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This study provides insight into the lived experience of mirror gazing using Interpretative Phenomenological Analysis (IPA) and Photo Elicitation. Ten participants who identified themselves as suffering from BDD brought in photographs related to their BDD experiences and discussed their photographs in an interview. It was found that mirror gazing in BDD is an embodied phenomenon. Motivations for mirror gazing were confusing, complex and masochistic. Overall, participants described mirrors as being controlling, imprisoning and disempowering forces that had a crippling and paralysing effect on life. It is argued that health psychologists must view

Implications for clinicians include the need to ask clients open questions about experiences of mirror gazing.

Introduction

BDD is described in the ***Diagnostic and Statistical Manual of Mental Disorders V*** as a **condition marked by a preoccupation with perceived defects or flaws**. Diagnostic criteria stipulate that the preoccupation must cause clinically significant distress and / or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 2013).

Phillips and Diaz (1997) report that over 90% of people with BDD engage in compulsive behaviours. Compulsive behaviours are carried out by people with BDD to stop a feared situation, such as being laughed at for being “ugly.” They are time consuming and difficult to resist (Phillips et al., 2010). Phillips (2004) gives examples of common compulsive behaviours found in BDD including camouflaging, reassurance seeking, and mirror gazing.

Phillip (2005) states that most people with BDD have a difficult relationship with mirrors. Veale and Riley (2001) show that 80% of people with BDD mirror gaze. To find out more about the psychopathology of mirror gazing in BDD, Veale and Riley (2001) gave 52 patients with BDD and 55 controls a self-report questionnaire asking about their use of mirrors in the last month. The results showed that prior to mirror gazing, participants with BDD, compared

to controls, were more driven by the need to know exactly how they look, a hope that they will look better than their internal body image, a belief that resisting gazing will make them feel worse, and the wish to hide their appearance. In the mirror, participants with BDD were more likely than controls to focus their attention on an internal feeling, as opposed to the external reflection in the mirror, and look closely at particular parts of their appearance. The researchers suggest that whereas people with BDD assume that “what you see is what you get” in the mirror, in reality “what you see is what you construct.” Furthermore, the researchers found that participants with BDD used the mirror to engage in “mental cosmetic surgery” to change their appearance. Participants with BDD were more distressed after mirror gazing than before.

Although this study gives some insight into the motivation and purpose of mirror gazing, it has limitations. The researchers state that the participants were patients being treated for BDD, but no information is given about the length of their treatment or whether mirror gazing was addressed in treatment. It is therefore unclear whether these results can be generalised to people who have not had BDD treatment. Additionally, many questions were answered by a Likert scale. This may have limited participants’ responses and not have allowed for the rich detail that more open questions may have elicited.

Veale (2004a), Neziroglu, Khemlani-Patel and Veale (2008) and Veale and Neziroglu (2010) describe a cognitive behavioural model of BDD. They suggest that the cycle begins when a person views an external or internal representation of their appearance. External events include looking in a mirror. Internal events include somatic sensations or intrusive thoughts. Such events activate a distorted mental image or a “felt” impression of the self. People with BDD selectively focus on this image, which leads to a magnification of perceived imperfections. Veale (2001) showed people with BDD endorse assumptions such as “if my appearance is inadequate, life is not worth living.” Negative assumptions result in rumination, decreased mood and safety behaviours such as mirror gazing, which uphold the distorted mental image, increase doubts and reinforce the cycle.

Although this cognitive model may explain individual cognitions found in people with BDD, it does not explain how and why negative thought patterns arise and it does not tell us what it is like for an individual to experience such cognitions. **Furthermore, Cooper and Osman (2007) state that there is not much detailed empirical study regarding the proposed distorted image. The centrality of images in the maintenance of BDD further supports the need for studies that rely on visual modalities.**

No study has looked at the embodied experiences of mirror gazing for people with BDD. Drawing on Merleau-Ponty (1945/1962), Del Busso (2011) defines embodiment as a “process of sensuous and embodied being and living through a relational, spatial, material and socio-political world” (p.44). Radley (2000) demonstrates that the biomedical view of the physical body is not suitable for health psychology but that instead health psychology must understand what it means to be embodied in the framework of illness and health care. In order to understand the experiences of BDD it is necessary to attend to embodiment as people with BDD suffer from acute embodied distress.

This paper was part of a larger project that looked at the experiences of people with BDD. One important theme that emerged was the importance of mirror gazing, which is the focus on this paper. As health psychologists work with the psychological and emotional aspects of health and illness, it is hoped that this paper will give health psychologists more of an understanding of mirror gazing in BDD (<http://careers.bps.org.uk/area/health>).

Method

Participants

Following ethical approval from City University, a homogenous, purposeful sample of one pilot participant (male) and 10 participants (seven females and three males) was recruited from advertisements placed on BDD websites, internet support groups and word of mouth. All participants identified themselves as suffering from BDD. The age of participants ranged from late teens to mid thirties and participants had suffered from BDD for between approximately four and twenty five years.

Design

A qualitative design, using IPA and Photo Elicitation was adopted. IPA was used as this approach explores how people make sense of their subjective life experiences (Smith, Flowers and Larkin, 2010). **Eatough and Smith (2008) show that in IPA the lived life is viewed as far more than historically situated linguistic interactions between people, and a great deal of IPA research has focused on how people make sense of their embodied experiences.**

Photo Elicitation is the technique of using photographs in research interviews (Collier, 1967). This methodology was used as photographs can be a useful way of gaining insight into a topic (e.g. Hodgetts, Radley, Chamberlain and Hodgetts, 2007; Brennan, Hugh-Jones and Aldridge, 2012; Haaken and O'Neil, 2014). **Del Busso (2011) states that in contrast to interviews that rely entirely on discourse, photographs in interviews can shift participants' focus away from what they think about a particular embodied experience onto the details of what the experience was like when they were living through it.** Furthermore, users of BDD websites commonly communicate feelings and thoughts about their appearance by using visual methods such as photographs and drawings

Procedure

Prior to the study, participants were asked about the extent of and distress with their preoccupation about appearance, using questions from the BDD Diagnostic Module for Adults (Phillips, 2005). Whilst in line with our qualitative approach we did not seek a formal

diagnosis of BDD, we felt it important to ensure that participants felt they were preoccupied and distressed by appearance as opposed to what Cash and Henry (1995) call a “normative discontent.” In order to protect participants from possible harm, we screened for suicidality and took participants’ GP details.

We asked participants to take approximately 10-12 photographs and find approximately four pre-existing photographs relevant to their BDD experience. Participants did not have to take photographs of themselves. **Del Busso (2011) argues that taking photographs enables participants to communicate their lived experiences through images and words, resulting in contextualised accounts involving material and relational realms of space/place, objects and others.** In addition, we invited participants to bring and discuss any pre-existing photographs significant to their BDD experiences.

Participants were also invited to write down their feelings when taking the photographs, when the photographs were developed, and any feelings or thoughts relevant to their BDD experiences. Participants were provided with a disposable camera and notebook, although they were permitted to use any form of camera. At each stage of the procedure, consent was taken.

Participants brought their photographs and notebook to a semi structured, tape recorded interview held at a mutually convenient location. In line with the procedure described in Radley and Taylor (2003), participants arranged their photographs on the table in full view of themselves and the first researcher, or showed her photographs on their camera phone or laptop computer. Participants spoke about each photograph in an order of their choice and described how it represented their experiences of BDD, referring to their notebook.

When participants had spoken about all their photographs, in line with the procedure described in Frith (2011), they were asked how they found the process of creating a photographic record and whether any photographs were particularly important for them.

Participants were asked whether any images were missing from their collection and were

given the option to describe them. After participants spoke about their photographs, they answered some further questions about their BDD experiences. Participants were not specifically asked about their experiences of mirror gazing but this was something most participants mentioned. Interviews lasted between one and two hours.

After the interview, participants were debriefed. Participants could choose whether to consent to their photographs being used in the research. Identifiable photographs were modified using Photoshop, a graphics-editing programme, to preserve participants' anonymity.

Analytical Approach

Participants' photographs were collaboratively discussed with participants in the interview and the verbal data were analysed separately by the researchers using IPA, following the procedure outlined in Smith and Osborn (2003). Each interview was transcribed verbatim and participants' names and identifiable details were changed to preserve confidentiality. Transcripts were read and initial notes were written in a margin. Emergent themes were identified from these notes. When all emergent themes were identified for a transcript, they were examined for patterns and connections and placed in a cluster. After themes had been placed in clusters, the superordinate theme was named. This process was carried out for each individual transcript and care was taken to treat each case in its own right, and bracket ideas emerging from previous cases. When every transcript had been analysed, patterns across cases were looked at and master themes made up of constituent themes for participants were documented. Finally, the themes were translated into a narrative. Both researchers made sure that the themes were grounded and well represented in the transcripts (Smith and Osborn, 2008).

Analysis

Analysis of the data established four master themes made up of eight constituent themes.

Please see Table 1 for a table of master and constituent themes. This paper reports on

an important constituent theme “Omnipotent Mirrors Trap the Self” which is part of the master theme “The Imprisoned Self.” “Omnipotent Mirrors Trap the Self” contains four sub-themes.

Our analysis will be illustrated by the use of participants’ quotations. In the transcripts (...) denotes omitted material. Participants’ photographs are used when they complement participants’ quotations and increase understanding of their experiences.

Motivations for Mirror Gazing are Confusing, Complex and Masochistic

Mirrors are, or have been an integral part of the BDD experience for most participants. Jane describes mirrors as “*the bastards,*” which are “*fucking everywhere.*” Below she describes how her motivations for mirror gazing are confusing:

Fuck knows why you do it. I really can't explain to you why I have to look in the mirror so often... There was one time when I stopped counting at like, I think it was about 68 times, and it was just sort of like, and at that time I wasn't even planning to leave the house.

Jane later explains how she sometimes uses mirrors to scrutinise her “*faults*”:

On the bad days when you are using a mirror, it, it really is a form of self-harm. It's kind of like, because you are looking at it, you know you know what your faults are going to be, and they are about how disgusting that you are, um and then you just get, you get really sort of like sad as well, because it's like fuck what am I going to do? I can't continue to live with this face. It's just, I don't, you know no good is going to come of you.

These quotations show how mirror gazing is perceived as being uncontrollable, addictive and trapping. As well as suffering from external shame, Jane’s shame is internal, as she described gazing even when at home. On a “*bad day,*” motivations for mirror gazing are

punitive and tortuous as Jane berates herself for her “*awful*” appearance and her “*faults*.” She sees her face as her fate, believing “*no good*” will come of her.

Like Jane, Hannah uses the mirror for different purposes. She explains that she struggles to “*trust mirrors other than the ones I feel are my old stalwarts*” which she also terms her “*mirrors of truth*.” Hannah’s day begins by looking in the mirror as she has an “*optimistic belief that somehow things will change*,” although she is never pleased with what she sees. Hannah has to cover her mirror when she is not using it to stop herself spending hours mirror checking. This can be seen in photograph A (Figure 1)

Akin to Lucy, who looks in the mirror to “*make sure I don’t look like I am falling to pieces*,” and finds a “*glimpse*” in the mirror causes her to ruminate “*from dusk to dawn*,” Hannah also uses the mirror to check that “*things are in order*” and nothing has gone “*heinously wrong*.” A further use of the mirror for Hannah comes from an “*irresistible*” and “*slightly masochistic urge*” to look in a “*deathly*” magnifying mirror at the damage done after “*sabotaging*” her face.

The Monstrously Offensive Reflection

Some participants describe what they see in the mirror by comparing themselves to inanimate creatures. Chris, who gets “*trapped*” in mirrors, believes he looks “*hideous*” and has “*really protruding teeth*.” Photograph B (Figure 1) of the children’s character “Sponge Bob” shows the image he sees in the mirror. He believes that this image is “*unacceptable*” and makes him “*want to vomit*.”

The following description shows how Hannah views her reflection:

I look like a monster I just don't feel sort of human, Um, I just sort of say jokingly if I get up in the morning, don't look at me I've got the pox or, like sometimes I really feel that kind of, I look diseased, like people in movies when they kind of make them up and it's like I should be groaning.

In the same way that Hannah believes she looks “*diseased*,” suggesting that her “*ugliness*” may be contagious, so Jane thinks that her reflection in the mirror is offensive to others as she asks, “*how are people my friends? How don’t people throw up every time they see me? How have people ever said they are attracted to me? I don’t understand, I don’t understand any of those thoughts.*” As well as believing that looking at her appearance will cause a physical reaction in others, so looking at her reflection causes her to have a “*hideous*” physical pain in the stomach. On occasions, this has caused her to immediately flee from a “*really good*” evening and walk home, during which time she would not have “*given two shits if I was raped, killed, whatever.*”

Jenny, who believes that she is so “*truly hideous*,” “*repulsive*” and “*fundamentally flawed*” that the camera cannot capture her ugliness, compares herself to non-human entities: the “*Raggy Dolls*” reject bin, reduced to clear goods, and unwanted weeds. This can be seen in Photograph C (Figure 1).

Similarly, Lucy, who believes she is “*ugly*,” “*not even worth to be seen*,” and has “*manly features*,” hates looking in the mirror as she perceives herself as being entirely separate to the rest of humanity. She explains:

Everyone else, everyone is beautiful. I just feel that I am that one ugly person, and I am with all those people who like say, the Tree Man or the Elephant Man, I am in their league... I see myself as lower than everyone else. Basically, I should be with the freak show (R: Mm) because I remember always watching those films and they had that really big fat lady and I think that should be me.

This quotation shows that Lucy believes that she is “*ugly*,” which is diametrically opposed to how she sees “*beautiful*” others. Instead, she aligns herself with the “*Elephant Man*” and the “*Tree Man*,” symbols of deformity and disfigurement and believes she “*should*” be in a freak show where unusual looking people are exhibited for audiences to gawk at. Lucy explains the contrast between her perception of her reflection and others’ perception is perplexing:

Um, people see, seem to see this thing, this person which isn't me. It's like my body is like Dorian's Gray's body, then when I look in a picture, I mean in the mirror, or something reflective I then see the true person. But, then what if the thing, which I see, is true isn't true, and what people see in me is the true thing? That's what gets to me.

In this quotation, Lucy compares herself to Dorian Gray, the protagonist in Oscar Wilde's novel "The Portrait of Dorian Gray." In this novel, Dorian leads a life of decadence and corruption. Whilst Dorian's face remains eternally youthful, his portrait ages and decays. This may suggest that Lucy may see her "ugliness" in the mirror as an externalisation of "inner" ugliness, and only she can see the "true" self. However, she questions whether in fact what others see is the "*true thing*," suggesting that she believes that there is one "*true*" image of the self and that either she is right or other people are right, there is no middle way. Lucy later explains how "*confusing*" this is for her as she thinks that either she is ugly or that she is not ugly and that her brain is "*playing tricks on me*." Lucy states that this dilemma is so exhausting that sometimes it is easier to say "*fine yeh, I'm ugly and not face those questions*." Lucy's embodied emotional responses to her perceived "ugliness" could be seen in interviews as when presenting a photograph of her face she said "*I can't even look at it*," and sneered at her photograph.

Mirrors are Controlling, Imprisoning and Disempowering Forces

Several participants talk about being "*stuck*" or "*trapped*" in the mirror whilst gazing at their appearance. Below Louise describes this experience:

I once stared at myself in the mirror for eleven hours. When I look in the mirror I can't go again until I've kind of made peace with the picture that I see there, so sometimes that can just take a couple of minutes, five minutes, ten minutes like anybody would. Perhaps if I am not at all stressed or anxious, sometimes I can just look and think "yeah, ok, that will do," and I'll go and then another time I just can't get

to that point, I just can't get to the point where I feel good enough to be able to go out and let anyone see me. And that will go on and on and on, and the longer I've stayed there, the more distorted everything becomes and the worse it gets...And during that time when I am stuck I can't do anything, I can't pick up the phone, I can't walk to open the door if someone comes round to try and help me, I can't drink anything or eat anything or go to the bathroom. I am just stuck there completely..And you get, you ache, you completely ache all over, and you get so exhausted you almost can't even see what you are looking at anymore at all ... it's an increasing feeling of desperation wanting to get away and you just don't, you can't reach that point of consensus with yourself of thinking you look ok.

In this quotation, Louise refers to her reflection as a “*picture*,” which may suggest that this reflection is slightly disconnected from the self. Before she can leave the mirror, she must make “*peace*” with the picture, which implies that there has been some conflict that must be resolved, and may perhaps suggest that the fragmented self must be united. The “*point*” at which Louise is able to leave the mirror and show her self to others is unknown, as sometimes she “*can't*” get to the point, which indicates how she feels helpless and not in control during these periods. The sense of endlessness is shown by the phrase “*on and on and on*,” and by the quickening of her pace when she speaks, which may represent the fastening of her thoughts in the mirror. The physical effects of mirror gazing show the interaction between the mind and the body. Louise explains how the “*longer I've stayed there, the more distorted everything becomes*,” as time has a negative effect on her perception of self. During the interview Louise states how her experience of getting “*stuck*” can be affected by anxiety as “*the more anxious I become generally, the more next time I look in the mirror I will see something that I can't live with and it will get out of control again.*”

To help “*stuck in the mirror periods*,” Louise has “*tools*” to bridge the “*logical me that understands the situation, knows what I am doing, knows it's destructive and needs to behave differently, and the me that's actually staring at myself.*” One such tool to “*remind*

me of positive things that I try to hang onto when I am using the mirror” is a star that says, “*believe.*”

Louise explains that when she has bad mirror days, her life is “*like a stone in me,*” whereas when she manages the mirror well, “*life is like a star in me.*” Whereas stones have connotations of dullness and heaviness, stars have connotations of brightness and lightness, showing the marked contrast between good and bad mirror days. Photograph D (Figure 1) shows Louise’s “*getting ready station:*”

In this “*getting ready station*”, the mirror is reversed to discourage gazing. In front of the mirror are scissors, as when Louise is at a point of “*really dire frustration, of freaking out and absolutely losing the plot,*” she tries to cut the table instead of hurting herself. She explains that the marks on the table are the “*ricks of ages*” and “*scars of ages*”, suggesting that they are permanent evidence of the pain, frustration and rage that she has felt for a long time. A final tool in the photograph is the timer, which Louise uses to “*try and regulate the amount of time I spend in the mirror.*”

Mirrors Have a Crippling and Paralysing Effect on Life

Several participants describe the destructive impact of mirror gazing. Hannah explains that mirrors are omnipotent as they “*determine how your day is going to go.*” Below Hannah describes how her absolute “*need*” and addiction to mirrors would interfere with a romantic relationship, as would her fear of the unmodified self being exposed:

I do feel kind of bereft if there are no mirrors. I feel really like kind of an addict without their drug. It's just like I need to look, in the same way that in the morning that needs to be the first thing I do. I couldn't possibly fathom talking to someone or yeh doing, you know. And that's why I really struggle with the idea of relationships and continuity, anything that becomes something regular where you can't just get away with staying over and then just leave now.

Similarly, Jane explains that despite having “*buckets of love to give*” she is unable to have a romantic relationship as it would “*interrupt*” her mirror gazing and “*interrupt*” her thoughts, which would be “*overwhelming*” and “*claustrophobic*.” Jane thinks that by not having relationships she is “*missing out on this whole world of things*,” making her feel “*very very sad*” and “*very very fucking lonely*.”

Louise explains that her relationship with the mirror has a “*crippling*” and “*paralysing*” effect on her life, as she can never commit to plans due to the unpredictable nature of her mirror attacks. Such attacks cause her to avoid, miss and arrive late for activities, making her feel that she has “*failed for the day*.” Whilst she functions, she feels she is “*aiming for the gutter*” and does not have a “*proper life*” as so much “*energy goes on surviving*.”

Discussion

The finding in that mirrors are central to most participants’ experiences of BDD is consistent with Phillips’s (2005) claim that people with BDD have a special and torturous relationship with mirrors. Like participants in Veale and Riley’s (2001) study and Baldock, Anson and Veale’s (2012) study, participants in this current study seemed to focus on an internal feeling in the mirror and reported being more distressed after mirror gazing than before gazing.

Louise gives a rich, embodied account of getting “*stuck*” in the mirror and explains that she cannot leave the mirror until she has got to “*that point*” and “*made peace*” with the “*picture*” she sees. She suggests that the longer it takes to get to “*that point*,” the more distorted everything becomes, supporting Veale’s (2004a) proposition that the longer a person looks in a mirror, the more self-conscious s/he becomes and the more ugliness is reinforced.

It is argued that the use of open-ended questions and photographs in this study **gives us a deep understanding of what it is like to be a person with BDD looking in the mirror. For example, Louise’s rich account of her embodied experiences at the mirror suggests that she is almost in a catatonic position and the interaction between her**

mind and body supports Merleau-Ponty's (1945/1962) argument that the body and mind are linked.

It seems that participants viewed themselves as objects in the mirror. Sartre (1943/1958) argues that when the body is experienced as invisible and is "passed-by-in-silence," ordinary, uninhabited action is possible. However, when one is aware of the "gaze" of the "other," one feels self-conscious and the body loses its spontaneity and naturalness. Young (1990) looked at women's embodied experiences in everyday settings and found that women's routine monitoring restricts women when carrying out physical activities such as throwing a ball. She argued that as women feel trapped in their bodies, which are experienced as object-like, they do not experience their bodies as free.

Participants' awareness and control of their appearance suggests that the body is not viewed as invisible, but instead is highly visible and disconnected. Merleau-Ponty (1945/1962) distinguishes between the "objective body" and the "lived body." Whereas the "objective body" is the body as a physiological entity, the "lived body" refers to one's pre-reflective experience as a whole, in as much as it is conveyed by the medium of the body (cited in Fuchs, 2002). In this study it seems that participants do not experience their body as a "lived body" but instead as an "objectified body." Perhaps because of experiencing their bodies as object-like and visible and continually scrutinising the self, participants found it difficult to experience ordinary uninhibited action.

The use of visual data in this research study helped to provide further insight into how people with BDD see themselves when looking in the mirror. Chris communicated his self-disgust by bringing in a photograph of the cartoon character, Sponge Bob. This image evoked a physical embodied reaction in him, making him want to vomit. Chris's discussion of visual images supports Osman, Cooper,

Hackmann and Veale's (2004) study which found that people with BDD had spontaneously occurring appearance-related images that were negative, recurrent, and viewed from an observer's perspective.

The finding that Chris experienced negative visual images related to his appearance supports Veale and Neziroglu (2010), who argue that therapeutic work with clients should assess clients' imagery and help them to rescript images. This research study suggests that as well as asking clients about their imagery, such imagery could also be assessed by asking clients to draw or take photographs of their imagery. Additionally, as well as using verbal methods to rescript imagery, clients could take photographs or draw pictures of new updated images. Landale (2002) also argues that drawing is a powerful technique that can be used to access images of a client's inner world and Oster and Gould (1987) state that drawing can offer significant information that may otherwise have been censored through verbal defences.

It seems that participants have different motivations and experiences of mirror gazing and this study has several implications for health psychologists. The National Institute for Clinical Excellence (2005) recommends a stepped care model for people with BDD that includes the use of Cognitive Behavioural Therapy including exposure and response prevention and/or SSRIs. The study suggests that it is important for health psychologists to ask clients about their unique embodied experiences of mirror gazing as well as asking them about their cognitions.

Participants reported feeling extreme shame when looking at themselves in the mirror. Gilbert (2002) argues that the two central psychobiological organising systems for information processing are the safeness and defence system. Gilbert (2010) demonstrates that the safeness system allows an individual to feel soothed, calm and safe. In contrast, the defence system influences attention, controls arousal, and selects response from a variety of evolved reactions to threats including hiding the

self, camouflaging the self, and escaping from a threatening situation. Such defensive reactions arise in situations when an individual experiences shame. As it is likely that people with BDD may be overusing their defensive systems at the expense of the soothing system, it may be useful to help clients to develop self-compassion and help them to learn how to self-soothe. Gilbert (2002) states that the safer people feel with others, the easier it can be to explore process and integrate potentially shameful events. The researchers thus argue that it is essential that health psychologists provide a non-shaming and understanding warm environment for clients in order to allow them to explore the painful and shameful.

Although this study provides an embodied, holistic account of mirror gazing, it does have limitations. Smith et al., (2010) demonstrate that IPA is committed to understanding how a particular experience is understood from the perspective of particular people in a particular context. Thus, whilst the study gives one possible interpretation of participants' experiences of BDD, the findings cannot be generalised to all people suffering from BDD. The study excluded participants who were suicidal and required participants to take photographs, keep a notebook and attend an interview. Given that Veale (2004b) demonstrates that many people with BDD are housebound, and given that people may have found the idea of taking photographs anxiety provoking, the nature of this study may have meant that the most severely affected people with BDD did not take part. People who were too unwell to take part in the study may have different experiences of BDD. Further studies could investigate this, perhaps by using methods that did not require participants to meet a researcher face-to-face.

In conclusion, this study supports Veale and Neziroglu's (2010) assertion that "there is an enormous richness of phenomenology in BDD that is not found in standard textbooks of psychiatry or descriptive psychopathology (p.55)." Detailed accounts given by participants suggest that mirror gazing in BDD is a complex and embodied phenomenon and it is vital

that health psychologists ask clients open questions about their individual experiences at the mirror.

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Table 1- Table of Master and Constituent Themes

Master Theme	Constituent Theme
The Self as an Aesthetic Object	The Self is Fundamentally Flawed, Ugly and Wrong
	The Self as an Aesthetic Object that is Subject to Constant Self-Scrutiny and Must be Kept Under Strict Control
	The Self as a Special Aesthetic Object that is Looked at, Laughed at and Judged by the "Other"
	The Self is Masked and Hidden from the Gaze of the "Other"

Striving for the “Good Enough” Self	The “Good Enough” Self
	Responsibility for “Fixing” the Self that is not “Good Enough”
The Confused Self	The Battle Between the “BDD Self” and “Non-BDD Self”
	Constructing the “True” Self
The Imprisoned Self	Omnipotent Mirrors Trap the Self
	BDD Robs the Self and has a Crippling Impact on Life