

Chapter 1

For the Sake of Appearance

Emily*, a beautiful 23-year-old medical student, is preoccupied with her skin. She does fine talking to others when she thinks her skin is clear. But when she has a pimple, even speaking to friends makes her nervous—she’s sure they’re staring at her face. “Why can’t my skin look like hers?” she asks herself constantly. “Why can’t it be smooth?” Unfortunately, looking at others usually doesn’t help, because they seem to look so much better, and this just reinforces her feelings of defectiveness. Emily spends a lot of time checking her appearance in mirrors, and what she sees determines how she feels. Whenever she discovers a new imperfection on her skin, she feels anxious and disappointed, and thinks she looks “repulsive.” Blemishes are “really disgusting” to her, and she tries to remove them by picking at her skin. Sometimes the picking itself causes skin irritations, which she then covers up with makeup. She feels particularly bad about some scars she caused during a recent picking episode, because now she’s “responsible for making the problem even worse.” She blames herself and now thinks even more about her imperfections. “I have these deep holes in my skin. This looks so abnormal. Really disfigured. Everyone will think: Look what she did to her face! What a freak!”

When Emily feels really bad about the scars or a pimple, she keeps asking her boyfriend, “Can you see it? How bad is it?” He usually tells her he can’t see anything and she looks great, but lately he’s been getting fed up with having to answer the same questions over and over. Emily doesn’t believe him anyway: “He’s just trying to be nice,” she explains. He’s also getting tired of missing out

*All patient names and identifying characteristics have been changed.

on social events because Emily won't leave the house if she feels her appearance isn't perfect. Now she's afraid he might break up with her if all this keeps up, but she doesn't know how to stop worrying so much about the way she looks.

Peter is a smart young lawyer with an attractive smile. He's a high achiever and well liked by his colleagues, who sometimes wonder why he always attends movies and parties alone—when he shows up at all. Peter claims that he has too much work to socialize. The truth is, he's afraid to meet new people. He hates his hair and is thoroughly convinced that no one could ever be attracted to him because of his receding hairline. So he avoids asking women for dates, going out only when someone pursues him, then wondering why anyone *would* pursue him: "What's wrong with her? Does she feel sorry for me?" Once he's on a date, he can't concentrate enough to converse, because all he can think is "She's staring at my hair . . . I'm the only one here who's balding . . . I wish I were invisible." Needless to say, second dates are few and far between.

Now Peter's obsession with his hair is starting to affect his job. Trying Rogaine and joining a hair club only left him glancing furtively into every reflective surface to check on the effects of the Rogaine. He inspects his hair from different angles and under different light, and sometimes even counts his hairs, which gets him stuck in front of the mirror for so long before work that he's often late. Recently he's started missing appointments with colleagues because he got mired in counting his hair in the office bathroom mirror. It bothers him that he's so obsessed with his hair, but he just can't stop thinking about it.

For Katie, a 40-year-old mother of three, her nose is the problem. She's already had two nose jobs and is considering a third. If only her nose were fixed correctly, she tells herself, her life would be OK: "I just can't tolerate being so ugly. I'd give anything to look pretty." Everyone else thought each nose shape she's had has looked fine. But after each surgery, Katie has gotten more preoccupied with her nose. Now she feels that her nose "looks really unnatural" and the surgeons "only made the problem worse and really screwed up my life." Over the years, her husband has tried reassurance, anger, pleas, and stony silence to change Katie's belief that her nose is repulsive—all to no avail. She worked as a nurse until about 5 years ago, but after the first nose surgery, she got so upset by her appearance that she couldn't go to work anymore. "My family is really hurting for the extra income, but I've declined many requests from my previous boss to come back. I just don't want my colleagues to see how I look now. I looked bad before the first surgery, but now I'm really repulsive."

At the gym, Ahmed is known as a serious weight-lifter who knows the correct protein supplement to take and the optimal strategy to develop one's "abs." He

works out for hours with a detached seriousness that leaves him lonely in the gym despite his being a “regular.” His workouts have swelled his chest and arms to the point that his dress shirts fit poorly, but what he sees in the mirror is “puny,” “scrawny,” “weak,” or “unmanly.” “Initially, the exercise was just meant to be a healthy thing, to stay in shape, you know?” he says. “But over time it got out of control. I needed to do more and more repetitions to get the feeling that I had completed a workout. I felt like I needed to spend every free minute working out. It sounds crazy, but lifting destroyed my marriage. I really loved my wife, and I still do, but after the lifting took over I never had time for her. I was always in the gym! You see, about 90% of my life revolves around my looks and my exercise. I’d much rather go to the gym than to a romantic dinner. If I ever had to miss a workout because I had to leave town or something, I got really depressed! So I simply would avoid anything that kept me away from the gym. . . . She didn’t understand why we could never go out, never travel, and why I’d rather be at the gym than with her. So finally she divorced me! On top of that, I recently injured my knees from overtraining. I knew I had a problem because I just could not stop working out, even though the pain got really bad. Now it’s so bad that I need surgery!”

As anyone who knows Emily, Peter, Katie, or Ahmed could tell you, they aren’t crazy. They want the same things most of us want: to be happy, to have meaningful relationships, and to be productive members of society. But they are all struggling with a disturbed body image, and their lives are suffering as a direct consequence. Their body image problems are destroying their social relationships, their health, and their careers. Peter avoids dating and social activities, which isolates him increasingly, and now he’s losing the goodwill of friends and colleagues, who are tired of his showing up late or canceling at the last minute because he’s stuck in front of the mirror. Emily fears that her boyfriend will break up with her, and Ahmed’s wife has already left him. Katie doesn’t work even though the financial need is clear, and she can’t tolerate being looked at by others.

They all know that something in their lives isn’t as it should be. “Recently I got stuck in the office bathroom,” says Peter, “and one of my coworkers saw me go in and not come out until 1 hour later! I was so embarrassed! I told him I had a stomach bug. But I’m tired of making excuses. I need to find another way to deal with this.” Emily agrees, saying that she really doesn’t want to lose her boyfriend but doesn’t know how to stop obsessing and asking him for reassurance: “It feels out of my control.” Ahmed knows that his appearance obsessions are responsible for his divorce and knee injury: “I’ve already messed up my health and my marriage because of being so worried about how I look. I need to do something about this now, because if I don’t, I’ll just keep lifting and ruin my knees again right after this surgery. I also want to date again at some point. But right now I’m way too shy to ask anyone out—and I can’t imagine that any

woman would tolerate my behavior!” Katie tells me, “I know I’m smart and I used to do a great job at work, but now I just sit at home and think about how ugly I am and how to fix my nose. I don’t bring in any money, and believe me, we really need it! I feel like I let my family down. . . . I’d also be a much better wife and mother if I didn’t always think about my nose. It’s hard to focus on your family when your mind is always racing with thoughts about your looks. I am sick and tired of this! I want my life back!”

While these four are very aware that something is wrong in their lives, they don’t know what to do about it. They can’t free themselves from the hurtful perception that they are deformed, ugly, or repulsive. However, there’s a difference between their perception (that is, their body image) and reality (their actual appearance), and the gap between that perception and reality is where the problem lies.

Your Word against Theirs: Body Image versus Appearance

Your body image is an inner view of your outer physical body. It’s the perception you have of your own body, the way it appears to you. Your actual appearance has little relation to your sense of attractiveness. Being handsome or beautiful doesn’t guarantee a good body image, and being homely doesn’t automatically lead to a bad one. You can meet high standards of attractiveness without a flaw and still be dissatisfied with your looks, like the models I’ve worked with who were beautiful but still excessively concerned with some aspect of their appearance. Antonio, who works as a model, has told me, “I’m obsessed with my hair, in particular the sideburns. I want them to look stylish, so they have to be exactly symmetrical, not too long and not too short. Also, I can’t have any thin spots. But if parts of my sideburns are too thick, it bothers me. I always give my stylist detailed instructions about how I want her to shape them. She probably thinks I’m nuts, because it takes forever until I’m satisfied with her work. But often she doesn’t get it just right, and I then have to spend hours fixing them at home. I cut them and tweeze them. Usually I mess them up even further in this process and need to color in the parts that I don’t like with an eyebrow pencil. I’m very ashamed of this! Nobody has ever said anything negative about my appearance, and I often get compliments about my looks. But still, if I think my sideburns are imperfect, it’s difficult for me to leave the house. I guess I’m just terrified that anyone could notice that they aren’t shaped correctly. I rarely miss work, but I’m trying to hold my head in a certain way to hide the bad spots if at all possible. I’ve disappointed my family so many times because I couldn’t come to birthday parties or weddings because my sideburns weren’t perfect.”

You can be told repeatedly that you’re good looking, yet you see an entirely

different picture in the mirror. Why don't you see what others see when they look at you? Body image has only to do with how you see yourself, and people with a poor body image tend to focus only on the body parts they dislike, and disregard the ones they like or find acceptable. As a result, they get a very distorted view of themselves. One man once told me, "When I look in the mirror, my nose is all I can see. I feel like I'm nothing but a huge nose." Jorge, a successful, 38-year-old business owner, is certain that his skin is too red. He's very careful not to sit under bright lights and often applies cover-up. He is so preoccupied by worry about his skin tone, in fact, that he never pays attention to his nice build or attractive smile, features that everyone else sees immediately.

If Jorge's best friend told him to stop harping on his red skin and start noticing how many single women react so positively to his smile, his muscles, his great personality, and his impressive job, Jorge would say that it's only natural to notice your own flaws and do what you can to correct or hide them. It would be hard to argue with that response. What Jorge wouldn't admit, however, is that his skin can't really be flawed if no one else sees it that way. And even if it were flawed, should his dissatisfaction with it rule—and ruin—his life?

Your body image will affect how you think, feel, and act in certain situations. Jorge always notices men with paler skin and wishes he could look like them. Around others with "perfect" skin he feels inadequate and frustrated. If you have a good body image, you may be more self-confident, your self-esteem may be higher, and you might just like yourself better overall. If your body image is negative, you'll feel dissatisfied and preoccupied with your looks. You are likely to be self-critical and mentally beat yourself up for your flaws. You may monitor your environment closely for cues that relate to your appearance and may be very sensitive when anybody comments on it. You are likely to be insecure or anxious in certain social situations, and there are probably some things that you just avoid because they make you feel too uncomfortable. You may not feel as masculine or feminine as you wish, which may reduce sexual pleasure. You may feel that you are less acceptable as a person, or you may even feel discouraged about your future. On days when you think you look particularly bad, you may even have a hard time leaving the safety of your own home. You may compare yourself with people you consider more attractive, and spend a lot of time and effort trying to improve your looks. These patterns of thinking, feeling, and behaving will inevitably result in a sense of failure or inferiority. The more extreme your dissatisfaction and distress over your looks, and the longer you go on feeling this way, the more your life is likely to suffer as a result.

You're Not Alone

Hardly anyone goes through life completely satisfied with his or her appearance at all times. Dissatisfaction with appearance tends to arise at certain stages of

life, such as puberty and middle age, and some people seem to fuss with their hair, skin, or clothing pretty much all the time, as a way of life. But chronic dissatisfaction or concern with appearance is a different matter, and it's alarmingly common.

Recently, Dr. Thomas Cash averaged body image questionnaire scores of students who participated in a variety of his research studies from 1996 to 2001. He found that 29% of nonblack women, 16% of nonblack men, and 17% of black women are dissatisfied with their looks. The sizable percentages of women and men who struggle with body dissatisfaction are likely related to the unrealistic body ideal being promoted by the media. We live in an image-conscious society that glorifies physical perfection. TV, radio, and magazines remind us daily to ensure that our breath is fresh, our hair is well styled, our stomachs are flat, and our blemishes are hidden. In a culture where bad hair can ruin a good day, body image distortions seem an almost natural, but tragic, outgrowth of constant attention to appearance. These body image distortions are an extreme magnification of normal concerns about appearance and cause a lot of suffering. What causes them is, of course, a lot more complicated than this brief recitation indicates, as discussed more fully in Chapter 2.

What's Normal and What's Not?

I've been working with individuals with body image disturbances since 1995. As a psychologist, naturally I see more people whose appearance concerns are severe than mild. But many people with body image concerns have relatively mild disturbances and lead relatively normal lives. Usually people with milder degrees of body image dissatisfaction don't consider their problem severe enough to initiate psychiatric treatment, but they still suffer. They think they have an embarrassing secret that no one can ever understand. They often fear that others might think of them as vain. And if they ever muster up the courage to disclose their secret, and others cannot see their flaws, they feel even more isolated. They may be our friends, our neighbors, or even family members.

If you have body image concerns, you're better off trying to set aside concerns about normality for now and instead examine how these concerns are impacting your own life. Discontentment with appearance extends from none or mild to moderate or severe. Thoughts about looks can occur several times per week and may happen many hours per day. Rituals performed in the name of beauty can range from eyebrow plucks to plastic surgeries. Checking the mirror can take several minutes to several hours per day. Some people spend a few dollars per month on cosmetics or hair replacement products; others spend several hundred dollars. Some individuals try to exercise occasionally, because they consider it healthy to train their heart and build their muscles. Others spend several

hours per day in the gym and abuse steroids. For you, the important factor should be how much your preoccupation with your appearance is affecting your life. The difference between severe body image disturbance and other appearance concerns is merely a matter of degree, and the borders between normal and not can be blurry, especially in a society where most people are dissatisfied with some aspect of their appearance. It's sometimes difficult to decide whether distress and impairment as a result of appearance worries are still to be considered ordinary or should be classified as a psychiatric illness.

Jennifer has the soft features and tranquil dark eyes that we can easily imagine seeing in the pages of a fashion magazine. Her hair is brushed toward her face, and when speaking, she inclines her face downward, which gives her a look of seriousness, as if she's about to share a great confidence. This habit appears almost coquettish, a habit perhaps to draw attention. But attention from others is not only unwanted but also feared by Jennifer. She's hiding. She's hiding behind her carefully brushed hair, her perfectly applied makeup, and her carefully rehearsed tilt of the head. She's hiding in her house when she turns down invitations from friends. She's hiding her perceived ugliness, a feeling of ugliness that now centers on the color of her skin. She's convinced that her skin's too pale, and that she looks sick and tired. Jennifer is also extremely concerned with a scar on her left cheek. Although her friends and family are unable to see these defects, and honestly proclaim her attractiveness, these perceived flaws control Jennifer's life.

Jennifer used to work as an administrative assistant. Her boss mostly asked her to do paperwork and answer the phone, which she liked because she could work by herself. This way nobody could see her. Although Jennifer enjoyed her job, she was late almost every day because she got stuck in front of the mirror before leaving the house. In the morning, it often took her over 2 hours to put on her makeup. But she was convinced that she needed camouflaging to hide her perceived defects from others. Eventually Jennifer ended up getting fired. She tried out a few other jobs but ultimately left or got fired from each one.

Thereafter, things got even worse. Because she wasn't working any longer, she felt there was no reason to get up in the morning and spent half the day at home in bed. Her self-esteem plummeted, and her appearance concerns worsened. This only made her withdraw further. She started avoiding supermarkets and family events because she was so concerned about her appearance. She felt useless because she didn't work and got more and more embarrassed about the way she looked. As a result, she became really depressed.

Jennifer's body image disturbance is severe. Jennifer has body dysmorphic disorder (BDD), a mental *disorder* characterized by imagined ugliness. As you can tell by reading Jennifer's description, BDD is much more extreme than normal appearance concerns. BDD is also a psychiatric *diagnosis*, a label that mental health providers use to classify a disorder on the basis of its features. The *Diag-*

Diagnostic and Statistical Manual of Mental Disorders (the current version is called the DSM-IV), published by the American Psychiatric Association, is a guide used by mental health professionals around the world to make diagnostic decisions. It describes all the important features of the mental health problems that are currently known.

To be diagnosed with BDD according to the DSM-IV, you would have to be preoccupied by a perceived appearance flaw that is either nonexistent or so small that only you view it as a problem, to the point that you're quite distressed by it or your daily functioning is disrupted. The professional making the diagnosis would also have to rule out other disorders as causes of these symptoms.

Some people with BDD acknowledge that their view of their appearance may be inaccurate and that they're blowing things out of proportion. "I know I'm not ugly," explained one of my patients. "I just can't stop thinking that my arms are too short. I'm a perfectionist, you know. I just wish I could stop beating myself up for my flaws." However, nearly half of all BDD sufferers hold their negative beliefs about their appearance with absolute certainty, despite what everyone else tells them. In those cases the evaluating practitioner should consider whether they also have what is called delusional disorder, somatic type. The degree to which those with BDD are convinced of their appearance-related beliefs determines whether they should be diagnosed with BDD alone or with BDD and delusional disorder.

Severity is an important measure of whether someone has BDD. If the preoccupation with a flaw does not cause real distress or impairment, it probably won't be diagnosed as BDD. People with this disorder are tormented by their concerns and, as we've seen, often have trouble keeping a job or a social life, because they can't tolerate the gaze and perceived judgment of others, or because the rituals they perform to improve their appearance take up so much of their time. In its most severe cases, BDD disables its sufferers and keeps them housebound for many years. The rate of alcohol and drug problems in those with BDD is close to 50%. The rate of suicide attempts is also relatively high, around 22–24%.

Concern about appearance is a symptom of some other psychiatric disorders too, so it's important for BDD to be diagnosed by someone who understands the distinctions. Those with anorexia nervosa, for example, are certainly concerned about their looks, but anorexia is always associated with severely disturbed eating behavior, and the appearance preoccupation focuses exclusively on weight. Still, BDD symptoms often mimic those of other disorders, which can easily lead to misdiagnosis and inaccurate treatment. Also, some similar conditions can co-occur with BDD symptoms but require separate treatment. The Appendix, "The Relationship of BDD to Other Disorders," sums up the differences and similarities of which you should be aware. For more detailed information on this topic, I recommend *The Broken Mirror* (see the Resources at the end of the book).

Just like normal appearance concerns, BDD usually begins during adoles-

cence. It tends to be chronic, often lasting for many years without major improvement or relief. BDD occurs about as often in men as it does in women. Reports about individuals with BDD come from many different countries, including Germany, Japan, Russia, and England. Although no large-scale studies have been done on the rate of body dissatisfaction among various racial and ethnic groups, in my experience, these problems affect everyone, regardless of ethnic, economic, or education background. BDD used to be considered a rare disorder, but recent estimates range from 0.7% in the community to 13.0% in college students.

Do You Have BDD?

As I said in the Preface, you can benefit from the methods described in this book whether you have mild concerns that get in the way of a good life or you suffer from BDD. But it helps to have an idea of the severity of your problem before you tackle it, so answering the questions on page 10 may provide a clue as to whether you have BDD. A diagnosis can be made only by a qualified professional (the Resources at the end of this book will give you some guidance for finding a therapist or psychiatrist).

If you answer “yes” to *all* of the questions in the box on the next page and your primary problem isn’t related to unusual eating habits, you probably suffer from BDD. If your BDD is severely distressing or impairing, you should not use this book alone, but rather as an adjunct to regular visits with a clinician. Also, if you have any doubts about your ability or willingness to try self-help, please find a qualified clinician with experience in treating body image concerns like BDD.

If you answer “yes” to only *some* of the questions about BDD, you might have milder appearance concerns, but this book might still be useful to you. Sometimes people with BDD are absolutely convinced that they look disfigured, when they actually look fine. In this case, they might doubt that they have BDD, and might even say that all the avoidance behaviors and appearance rituals are justified to protect themselves from teasing. If you fall into this group of people, it can be difficult to determine on your own whether you have BDD. To get around this issue, I included the question (1c) about how other people evaluate your appearance. If you are unsure how to answer it, you may want to consider meeting with a trained clinician.

Are You Worried Enough to Do Something about It?

This is the \$64,000 question. Making changes in your behavior and your outlook can be an overwhelming prospect, and it’s tough to know before you try

Clues to the Presence of BDD

1. a. Do you dislike the way any part(s) of your body (for example, your skin, hair, nose, or genitals) look?

b. Do you think about your appearance for more than 1 hour per day?

c. Do you think your worries about your appearance are excessive, or have others told you that you look OK and you just worry too much about your looks?
2. a. Do you engage in any behaviors intended to check on, hide, or fix your appearance (for example, mirror checking, comparing yourself to others, excessive grooming behaviors, or asking others about your appearance)?

b. Do you avoid any places, people, or activities because of your appearance concerns (for example, do you avoid bright lights, mirrors, dating, or parties)?
3. Do your appearance-related thoughts or behaviors cause you a lot of anxiety, sadness, or shame?
4. Do you have problems with your work, school, family, or friends because of your appearance concerns?

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Do You Suffer from Depression?

Everyone feels down at times; this is normal. But if your depression lasts for extended periods of time and causes significant distress, you might have a problem that requires treatment. If you think you might suffer from depression, please take a look at the following symptoms associated with depression:

- Feeling sad, down, or irritable for weeks or even longer
- Diminished interest or pleasure in your hobbies or typical activities
- Feeling tired in spite of lack of activity, low energy
- Increased or decreased appetite, with significant weight gain or weight loss
- Difficulty sleeping, waking up too early in the morning, or sleeping more than usual
- Feeling slowed down, or feeling restless or fidgety, diminished ability to make decisions or difficulty concentrating
- Feeling worthless, guilty, or hopeless
- Thoughts of suicide or death

Up to three-quarters of those with BDD are also depressed. So if you have been diagnosed with BDD or think you might have it, and you are also experiencing several of these symptoms of depression, talk to a qualified health care professional.

whether you're prepared to undertake the effort. With my patients, awareness of the scope and depth of the problem often fuels motivation. So, before you decide how to use this book, take a closer look at your own appearance concerns. I'll provide plenty of examples of others to serve as comparisons. If you begin to see yourself more and more in these portraits, you might find yourself motivated to get back the good life that your body image disturbance has taken from you.

What Are You Worried About?

Appearance obsessions can come in many forms. Whereas some people dislike just one body part, others are concerned about several. Some people worry about certain body parts for a while, then focus on new ones. Other people realize they look average but are still tormented, because they'd like to look perfect. Still others think they look disgusting and yearn to look normal.

What bothers *you* when you look in the mirror? Your appearance concerns could focus on any body part—nose, teeth, ears, head shape or size, fingers, legs, buttocks, feet, genitals, body build, and so on. Concerns with the face are among the most common.

The Face You Show the World

People are often preoccupied with their facial skin. They worry that their skin is too red or pale, or that their pores are too large. Other people are concerned about blemishes, pimples, “bumps,” “zits,” “spots,” scars, freckles, lines, and wrinkles. All Susan can think of are the freckles on her face and arms. She tries to cover them up with clothing and wears long sleeves, even when it’s 80 degrees out. People who have concerns about pimples or blemishes often try to correct them by spending a lot of time picking at their skin, often using small tools such as pins or tweezers. The problem with skin picking is that it can lead to actual scarring, which then causes even more worries.

Bad Hair Days—Every Day

Hair concerns are also very common. People are concerned that their hair is thinning or their hairline is receding. They may be worried that their hair is coarse, too curly or too straight, the wrong color, or asymmetrical. Maisha is obsessed with her hair. If it isn’t right, she gets very upset and combs it over and over again. She once got in a car accident because she kept checking her hair in the rearview mirror while driving through a busy intersection.

Haircuts are usually very difficult for people with hair concerns. Brenda once told me: “Each haircut is a major procedure. I need to discuss every step in detail with my hairdresser. But no matter how hard my hairdresser tries, my hair is too long, too short, or not symmetrical. It is never right.” Convinced his hair is thinning, Steve wears a hat all the time, even indoors, and spends a lot of time searching the Internet for hair-replacement procedures. Frank really dislikes the hair on his neck and spends large amounts of money on laser treatment and electrolysis. He even feels he could never move to another city, because he isn’t sure he would be able to find adequate electrolysis elsewhere. Despite all of his efforts to remove his neck hair, he’s convinced people are staring at him: “Girls laugh about me. I really think this is unfair—I don’t laugh about them when they don’t look perfect.” Because she thinks she has too much facial hair, Anne avoids sitting under bright lights and never rolls down the windows in her car. She is often late to work because she “loses track of time” while tweezing her hair before leaving the house. Anne hates it when her boyfriend touches her face, because she’s concerned that “he might think I’m growing a beard.”

Pig Noses and Crooked Teeth

“I hate my nose,” says Sean. “I look like a pig. I will never find a girlfriend—unless I get a nose job. . . .” Nose concerns are a widespread complaint among people with a poor body image. Like Sean, they daydream about plastic surgery. But, like Katie from the beginning of the chapter, they are often disappointed

A Warning about Weight Concerns

There is some overlap of symptoms between BDD and eating disorders. Please note that if you have not only weight concerns that resemble the symptoms of BDD but also disturbed eating patterns, the program in this book will not be enough to help, and you should seek professional help without delay. It is possible that you have an eating disorder. Eating disorders are serious illnesses with a high mortality rate.

with the results and end up angry at their surgeon if they actually do go under the knife.

Naja hates her “crooked” teeth, pronouncing them “really grotesque,” and avoids smiling, often looking down or covering her mouth with her hands when she speaks.

Does Size Matter?

Americans love big sex organs. No one is immune to the widespread messages regarding the importance of size, whether it’s the penis for men or breasts for women. Naturally, many feel inadequately equipped. Dan considers his “short” penis “unmanly” and after padding his pants for years is currently considering surgery as a more permanent solution.

Some people are overly concerned with their overall body build or height. At 5'7", Harry feels “like a dwarf” and can hardly tolerate being around tall women. Eric is preoccupied with his muscles. Although he already has a V-shaped torso, he strives for “wider shoulders and bigger biceps.” He lifts weights every day and often gets into arguments with his girlfriend, because he prefers lifting to spending time with her. “She tells me I look great and that she loves me as I am. But I want to look stronger and manlier. That’s how I got so obsessed with lifting.”

How Do You Feel about the Way You Look?

People with body image disturbances are often ruled by how they feel about their appearance. You’re likely to feel embarrassed in social situations. Feeling self-conscious and shameful about your defect may lead you to avoid certain people, places, or situations. Doing so is problematic on its own, because you miss out on things you would otherwise enjoy. In addition, though, everyone needs social contact, and not participating in social activities will leave you feeling sad and lonely. Also keep in mind that if you don’t go to certain events, you’ll never find out whether your horrific predictions that people will stare at your defect will

actually come true. If you had gone, perhaps nobody would have noticed or cared. You might feel frustrated about spending so much time and money on beauty rituals, only to find out that it's a never-ending pattern: No matter what you do, you're still dissatisfied with your looks. If your self-esteem is low, you might feel envious when you focus on the appearance of others, because you notice only what they have that you lack. You might even feel intensely jealous or insecure in relationships. You might feel nervous and confused when you get a compliment. Your mood, along with the way you see yourself, might be like riding on a roller coaster. When you feel that you look good, you might be happy and relatively self-confident, but if anything triggers your appearance concerns (like meeting someone who looks better or just having a pimple), your self-esteem might be shattered. You become convinced that the only way to feel better is to look better. This is one of the fundamental beliefs behind body image disturbance.

What Are Your Thoughts and Beliefs about Your Appearance?

If you have severe appearance concerns, you might think others notice your flaw and are repelled by it. You worry that anyone you talk to will look at your defect, and you'll then feel ashamed of it. You're suspicious of compliments. You may even believe others are talking and laughing about your supposed flaw, as Reid did, when he walked out of a store and noticed a couple of girls looking in his direction and giggling. He immediately thought, "*They must be laughing about my thinning hair!*" (If he couldn't stop thinking about his hair, he reasoned, how could anyone else?) And even though he had no evidence to support this assumption, Reid felt sad and discouraged.

Many people also assume that the defect they're sure they have is a visible manifestation of some character flaw. Personal worth and physical appearance become commingled and confused. Jean is a petite, pretty 18-year-old with a hook at the end of her nose. Her friends don't even notice and just think of her as beautiful, but Jean believes her nose makes her look "really ugly and mean." With tears in her eyes, and avoiding eye contact, she says, "How I am on the inside, that's how I look on the outside: bad and repulsive. . . . I don't think I'll ever find a boyfriend or get married because of my looks. Who'd be attracted to a mean, ugly witch?"

Many people with body image disturbances believe they'll end up alone and unloved. You'd never know it to look at her, but Li Ming is extremely concerned with blemishes on her skin and excessive facial hair, especially on her eyebrows. She recently started dating Rich, a really nice guy. But she's afraid of spending a full night with him. "I've always been self-conscious about my skin and my eye-

brows. We've been dating for a few months now, but he's never seen me without makeup. If he stayed over, I would have to take my makeup off at night, and then I would have to put it back on in the morning before he wakes up. I usually also spend quite a bit of time plucking my eyebrows and penciling them in so they look just right. I won't let anyone see me before my appearance is acceptable. On bad days, when I feel my skin is broken out, it can take me a couple of hours to get ready. I just don't know what to do. If Rich notices how much time I take to get ready in the morning, he'll think I'm nuts. But I can't let him see me with bushy eyebrows or without makeup. If he'd known what I really look like, he'd never have gone out with me in the first place. To be honest, it makes me feel guilty that he's never seen the 'real' me. It's like I'm leading him on. But I don't want to lose him. If he sees how ugly I really am, he'll break up with me. I feel I'm stuck in this awful situation, and I don't see a way to resolve it. I don't think I'll ever be able to be happy unless my appearance changes."

If you hold similar beliefs about the relationship of appearance and self-worth, you're really in trouble when you think your appearance is imperfect. As a result, you might feel sad or anxious and start to avoid social activities. Or you might engage in all kinds of activities to fix whatever you consider the appearance problem to be.

What Rituals Do You Perform in the Name of Beauty?

Paula spends a lot of time reading beauty magazines, buying flattering clothes and cosmetics, having her hair styled and colored, and her nails done, and getting makeovers. She can easily spend several hours a day on these rituals, but, at best, they provide only temporary relief. "I always have to try to look my best," she explains. "I just don't want to be caught off guard. What if someone made a negative comment about my appearance or teased me? I couldn't handle that!" So she never goes out without makeup and perfectly styled hair, and taking those measures does ease the anxiety of going out in public. That's why she's not ready to give up her rituals, despite the fact that she's fed up with always trying to know about the latest makeup techniques and products, and new hairstyles.

Do you believe the only way to change your negative feelings about your body is to change your body? Do you spend a lot of time or money trying to improve your looks? If so, you're not alone. Most people with body image problems engage in repetitive behaviors intended to check, improve, or hide whatever they're concerned about.

Mirrors are maddening to Kelly, who says she can't walk past one without checking a small scar right under her nose. Judy can't leave the house until her makeup perfectly disguises the fact that she looks "really old and unattractive" because "My eyes often look so tired, and I have lots of wrinkles around them. And my lips have gotten thinner and thinner over the years." John spends a lot

of time in front of the mirror trying to camouflage blemishes on his cheeks with a spot stick—“like a girl,” he says with self-disgust.

Other people engage in excessive grooming, such as combing, cutting, or styling their hair. Richard spends a lot of time before and during work combing and recombining his hair to cover his bald spot—to the point that he’s worried his office mate thinks he must be lazy because he spends so much time away from his desk.

Adam works out every day, often for a couple of hours at a time. His friends admire his dedication and discipline. What they don’t know is that Adam takes steroids and is always anxious about looking weak and sickly. His personal trainer has already told him to cut back on his workouts or he’ll injure himself. If Adam misses a workout, though, he feels lazy and ashamed. On top of over-exercising, some men with poor body image overconsume protein shakes and abuse anabolic steroids. In his research on body builders, Dr. Harrison Pope has found that 9% suffer from what he calls “muscle dysmorphia.” Dr. Pope describes this fear of being weak and small as a reverse form of anorexia nervosa: Whereas anorexic patients may diet excessively because they fear getting fat, individuals with muscle dysmorphia may exercise excessively or abuse steroids because of a fear of looking too thin. Some are so ashamed of their thin arms that they wind up wearing long sleeves even in the summer. Others are so eager to look big and muscular that they pad their clothes. Still others go so far as to have plastic surgery. Tyler wanted to have the biggest pecs possible, without spending several hours a week at the gym, so he opted for a \$3,000 procedure in which rubber implants were inserted under his pectoral muscles. Unfortunately, Tyler isn’t happy with the results, because the surgery didn’t help him win back his unfaithful partner. Now he is considering cheek implants. For some people, surgery seems to be addictive, and they keep going back over and over again for more, without any long-term improvement of their body image.

Other people may not take as drastic a measure as surgery to improve their appearance, but they remove imperfections on their own either by tweezing or picking their skin. Eva has picked at her face since she was a teenager. Now she also picks at her back and arms. She picks at whiteheads and blackheads. When she came to my office, I could not see any acne-related problems, but she had the telltale signs of someone with a skin-picking problem: little red picking marks covering her entire face. “I just have to get this disgusting white stuff out! My face looks really ugly with all these bumps on it! I know it sounds weird, but I actually feel good while I’m picking at my skin. I feel like I’m cleaning it. But after I’m done, I beat myself up for the mess I’ve made. My face usually looks really red, and the bumps seem swollen.” Eva admits that she usually starts gently and tells herself that she will just take care of this one pimple, but then the habit gets out of control, and she picks for hours. “I think my intentions are good, and I try to improve my appearance, but somehow the outcome is always bad because I overdo it. . . . Once I get started, I just cannot stop!”

Most appearance rituals don't directly affect your relationships, because you can do them by yourself. However, you may include others in your appearance rituals by asking them over and over again what they think of your new haircut, or whether they notice a pimple. A patient of mine, Monica, was predominantly concerned with her pale skin. She had two ways of carrying out her rituals, either by checking the mirror herself or by asking her husband what he thought of her skin. When I worked with her in behavior therapy, we quickly conquered the mirror checking. Monica gradually decreased the checking each week until she finally reached a normal level. However, her negative thoughts related to her appearance and her urges to check the mirror were not improving. This surprised me. After a few weeks, her husband Henry joined us for a treatment session. Henry told me that Monica asked him about her skin about six or seven times per day. She would even ask him to look at her face in different lighting and from different angles. Not surprisingly, Henry was quite fed up with his wife's quest for reassurance. When I asked Henry why he went along with her requests, he explained that this was actually easier than "fighting with her about it." He was not aware that by trying to help her, he was actually making her problem worse by participating in a ritual.

There is another behavior, in addition to reassurance seeking, that might affect your relationships. Do you compare your appearance to that of others? When you look at other people, you probably focus only on those body parts of other people you wish you could have. When you look at yourself in the mirror, you likely notice only the body parts with which you're unhappy. This leads to a distorted body image: You don't see how you really look; rather, you see what you consider the worst about yourself. This way you always lose the appearance competition.

Even though engaging in the rituals just described seems like a good way to ward off the anxiety people feel about their appearance, it rarely eliminates all of the insecurity that those with body dissatisfaction feel. If that's true for you, you probably also avoid certain situations that you would probably enjoy if your body image were better.

What Are You Avoiding These Days?

Elvira, a 34-year-old salesperson, did fine selling products over the phone. However, when she got promoted, she was asked to make sales pitches one-on-one or even to groups. This caused a big problem. Being seen by strangers made her extremely nervous. All she could think of was "They're looking at my skin." She was sure that others were staring at her pimples. Her heart beat rapidly in sales situations, and she started sweating. Elvira tried to avoid these situations as much as possible, which led to her losing lots of money. She also started spending even more money than she used to on expensive skin care products designed

to correct her imagined skin problem. Ultimately, she asked to return to her lower paying phone position.

As we've seen, many people with a poor body image avoid social situations, but some adopt more subtle avoidance strategies, such as not sitting under a bright light.

Sex has always been something of a problem for Samantha. When in her 20s, she was concerned that she was not thin enough, that her thighs looked too big. Now, in her 40s, Samantha worries about the wrinkles on her forehead and the crow's-feet around her eyes. Married for 13 years, she has a good relationship with her husband but is so self-conscious about the signs of aging she sees in herself that it's affecting her sex life: "Now we make love only in the dark. My husband would really like me to leave the lights on, but I just don't like this anymore. If I keep the light on, all I can think of is what he might be thinking of my appearance." Samantha is so busy worrying about her appearance that it's difficult for her to experience the positive feelings that usually accompany sex. Although she knows her husband loves her and the way she looks, she rejects her own body.

You might also experience subtle behaviors such as avoidance of eye contact or disengaging from uncomfortable situations by daydreaming or distracting yourself. If you have a severe body image problem, it is quite likely that you have a troublesome relationship with mirrors. Caught between wanting to avoid your reflection and wanting to fix it, you might alternate between episodes of mirror avoidance and mirror checking.

Camouflaging is also an avoidance behavior. Many people hide the perceived defect with makeup, hair, their body position, or clothes. Virginia always wears a hat or bandana to hide what she considers her protruding ears. Timmy wears baseball caps to conceal his thinning hair. Nancy slouches, preferring poor posture to standing up straight, because she thinks she's too tall.

Clearly, avoidance causes you to miss out on things you'd probably enjoy otherwise, but it can also narrow your life increasingly. Avoiding an activity or situation reduces your confidence in your ability to handle that activity or situation the next time.

In the following chapters, we'll look at several strategies that will help you feel more secure about your appearance. Together we'll develop a program that will progress in a gradual manner, and we'll break the cycles maintaining body image concerns. You'll learn to overcome your problems by changing self-defeating thoughts, setting realistic goals to reduce frenzied appearance rituals, and creating exercises that will prevent you from hiding your appearance. You will learn how to conquer your avoidance behaviors and beauty compulsions in a step-by-step fashion. Together we'll work toward a peaceful relationship between you and your body.