



FLOURISH HORIZON
PSYCHOLOGY & COUNSELLING

UNDERSTANDING

Body Dysmorphic Disorder (BDD)

A practical guide to body-image distress and recovery

Body dysmorphic disorder is a mental health condition involving persistent distress about perceived flaws in appearance that others may not notice, or may see as minor. The distress is real, even when the perceived flaw is not apparent to others.

BDD is more than ordinary appearance dissatisfaction

Concerns often take up significant time, trigger repetitive behaviours, and interfere with relationships, study, work, socialising or daily life.

Common areas of concern

Skin, face, nose, hair, body proportions, muscularity and other body features. Anyone can experience BDD, regardless of age or gender.

IMPORTANT

BDD is treatable. A psychological assessment can help clarify what is happening and guide the most suitable support.

What BDD can look like

BDD often involves a cycle of distressing thoughts, repetitive checking or reassurance-seeking, and avoidance.

Checking and comparing

Repeated mirror checking, taking photographs, inspecting a body part, comparing appearance with others, or searching online for ways to “fix” it.

Avoidance and hiding

Avoiding photos, social events, certain lighting, intimacy or video calls; using clothing, makeup, filters or particular angles to conceal a concern.

Reassurance seeking

Frequently asking others whether a feature looks okay or seeking professional opinions, with relief that rarely lasts.

Distressing thoughts

“Everyone is noticing.” “I look unacceptable.” “I must fix this before I can go out.” These thoughts may feel compelling, not necessarily factual.

The BDD cycle



WHY IT CONTINUES

Checking and avoidance can reduce discomfort briefly. But they can also teach the brain that appearance-related fears are dangerous, keeping the cycle going.

BDD can overlap with depression, anxiety or eating disorders. A clinician can assess these concerns and any associated safety risks.

How treatment helps

Treatment targets the impact of appearance-related fear - not the pursuit of a “perfect” appearance.

1 Cognitive Behavioural Therapy (CBT)

CBT helps identify unhelpful appearance beliefs and patterns, test predictions, reduce excessive checking and address avoidance. It is a leading evidence-based psychological treatment for BDD.

2 Exposure and Response Prevention (ERP)

With a clinician, people gradually approach avoided situations while reducing rituals such as repeated mirror checking or reassurance seeking. Exercises are planned collaboratively and at a manageable pace.

3 Acceptance, values and self-compassion

ACT-informed skills may help people notice critical thoughts without obeying them, reconnect with meaningful activities, and build an identity beyond appearance.

4 Medication may be considered

A GP or psychiatrist may recommend an SSRI for some people with BDD, particularly when symptoms are significant. Medication decisions require individual assessment.

A NOTE ABOUT COSMETIC PROCEDURES

Procedures do not reliably resolve BDD distress. Discuss significant appearance-related anxiety with a qualified clinician before pursuing treatment.

Start changing the cycle

Use these prompts as discussion points with your psychologist. Avoid forcing difficult exercises without an individualised plan.

Notice the pattern

When an appearance concern appears, ask: "What triggered it? What did I feel? What did I do next? Did the relief last?"

Reduce a ritual, gradually

Choose one low-stakes behaviour to work on with your clinician - for example, delaying an extra mirror check or reducing appearance comparisons.

Reconnect with what matters

Identify one activity you have been avoiding because of appearance fears. Explore a small, supported step towards it.

Questions to bring to your appointment

- How much time do appearance worries take each day?
- What checking, comparing, reassurance or avoidance do I notice?
- How are these worries affecting my relationships and everyday life?

Flourish Horizon Psychology & Counselling

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Based on educational material by Dr Toni Pikoos, Identification and Treatment of BDD; APA DSM-5-TR (2022). General education only, not a diagnosis.