

When the Mirror Lies Body Dysmorphic Disorder



At one time or another we all worry about our appearance, but when you wake up degrading your nose, hair, chest, WEIGHT, etc. and then continuing to have these thoughts all day, that's when there is a problem. Closely linked to other disorders and psychiatric conditions, Body Dysmorphic Disorder (termed shortly BDD) is a serious disorder that is growing fast. People that suffer from BDD not only dislike some aspect of how they look, they're preoccupied severely with it. Most get to the point where it is very hard to go outside or sit down comfortably, or go to work and talk to others, without thinking the self-degrading thoughts about their flaws. The thoughts soon over take the person's mind and it is all he/she can think about.

The problem, though, is that all of these self-degrading thoughts about a perceived flaw are distorted. Many, many times the supposed flaw doesn't even exist, or an "imperfect" body part is blown entirely out of proportion. However, the person themselves cannot see that what they believe is distorted. Many hold the belief that they are seeing all of this, therefore it MUST be true. This is one of the main

reasons that it is so hard for people on the "outside" to try and convince even the most severely emaciated people with anorexia that they are not fat or failures - the people with anorexia and/or bulimia themselves literally cannot look in the mirror and see the same person that everyone else sees.

Who it Affects

It's estimated that Body Dysmorphic Disorder affects 1 in 50 people, mostly teenagers and 20-somethings with either a gradual or abrupt onset. Often the person is a perfectionist, like most people with eating disorders. Nothing is good enough because the person cannot see that what they have done is absolutely fine, or that they are on the border of near death (in the case of anorexia and extreme weight loss). Low self-esteem is a trademark of those with BDD as they feel like colossal failures for their perceived physical flaws.

The Other Issues

BDD can lead or take after other psychiatric problems as well. Depression, obsessive compulsive disorder, eating disorders, anxiety issues, agoraphobia, and trichotillomania (hair pulling) are all problems that commonly follow or trigger BDD.

Treatment

Often Body Dysmorphic Disorder is misdiagnosed because doctors tend to have a lack of familiarity with the disorder. Many times those afflicted feel so ashamed and worthless that they down-play the problem or do not even recognize that they need help, so they end up staying in hiding. Families may even trivialize this problem, not realizing that this extreme distortion cannot be resolved through "getting over it" or calling it a "phase." However, when you or someone you know is ready to accept help and is willing to get it, there are therapists out there that specialize in treating distortion cases while new methods of treatment for Body Dysmorphic Disorder are currently being studied.

—FROM HEALTHYPLACE.COM

Assisting Your Graduate Making the Transition to College

As the season of graduation is upon us, many families will be experiencing a son or daughter preparing to start their educational career. There are three main things that they can do over the summer to help prepare themselves for college. One is to read one or more of the books on the first year of college and getting ready for freshman year. Two, many colleges will offer student-success courses the first semester or during summer orientation that are highly recommended and a must for all incoming students. Third, they should do an honest self-appraisal of their strengths, weaknesses, and goals for their first year of college. What areas do they think they may struggle with? What are their stressors? How might they deal with those stressful times? Thinking these things through and coming up with a game plan in advance is one of the best ways for them to manage their future. There will be many temptations in college which can easily get one off course, but if they keep true to the golden rule of "all things in moderation," they can make life as easy as possible.

Congratulations Class of 2007



You have brains in your head. You have feet in your shoes. You can steer yourself in any direction you choose. You're on your own. And you know what you know. You are the guy who'll decide where to go.

— Dr. Seuss

Empty-nest syndrome

Empty-nest syndrome is a term commonly used for a psychological or emotional condition that can affect a woman around the time that one or more of her children leave home.

It can also occur when a child gets married, because matrimony is a clear signal that Mum is no longer needed in the same way she once was.

Most often it occurs at the time of year (autumn) when vast numbers of teenagers have just left home for college or university.

But what is empty-nest syndrome?

Well, it's not a term you'll find in many medical text books, but it has become a useful phrase for identifying and encapsulating the feelings of sadness and loss that many women experience when their children no longer live with them, or need day-to-day care.

Normal reactions

It is quite normal for a mother to feel some sadness at this time. It is quite normal to have a little weep now and again - and it is even normal to go into the absent child's bedroom and sit there for a bit in an attempt to feel closer to him or her.

In fact, we know of one very successful, busy and confident woman - an agony aunt in fact - who confessed to going into her son's bedroom to sniff his T-shirt shortly after he left to go to university for the first time.

So don't be ashamed of your feelings - they are natural.

More troubling reactions

If, on the other hand, you are feeling that your useful life has ended, or if you are crying excessively, or if you're so sad that you don't want to mix with friends or go to work, then you should seek professional help - especially if these severe symptoms go on for longer than a week.

WEBBER, PSYCHOTHERAPIST AND DR DAVID DELVIN

Graduation day is tough for adults. They go to the ceremony as parents. They come home as contemporaries. After twenty-two years of child-raising, they are unemployed.—ERMA BOMBECK



1-800 799-SAFE (7224)

1-800 787-3224 (TTY)

Am I a Victim of Abuse?

How is your relationship?

Does your partner:

- Embarrass you with put-downs?
- Look at you or act in ways that scare you?
- Control what you do, who you see or talk to or where you go?
- Stop you from seeing your friends or family members?
- Take your money or Social Security check, make you ask for money or refuse to give you money?
- Make all of the decisions?
- Tell you that you're a bad parent or threaten to take away or hurt your children?
- Prevent you from working or attending school?
- Act like the abuse is no big deal, it's your fault, or even deny doing it?
- Destroy your property or threaten to kill your pets?
- Intimidate you with guns, knives or other weapons?
- Shove you, slap you, choke you, or hit you?
- Force you to try and drop charges?
- Threaten to commit suicide?
- Threaten to kill you?

If you answered 'yes' to even one of these questions, you may be in an abusive relationship.

For support and more information please call the **National Domestic Violence Hotline at 1-800-799-SAFE (7233) or at TTY 1-800-787-3224.**