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Nightmare Mirage

People With Body Image Disorder Look In The Mirror And See Nothing But Imperfection

By JANE PORTER
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Decades of self-inflicted pain. Wounds. Scars. Finally they made sense.

Sue's blue-gray eyes brimmed with tears. A magazine lay open in front of her.

"What's wrong?" her husband asked.

"This is me," she said, handing him the article on Body Dysmorphic Disorder.

The woman who had lost herself in the mirror for up to six hours at a time since age 13 - obsessing over her skin, picking at it with needles and pins, nearly down to the bone - understood she was not alone in her struggle.

"If I had not read that article [10 years ago] ... I would still be suffering," said Sue, 45, a Rhode Island schoolteacher. "I don't know where I'd be today."

Much like the other 5 million to 7.5 million Americans suffering from BDD, Sue (who asked that only her first name be used) kept her obsession a secret. After 10 years of treatment, she is ready to speak out for the millions who simply don't know how to admit their problem is more than skin deep.

Those suffering with BDD look in the mirror and see someone unattractive, ugly or even monstrous looking, when others see an ordinary, often attractive individual. The BDD sufferer will over-focus on a selected aspect of their appearance, quite often their skin, their nose or their hair.

"BDD is a relatively common disorder. It's a very secretive disorder," said Katharine Phillips, professor of psychiatry at Brown Medical School and author of "The Broken Mirror," the first book written on BDD, published in 1996 and updated last year.

Phillips, director of the Body Dysmorphic Disorder Program at Butler Hospital in Providence, has seen about 1,000 BDD patients in her 15 years of work with the disorder.

"You may look at me today, and I know I'm terribly scarred, but you're going to tell me that it doesn't look that bad... but I'm not going to believe you," Sue said in a conference room at Butler Hospital. "I'm going to know that if I don't have my makeup on, I'm not going to leave the house. And it's not vanity at all. It's a true belief that [my skin is] grotesque enough that I'm [not] leaving the house."

Such a preoccupation with the skin is the most common form of BDD, found in 73 percent of those diagnosed, Phillips said. According to her research, 56 percent of those with BDD worry about their hair and 37 percent

focus on their nose. But the patient can be concerned with any part of the body, from stomach to breasts to thighs to teeth. Phillips recalls one patient who was preoccupied with his chin.

The obsession is consuming, said Phillips, often linked to depression, compulsive behaviors and a high incidence of suicide.

Arie Winograd, director of the Los Angeles Body Dysmorphic Disorder Clinic, agreed and added that it is still widely misdiagnosed and under-diagnosed.

Of the approximate100 patients the Anxiety Disorder Center at Hartford Hospital's Institute of Living sees a year, founder and director David Tolin estimates one or two come in with BDD, though the actual number of sufferers is much greater.

"Your spouse could have BDD or your child could have BDD and you may not know it," Phillips said in her Butler office. "You may sense that they seem depressed ... but you may not know why."

For Michael Lombardi, 47, a social worker in Rhode Island, the obsession was with his muscles, a form of BDD referred to as "muscle dysmorphia."

Lombardi joined the military at the age of 19. When he left 20 years later, the discipline aspects of it stuck with him, he said.

Lombardi's muscular build is visible in the 18-inch calves beneath his green shorts and the sculpted biceps peeking from his white red-rimmed T-shirt.

"I got so obsessive about my working out that I was in the hospital so many times," he said.

Every day, there was a new muscle that didn't look right: a calf, a quad, a glute.

Lombardi said he exercised for up to five hours a day and some days ran with heavy objects, like his Dodge Ram, dragging behind him in a harness.

He spent $800 a month on illegal injections alone, not including the cost of protein powders, pills and a growth hormone he received for free from a friend. He mixed and injected steroids deep into the muscles of his arms and rear.

It is not uncommon for BDD patients to develop such substance use disorders, said Phillips.

Lombardi's last trip to the ER three years ago landed him in a substance abuse program, and soon after he participated in one of Phillips' BDD studies.

No longer hooked on steroids, Lombardi still watches his diet strictly. He consumes an average of 1,100 calories a day, the kind of diet appropriate for an elementary school student or younger, according to Glastonbury nutritionist Christine Ragusa.

`Captured By Mirrors'

Antidepressants known as Serotonin-reuptake inhibitors are proved to help control obsessive thinking and compulsive behaviors like mirror checking, according to Phillips' research. Sue's use of the SRI Lexapro has helped her control compulsive behaviors.

Her brown hair carefully arranged, her legs crossed, her light eyes shining under thinly sculpted brows, Sue is eager to talk about what feeds problems like BDD.

"Never look at a [magazine] like this the same again," Sue warns, holding up an Allure magazine with Eva Longoria's flawless face on the cover. She tosses the glossy magazine on the table.

Current research shows BDD has a neurological basis, though life events and environmental factors can play a role in triggering the specific behavior, Winograd said.

For Sue, the behavior began when she was around 13 years old, the most common onset age for BDD, according to Phillips. She picked at her upper arms obsessively, locked in the bathroom for hours. An alcoholic father, a strict mother and an uncle who abused her when she was 10 might have had some effect on her behavior at the time, she says.

"It's almost like Alice through the looking glass. ... I would get lost in the mirror for four to six hours a day, sometimes with three small children running around the house," she says. "The kids can be pounding on the door and - it's hard to get out of it."

During a typical episode, Sue would focus her attention on getting rid of what she believed to be a blemish on her skin.

She dabs her fingertips along a small cluster of scars near her chin around the size of a peach pit, where she would spend hours digging with pins and needles, once creating an inch-wide lesion down to the bone.

"It makes it difficult to keep a job, to participate in your family fully; it's very debilitating," she says. Sue is married and has three children. For the last four years, since she overcame the worst of her symptoms, she has worked as a teacher, although she is, from time to time, embarrassed by the bandages or visible blemishes on her face.

Just Too Much

Kathleen Powley and her husband James understand the cost of untreated BDD all too well. They are founders of the Neysa Jane Body Dysmorphic Disorder Fund, the Florida-based organization they created six years ago after their 26-year-old daughter's suicide.

For the last six years, the Powleys have created and distributed educational pamphlets across the country to educate medical professionals and the public on BDD.

"It's what I call a crisis situation," said Kathleen Powley, of the lack of treatment facilities for BDD across the country.

Neysa Jane's doctor struggled to properly diagnose her condition, realizing it was BDD only after he heard Phillips speak about the disorder at a conference in Mexico. The symptoms Phillips spoke of explained the young woman's condition. But finding a diagnosis wasn't enough.

"One of the problems we had is people didn't take it seriously. That's why we lost her," said her mother in a telephone interview. When the Powleys worried their daughter needed professional help to prevent her from suicide, they were told Neysa Jane didn't qualify for certain treatment because she did not use drugs or have an eating disorder.

Phillips' book reports that 80 percent of surveyed BDD sufferers have thought about suicide and three-quarters of BDD sufferers seek help from a dermatologist, plastic surgeon, other non-mental health physician or dentist.

Though plastic surgeons are increasingly aware of the disorder, it is not clear whether they are uniformly screening for BDD, said David Sarwer, associate professor of psychology at the Center for Human Appearance

at University of Pennsylvania School of Medicine.

"Even the most experienced surgeon can be fooled," he said.

Alan Gold, a cosmetic surgeon based in Great Neck, N.Y., and vice president for the American Society for Aesthetic Surgery, said of the 1,200 consultations he has a year, two to three patients are body dysmorphic.

A 2002 survey of the ASAPS members conducted by Sarwer found that plastic surgeons are aware of the disorder and symptoms, but have had the common experience of not immediately detecting in patients.

About 90 percent of BDD patients who receive surgical treatment see no improvement in their condition, he said.

"This is probably the psychiatric condition that plastic surgeons need to attend to the most," Sarwer said. "These patients often can become suicidal."

But effective treatment does exist. Along with SRI drugs, cognitive-behavioral therapy helps correct and control compulsive behaviors and negative thoughts that might lead a patient to suicide or plastic surgery.

CBT involves re-teaching patients how to look at themselves less critically and how to control urges like skin picking or camouflaging, Tolin said.

"There's an answer to it," said Sue of effective treatment for the disorder. "Now it's just knocking down the stigma so people aren't afraid."