



Body dysmorphic disorder (BDD)

Explains what body dysmorphic disorder (BDD) is, possible causes and how you can access treatment and support. Includes tips for helping yourself, and advice for friends and family.

If you want to contact us with any feedback, email contact@mind.org.uk.

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What is body dysmorphic disorder (BDD)?

Body dysmorphic disorder (BDD) is an [anxiety disorder](#) related to body image. It's closely related to [obsessive-compulsive disorder \(OCD\)](#).

You might be given a diagnosis of BDD if you:

- Experience [obsessive worries](#) about one or more perceived flaws in your physical appearance, and the flaw can't be seen by others or appears very slight
- Develop [compulsive and repetitive behaviours and routines](#), such as excessive use of mirrors or picking your skin, to deal with the worries you have about the way you look
- Experience significant disruption to your daily life as a result of these worries and behaviours, such as avoiding social situations

BDD can vary in severity from person to person and from day to day. Worries about your appearance may make it difficult to go out in public or see other people. It can have an impact on your work life and relationships with other people.

For more detailed information on symptoms see our section on the [symptoms of BDD](#).

“I became increasingly insular and erratic, making decisions that affected my health and damaged my relationships. I'd skip school, cancel plans with friends and call in sick at work.”

BDD may also cause other problems, such as:

- Feelings of shame, guilt or [loneliness](#)
- [Depression](#) or [anxiety](#)
- Isolating yourself to avoid situations that cause you [anxiety](#) or discomfort
- Misuse of [alcohol or other drugs](#)
- Feeling you need unnecessary medical procedures, such as cosmetic surgery
- [Eating disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Self-harm](#)
- [Suicidal thoughts](#)

Many people with BDD don't seek help because they're worried that people will judge them or think they're 'vain'. This means that many people with BDD are likely to experience it for a long time before seeking support.

“My friends and family would often remind me of how beautiful I was but that never mattered. I wasn't good enough. I was trapped inside my own head, with no escape.”

What are the symptoms of BDD?

People with BDD see themselves differently to how others see them. Although everyone's experience of BDD is unique, there are some common signs.

“I'm constantly worrying about my appearance to the extent that I rarely feel present in any social situation.”

Obsessive worries about your body

If you have BDD, you may experience intrusive, negative thoughts about one specific area of your body, or several areas of your body, which you think are:

- Out of proportion, such as being too big or too small
- Disfigured or the wrong shape
- Lacking symmetry
- The wrong colour or texture

These thoughts cause you significant anxiety, and you'll often spend several hours a day thinking about the area or areas of concern. BDD can affect any area of the body, but common areas of anxiety include your skin, hair, nose, chin, teeth, lips or genitals.

Some people with BDD are preoccupied with negative thoughts about their general appearance rather than a specific feature, and may feel that they're 'generally ugly' or out of proportion.

“I've struggled with BDD for 13 years. It changes. Sometimes it's something little, like my nose, that is really bothering me. Sometimes every centimetre of my body just feels wrong.”

BDD and eating disorders

BDD and eating disorders share similar symptoms, such as:

- Having poor body image
- Worrying excessively about your physical appearance
- Developing compulsive behaviours to try to deal with these worries

But BDD and eating disorders aren't the same. When a person is experiencing an eating disorder, they're mainly concerned about their weight and shape, and develop eating problems to control this.

Someone experiencing BDD may also experience concerns about weight and shape, but is likely to experience other concerns around body image – for example, they may also have concerns about a particular facial feature. You don't need to have an eating disorder to be diagnosed with BDD.

Some people with BDD experience an eating disorder but not all people with eating disorders have BDD.

A mental health professional, such as a psychiatrist, can assess your symptoms to help you find out whether you're experiencing BDD, an eating disorder or both.

For more information see our resource on [eating disorders](#) and our resources on [eating problems](#) more broadly.

Compulsive and repetitive behaviours

If you have BDD, you develop compulsive and repetitive behaviours and routines to deal with the anxiety you feel about your appearance.

You may spend hours each day carrying out these behaviours to try to reduce your anxiety. The behaviours may briefly lessen your worries, or they may make you feel worse.

Common compulsive behaviours include repetitively or obsessively:

- **Checking your appearance in mirrors**, or avoiding mirrors completely
- **Using heavy make-up** to try to hide the area you're concerned about
- **Changing your posture or wearing heavy clothes** to disguise your shape
- **Seeking reassurance** about your appearance
- **Overexercising**, often in a way that targets the area you're worried about
- **Body checking** with your fingers
- **Picking your skin** to make it smooth
- **Using tanning products** or skin-lighteners
- **Weighing** yourself
- **Brushing or styling** your hair
- **Comparing** yourself with other people
- **Changing your clothes**
- **Shopping** for beauty products or over-the-counter treatments
- **Taking selfies**

- **Using social media image filters** or photo editing apps
- **Seeking cosmetic surgery** or having other types of medical treatment to change the part of you that causes you distress

Some of these behaviours, such as picking your skin and [overexercising](#), are considered self-harm behaviours. For more information, see our resource on [self-harm](#).

“I'm performing exhausting, compulsive rituals that simply perpetuate this cycle of anxiety. It's like being stuck in a noisy hamster wheel spinning endlessly inside a hall of mirrors.”

What is muscle dysmorphia?

Muscle dysmorphia (or muscle dysmorphic disorder) is a type of BDD where you experience obsessive worries about your body being too small, skinny or not muscular enough. Despite these worries, you're of average build. Or in some cases exceptionally muscular.

This often leads to compulsive behaviours that focus on building muscle that can sometimes be damaging, such as:

- [Overexercising](#), particularly lifting weights
- Dieting
- Taking nutritional supplements
- Abusing steroids and other substances

You can find out more about muscle dysmorphia on the [Body Dysmorphic Disorder Foundation](#) website.

What causes BDD?

No one knows exactly what causes BDD. It can affect people of all genders, and commonly begins in adolescence. But research suggests that there are a number of different factors that could mean you're more likely to experience BDD. For example:

Abuse or bullying

Going through traumatic experiences such as [abuse](#) or bullying can cause you to develop a negative self-image, which can lead you to have obsessions about your appearance. This is particularly true if you experienced abuse or bullying when you were a teenager, as it's a time when you may have felt sensitive about the way you looked or how your body was changing.

Some research also suggests that people who identify as LGBTIQ+ may be more likely to have BDD. The possible reasons for this are complex. But part of the explanation

could be that experiences of [homophobia, biphobia or transphobia](#) may contribute to feelings of low self-esteem, which include difficult feelings about our physical appearance. Find out more about [LGBTIQ+ and mental health](#).

Low self-esteem

If you have low [self-esteem](#), you may become fixated on aspects of your appearance that you want to improve. This is more likely if you attach a lot of importance to how you look, or if you feel your appearance is the most valuable thing about you.

Racism and BDD

If you've experienced racism you may hold negative views about yourself because of how you've been treated. This can lead to low [self-esteem](#).

You may also have experienced colourism, which is when someone treats you differently based on how light or dark your skin shade is. Subtle messages in society and the media about lighter skin being preferable can make some of us feel like our skin shade is too dark, or like our hair or features don't meet society's 'ideal'. This can contribute to the pressure we feel to change parts of ourselves.

Some people who have BDD may change parts of their identity, such as their skin colour, to deal with this.

See our [racism and mental health](#) resource for more information.

Fear of being rejected

If you worry about not fitting in, or being rejected or [lonely](#), you may develop thought patterns that can lead to BDD.

For example, if you believe that you need to look a certain way to maintain friends or find a partner, you may develop obsessive worries about your appearance. If a relationship then breaks down or a friendship group changes, this could make your worries worse.

“There have been so many times where I've looked in the mirror and just cried. Or I've thought I looked ok but 2 seconds later I'll feel that it's all still wrong.”

Perfectionism or comparing yourself with others

Messages about body image that we get from films, magazines, social media and adverts can have a negative impact on our body image and self-esteem. They can give us unachievable ideas about how we should look and make us feel we're not good enough. Apps and filters that improve the way we look online can also contribute to this.

If you try to appear physically 'perfect' or you regularly compare your appearance to other people, you may be more likely to develop BDD. Or if you do activities that are very focused on your body – for example, modelling, bodybuilding or fitness – you may also be at greater risk.

“My hardest trait was comparing myself to others, especially girls who I thought were flawless.”

Genetics

Some evidence suggests that BDD is more common in people whose family members also have BDD. But it's difficult to know whether symptoms – such as believing that you're disfigured or frequent mirror checking – are inherited from your parents' genes or picked up from their behaviour.

Depression, anxiety or OCD

People with other mental health problems, specifically [depression](#), [anxiety](#) and [OCD](#), are also more likely to have BDD. But it's unclear whether depression, anxiety or OCD are a cause of BDD, or if BDD is a cause of these mental health problems.

What treatments are there for BDD?

If you think you may have BDD, [speak to your GP](#). They can refer you for an assessment and help you access treatment. If you're diagnosed with BDD, your GP should offer you treatment options recommended by the [National Institute of Health and Care Excellence \(NICE\)](#).

This section covers the main treatments that NICE recommends.

“I started to believe in myself and ‘live in the moment’. I finally started to feel good about how I looked.”

As it's common for a lot of people to worry about their appearance, the signs of BDD can be missed by professionals. If you feel your GP doesn't recognise your symptoms and you're not getting the treatment you need, you may find it useful to get an [advocate](#) to support you.

Cosmetic surgery and BDD

If you've seen a healthcare professional about having cosmetic surgery or medical treatment for skin conditions and they think you may have BDD, you might be referred to a mental health professional who specialises in BDD.

Cognitive behavioural therapy (CBT)

CBT is a form of talking therapy that aims to show connections between your thoughts, feelings and behaviours. It can also help you develop practical skills to manage them. Sometimes this involves using self-help materials such as books or computer programs.

The treatment you're offered may depend on the severity of your symptoms, but ideally you should be given CBT before you're prescribed any medication. It can be delivered via telephone, video, or face to face with a therapist. Either one-to-one or in a group.

The aim of CBT for BDD is to help you feel less anxious about your body by:

- **Helping you change your attitude** to body image and physical appearance
- **Exploring your worries** about your perceived physical flaw(s)
- **Reducing your need to carry out compulsive behaviours**

For more detailed information on CBT and how to access it see our dedicated resource on [CBT](#).

Exposure and response prevention in CBT

A type of CBT – known as exposure and response prevention (ERP) – is recommended for BDD. This technique helps you confront your obsessions so that you become used to dealing with them. This involves:

- **Facing situations** where you'd normally think obsessively about the part of your appearance that worries you, to help you cope better with these situations over time
- **Developing techniques** to help you avoid carrying out compulsive behaviours (such as mirror checking) when you'd normally want to

This technique needs to be carefully managed to avoid causing more anxiety and distress, so it's important that you understand the treatment fully and feel comfortable with your therapist.

“Having CBT was the best decision I ever made. I was able to completely transform the way I thought.”

Medication

You may be prescribed [antidepressants](#), either on their own or in combination with CBT, if:

- **CBT isn't successful** in treating your BDD
- **Your BDD is moderately to severely affecting how you live** your day-to-day life

The type of antidepressant your GP provides will usually be a [selective serotonin reuptake inhibitor \(SSRI\)](#). These can help reduce obsessive thoughts and behaviours.

SSRIs can cause unpleasant [side effects](#) for some people, so it's a good idea to discuss this with your GP before starting. You can also take a look at our information on what you should do [before starting medication](#).

If a first course of SSRIs and more intensive CBT isn't effective, the next step is usually to try a different SSRI or another antidepressant called [clomipramine](#).

Specialist services for BDD

If other treatments aren't helpful, your GP may refer you for specialist help. This could be through [community-based mental health and social care](#), where you'll be given a more thorough assessment by the [community mental health team \(CMHT\)](#). Your CMHT will develop a potential care plan with you, which may include support from a service that specialises in BDD.

Access to specialist services is limited across the country and you may need to travel outside your local area. Waiting times for specialist services can also be very long.

What other treatments are there?

Everyone is different and the treatments recommended by the NICE guidelines don't always work for everyone. You may find [different treatments](#) or [self-care techniques for BDD](#) helpful, either on their own or alongside other treatments.

The [Body Dysmorphic Disorder Foundation](#) also provides further information about treatments for BDD on its website.

What can I do to help myself?

Treatment of BDD often includes a combination of strategies, including self-help. Below are some ideas you could try to help you manage your BDD:

Use self-help materials

Many people find self-help materials, such as books or computer programs, useful in managing their BDD.

Self-help materials are often based on the principles of cognitive behavioural therapy (CBT), which have been shown to be particularly effective in treating BDD. Making small steps to accept but challenge your worries can reduce your compulsive behaviours.

You may decide to use self-help materials alongside professional help, or you may use them to develop your own coping strategies. You can **find self-help resources for BDD** on the following websites:

- [Body Dysmorphic Disorder Foundation](#)
- [OCD Action](#)
- [OCD-UK](#)

Several self-help programmes are available for free via computer or via prescription from your GP. See the [NHS self-help therapies](#) resource for more information on these.

Do things to improve your self-esteem

- **Celebrate your successes.** No matter how small they may seem, take time to praise yourself and notice what you did well. It could also help to remember past successes.
- **Accept compliments.** You could make a note of them to look over when you're feeling low or doubting yourself.
- **Ask people what they like about you.** It's likely that they see you differently to how you see yourself.
- **Write a list of things you like about yourself.** For example, you could include character traits, skills or experience, beliefs or causes that matter to you, or things you enjoy doing. You could ask other people for suggestions too.

Try support groups

Support groups and [peer support](#) offer an opportunity to meet other people who also have BDD and to be part of a support network that understands what you're going through. Hearing about how other people have coped with similar feelings and experiences can make you feel less isolated.

You can find details of **support groups for BDD** on the following websites:

- [Body Dysmorphic Disorder Foundation](#)
- [OCD Action](#)
- [OCD-UK](#)

Or contact [Mind's Infoline](#) or a [local Mind](#) to see what support there is in your area.

You can also access peer support online. Communities like Mind's [Side by Side](#) can be a good way of getting support at times when you don't feel like seeing people face-to-face or if there aren't any groups nearby.

Look after yourself

Taking time to look after yourself physically and emotionally can help support your recovery and improve your quality of life.

- **Try to get enough sleep.** Getting too little or too much sleep can have a big impact on how you feel. See our resource on [coping with sleep problems](#) for more information.
- **Think about your diet.** Eating regularly and keeping your blood sugar stable can make a difference to your mood and energy levels. See our resource on [food and mood](#) for more information.
- **Try to do some physical activity.** Exercise can be really helpful for your mental wellbeing and some people find it helps improve their self-esteem. See our resource on [physical activity](#) for more information.
- **Spend time outside.** Spending time in green space can help your wellbeing. See our resource on [nature and mental health](#) for more information.
- **Try to avoid recreational drugs and alcohol.** While you might want to use recreational drugs or alcohol to cope with difficult feelings about yourself, in the long run they can make you feel worse and can prevent you from dealing with underlying problems. See our resource on [recreational drugs and alcohol](#) for more information.

For more information about looking after yourself see our resources on [improving your wellbeing](#), [self-care for anxiety](#) and [tips for improving your self-esteem](#).

How can friends and family help?

This section is for friends and family members who want to support someone with BDD.

It can be upsetting and frustrating to see a loved one's obsessive worries and compulsive behaviours affect their day-to-day life. But there are a number of things you can do to support them:

Accept their feelings

Friends and family can help a lot by accepting the feelings of the person with BDD and recognising that they find it difficult to cope with them. While you may not understand their concerns about their appearance, it's important to recognise that these feelings are very real to them. Try to avoid judging them as 'vain' or 'self-obsessed'.

Offer space to talk

It can be particularly difficult for someone experiencing BDD to acknowledge and speak about their thoughts, especially if they find them embarrassing. But speaking can be a first step in seeking help.

Help them seek treatment and support

Our resource on [how to support someone to seek help](#) has lots of suggestions and tips you can try. These include emotional and practical support, what to do if someone doesn't want help, where to go in an emergency, and how to look after yourself.

Offer support with self-help

If the person with BDD is working to a [self-help programme](#), either on their own or with a therapist, you might be able to support them with this.

Give practical support

Offering practical support can give them time to attend appointments or use self-help materials. Or you could help with childcare or household chores. Everyone's situation is different so ask them what they would find helpful.

Celebrate their successes

Stopping compulsive behaviours can be very difficult and it'll take time. Celebrating the small steps, such as spending less time grooming or carrying out fewer repetitions, can help keep your loved one motivated.

“My friends and family are absolutely wonderful. Those closest have taken the time to understand the disorder and as a result they're incredibly mindful of the irrationality it can cause. They support me in every way.”

Don't take it personally

It can be particularly difficult if your friend or family member's BDD means that at times they don't want to see you or they withdraw from social contact. Try to be aware that this is due to their negative feelings about their appearance rather than anything you're likely to have done.

Learn their triggers

Some people with BDD find certain situations difficult and find they can provoke more repetitive behaviour. Sometimes these situations can't be avoided. For example, seeing mirrors in shops or public toilets. But taking steps to gradually build up to the situations with them may help.

Be consistent

People with BDD may seek reassurance about the way they look. Try not to get drawn into debates about their appearance and encourage others not to do the same.

Boost their confidence

Encourage them to do the things they enjoy. Offering praise that doesn't focus on the way they look can also help to raise their self-esteem.

Get support for yourself

It can be distressing to be close to someone experiencing BDD, particularly if you're [caring for them](#). You might find it useful to talk to other people who are in the same situation as you and to find out more about these complex problems. The [Body Dysmorphic Disorder Foundation](#) provides information on BDD for friends and family, as well as support groups for carers.

If you're the parent of a child with BDD, the [Body Dysmorphic Disorder Foundation](#) has some useful tips on how to support them.

Useful contacts

Mind's services

- [Mind's helplines](#) provide information and support by phone and email.
- [Local Minds](#) offer face-to-face services across England and Wales. These services include talking therapies, peer support and advocacy.
- [Side by Side](#) is Mind's support online community for anyone experiencing a mental health problem.

Other organisations

Body Dysmorphic Disorder Foundation

bddfoundation.org

Support and information for people affected by body dysmorphic disorder.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

babcp.com

Information about cognitive behavioural therapy and related treatments, including details of accredited therapists.

Improving Access to Psychological Therapies (IAPT)

nhs.uk/service-search/find-a-psychological-therapies-service

Information about local NHS therapy and counselling services, which you can often self-refer to (England only).

National Institute for Health and Care Excellence (NICE)

nice.org.uk

Produces guidelines on best practice in healthcare.

NHS Services Finder

nhs.uk/service-search

Searchable database of NHS services in England.

OCD Action

[0300 636 5478](tel:03006365478)

ocdaction.org.uk

Information and support for people affected by OCD and hoarding, including online forums and local support groups.

OCD-UK

[01332 588 112](tel:01332588112)

ocduk.org

Charity run by and for people with OCD.