoid mirrors altogether. Others will spend hours grooming themselves by applying make-up, changing clothes, rearranging or plucking their hair or wearing sunglasses to hide or camouflage the “problem”.

Many also become plastic surgery addicts. “I’ve had a female patient who had seven procedures on her mouth. She’s actually really disfigured now and can’t close her mouth – and after all that, all she really wanted was another procedure,” says Professor Castle.

Some people get so desperate that they perform the surgery themselves. “It’s really sad because they have all these procedures, and they’re still really unhappy,” says Professor Castle.

One problem, many causes

Sascha Wright, 31, an office administrator from Melbourne, knows all too well the crippling depression that comes with suffering from BDD.

For as long as she can remember, she has hated her looks. Because of her insecurity, she won’t leave the house without make-up, covers her hair with wigs and checks herself in the mirror constantly.

Like many BDD sufferers, she believes people are always staring at her. “I hate going into shops. I can see people are looking at me,” she says.

It got so bad that she was hospitalised in June for both BDD and depression. “You never get any sort of relief from it. I sit at work and all I can think about is what I look like. I don’t want to get out of bed or go outside,” she says.

The cause of BDD is currently unknown, says Dr Rocco Crino, a clinical psychologist at the University of Western Sydney and director of the Anxiety Disorders Clinic at St Vincent’s Hospital in Sydney.

While many theories exist, he says more research needs to be done to produce a definitive answer, but he believes the cause is probably “multi-factorial”.

One factor could be genetics, experts say, with BDD sometimes running in families where other members suffer from obsessive compulsive disorder, a related disorder. There is also substantial evidence to suggest that it could be linked to a chemical imbalance in the brain and abnormal levels of serotonin.

Dr Crino says psychological factors may also play a role. “There’s some suggestion that teasing in childhood might have an effect, but again that has to interact with some other vulnerabilities.

So many kids get teased, and they don’t go on to develop BDD.”

Above all, one thing is certain: messages from the media, along with celebrity culture bombarding people with unrealistic beauty ideals, only serves to worsen the condition in those vulnerable to BDD, experts say.

Help at hand

Treating sufferers with BDD can take years, but success rates are improving, says Don Jefferys, clinical and counselling psychologist and adjunct professor at Deakin University.

Treatment usually entails a two-pronged approach using cognitive and behavioural techniques and prescribed medicine, he says.

The emphasis is usually on behavioural therapies, such as exposure and response prevention. The process involves gradually exposing a patient to their “defect” in situations which they would usually try to avoid, then slowly helping them to stop the compulsive behaviour that goes with it.

Antidepressant drugs that increase serotonin levels in the brain, such as Luvox, Prozac and Cipramil, are often prescribed simultaneously as part of treatment.

“Increasingly, we’ve been finding that we can get a significant improvement in the quality of their lives,” says Professor Jefferys. “I don’t know whether a person ever fully recovers from BDD, but we do see a significant reduction of symptoms.”

For O’Neill, who has been in treatment for nearly four months, it means the road to recovery will probably take some time, but he’s determined to stay the course.

“I’m getting help. Ultimately, I want to look in the mirror and like what I see,” he says.

**Name changed.*

“Ultimately, I want to look in the mirror and like what I see.”

The self test: Do you have body dysmorphic disorder?

- 1 Are there any parts of your body that you feel are unattractive or ugly?
- 2 Do you find yourself thinking excessively about your unattractiveness?
- 3 Do you compare the unattractiveness of your body part with others?
- 4 Do you regularly check your unattractiveness in the mirror in the hope that it may look better?
- 5 Do you ask others about your unattractiveness?
- 6 Do you apply make-up to minimise displaying to others the part of your body that you feel is unattractive?
- 7 Do you camouflage any parts of your body that you feel are unattractive?
- 8 Is your life compromised by concerns about your appearance?

● If you answered yes to most of the above questions, you may have body dysmorphic disorder (BDD) and you should contact your doctor or mental health professional.

● Screening test provided by Professor Don Jefferys, who has set up the website, www.pamguide.com.au, to help people with BDD and other disorders.