

# SUPPORTING CHILDREN AND YOUNG PEOPLE WITH BODY DYSMORPHIC DISORDER

*in Education Settings*



## WHAT IS BODY DYSMORPHIC DISORDER?

**Body Dysmorphic Disorder (BDD) is characterised by a distressing preoccupation with a perceived defect or defects in one's appearance** that are either not visible to the outside eye or are viewed as part of normal human variation. BDD can present in early childhood but most typically emerges in the adolescent years. It affects an estimated 2.2% of the UK adolescent population (Veale et al., 2016), making it more common than better-understood diagnoses including anorexia and schizophrenia. BDD affects males and females in almost equal numbers and has one of the highest suicide rates of any mental health diagnosis.

## HOW DOES BDD AFFECT EDUCATION?

**Many young people with BDD have low educational attendance.** In one study, almost 60% of thirty young people (aged between 12 and 18) with a diagnosis of BDD were either not attending school at all or attending only sporadically (Mataix-Cols et al., 2015). Young people with BDD find it difficult to be seen by others due to their perceived appearance defect(s) and acutely fear peer rejection. Some of them have experienced bullying/teasing within the education setting and have some level of social anxiety.

Ideally, young people with BDD would fully participate in all aspects of school/educational life but sometimes this is extremely challenging for them. The aim should always be to empower them to actively choose to engage in educational situations and activities, as opposed to applying pressure or punishment for not doing so. Sometimes, educational amendments will need to be offered in order to make school/college/university accessible to young people with this diagnosis.

In recent research by Schnackenberg (in preparation, 2018) in which ten young people between the ages of 16 and 25 were interviewed about their experiences of BDD, the following approaches were cited as being helpful within education settings.

## HELPFUL APPROACHES FOR CHILDREN AND YOUNG PEOPLE WITH BDD IN EDUCATION SETTINGS

### OFFER PASTORAL SUPPORT

Education settings can be difficult places to navigate for young people with BDD. Having key, attuned adults to talk to in times of distress is significantly important. Ideally, these adults should be available without being 'pushy'; i.e. allowing the young person to share their experiences in their own time.

### ENSURE A JOINED-UP APPROACH BETWEEN PROFESSIONALS

Young people who struggle with BDD find it distressing to have to tell their story again and again to various professionals. It is likely that parents and carers find this difficult also. Sharing information across involved agencies, with the relevant permissions, will negate both the need for repetition and potential confusion.

## **VALIDATE APPEARANCE-RELATED DISTRESS**

While it is true that many young people, particularly adolescents, go through a stage of caring more about their appearance, BDD is different. BDD is characterised by significant distress caused by perceived defects in the appearance. This has a negative impact on daily functioning, self-esteem and self-concept. Telling young people that their feelings are 'nothing to worry about' as 'all teenagers feel self-conscious about their appearance from time-to-time', for example, is likely to make the young person feel as though their distress has been minimised and that they have not been heard. This may prevent them from seeking help/support for their experiences.

## **SUPPORT PEER RELATIONSHIPS**

Peer relationships can be difficult for young people with a diagnosis of BDD. They often feel as though they don't fit into their social group and that others are judging their appearance negatively. They often miss large amounts of school and then find it tricky to re-integrate into their social group. Many young people with this diagnosis have experienced teasing and bullying, or have witnessed the bullying/teasing of others. Supporting young people with BDD to make and sustain validating friendships, while addressing any teasing/bullying that may be present (or that occurred in the past), will go a long way in making school/college/university a more manageable and enjoyable place for them.

## **RECOGNISE THAT PHYSICAL TREATMENTS ARE NOT BENEFICIAL FOR BDD**

Young people struggling with BDD often seek out cosmetic/dermatological/dentistry treatments in order to 'fix' their perceived appearance defect (Albertini & Phillips, 1999). Conversely, they may also avoid health professionals, particularly those they have not sought out for themselves. It may, therefore, be necessary to think carefully about whether young people with this diagnosis are weighed by the school nurse, have their teeth checked by the school dentist etc. Outside agencies, with the relevant permissions, will negate both the need for repetition and potential confusion.

## **OFFER ALTERNATIVES TO COMMUNAL TOILETS/SHOWERS**

Some young people with BDD avoid mirrors, while others engage in mirror-checking rituals (Phillips et al., 2006). Sometimes, they can oscillate between these two behaviours. Communal toilets can be a source of distress, as can communal showers. Alternatives should be made available where possible.

## **ADDRESS BDD BEHAVIOURS WITH INTERVENTIONS, NOT PUNISHMENT**

Young people with BDD may display behaviours at school that are perceived as challenging or subversive such as wearing thick layers of make-up, avoiding communal toilets, leaving lessons to mirror-check, avoiding PE and swimming lessons, refusing to remove blazers/jumpers/hats/scarves etc. and missing large amounts of school. Punishing young people for these behaviours is likely to promote further experiences of shame. It is also likely to make it more difficult for them to attend and engage in their education. Young people would prefer to be asked why they are avoiding PE, for example, and offered less-threatening alternatives such as solo or small group physical activities that do not necessitate a change of clothing.

## **LIAISE WITH PARENTS, CARERS, AND OTHER FAMILY MEMBERS**

It is necessary to work with families and peers to support young people struggling with BDD, as opposed to focusing solely on the young person and taking a 'within-child' view of their struggles. Parents and carers of young people with BDD typically face multiple challenges. It is beneficial to liaise closely with them to ensure a joined-up approach, including methods of sharing messages between home and school and elucidating reasons for absences etc.

## **BE AWARE OF PERFECTIONISTIC TENDENCIES AND HIGH ANXIETY LEVELS**

Young people with BDD often have perfectionistic tendencies that extend out into their academic work. They typically also experience high levels of stress and anxiety. Young people with BDD can respond particularly strongly to academic pressure, especially around the time of examinations. It is necessary to work closely with the young person and their family to explore and manage academic expectations.

## **ALLOW TIME OFF SCHOOL TO ATTEND THERAPY SESSIONS**

Specialised BDD therapy supports young people to reduce BDD-related behaviours and compulsions, and acquire coping strategies. It is important to ensure that young people are enabled to both attend their therapy sessions and to practise their coping strategies within the education setting. Regular contact with the young person's therapist is recommended, with the young person's and their parents'/carers' permission.



### **AVOID A FORCED RETURN TO SCHOOL BEFORE THE YOUNG PERSON FEELS READY**

Many young people with BDD miss a significant amount of school/college/university, often particularly during the secondary school years. Demanding that a young person comes back to school before they have been equipped with coping strategies is likely to be very difficult and distressing for them.

### **INCLUDE BDD IN THE PSHE CURRICULUM**

There is little awareness and understanding of BDD. Many adults and young people have not heard of BDD at all. Raising awareness and increasing understanding of BDD in education settings is likely to reduce shame and stigma. This may involve including BDD in the PSHE curriculum, inviting an expert on BDD to give a whole-school assembly, and distributing information and leaflets such as this one to staff and parents.

### **VALUE THE WHOLE CHILD/YOUNG PERSON**

Many young people with BDD have perfectionistic tendencies. They can place a large amount of pressure on themselves to conform and achieve highly. Often, young people with BDD also have an eye for detail and/or artistic talents and propensities (Veale & Lambrou, 2002). Supporting the young person to express and enjoy any artistic tendencies that may be present will also likely be very enriching and beneficial.

### **OFFER EDUCATIONAL AMENDMENTS**

Young people with BDD can find particular elements of education very difficult and upsetting. They often appreciate amendments to the environment and timetable including:

- amended lesson timetables (e.g. alternatives to swimming and PE, free-periods for catching up with missed work);
- access to individual toilets and showers;
- permission not to have school photographs taken;
- permission to wear additional items of clothing in class (e.g. hats);
- being excused from whole-class presentations;
- being excused from assemblies;
- taking examinations in separate exam halls;
- having missed work consistently sent home or placed on an online portal.

It is important to speak openly to the young person about which particular amendments they would like to be considered. Regular reviews will be necessary in collaboration with therapeutic staff who may be supporting the young person to gradually re-engage in certain areas, i.e. in attending school assemblies.

The use of camouflage in school (i.e. wearing layers of make-up, wearing additional items of clothing) will need careful thinking about, as sometimes such camouflage can invite peer teasing and increase social isolation. Exploring the reasons for particular choices of camouflage with the young person and collaboratively finding more socially acceptable alternatives is recommended.



## REFERENCES

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Further information about BDD is  
available on the BDD Foundation website:

[WWW.BDDFOUNDATION.ORG](http://WWW.BDDFOUNDATION.ORG)