

An Empirical Study on the causes of Body Dysmorphic Disorder or BDD and Fatphobia and their adverse effects on Mental Health of people in India

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Abstract: Body Dysmorphic Disorder and fatphobia are two concerns that are becoming increasingly conspicuous in today's generation. People tend to compare themselves to those on the internet and idealize other's bodies and try to look like them by engaging in a restrictive diet and overexercising. In India, particularly, people emphasize how much a person weighs and how well they look. Previous research has demonstrated that all social comparisons and diet culture have led to several mental health disorders like body dysmorphia, fatphobia, and eating disorders. This research proposal aims to conduct an empirical investigation on the causes of Body Dysmorphic Disorder, Fatphobia, and its effects on people's Mental Health in India.

Keywords: *Body Dysmorphic Disorder, Body Dysmorphia, BDD, Fatphobia, Diet Culture, Mental Health.*

INTRODUCTION:

Body Dysmorphic Disorder or BDD and Fatphobia are two concerns that need to be addressed immediately but are equally controversial. It is ubiquitous to pass judgments on people based on their appearance, and in India, it is highly typical of people to ask how much a person weighs. According to the reports, more than 1 million cases of BDD are diagnosed per year in India. Approximately 91% of women are dissatisfied with their bodies, and roughly 80.7% of men talk in an anxious-prone way about their bodies. At the same time, diet culture is the root cause of fatphobia. Diet culture is toxic, and it can be a risk factor for BDD, eating disorders, and other mental health issues. Prognostications show that India will suffer massive economic losses owing to mental health conditions. According to the estimation of WHO, the burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 10000 population, and the economic loss due to mental health conditions between 2012-2030 is estimated at USD 1.03 trillion. As of 2017, more than 14 percent of the total population in India suffers from various mental health disorders, and the majority of this share includes older adult females in India. Research has shown that 98 percent of the women who lose weight due to a strict exercise-diet regime gain it back within two years. Most people do not know this, but weight loss companies sponsor 90% of fat studies. Even though we see people promoting body positivity today, it was not the same a decade ago. In a survey conducted in 2009, it was found

that 93% of employees chose an applicant of "normal weight" over an equally qualified applicant who was of a "higher weight."

LITERATURE REVIEW:

[Rajyaluxmi, et al., 2019] described BDD as a condition consisting of distressed and impaired preoccupation with imagined and slight defects in appearance, correlated repetitive behaviors, and insight where appearance views are often poor. She outlined the clinical features of BDD, as characterized in the World Health Organization's International Classification of Diseases 11, reviewed the prevalence of BDD in different settings, and highlighted the reasons why BDD might be underdiagnosed even within psychiatric settings. She also studied the cultural considerations for BDD and discussed the evidence-based treatment approaches for BDD, particularly the use of serotonin reuptake inhibitor medication and cognitive behavioral therapy.

[Jwana, 2017] put light on the fact body image disorder and fatphobia are becoming more apparent in today's generation. According to previous research, she found a viable link between media exposure and an increased level of body image-related concerns. She emphasizes that social media inaugurated a new form of mediated rhetoric that needs to be held accountable. An image-based platform known as Instagram allows immediate access to many idealized body images. People with ages ranging from 16-24 are the most active Instagram users, according to statistics. Her research proposal aimed to conduct an empirical investigation on the relationship between the use of Instagram with body dysmorphia and fatphobia.

[Stephanie, 2018] claims that it is a fact that the world can be a hostile place for people on the higher end of the weight spectrum. She explained the meaning of fatphobia and explained why it exists. The dangers of fatphobia and whether or not it will get better in the future were also illustrated. Her research aimed to help people understand weight stigma with an open mind and help people believe that it does cause harm to one's mental health. She also demonstrated how fatphobia could be fought.

KEY CONCEPTS:

BODY DYSMORPHIC DISORDER: BDD was first reported by Italian Psychiatrist Enrico Morselli, who

coined the term "dysmorphophobia," which is derived from the word "dysmorphia," which comes from two Greek words dys, which means "bad," or "ugly" and morphos, which means "shape," or "form." BDD cases have been reported in the literature of psychiatry from many different countries for over a century. BDD is a mental disorder wherein a person exhibits an unusual exaggeration of worry and concern about a specific part of the body or face. They have body image misperception and believe that one particular aspect of their body has defects or is flawed. Most of the time, these defects are imaginary or extremely minor. And, as a result, people with BDD regard themselves as "ugly" and choose social avoidance. The focus could be on nearly any body area, skin, hair, face, stomach, thighs, and body hair. Also, multiple areas can be focused on simultaneously. BDD is an obsessive-compulsive disorder and is often confused with eating disorders. But the difference lies with the fact that people diagnosed with eating disorders worry about the appearance of their entire body and how much they weigh. In contrast, those diagnosed with BDD are distressed about a particular body part. BDD does share some similarities with eating disorders; both involve concerns with body image.

Most generally, the person experiencing BDD contemplates over the perceived bodily defect for many hours every day or longer, uses either avoiding social exposure or disguising themselves with cosmetics or attire, quite often seeks verbal assurance, repetitively checks their appearance, and compares it to that of other people. BDD leads the person to perform ritualistic behaviors like picking at skin or constantly looking in a mirror and sometimes avoiding mirrors altogether, changing outfits repetitively, grooming excessively, and restricting eating. BDD is a chronic disorder and afflicts men and women equally, and it also causes severe damage to one's mental health. The distress of BDD tends to surpass that of major depressive disorder and type 2 diabetes and attempts and rates of suicidal ideation are exceptionally high. Like most mental illnesses, BDD, too, is caused due to multiple factors like genetic, social, psychological, cultural, and environmental. Other factors triggering or influencing BDD include perfectionism, low self-esteem, childhood abuse and neglect, negative body image, critical parents and family, and peer pressure to conform to societal norms.

DIET CULTURE: Diet culture refers to rigid expectations about valuing thinness and attractiveness over physical health and emotional well-being. It often emphasizes "good" versus "bad" foods, focuses on calorie restriction, and normalizes self-deprecating talk.

Christy Harrison, an anti-diet dietitian, defines diet culture as a "belief system" that promotes:

- thinness and associates it with happiness, health, and moral virtue,
- encourages weight loss to waste people's time, energy, and money,
- idealizes unattainable beauty models,
- advocates others while demonizes and shames certain ways of eating and certain bodies,

- oppresses and discriminates against people who do not fit in the standards of slimness and the perceived "health," especially women, which harms their physical and mental health.

Diet culture and its dietary and physical injunctions often try to justify itself "in the name of health" but are really about appearance and weight. They can also be harmful to our health, both mentally and physically. Examples of diet culture include:

- labeling food as good or bad,
- promoting different kinds of restrictive diets (paleo, ketogenic, intermittent fasting),
- praising weight loss,
- not letting oneself eat more than a particular amount of calories,
- feeling guilty for eating "too much," or
- exercising so as to punish oneself or to compensate for eating or overeating.

These so-called healthy habits are, in actuality, dangerous and affect our relationship with our body and food and can even lead to the development of eating disorders such as bulimia nervosa, anorexia nervosa, also known as binge-eating disorder, and psychiatric illnesses with the highest mortality rate (5 to 20% depending on the duration).

Diet culture is found in repeated discussions about weight, food, diets, macronutrients, or physical exercise. It glorifies thinness or even skinniness by associating it with health, happiness, and even moral superiority. It also categorizes food and ways of eating as either beneficial or harmful. It assigns them a moral and Manichean (dual) value of good or evil (good or evil). Certain kinds of food, e.g., junk food, are demonized, while whole foods are regarded as healthy. The consumption of unhealthy or processed foods is even more demonized when consumed by fat people, whereas junk food is not deemed a problem if consumed by skinny people. A link is created between food and the individual who eats it: eating healthy makes you a good and healthy person, whereas eating unhealthy food makes you blamable. Guilt-inducing and absurd terms such as guilt-free or clean appear on food packaging. The attribution of moral value to food makes no sense: it is a social construction directly resulting from diet culture. Dieting culture encourages people to suppress their hunger and desires by forcing them to pay constant attention to their food choices. Dangerous or even pathological behaviors are implemented, such as skipping meals, not listening to one's body, restricting oneself, or banning certain foods (such as carbohydrates or sugar). These dictums turn our bodies into our enemy by trying to resist a need as vital as eating.

Lastly, diet culture should be held responsible for causing oppression of people who do not conform to the paradigm of thinness that it advocates: fat people.

The latter is constantly denounced in an openly fatphobic society. Diet culture promotes the myth that thin people are healthy and happy, and fat people are labeled as unhealthy without considering additional factors that impact one's health, sometimes much more than their weight. If thinness means happiness, then "obesity" means unhappiness. By amalgamating well-being with numbers

on the scale, diet culture, which claims that its only concern is fat people's health, actually contributes to their harm, primarily by increasing their self-hatred and the rates of depression and suicide.

FATPHOBIA: According to the Petit Robert dictionary, fatphobia is the "attitude of stigmatization or discrimination towards obese or overweight people." Fatphobia can be defined as a pathological fear of fatness, and it is an irrational hatred towards or bias against obesity or people with obesity. Fatphobia occurs in a society where the decree of thinness is considered beautiful and fatness as disparaging, unattractive, and even shameful. Fatness is regarded as a synonym of laziness, weakness of mind, and even immorality. The norms of the body are thus the products of both social and biological norms. Fatphobia is caused by diet culture, a system of oppression that produces hate speech towards fat people and feeds the fear of fitness. There is a social cost to stop talking about diets and weight when these topics are so extensively discussed. It is difficult to challenge fatphobia as it is socially accepted and promoted. Given the pervasiveness and strength of the proclamations of diet culture, loving one's body and trying to get out of the dieting world is a radical activism act. Fatphobia is internalized by fat people themselves, who are pushed to feel guilty and hate themselves. Therefore, it is a collective but also an individualized phenomenon.

Along with that, many thin people despise and openly disrespect fat people out of repulsion and fear of looking like them. They rebuke fatness morally, making the person feel guilty by supposing them liable for their weight.

It seems that the fear of becoming fat fuels discrimination and hatred against fat people. For instance, according to a study quoted in a 2014 Ted Talk by Jes Baker, 81% of ten-year-olds are more afraid of becoming fat than they are of cancer, nuclear war, or losing both of their parents.

This real phobia of gaining weight and fat people was particularly explicit during the lockdown of March 2020, where fatphobic memes were multiplied. For example, we saw many memes "before and after" lockdown, where the first image represents a thin person and the second image, the same person but with extra pounds. These jokes have often been violently experienced by fat people, making their bodies an object of ridicule and instilling the idea that our value decreases when we gain weight and get fat. Putting up an extra few pounds of fat is a colossal failure. They were added to the many articles titled "How to keep your line while confined?", "e without How not to get fat while staying at home" and also "Fitness program at home to not let yourself go." It was as if the worst thing that could happen to humankind in the middle of a global pandemic was to get fat. These guilt-tripping speeches did not come without consequences for people with fatphobia and those suffering from eating disorders.

While homophobia or racism are mostly disapproved of, fatphobia is rarely condemned except for its explicit and

violent manifestations, for example, bullying. This cultural acceptance of prejudice against fat people could be linked to the scientific legitimization that people attempt to make of it, that is, being fat would be bad for one's health, so one could allow oneself to criticize fat people "for their own good."

Some people seek to lose weight to meet the fatphobic standards of our society. Although being overweight contributes to certain diseases, it also protects against various serious diseases. The problem is, therefore, essentially fatphobia and not fatness.

We must not foresee the fact that "obesity" is often the direct cause of fatphobia. In a vicious circle that is challenging to break: the shame experienced by fat people first pushes them to lose weight, and then, since 98% of diets fail, they, too, fail and put on even more weight. They are once again pressured to go back on a diet and start again, hoping in vain to achieve a different result. As a result, they end up weighing more than before their very first diet.

MENTAL HEALTH: The World Health Organization has defined Mental Health as a state of well-being where individuals realize their capabilities, can cope with the everyday stresses of life, work fruitfully and productively, and contribute to their community.

Mental health is an indispensable part of our health and is more than just the absence of mental illnesses. It includes mental well-being, prevention and treatment of mental disorders, and rehabilitation. Determinants of mental health include attributes such as managing one's thoughts, emotions, behaviors, and interactions with others. Additionally, cultural, social, economic, environmental, and political factors have a role to play, and so do specific psychological, genetic, and personality factors. Unfortunately, conversations around mental health illnesses in the past have been enmeshed in silence, shame, and disgrace. Traditional media and their portrayal of mental health disorders have only contributed to the negative stereotypes.

Moreover, our understanding of mental illness began and ended long ago—mentally ill people are unpredictable and dangerous. Their treatment involves mind-altering medication and electric shock therapy, and they are to be locked away and prevented from harming society.

Be it intellectual disability or autism in childhood, adult conditions such as anxiety, depression, substance abuse, dementia in old age, or psychosis, the world faces a challenge in the form of mental disorder.

RESEARCH STUDY:

RESEARCH OBJECTIVE:

- a) To understand fatphobia, its origin, and causes in India.
- b) To understand Body Dysmorphic Disorder and identify the causes and the reasons for its growth in India.

- c) To find out and reveal the adverse effects of BDD and fatphobia on the mental health of people of India.
- d) To understand why people are not happy with their appearances and what triggers them to think negatively about themselves.
- e) To identify the impact of other people's opinions on their looks.
- f) To find out about the awful practices one conforms to due to societal pressure.
- g) To learn about the extremities of the consequences of mental health disorders caused by BDD and fatphobia.
- h) To raise awareness about the preexistence of BDD and fatphobia.
- i) To discover treatments to reverse the ill effects of BDD and fatphobia.

HYPOTHESIS:

- a) Women, in particular, are more ashamed of their bodies and have low self-esteem.
- b) Women, especially in India, are asked to take charge of their appearance and keep their weight in check.
- c) Adolescents and women aged 12-35 are severely affected by societal norms of thinness.
- d) Men, too, have insecurities about their physique and looks.
- e) Most Indians are foreign to the term fatphobia and the prevalence of body dysmorphic disorder.

Research Methodology:

PRIMARY RESEARCH: SAMPLE COLLECTION:

The entire sample of 200 participants was done via a Google Forms-based questionnaire, an online survey, and personal interviews. Each participant's response has been considered, and the analysis & interpretation of the same has been made.

SECONDARY RESEARCH: DATA COLLECTION:

The data has been collected from numerous articles, websites, textbooks, journals, and research papers found on the internet.

Findings and Discussions:

PRIMARY DATA FINDINGS: From the primary research carried out, the following conclusions can be drawn:

47.39% of the people surveyed are insecure about their stomachs and thighs. In comparison, 39.4% are insecure about their stomachs and arms, and 13.21% are only insecure about their stomachs, which suggests the stomach is something everyone is insecure about. When asked if they would consider getting bariatric surgery, 66.7% of people responded yes, proving that their insecurities exceed their love for their natural bodies. 59.7% of respondents were not even familiar with the term "fatphobia." When asked if they deprive themselves of certain foods, 61.4% of participants said yes. Moreover, they stopped eating a

particular food item just because of the unhealthy stigma attached to it. While counting calories and considering their influence on mental health, 80.5% of respondents agreed that it is mentally exhausting. 49.8% of respondents thought of it, and 26.3% have avoided social gatherings because they had gained weight and did not want anyone to comment on their appearance and point out the flaws, they were ashamed of and make them feel guilty about them. When asked how bothered they were about what other people think of their appearance on a scale of 1-5, five being the highest, 47.2% answered that they were a solid five, while 19.4% were a four.

During personal interviews, I learned that social media, fad diets, and body idealism also contribute to the causes of BDD and fatphobia. Which negatively affects one's mental health and causes anxiety, depression, eating disorders, and also suicidal thoughts in not only teens and adolescents but also women and men in the age range 12-60. Especially if one is single, they assume that their loneliness is because of how they look and weigh. They determine their worth based on what others think of them, more than how they feel about themselves.

SECONDARY DATA FINDINGS: From the secondary research carried out, the following conclusions can be drawn:

On average, people with BDD are preoccupied with 5-7 different body parts over their lifetime. On average, people suffering from BDD will spend 3-8 hours preoccupied with their physical appearance, though 25% will spend more than 8 hours a day. The preoccupations are unwanted, intrusive, and associated with distressing emotions such as disgust, shame, anxiety, and sadness. Insight regarding appearance beliefs is often poor, i.e., the beliefs can be of delusional intensity. Current delusional beliefs in BDD range from 32% to 38%, according to some studies.

As a consequence of the preoccupation and its associated distress and concerns that others may reject them, there is always associated impairment in one or more areas of occupational, social, academic, and role functioning. Patients may stop attending educational and work establishments, avoid intimate relationships and social activities and become completely homebound. BDD is also linked with high rates of suicide. A recent meta-analysis concluded that BDD patients were four times more likely to experience suicidal ideation and 2.6 times more likely to engage in suicide attempts than individuals without BDD. Many psychiatric illnesses have been reported to co-occur with BDD, major depressive disorder, social phobia, obsessive-compulsive disorder, and substance misuse disorders being the most common.

The mental health impacts of fatphobia are enormous, and they may change or be more likely based on many personal factors. Here is what some of the research tells us:

- Struggles with depression and body image were higher among people seeking intentional weight loss, binge eating disorder, and bariatric surgery.
- Over half of the people who experienced fatphobia also passed as having at least one psychiatric disorder. As the state of the weight

increased, so did psychiatric disorders. Those with higher levels of internalized fatphobia and weight stigma were more likely to experience mental health disorders.

- Weight-based discrimination was associated with poor psychosocial functioning, low self-esteem, binge eating, and psychological distress. The fact that even the fear of experiencing fatphobia is a stressor illustrates the fact that weight stigma harms us all. Whether we are actually fat or not, even the threat of fatness can negatively affect our mental health. It is one of the things that we fear most, whether or not we are already fat.

Diet culture triggers immense feelings of guilt, shame, fear, and embarrassment, and it can also put weight loss and diets on a massive pedestal at the same time. As a result, one may assume they are “failing” if they cannot adhere to such rigid standards.

Diet culture negatively influences our mental health by:

- Fueling anxious thoughts (e.g., obsessing about what you should or should not eat, planning your subsequent meals, cogitating over “mistakes” made with eating)
- Increasing feelings of shame and guilt
- Affecting your relationships
- Discouraging you from taking necessary risks or trying new activities because you do not feel like you have the “right appearance” for it
- Engaging in dangerous solutions like alcohol, drugs, laxatives, purging, or overexercising to compensate for eating
- Distracting you from school, work, or other responsibilities

Research shows that dieting, while common, can be harmful. For example, the National Eating Disorders Association (NEDA) reports that 35% of dieting becomes obsessive, and 20-25% of dieting measures turn into eating disorders.

In 2017, Ram Nath Kovind, the President of India, asserted that India was “facing a possible mental health epidemic.” A study revealed that 14% of India’s population suffered from mental health ailments in the same year, including 45.7 million suffering from depressive disorders and 49 million from anxiety disorders. Mental illnesses are further considered as being a consequence of a lack of willpower and self-discipline. The stigma associated with mental health and lack of access, affordability, and awareness leads to vital gaps in treatment. In The National Mental Health Survey (NMHS), 2015-16, it was found that nearly 80% of those suffering from mental disorders did not receive treatment for over a year. This survey also recognized significant treatment gaps in mental healthcare, ranging from 28% to 83% across several mental disorders (NIMHANS, 2016).

According to an estimated report by the WHO, mental illness makes about 15% of the total disease conditions worldwide. The exact estimate also suggests that India has one of the largest populations affected by mental illness. As a result, WHO has labeled India as the world's 'most

depressing country.' Moreover, according to a study, one in seven people from India have suffered from mental illnesses extending from anxiety and depression to severe conditions such as schizophrenia. It is no exaggeration to claim that the country is under a mental health epidemic. The first and foremost reason India loses its mental health is the lack of awareness and sensitivity about the issue. Raising awareness and taking measures in support of mental health are necessary for addressing the situation.

The promotion of mental health involves creating an environment, which supports healthy living and encourages people to adopt a healthy lifestyle. Enabling the environment through national mental health policies and legal frameworks is crucial for effective management of mental health disorders and providing broad-gauge directions for mental health promotion which calls for a multi-sectoral approach.

Treatment of mental health illnesses is of utmost importance, and it calls for policies for prevention, treatment, and recovery through a whole-of-government approach. There is also a severe shortage of mental health care workforce in India. According to WHO, there were 0.047 psychologists and 0.301 psychiatrists for every 100,000 patients suffering from mental health illnesses in India in 2011. These issues exacerbate the scale of the problem and need immediate redressal.

LIMITATIONS:

There are notable strengths and likewise weaknesses of the proposed research. One limitation we could identify is that we cannot uncover whether the primary research responses were accurate because it is difficult to tell whether or not one lied in their responses. There are chances that people responded without thinking about how they really feel and answered the first thing that came to their minds. So, the responses cannot be trusted entirely, nor can they be generalized for the entire population of India.

Another limitation could be that respondents might engage in online social comparison among friends and peers, which increases body dysmorphic disorder and fatphobia. Therefore, future research must be duly examined, and different activities on social media should be explored as well.

CONCLUSION:

Body Dysmorphic Disorder and Fatphobia can be seen in women much more than in men. However, it does not mean that BDD has no impact on men at all. A person does not have to have a certain weight to show signs of BDD and fatphobia, and it can and does affect one and all, and age is not a barrier as well. Often, women try to steer clear of social exposure to avoid being the center of attention, especially when they have put on a few pounds. It is remarkably tough during occasions like weddings where there are a bunch of other women to compare themselves to. Women, more often than men, are expected to keep their weight in check. In India, things like "You will not be able to find a groom for yourself" and "Fat girls have to compromise with their partner's looks" are told to women, while men are not expected to lose weight if they want to find a bride for themselves. Girls and women aged 12-35

are expected to conform to the societal norms of thinness. Some parents do not allow their daughters to wear certain clothes just because they are made to be worn by thin women only.

Furthermore, a fat woman should not expose her skin much. For them, fatness and obesity mean that a person is unhealthy and lazy and can contract a disease at any time and has a fragile immune system. Although the weight stigma is more amongst women, men, too, are insecure about how they look and appear to others. Men struggle with BDD too, and most men are unaware of it. Hence, they do not address it, which further leads to disturbed mental health. Fatphobia and BDD are caused by body idealism too. People call it "Instagram body," which means having particular body

measurements, dressing up a certain way, and posing in a certain way. If they are unable to conform to those standards, they consider themselves fat, ugly, unattractive, and unworthy. Additionally, most people are foreign to the term Fatphobia and Body Dysmorphic Disorder. They believe these terms are a dogma created by people whose thoughts do not align with society and hence regard BDD and fatphobia as myths.

REFERENCES:

- [1] Artz, N. (2021, June 8). Choosing Therapy. Retrieved from Choosing Therapy Website: <https://www.choosingtherapy.com/diet-culture/>
- [2] Butterfly - Let's talk eating disorders. (2021, March 30). What is weight bias and fatphobia, and how can we challenge it? Butterfly - Let's talk eating disorders.
- [3] Cottais, C., Pavard, J., & Sanchez, M. (2021, July 19). Fatphobia, a pervasive and socially accepted discrimination. The Think Tank.
- [4] Ideas for India. (2021, April 6). Understanding India's mental health crisis. International Growth Centre. International Growth Centre.
- [5] Llamba, D. R. (2020, February 26). What India must do to solve its mental health crisis? ETHealthWorld. HealthWorld.com From The Economic Times.
- [6] McPhail, D., & Orsini, M. (2021). Fat acceptance as social justice. NCBI.
- [7] Robinson, B. E., Bacon, J. G., & O'Reilly, J. (1993). Fat phobia: measuring, understanding, and changing anti-fat attitudes. *National Library of Medicine*, 14, 467-480.
- [8] Seruya, A. (n.d.). The Impact of Weight Stigma on our Mental Health. Center For Discovery. Center For Discovery.
- [9] Singh, A. R., & Veale, D. (2019). Understanding and treating body dysmorphic disorder. *Indian Journal of Psychiatry*, 61(7), 131-135.
- [10] World Health Organization. (n.d.). World Health Organization. Retrieved from World Health Organization: <https://www.who.int/india/health-topics/mental-health>
- [11] Writer, G. (2021, March 25). Post-pandemic Fatphobia At Indian Weddings. *Feminism In India*.