



FILTERS AND FILLERS:

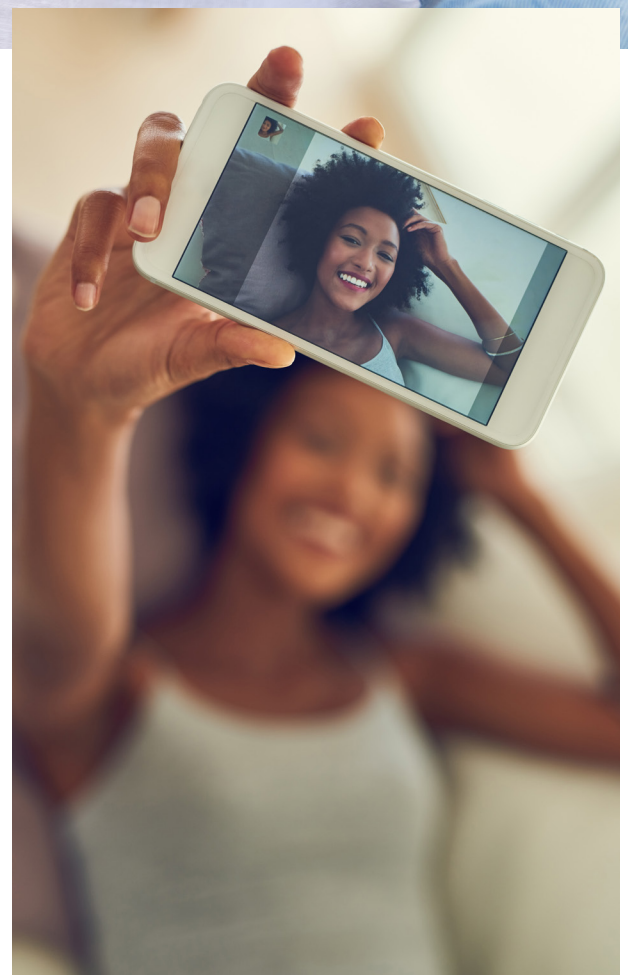
THE GROWING INCIDENCE OF
SOCIAL MEDIA DYSMORPHIA IN
THE MEDICAL AESTHETICS SPACE



As someone who works in the medical aesthetics industry, you've likely met with many different types of patients who turn up at your clinic with a wide range of concerns about their appearance.

You've likely also heard many different reasons for seeking out an aesthetic procedure. But there's one factor that seems to be rising in prevalence when it comes to influencing a prospective patient's decision to turn to cosmetic treatments—social media.

Use this report to learn more about the increasing connection between today's demand for aesthetic treatments and the proliferation of social media and selfies, including the red flags you need to watch for in order to ensure you're treating your patients responsibly.





SOCIAL MEDIA DYSMORPHIA (SMD)

A TERM USED TO DESCRIBE PATIENTS PRESENTING WITH BODY DYSMORPHIC DISORDER TRIGGERED BY SOCIAL MEDIA.

We live in a world today where social media counts for a lot more than a few simple “likes.” In some ways, our sense of value has gradually become linked to follower counts and comments. As one 24-year-old beauty industry influencer explains, “likes” on social media essentially became her livelihood, so much so that it led her to portraying herself online in a way that she felt looked nothing like her real self, thanks to layers of makeup, perfected lighting and angling, and various editing apps and filters.¹

As a result, her followers and the brands that partner with her on sponsored content (what makes her the most money) had become used to this altered image of her. Growing tired of all the time and energy spent creating a picture-perfect selfie, the beauty influencer began posting less edited images of herself, only to find that each time she did, she lost “likes” and followers. To her, this was verification that her perceived flaws were, in fact, the reality. She grew increasingly anxious about what may happen if an online follower or partner met her in person and her appearance didn’t match her altered online persona. These fears, combined with her need for validation and the necessity to financially support herself through social media, led

to her seeking out cosmetic treatments in order to better match her real-life appearance with her online image—and she’s not alone.

With social media users spending more time online, they’re becoming more used to seeing these softer, smoother, slimmer, edited versions of themselves than the real-life version, leading many to believe their unedited appearance isn’t good enough. They perceive their flaws to be more severe than they may appear in person, as filters and editing apps often tend to focus in on those flaws. Over time, expectations versus reality have become so skewed that more patients are presenting aesthetics practitioners with heavily edited social media photos to communicate their aesthetic goals—whether they’re achievable or not. All of this has led to the rise of **social media dysmorphia (SMD)**, a term used to describe patients presenting with body dysmorphic disorder triggered by social media. Like patients presenting celebrity photos as inspiration, a prospective patient presenting a filtered selfie raises a red flag—and could be an even graver cause for concern for treatment providers.

¹ Livingston, E., (2018, August 24). The truth about ‘Snapchat dysmorphia’. *Dazed*. Retrieved June 6, 2019 from <http://www.dazeddigital.com/life-culture/article/41080/1/snapchat-dysmorphia-plastic-surgery-faces-to-look-like-filters>



WHAT IS SOCIAL MEDIA DYSMORPHIA?

Often also referred to as selfie dysmorphia or Snapchat dysmorphia, social media dysmorphia is a useful term to discuss the impacts of a patient's social media usage on the perceptions of their appearance.

Social media dysmorphia in itself is not a recognized diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Rather, it's a term loosely used to describe how social media has inextricably impacted someone with **body dysmorphic disorder (BDD)**, having potentially triggered the illness or worsened its symptoms in those already prone to the condition.

Body dysmorphic disorder is a recognized psychological disorder characterized by a person's obsession with severe, self-perceived defects or flaws in their appearance that are often regarded as minor to


outside observers. Those with BDD often spend hours each day obsessing over real or perceived imperfections to the point that it dramatically impedes their everyday life and mental wellness. Unfortunately, BDD is a disorder that often goes undiagnosed or misdiagnosed, leading to inadequate treatments that may worsen the symptoms. What is key to note here is that this obsession with appearance is not a vanity issue, but rather a potential sign of mental illness. BDD may occur in people of all ethnicities, age groups, and genders.

While social media usage is not a recognized *cause* for BDD, a correlation has been drawn between those who are genetically predisposed to the condition and the worsening of BDD symptoms with social media usage. Teenagers, for example, may be at a greater risk of BDD in correlation to social media usage, as this is an age group that tends to be both more prone to the condition and greater users of social media daily. This demographic is noted to more easily internalize widely accepted beauty standards that are emphasized by interaction on social media, leading the user to base their own aesthetic value on these online impressions.²

Likewise, influencers may be at a greater risk of developing BDD as a result of social media, because

they also assign value to their online interactions. Making a living off their social media handles, influencers often perceive their market value to be directly linked to online interactions (“likes”, comments, reposts, follows, and more). Consider the influencer we mentioned at the beginning. For her, the pattern of more interactions on the heavily edited photos reinforced her negative self-perceptions to the point that she experienced anxiety in social situations and felt that her only option was to seek out cosmetic treatments to better resemble the more popular, edited version of herself.³

But that’s just one story. Just exactly how prevalent is body dysmorphic disorder and social media dysmorphia?

A woman with long brown hair is sitting at a desk, applying makeup. She is looking at a camera on a tripod in front of her. The camera's LCD screen shows a close-up of her face. The desk is cluttered with various makeup products like bottles, brushes, and a compact. A blue semi-transparent box with white text is overlaid on the right side of the image.

INFLUENCERS MAY BE AT A
GREATER RISK OF DEVELOPING BDD
AS A RESULT OF SOCIAL MEDIA,
BECAUSE THEY ALSO ASSIGN VALUE
TO THEIR ONLINE INTERACTIONS

² Ibid.

³ Ibid.



CONSIDERING PREVALENCE

Prevalence of BDD in the medical cosmetics space is higher than in the general population, reaching up to 15% in 2017, according to the *International Journal of Women's Dermatology*.⁴ According to most studies, BDD is more common amongst women⁵, who happen to also account for a larger proportion of medical aesthetics patients. However, patients with BDD are often embarrassed to share their concerns regarding their appearance with healthcare professionals, making the condition widely underrecognized and underdiagnosed. For this reason, many of the estimates regarding prevalence are considered general ballpark figures.⁶

In regards to SMD, because social media is still a rather new development, there are currently no authoritative statistics regarding the prevalence of SMD. There are, however, several studies that demonstrate how edited selfies may become an internalized ideal that causes some prospective patients to perceive minor flaws as major defects.



**BDD IS MORE COMMON
AMONGST WOMEN.**

⁴ Saade, D.S., et al. (2008). The ethics of the cosmetic consult: Performing procedures on the body dysmorphic patient. *International Journal of Women's Dermatology*, 4(3), 185-187. doi:10.1016/j.ijwd.2018.04.002

⁵ Phillips, K.A. Who Gets BDD? Retrieved June 6, 2019 from <https://bdd.iocdf.org/about-bdd/who-gets/>

⁶ Ibid.

For instance, one study published in the *International Journal of Eating Disorders* looked at 101 female, grade-seven students and their perceptions of body weight in relation to social media usage. The study found that subjects who regularly shared selfies on social media reported higher levels of body dissatisfaction and internalization of the thin ideal, while significantly overvaluing their body weight and shape, leading them to restrain their diets. Further, the study proved a correlation between the greater use of editing and filters with inaccurate values of body weight and shape, alongside a greater sense of value placed in the edited images. In other words, their use of social media filters had a greater impact on their perception of self and beauty compared to their exposure to other forms of media.⁷ A second study reports that those with BDD are more likely to

excessively take and post selfies for reassurance of their attractiveness, while a third study also found that girls who spent more time on social media developed a negative self-image and increased efforts to lose weight, regardless of their actual weight.⁸

With the number of patients under 30 seeking medical aesthetic treatments increasing by 50% since 2012, and 55% of surgeons reporting an increase in patients seeking treatments to improve their appearance in selfies⁹, the correlation between social media usage and the demand for medical aesthetics is likely to continue. As a medical aesthetics treatment provider, it's important that you're able to screen prospective patients for signs of both social media dysmorphia and general BDD.



⁷ McLean, S.A., et al. (2015). Photoshopping the selfie: Self photo editing and photo investment are associated with body dissatisfaction in adolescent girls. *International Journal of Eating Disorders*, 48(8), 1132-40. doi: 10.1002/eat.22449

⁸ Khanna, A., & Sharma, K.M. (2017). Selfie use: The implications for psychopathology expression of body dysmorphic disorder. *Industrial Psychiatry Journal*, 26(1), 106-109. doi: 10.4103/ipj.ipj_58_17

⁹ Rajanala, S., et al. (2018). Selfies—Living in the Era of Filtered Photographs. *JAMA Facial Plastic Surgery*, 20(6), 443-444. doi:10.1001/jamafacial.2018.0486



WHY SIGNS OF BDD ARE A RED FLAG

While it is imperative to screen all prospective patients for any mental health concerns, there are a few reasons specific to BDD:

- The main course of action for patients with BDD is mental health intervention first, prior to starting any physical or medical aesthetic treatments.
- Those patients with BDD who are treated with aesthetic treatments are rarely satisfied with the results due to their tendency to see exaggerated flaws that are often never as severe as they perceive.
- It is questionable whether informed consent may be given by a patient with BDD, regardless of age, as it is difficult to prove the patient has the full capacity to understand treatment risks and outcomes when their perception of self is so skewed.
- Patients with BDD often become litigious after “failed” treatments that they claim have not resolved their “flaws” or perhaps even made them worse.¹⁰



¹⁰ Bewley, A. & Dimitrov, D. (2015, December 1). Recognising Body Dysmorphic Disorder in Aesthetic Practice. Retrieved June 6, 2019 from <https://aestheticsjournal.com/feature/recognising-body-dysmorphic-disorder-in-aesthetic-practice>

In fact, there are a few studies that better exemplify the dangers of delivering treatments to a patient with BDD, the results of which are outlined below. All of these studies offer ample evidence of the risks associated with treating a patient with BDD or social

media dysmorphia. To better protect the patient's interests and your clinic from litigation, it is imperative to screen patients for potential mental health concerns like BDD and related social media dysmorphia.



68.7%

AESTHETIC PATIENTS WITH BDD WHO EXPERIENCED A WORSENING OR LACK OF IMPROVEMENT IN SELF-PERCEPTION FOLLOWING AN AESTHETIC TREATMENT¹¹



81%

PATIENTS WITH BDD WHO RECEIVED AESTHETIC TREATMENTS AND WERE DISSATISFIED OR VERY DISSATISFIED WITH THEIR RESULTS¹²



12%

PRACTITIONERS WHO HAVE RECEIVED SERIOUS THREATS FROM DISSATISFIED PATIENTS WITH BDD¹³

¹¹ Crerand, C.E., et al. (2005). Nonpsychiatric medical treatment of body dysmorphic disorder. *Psychosomatics*, 46(6), 549-555. doi: 10.1176/appi.psy.46.6.549

¹² Saade, D.S.

¹³ Bewley, A. & Dimitrov, D.



HOW TO SCREEN FOR BDD AND SOCIAL MEDIA DYSMORPHIA

Not all patients presenting a filtered or edited social media image of themselves should be assumed to show signs of BDD or social media dysmorphia. When patients present an edited selfie during the initial consultation, first ask what they like about the image and ask them how much they may have tweaked it. In cases where an image has been heavily edited, by pointing out the extent of manipulation, you might be able to help the patient understand any potential treatment limitations to set realistic expectations of the overall treatment outcome.

Likewise, you may ask the patient to point out their flaws in a mirror and compare what they see in the mirror to what they see in the image to get a better understanding of their self-perception. By initially viewing a social media selfie as a tool during the first consultation, rather than an instant red flag, you may be better able to temper patients' expectations and perhaps pinpoint which patients may require a further mental health consult prior to starting any medical aesthetics treatment plan.



TOP SYMPTOMS AND SIGNS OF SOCIAL MEDIA DYSMORPHIA AND BDD

The following are some of the most common symptoms of body dysmorphic disorder related to social media dysmorphia, according to the International OCD Foundation¹⁴:

CAMOUFLAGING

Attempting to hide or cover a perceived flaw with clothing or makeup, or otherwise altering the way the patient presents his or herself. This often leads to repetitive behaviors, including pulling at or adjusting clothing, reapplying makeup, or repeatedly checking mirrors or reflections in windows or cell phones.

PICKING SKIN, CHANGING CLOTHES, TANNING, EXCESSIVE EXERCISING, OR WEIGHTLIFTING

Engaging in behaviors that allow more control over the perceived flaw but never provide lasting satisfaction or a resolution to that flaw.

COMPARING

Often comparing perceived flaws to the appearance of other people, sometimes expressing an intense desire to look like someone else they perceive to be perfect.

EXCESSIVE COSMETIC TREATMENTS

History of frequent cosmetic procedures with little satisfaction or the perception that past treatments have only made their flaw worse.

SEEKING REASSURANCE

Frequently asking for the opinions of others about how they look or seeking reassurance from social media engagement, but not internalizing this reassurance. They may also repeatedly insist their perceived flaw makes them ugly or abnormal in hopes of gaining external reassurance that it does not.

SOCIAL ANXIETY AND AVOIDANCE

Fears of being rejected, ridiculed, or otherwise standing out in social situations causes them to detract from social life. Distress over the perceived flaw may also lead to conflicts in social, work, family, and/or school life.

¹⁴ Phillips, K.A. Signs & Symptoms of BDD. Retrieved June 6, 2019 from <https://bdd.iocdf.org/professionals/signs-symptoms/>



NEXT STEPS

It can be difficult to determine for sure whether a patient's perception of their flaws is warranted and/or disproportionate to better allow for the diagnosis of BDD or social media dysmorphia—not to mention that this may seem beyond the scope of an aesthetics treatment provider. However, it is essential for medical aesthetics clinic staff and practitioners alike to at least be able to screen patients for potential mental health concerns prior to delivering treatments.

In one survey, 84% of aesthetic practitioners admitted they had treated a patient they deemed an appropriate candidate only to determine post-treatment that the patient had presented with BDD.¹⁵ This suggests that some practitioners may be perceiving a patient's dysmorphic thoughts as simply misinformed ideas of

what may be accomplished with aesthetic treatments, so they simply educate the patient and deliver the treatment anyways, missing the more accurate possibility of a mental health diagnosis.

To better help diagnose patients with BDD and/or social media dysmorphia, begin by listening to the patient's concerns. While filtered or edited social media photos should not be banned from the consultation process, ensure that if a patient produces a heavily filtered photo, your staff is trained to ask the right questions. Have staff strongly consider the reasons that patient is seeking treatment, along with asking them to both point out their perceived flaws and the degree of distress they experience as a result of the flaw.

¹⁵ Sarwer, D.B. (2002). Awareness and identification of body dysmorphic disorder by aesthetic surgeons: results of a survey of american society for aesthetic plastic surgery members. *Aesthetic Surgery Journal*, 22(6), 531-535. doi: 10.1067/maj.2002.129451

One way to ensure all staff perform their due diligence during the consultation process is to use a standardized BDD questionnaire that lists a series of yes-or-no questions based on the most common BDD symptoms, and then have patients rate the severity of distress or impairment for each. If patients present with BDD according to the questionnaire, have a system in place that easily (and empathetically) refers patients to a mental health consult prior to treatment. Ensure the patient knows that you are not

offering a diagnosis, but rather taking the necessary precautions to ensure they are cleared as an ideal candidate for the treatment.

As always, treat patients on a case-by-case basis and only deliver treatments that have been deemed appropriate for your clinic, the patient, and the mental health specialist when one is involved to ensure the patient's safety, health, and satisfaction with the results.

Before treating any patient, be sure to cover these three questions:

1. Are their aesthetic goals realistic and attainable?
2. Is the treatment safe for the patient?
3. Is the patient seeking treatment for the right reasons?





THE BOTTOM LINE

With social media becoming even more entwined in prospective patients' day-to-day lives and, for some, careers, it's imperative to keep BDD and social media dysmorphia top of mind during each initial consult. Rather than offering dramatic results, taking a slower, more measured approach to these patients' medical aesthetics treatment plan may prove more effective.

Alongside introducing proper screening practices for body dysmorphic disorder, social media dysmorphia, and other mental health concerns, ensure your clinic is offering non-invasive solutions for natural-looking results to better serve patients without risking dramatic surgical outcomes that may not be reversed. Discover Venus Concept's lineup of advanced non-invasive medical aesthetic devices today to find the perfect fit for your clinic's service offerings.



**TO LEARN MORE, CONTACT US AT
888.907.0115**


VENUSCONCEPT
delivering the promise