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 **TANIA  
BORDA**  
Instituto Realize



**Fact vs Fiction:**

**Some Key Things To know About**

**B**

**D**

**D**



- PhD: Clinical Psychology National University of Buenos Aires University.
- SPECIALIST: OCD and CBT
- Clinical director and founder of the "Instituto Realize", Buenos Aires, Argentina.
- PRINCIPAL INVESTIGATOR: Latin American Trans-ancestry Initiative for OCD genomics (LATINO).
- Professor: OCD Foundation and Catholic University of Argentina: Department of Psychology.
- MANUSCRIPT REVIEWER: Clinical Psychology and Psychotherapy.
- Presented and published over 30 papers in scientific journals.
- Author of 3 books and multiple chapters in other peer's books.



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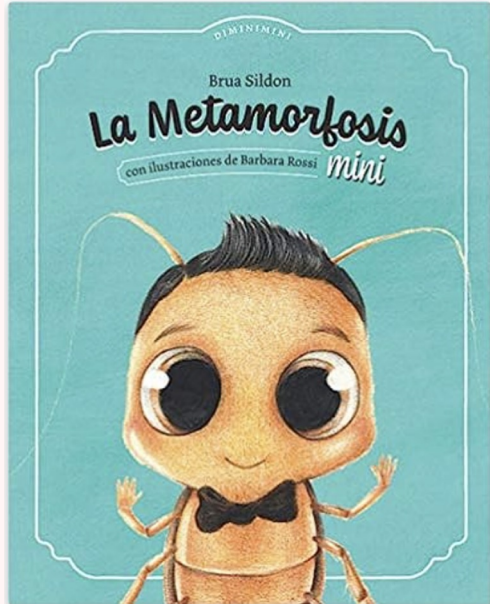
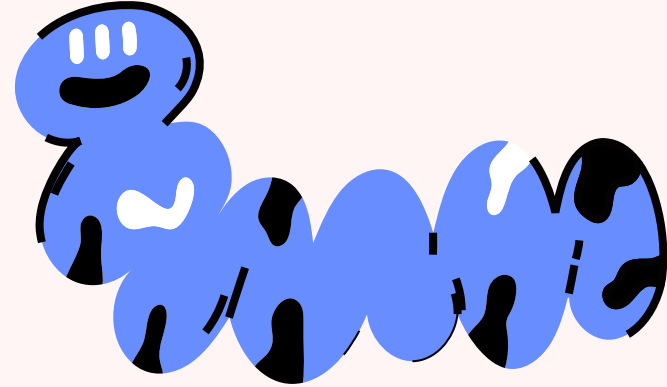
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# ILLUSTRATED CHILDREN'S STORY FROM FRANZ KAFKA'S BESTSELLING BOOK

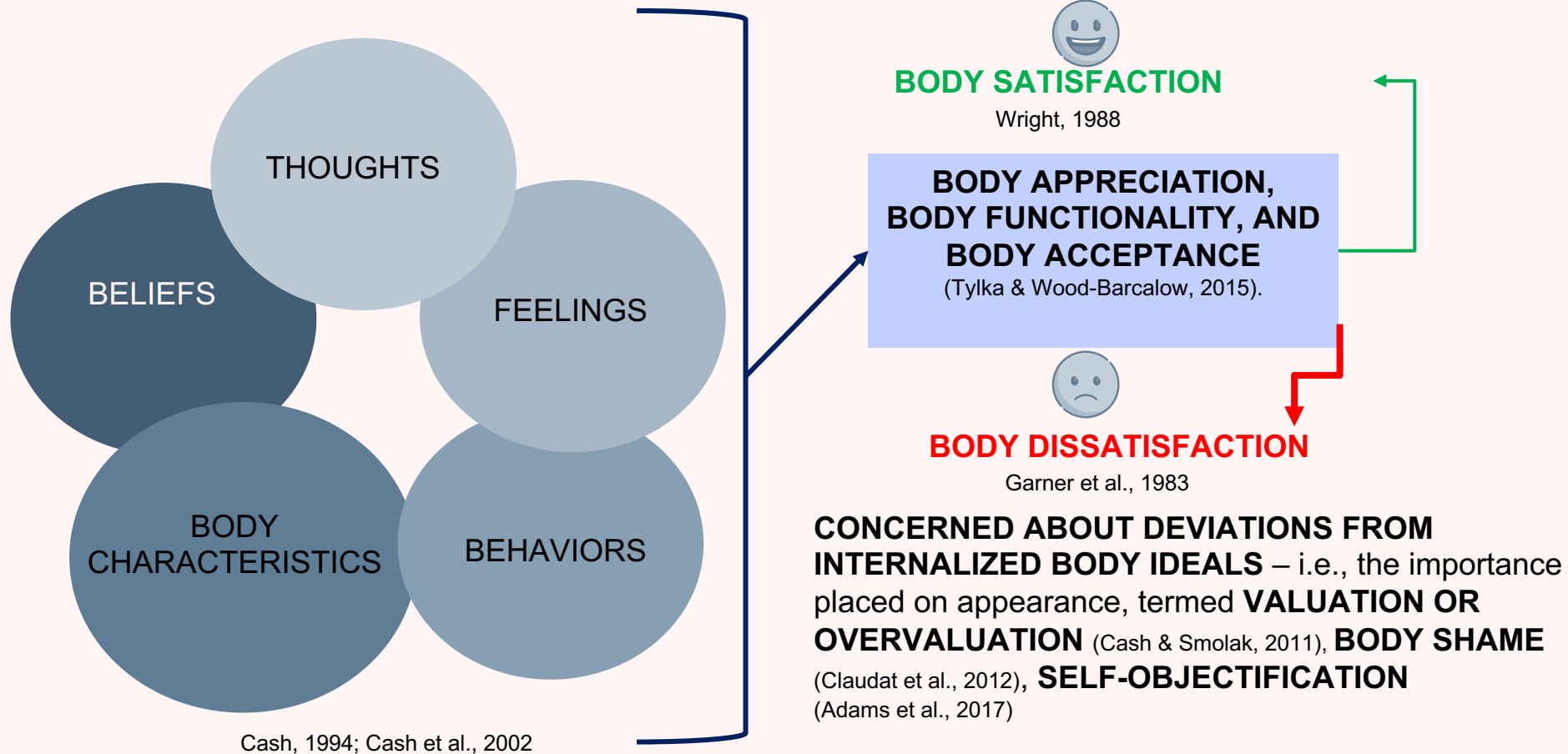
(Available in Spanish "Mini Metamorfosis").

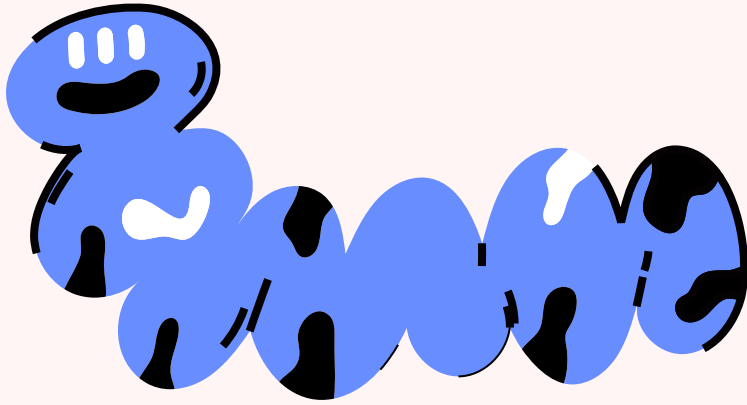


Gregor Samsa is a little boy who wakes up one morning as a dinosaur, a robot, or perhaps an insect? Little Samsa is different from the others and feels rejected. He doesn't fit in with his own family and they don't accept him. He wants to **try and do new things**, but, above all, he wants to be happy.

The abridge version is a story adapted for children from 4 to 8 years old, with very original and colorful illustrations. Great for discovering the universal classics with children as protagonists.

# BODY IMAGE: MULTIDIMENSIONAL PSYCHOLOGICAL CONSTRUCT





01

## EVOLUTIONARY PSYCHOLOGY

- BODY IMAGE

02

## CHARACTERISTICS

- DIFFERENCES BETWEEN  
BDD IN CHILDREN AND  
ADULTS

03

## BDD IMPACT

- PSYCHOLOGICAL
- COMORBIDITIES
- DYSFUNCTIONALITY

04

## INTERVENTIONS

- AREAS



# 01 EVOLUTIONARY PSYCHOLOGY

## IMPORTANCE OF EARLY DETECTION OF BODY IMAGE DISSATISFACTION

NOT ALL CONCERNS ARE NORMATIVE OR SIMPLY A "TRANSIENT PHASE" (Katherine A:Phillips: "Body Dysmorphic Disorder". Oxford, 2017)

(Zissok et al, 2007, (Vayer, 1977a; 1977b; Berruezo, 1995).)

**0-3 years** old is the period in which, perhaps more than any other, there is a PERFECT CONFLUENCE OF BODILY DEVELOPMENT, MENTAL DEVELOPMENT AND THE DEVELOPMENT OF EMOTIONAL CONTROL.



BODY IMAGE DEVELOPMENT



PHYSICAL DEVELOPMENT



COGNITIVE DEVELOPMENT



SOCIAL DEVELOPMENT



EMOTIONAL DEVELOPMENT

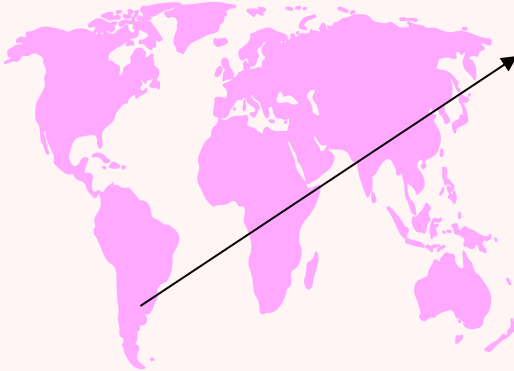


# 01 AWESOME WORDS

- ❖ **NEGATIVE BODY IMAGE and eating disorders ARE WIDESPREAD ISSUES OF PUBLIC HEALTH CONCERN** (Bucchianeri & Neumark-Sztainer, 2014)
- ❖ Unfortunately, **NEGATIVE BODY IMAGE IS SO PREVALENT THAT IT HAS COME TO BE UNDERSTOOD AS THE NORM RATHER THAN THE EXCEPTION**, which led to the coining of the term “**NORMATIVE DISCONTENT**” (Rodin et al., 1984).
- ❖ **NEGATIVE BODY IMAGE IS COMMON IN MOST REGIONS AND POPULATIONS WHERE IT HAS BEEN STUDIED** (Fiske et al., 2014)

*Journal of Anxiety Disorders 25 (2011) 507–512: Status of body dysmorphic disorder in Argentina. Tania Borda, Fugen Neziroglu et al.*

- ❖ BDD is **UNDER-DIAGNOSED AND UNDER-STUDIED** in Argentina.
- ❖ Studied population: 15-19 years old females
- ❖ Populations with BDD had higher YBOCS-BDD scores than that reported in the US.
- ❖ **Rates of BDD in the CLINICAL SAMPLE (depression and anxiety) = 44%(±19.5 YBOCS – BDD); non-clinical sample = 47%(±15.7 YBOCS – BDD)**
- ❖ Development countries have a preponderance of body image concerns





# 01 AWESOME WORDS

**TYPICALLY REPORT DISSATISFACTION WITH AT LEAST ONE ASPECT OF THEIR BODY SHAPE**

| CHILDREN<br>(3–5 YEARS) | CHILDREN<br>(6–12 YEARS) | ADOLESCENT<br>(13-18 YEARS) | ADULTS<br>(> 18 YEARS)        |
|-------------------------|--------------------------|-----------------------------|-------------------------------|
| <b>24%</b>              | <b>47 %</b>              | <b>70%</b>                  | 8-72%<br>(Fiske et al., 2014) |

40% BOYS

70% GIRLS

(Smolak, 2011)

58% BOYS

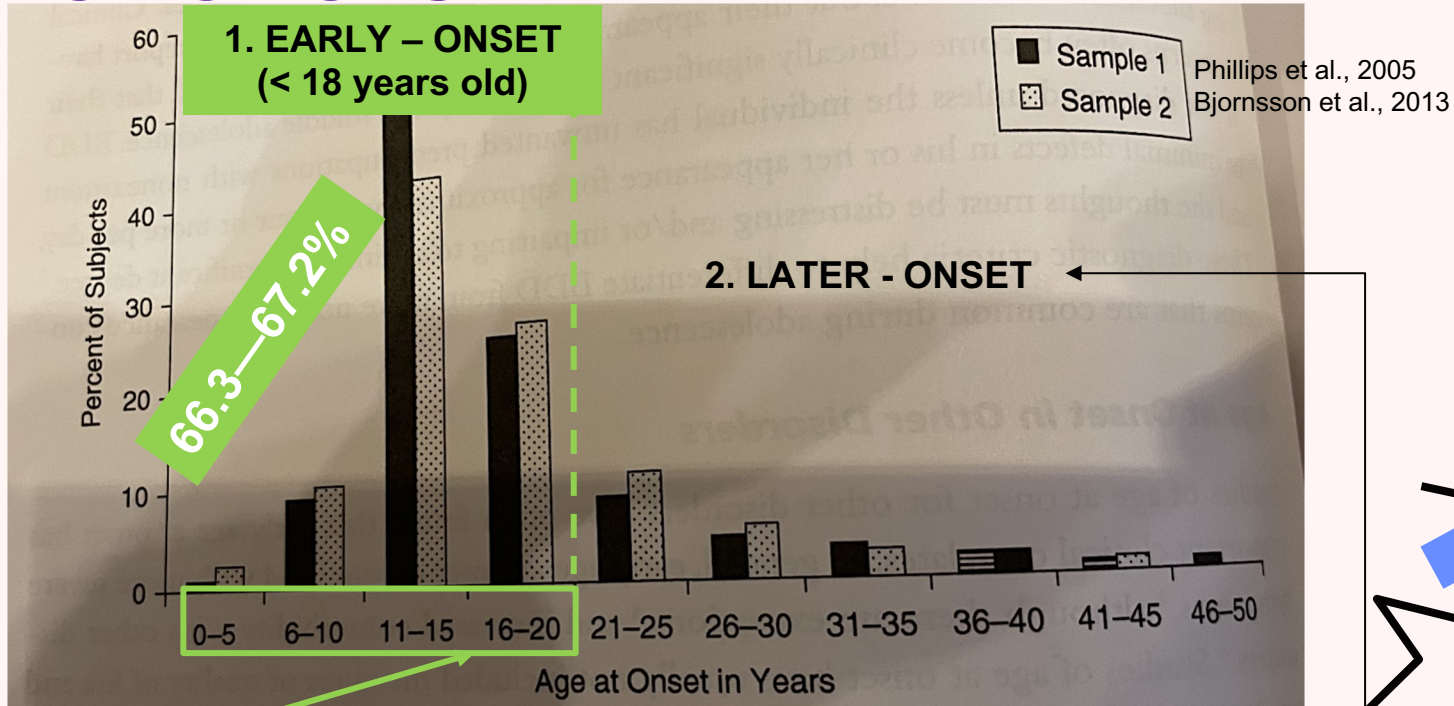
80% GIRLS

(Wertheim & Paxton, 2011)



# 01 AGE OF ONSET IN BDD

Phillips, 2017; pag 116



## PREVALENCE IN YOUTH

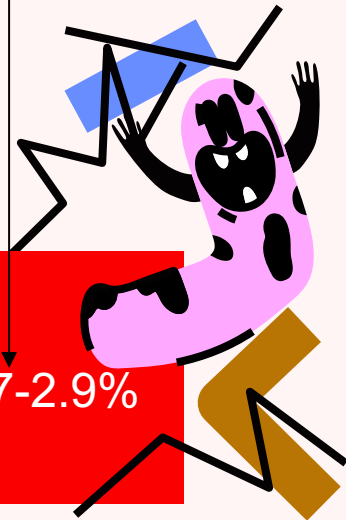
**1.7-7%**

(Phillips 2017; Bjornsson et al., 2013; Mayville et al., 1999; Dyl et al., 2006; Shneider et al., 2016)

**1.7-2.9%**



**UNDERRECOGNIZED (<12 years old)**



01

# DEVELOPING BDD IMPACT FACTORS CHILDREN AND ADOLESCENTS



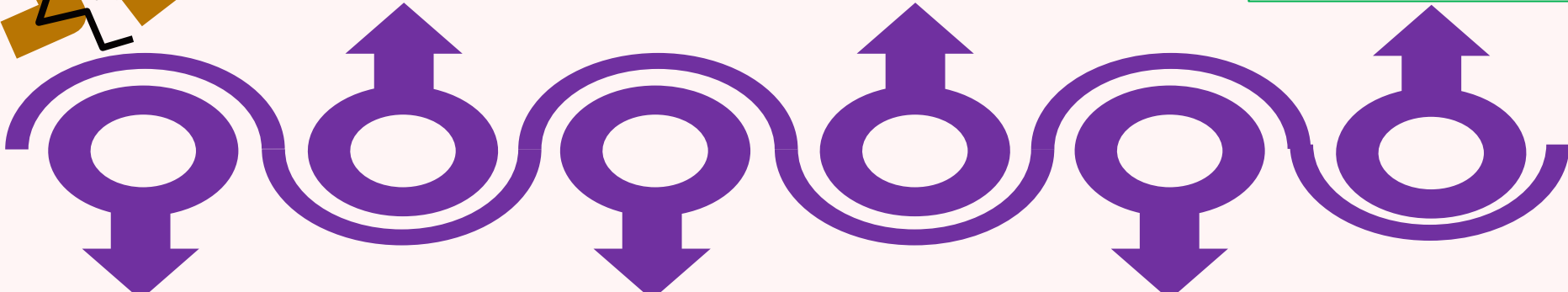
BIOLOGICAL VULNERABILITY + BULLYING / TRAUMA



PEERS/ SOCIAL MEDIA  
APPEARANCE IDEALS

APPEARANCE  
COMPARISON

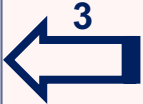
CONSEQUENCES  
OF BODY IMAGE  
DISSATISFACTION



FAMILY APPEARANCE  
IDEALS

INTERNALIZATION OF  
APPEARANCE IDEALS

PHYSICAL CHANGES  
EMOTIONAL CHANGES  
SOCIAL PRESSURES

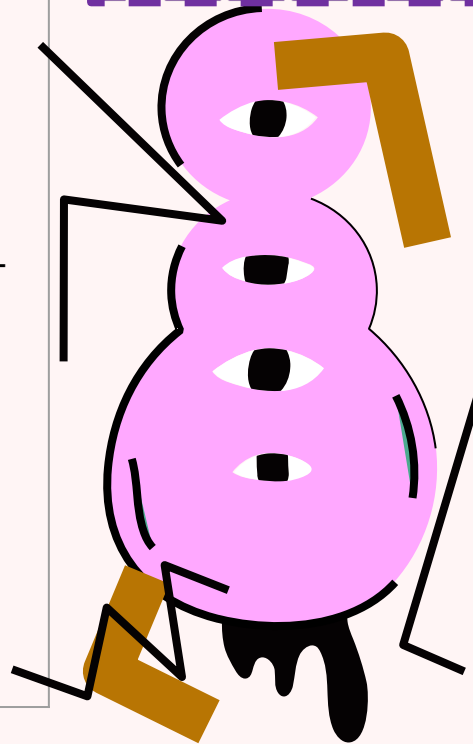


# 02 BDD IN CHILDREN AND ADOLESCENTS

## PREOCCUPATIONS

- ❖ KEEP FRIENDS
- ❖ ENJOYS MAKING OTHER LAUGHTS
- ❖ GUYS WON'T ACCEPT MY GAMES
- ❖ BEING INVITED TO BIRTHDAYS OR MEETINGS
- ❖ RECEIVING FRIENDS AT THEIR HOMES
- ❖ ENJOYS HEARING STORIES ABOUT THEMSELVES
- ❖ PARTICIPATE IN SPORTS GROUPS
- ❖ INCREASE INDEPENDENCE FROM PARENTS
- ❖ KEEP IN TOUCH VIA CIBER APPS
- ❖ TEACHERS DON'T LIKE ME
- ❖ DO MY FAMILY LOVE ME AS MUCH AS THEY LOVE OTHERS
- ❖ OTHER CHILDREN WILL HIT ME

- 2000-2023: N= 557;  $\pm 7.7$  (range 4 – 12 years old)
- 59% boys / 37% girls / 4% trans-sexual;
- MINI/BDDQ-CV/YBOCS-BDD/OVIs/Ped-QL

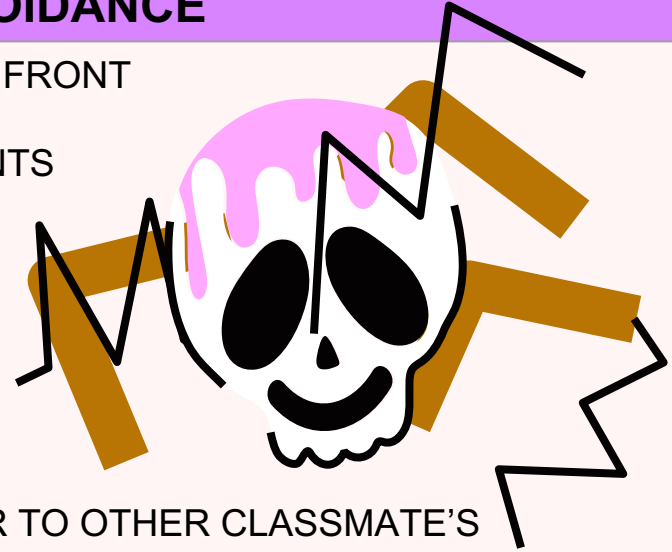


## AREAS OF CONCERN

- ❖ BEING UGLY
- ❖ FACE SHAPE
- ❖ HAIR
- ❖ SKIN COLOR
- ❖ EARS
- ❖ STOMACH
- ❖ HEIGHT
- ❖ MUSCULATURE
- ❖ LENGTH OF ARMS AND LEGS
- ❖ LOOK LIKE MY FATHER OR MOTHER WHO ARE UGLY
- ❖ VOICE
- ❖ ACNE

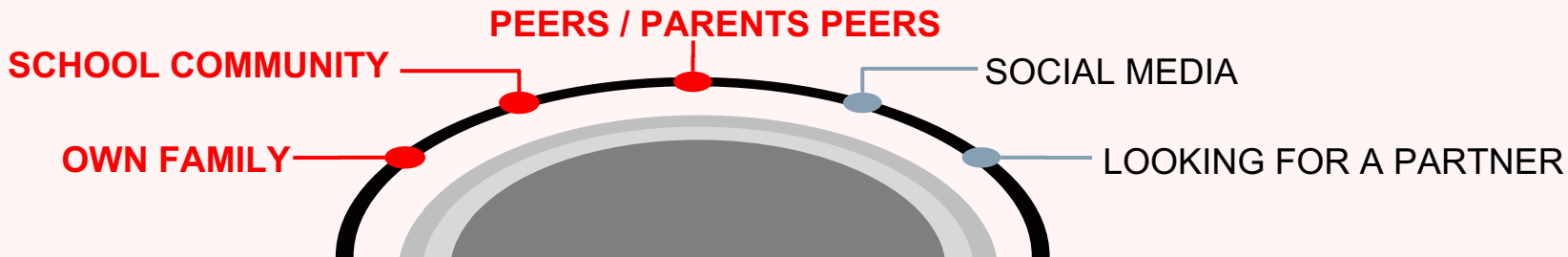
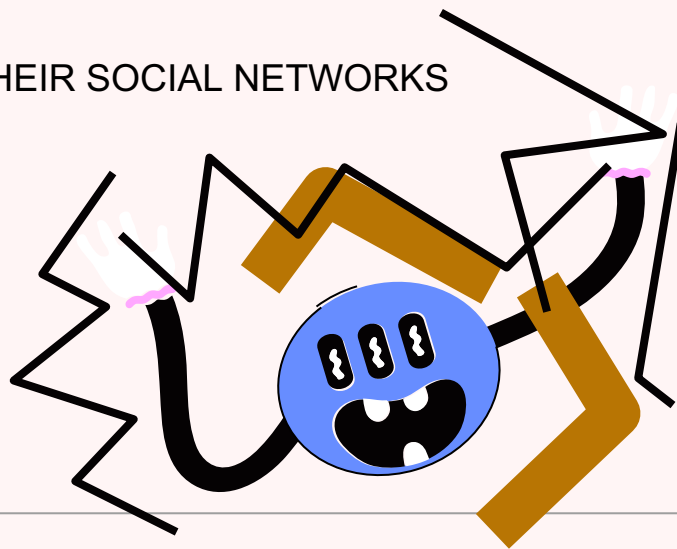
## COMPULSIONS / RITUALS / AVOIDANCE

- ❖ AVOID GOING TO SCHOOL/ SPECIAL CLASS/ COMING TO THE FRONT
- ❖ AVOID GETTING TEACHER'S ATTENTION.
- ❖ AVOID GOING TO MEETINGS/SPORTS WITHOUT THEIR PARENTS
- ❖ AVOID FAMILY MEETINGS / HOLIDAYS
- ❖ EXCESSIVE / INAPPROPRIATE / NOT GROOMING
- ❖ NOT GETTING A HAIRCUT
- ❖ NOT GOING OUT OF CLASS FOR BREAK TIME.
- ❖ COMPARING TO OTHERS
- ❖ HIDING/TAKING PICTURES EXCESSIVELY
- ❖ NOT LOOKING AT SOCIAL NETWORKS
- ❖ PROHIBITING PARENTS FROM GIVING THEIR PHONE NUMBER TO OTHER CLASSMATE'S PARENTS.
- ❖ OWNING OR CARRYING CELL PHONES
- ❖ PLAYING ONLINE ONLY WITHOUT A CAMERA AND ON SPEAKERPHONE
- ❖ MOVE AROUND INDEPENDENTLY/ GO SHOPPING OF ANY KIND
- ❖ HIDE IN THEIR ROOMS
- ❖ NOT INVITING FRIENDS TO THEIR HOME
- ❖ DIETING / STANDING STILL DURING THE DAY (CAR, HOME, SCHOOL), EXCESSIVE PHYSICAL EXERCISE



## SITUATIONS: VIOLENCE / BULLYING / TRAUMA

- ❖ AT SCHOOL IN THE CLASSROOM AND AT BREAK TIME.
- ❖ AFTER SCHOOL
- ❖ VERBAL MESSAGES/PICTURES TO OWN PARENTS OR THEIR SOCIAL NETWORKS
- ❖ AT FAMILY MEETINGS
- ❖ AT BIRTHDAYS OR GATHERINGS OF FRIENDS
- ❖ AT GROUP TASKS
- ❖ TALKING ABOUT THE FUTURE
- ❖ ORGANIZING / CELEBRATING THEIR BIRTHDAY
- ❖ FAMILY MEALS
- ❖ SPORT ACTIVITIES
- ❖ LOOKING AT PHOTOS
- ❖ BROWSING SOCIAL MEDIA

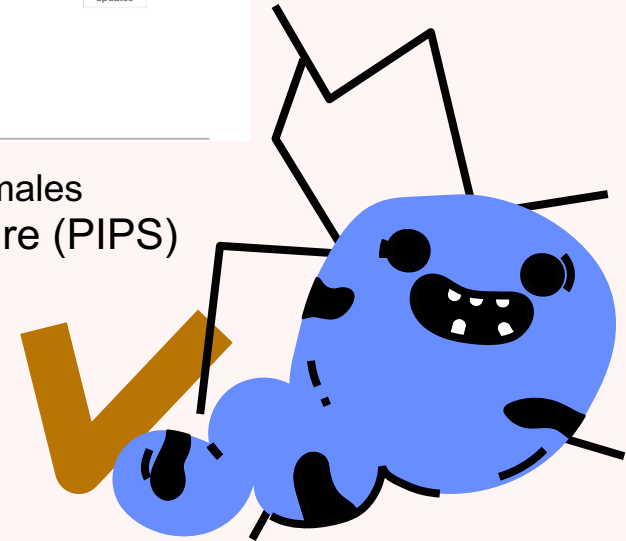


# 02 BDD IN CHILDREN AND ADOLESCENTS



N= 219 children ages 7 to 10 (M = 7.95, SD = 1.024) 110 females, 109 males  
MEASURES: - The peer interaction in primary school questionnaire (PIPS)  
- MINI  
- BDDQ

N = 23 with BDD





## 02

# BDD IN CHILDREN AND ADOLESCENTS

Comprehensive Psychiatry 87 (2018) 12–16

## RESULTS: BULLYING AND PSYCHOPATHOLOGY

**Table 1**

Mean scores and paired sample *t*-tests on the peer interaction in primary school questionnaire (PIPS) (*N* = 219).

| Group                | Bullying subscale | Victimization subscale | P     |
|----------------------|-------------------|------------------------|-------|
| BDD                  | 10.65 ± 4.71      | 10.17 ± 5.10           | 0.81  |
| OCD                  | 3.80 ± 3.23       | 15.90 ± 4.20           | 0.000 |
| Clinical controls    | 7.00 ± 4.33       | 13.21 ± 5.19           | 0.001 |
| Nonclinical controls | 4.02 ± 1.93       | 6.16 ± 3.94            | 0.000 |

(*N* = 23)



children with **BDD SYMPTOMS** (*M* = 10.65, *SD* = 4.706) were engaged in **SIGNIFICANTLY MORE BULLYING BEHAVIORS** than the other three groups.

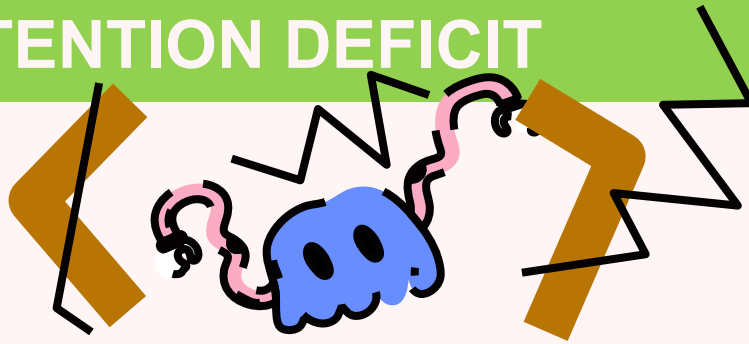
bullying and victimization means of those with **BDD** (*N* = 23) = **BDD WERE EQUALLY AS LIKELY TO BE BULLIES or VICTIMS.**

# 03 BDD IMPACT

Phillips K, 2017, Morgan 2020; Borda et.al., 2012; Albertini et al., 1999; Neziroglu et al., 2008; Feusner et al., 2010; Neziroglu et al., 2016

## CLINICAL FEATURES

- DEPRESSION and SUICIDAL IDEATION
- ANXIETY
- OPPOSITIONAL DEFIANT DISORDER
- ATTENTION DEFICIT



## PSYCHOLOGICAL CHARACTERISTICS

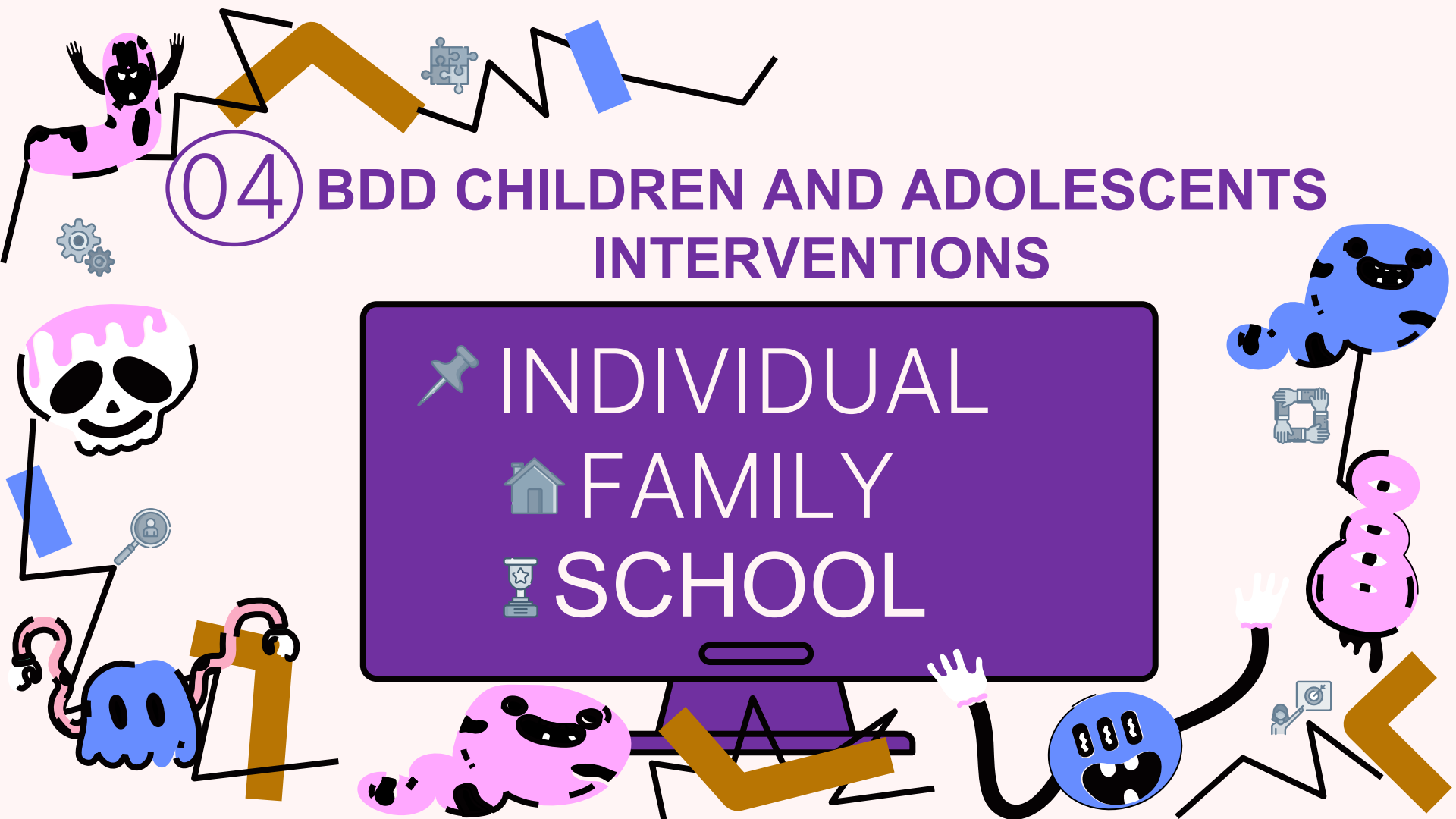
- PERFECTIONISM
- LOW SELF-ESTEEM
- IRRITABILITY

## DYSFUNCTIONALITY

- SOCIAL AVOIDANCE
- ACADEMIC DIFFICULTIES
- FAMILY CONFLICTS

04 BDD CHILDREN AND ADOLESCENTS INTERVENTIONS

📌 INDIVIDUAL  
🏠 FAMILY  
🏫 SCHOOL





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