

## Last Word

# Mirror mirror on the wall... *I hate both of us*

*Body Dysmorphic Disorder [BDD] is an underestimated and debilitating somatoform disorder. A personal memoir: do not let it win.*

Keith McDonald

Mirrors, according to Mark Pendergrast, are harmless artefacts, 'meaningless until someone looks into them', and the epicentre of the human love affair with reflection. But what about the opposite extreme, when mirrors take over our lives, and become altogether the most craved, most feared, most hated, and yet most needed constituents of the psyche? The growing influence of the mirror and the aesthetic is both explicitly and tacitly damaging lives.

How can we determine what we see when we look in a mirror or reflective surface? As some people identify particular mirrors that are somehow 'kinder' than others, or otherwise develop tendencies to view themselves differently (even of bipolarised severity) at different times, it is logical that a distortion, an animadversion, is taking place. Mirrors, as Pendergrast concedes, are 'ambivalent servants'. Moreover, how do we cope when we cannot accept that image presented of ourselves, and/or when the preoccupation with mirrors, reflection, and body image begins to take over our lives? A fixation with one's appearance can spiral out of control. From manipulating small behaviours, it can become as severe as to manifest itself into a chronic dislike of self-appearance, to the extent that social, professional and romantic lives are disrupted, dismantled, or, at worst, destroyed.

It is an extremely sensitive subject, partly due to the elasticity of response that victims can suffer given triggering concerns, but it is a necessary one given that body image remains an integral problem. Equating aesthetics with success is not new; it has particularly strong precedence in the nineteenth century. Consider Henry Wotton in Wilde's *The Picture of Dorian Gray*: 'Beauty is a form of Genius... It makes princes of those who have it... It is only shallow people who do not judge by appearances.'

A slender 'ideal' had begun to be pursued as a form of attractiveness and success, while body image concerns emerged inchoately. Trends of thought leant towards anorexia during this time, and the initial term for BDD, 'dysmorphophobia', was coined by Enrico Morselli in 1886, concerned with negative attitudes towards facial disfigurement. But the nuances of BDD have kept it a silently suffering partner in the shadow of eating disorders which can display their symptoms corporeally, and thus it remains a relatively enigmatic, underestimated, and dangerous disorder. The tragic and unexpected suicide of model Ruslana Korshunova in 2008 demonstrates palpably that even those idolised in the glamour industry can suffer psychologically from its desolate and solipsistic nature.

What has changed over 200 years is the overwhelming level of exposure. Many are keen to blame the media, arguing that, through the commercially dominant fashion and cosmetics industries to the exponentially soaring culture of celebrity, they have propagated, and are thus responsible for, the resultant trend of dissatisfaction that has spread over people's opinions of their own bodies. So rarely is body image far from mainstream news that it is difficult to argue against image disorders being to some degree culturally determined. We find ourselves bombarded with images of perfect ideals (for men, 'mesomorphic' ideals), to which vulnerable people inevitably compare themselves. This then turns ideological through small debates or actions, such as designer Mark Fast's decision in September to use size 12 models for his London Fashion Week show, which saw two of his team resign in protest. This courageous move is far from revolution, however, and the industry still revolves around the privileged few revered for their appearance.

Pivotal, localised media also resounds of opportunity cost and consequence: stories of success and



confidence, of what life could be like, if only... Every feature in issue 3 of *The Founder* addresses body image in some capacity, but one passage in particular struck me. Naomi Nightingale speaks with refreshing openness on confidence being a key to success, and that starting a new life chapter requires confidence and "wing people", friends that you stick to and stick to you. Sadly, such body image disorders, without companions blessed with endless patience, might just unwillingly result in neither.

BDD sufferers are aware that they can be imbued with a variety of misleading attributes, from straightforward vanity to sullen or unsociable behaviours. This exacerbates a sufferer's frustration at the torment between the social opportunities available, and the reluctance of the schema which inhibits and prevents involvement; a dejection-based emotional pain. Avoidance and/or dependence on mirrors or cameras, the visible behaviours, are governed by a pretext of hatred, not harmony. The secrecy and shame that govern BDD, Katherine Phillips (the US' leading authority) notes, stem from a sufferer's worry of being considered superficial or vain. Moreover, as more image debates involve women than men, it can be potentially more difficult for men to admit

such problems, even to themselves. If somatoform disorders appear demasculinised, potential losses extend subconsciously to the remains of pride and personal sovereignty. Altogether, it is a vicious cycle of isolation and melancholy.

Nothing could start for me until the realisation that this is a legitimate concern. I grew up with a wandering eye, acne, and emotional suppression. It seemed to be something I could cope with until I became the victim of an unprovoked attack ten years ago (at the week of writing) which radicalised my view; without any other reason, my mind settled on appearance as the instigating factor. What followed were corrective surgery and a stockpile of medication. Through later school and undergraduate years, while paranoia convinced me that I was being judged by appearance, I was more likely suffering the effects of being low and withdrawn, with little confidence or self-esteem. Alas, there is no magic formula to turning this around. As one astute commentator has suggested, BDD is like any other relationship: there are intrinsic elements that become addictive and part of one's identity; it leaves a void when it is not there. It can be difficult to see how the positives gained by recovery could supersede the ineffable attachment and, in some cases, the uneasy

sense of community and attention (from online support networks, for example), that comes from being afflicted.

Recovery has been a disjointed process, a rough journey of self-discovery, and one which, retrospectively, I ruefully recognise the power of university to help in providing. University offers the social networks and support structures that can offer a pathway sufficiently illuminating to cast the old in shadow. My hope here is to encourage any readers tormented by these issues to consider seeking help. Understanding that one is not alone in such unexplainable self-destructive behaviour and what feels like uncontrollable, grotesque narcissism, is an irrepressible relief. Guilt can be freed; there is nothing to apologise for. Please remember, and this applies to anybody used to throwing about superficial remarks with abandon: nobody deserves to feel ugly, no matter what we look like.

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### Self-help and further reading

Katherine Phillips, *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder* (Oxford: Oxford University Press, 1986).

David Veale, Rob Willson and Alex Clarke, *Overcoming Body Image Problems including Body Dysmorphic Disorder* (London: Robinson, 2009).

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Sarah Grogan, *Body Image: Understanding Body Dissatisfaction in Men, Women and Children* (London: Routledge, 1999).

Mark Pendergrast, *Mirror Mirror* (New York: Basic Books, 2003).

David Veale, 'Advances in a Cognitive Behavioural Model of Body Dysmorphic Disorder', *Body Image*, 1 (2004), 113-125.