

Beating BDD Episode 29 – Arie Winograd

A psychotherapist and the founder and director of the Los Angeles BDD & Body Image Clinic, Arie has dedicated his career to working with people with BDD. In this episode, he shares some of the fascinating insights he's gained from those thousands of hours of experience.

“Everyone with BDD tries to solve emotional issues through a body part, but you can't. That's why you need to trust your psychotherapist. They have a much more objective perspective than your BDD.”

Body dysmorphic disorder

[00:01.00] Arie started working with people with OCD and now works exclusively with people with BDD. He's treated hundreds of people over tens of thousands of hours.

[00:02.32] Body image dissatisfaction has become very common worldwide, but it's hard to say if BDD has worsened in line with that, or because of social media use.

[00:04.39] Body dysmorphia is a pop psychology term that usually doesn't mean a person has BDD.

Common themes and symptoms in BDD

[00:06.31] Compulsions to get relief from the shame; BDD somehow emerging out of the family system; some kind of childhood trauma – something that happened (like bullying) or didn't happen (needs that didn't get met).

[00:08.25] Deep shame is the root emotion behind BDD, along with anxiety about being found out, humiliated and rejected. Guilt, loneliness and anger are also common, along with a feeling of defectiveness.

[00:10.51] No one is born feeling inherently defective, but somehow those messages get internalised. The shame will come out in maladaptive ways.

Wider impacts of the feelings involved

[00:12.46] If someone feels defective, they feel different from others. They keep secrets because of their shame and fear of being rejected. This is going to interfere with intimate relationships, which require you to make yourself vulnerable.

[00:16.02] It's essential to work through the shame component in treatment, and for recovery to occur within the concept of interpersonal relationships.

[00:16.58] Almost all BDD concerns are from the neck up, but there can be secondary and tertiary issues. The focus may also jump around, because there's no bodily solution to an emotional issue. It's why cosmetic procedures don't work with untreated BDD.

[00:18.59] The shame keeps sufferers in a deeply lonely place, feeling different from everyone – even other people with BDD.

The role of emotional development trauma

[00:20.54] Trauma is any unresolved material, including things that didn't happen – the needs that weren't met in childhood.

[00:22.31] Emotional development trauma is a commonality among people with BDD. It often presents as a deep, lonely internal experience.

[00:25.38] The theme of identity needs to be addressed when treating people with BDD. It's what separates BDD from body image dissatisfaction. Their identity becomes built from outside in not inside out.

[00:28.14] BDD is the ultimate form of critical self-judgment.

Treating BDD

[00:29.40] Flexibility is the key to treating this inflexible disorder.

[00:31.12] BDD recovery begins when symptoms start to reduce. The longer-term work is identity building, but it can occur quickly when people resolve the shame.

[00:32.40] Human interaction and doing uncomfortable things are crucial to building a sense of self (with the help of a therapist to process the emotions that come up).

[00:35.51] You can build your own identify at any age, once you get unstuck.

[00:37.07] Start by telling your therapist what for you is so wrong.

[00:40.09] Internal family system psychotherapy is one of the approaches Arie likes to use. It views a person as made up of lots of different parts, and none of them is bad – including a diagnosis. It's very identity oriented.

Recovery and recommendations

[00:45.29] Arie measures BDD recovery by the quality of someone's interpersonal relationships.

[00:48.16] BDD takes that away our most human need, which is connection. But people can get a lot better.

[00:49.11] Everyone with BDD tries to solve emotional issues through a body part. But you can't. So you need to trust your psychotherapist. They have a much more objective perspective than your BDD.

Resources

- The BDD Foundation: bddfoundation.org
- Face to Face with Body Dysmorphic Disorder: Psychotherapy and Clinical Insights by Arie M Winograd