This is a pre-publication version of the following article: **Craythorne, S. J., Shaw, R. L., & Larkin, M.** (2020) 'Using artwork and Interpretative Phenomenological Analysis to explore the experience of coping with Body Dysmorphic Disorder (BDD)', *British Psychological Society QMiP Bulletin*, 30, 18-27.

#### Peer-reviewed article

Using artwork and Interpretative Phenomenological Analysis to explore the experience of coping with body dysmorphic disorder

Shioma-lei J. Craythorne, Rachel L. Shaw & Michael Larkin

Body dysmorphic disorder (body dysmorphia; BDD) is a mental health condition characterised by experiencing impairing preoccupations about aspects of one's appearance. The psychological process of coping with BDD is a highly personal and varied experience that has not yet been explored in qualitative research. It can be extremely difficult to put into language the subtle and ambiguous phenomena that one experiences when attempting to convey what it is like to live with its symptoms. Our arts-based phenomenological design invited participants to provide both visual and narrative data. Participants created artwork to represent their experiences of coping with BDD on a bad day and on a more manageable day, then took part in a semi-structured follow-up interview. In this study, we used a multimodal hermeneutic-phenomenological approach combining Boden and Eatough's (2014) Framework for the Analysis of Drawings, and Interpretative Phenomenological Analysis (Smith, 1996) to explore an individual's experiences of coping with BDD.

#### Introduction

Body dysmorphic disorder (body dysmorphia; BDD) is a mental health condition characterised by experiencing impairing preoccupations with one or more perceived defects in one's appearance (Ruffolo et al., 2006). At present, it can take up to 15 years to receive a clinical diagnosis for BDD (Phillips, 2005; Veale et al., 1996; Veale et al., 2016, p. 183) and many people living with it are misdiagnosed with depression, social anxiety and social phobia (Phillips, 2005, p. 40), and therefore do not receive appropriate treatment for their disorder. Often, people living with BDD are too ashamed to seek help, largely due to the fear of being misunderstood and perceived as vain (Buhlmann et al., 2009; Phillips, 2005). Recent findings regarding suicidality in BDD also discovered that people living with the disorder were four times more likely to have experienced suicidal ideation and 2.6 times more likely to have attempted suicide than individuals diagnosed with eating disorders, obsessive compulsive disorder (OCD) or other anxiety disorders (Angelakis et al., 2016, p. 61). It is therefore important to increase knowledge of this disorder and empower people who live with BDD, enabling them to communicate their experiences more freely and to seek help. Studies on the individual experiences of people living with BDD are scarce (Veale et al., 2016), and as a consequence, little is known about the experience of living with and coping with this disorder, further supporting the need for more research on this subject. Conducting qualitative research in this area could help to give these individuals a voice and further the understanding healthcare professionals have of BDD.

Coping with BDD is a highly personal and varied experience that has not yet been explored in qualitative research, however, researchers have previously employed qualitative visual methodologies in the form of photo elicitation to explore the experience of mirror gazing in BDD (Silver & Farrants, 2015) and living with BDD more generally (Silver & Reavey, 2010). It can be extremely difficult 'to language' (Gendlin, 1997) the subtle and ambiguous phenomena that one feels when attempting to convey what it is like to cope with symptoms of BDD. For this reason, we decided to use a multimodal approach to data collection (Boden & Eatough, 2014) by inviting participants to create artwork to represent their lived experience of coping with BDD, following up with an interview to explore their visual representations in greater depth. This article showcases the artwork and accounts of one participant from a wider arts-based phenomenological study exploring individual experiences of coping with BDD as part of a PhD project.

The majority of qualitative studies in psychology focus on the analysis and interpretation of 'spoken-word data', often elicited by 'naturalistic conversation, semi-structured and unstructured interviews, diaries, case studies, focus groups and computer-based text analysis' (Reavey & Johnson, 2017, p. 354). It should be noted that using visual approaches in qualitative psychology research is becoming an area of burgeoning interest (Reavey, 2011), and a number of studies have embraced visual methodologies to get closer to participant experience (Gabb & Fink, 2015; Holliday, 2004). However, it has been suggested that one of the key reasons visual data is not yet widely used in qualitative psychology research is due to it being considered polysemic or vague (Frith & Harcourt, 2005; Penn, 2000; Reavey & Johnson, 2017), lending to the arguably outdated narrative that the analysis of linguistic data provides a more robust basis for enquiry. Linguistic data can indeed provide great insight into the lived experience of individuals, however, we illustrate in this methodological piece the richness of experiential data that can be conveyed through images. Furthermore, what we demonstrate in this piece is a multimodal approach to both data generation and analysis; the data generated in artwork is not simply used as a stimulus to the interview, it is analysed in its own right, and used in the interview to explore the meanings of lived experience of BDD together with the participant.

# Method

# Approach and design

In this study, we used Boden and Eatough's (2014) Framework for the Analysis of Drawings (see Table 1) to enable a thorough appraisal of participants' artwork, and Interpretative Phenomenological Analysis (IPA; Smith, 1996) to analyse their accounts of the meanings conveyed in their artwork. Boden and Eatough's (2014) framework facilitates the researcher in 'exploring lived experience as fully as possible' (Boden & Eatough, 2014, p. 160). Combining both approaches helped us to gain access to an authentic expression of participants' experiences and enabled fruitful discussion and reflection to take place.

Table 1: Framework for the analysis of drawings from Boden and Eatough (2014)

## Framework for the Analysis of Drawings

1. Contents: Describe each of the distinct elements of the image.

2. Composition: How are the elements spatially laid out on the page? Are they sparse or dense, are there areas of blank page, do the elements overlap? Is there a sense of repetition, 'rhyme', or pattern?

3. Balance: How do elements interplay? Is there a sense of equilibrium or disequilibrium? Is there symmetry or pattern?

- 4. Geometry: What shapes are used? How do these interplay together?
- 5. Materials: Which material has been used for each element?
- 6. Texture: What are the textural characteristics of each element?
- 7. Colour: How have hue (colour), saturation (vividness), and value (lightness/darkness) been used?
- 8. Depth/Perspective: What spatial depth and perspective have been created through space and colour?
- 9. Temporality/Dynamism: Is there a sense of rhythm or movement? Does the image suggest a snapshot, continuity or duration?
- 10. Focus: What is the visual focus of the image? What is your eye drawn to?
- 11. Expressive content/Empathic reaction: What is the emotional tone of the image? What feelings does the viewer have in response (bodily, emotional, memories, images)?
- 12. Signs/Symbolism: Are there any overt symbols or cultural references included?
- 13. Style: Does the image 'shout' or is it 'quiet', or something in between? Does the drawing seem to imitate or reflect a particular trend or style, e.g., cartoonish, child-like, modern, romantic, pop-art, etc.?

14. Text: Has any text been included, for example a title? Where has this been placed? In what way has it been included? What style, font, capitalisation, etc., is used?

15. Distraction/Noise: Do any elements draw your attention away from the main focus? Is there a sense of confusion or clarity in the image?

## Sampling strategy and recruitment

Participants were aged 18 or over and self-identified as living with BDD. The recruitment of participants began once ethical approval was granted by the Aston University Life and Health Sciences Research Ethics Committee (reference number: 1537). The Body Dysmorphic Disorder Foundation agreed to circulate a study advertisement on Twitter and also included the study advertisement image in their October 2019 email newsletter. The Body Dysmorphic Disorder Questionnaire (BDDQ) was used as a tool to screen participants into the study, and this questionnaire was made available to them online via a link to Qualtrics. The BDDQ asks participants structured questions about how they feel about their appearance at the time of completion.

In this particular paper, we have chosen to focus on one participant from the study, Petra. Petra is part of a wider study that explores the experience of coping with BDD, however, due to the richness of data generated by this participant in particular, we wanted to explore her artwork and narratives in greater depth here. In the wider study, six participants aged between 27 and 54 (including Petra) took part (see Table 2).

Pseudonym	Sex	Location	Interview medium
Aurora	F	USA	Email
Denise	F	UK	Telephone
Michelle	F	USA	Skype (Audio)
Petra	F	NW Europe	FaceTime (Audio)
Thea	F	UK	Face to face
Umbra	F	Canada	Email

Table 2: Participant demographics from wider study

Petra (a pseudonym) was aged 27 at the time of her interview and participated in the study via telephone from her home in another north-western European country.

## **Data collection**

### Arts-based activity

Participants were invited to create a piece of artwork to represent their experiences of coping with BDD. They were each sent the following questions and prompts via email to help them create their piece:

Make an image to help me understand the following:

What does body dysmorphic disorder look like to you on a bad day and on a more manageable day?

Some prompts to consider:

- In what way(s) does BDD impact your everyday life?
- What coping strategies do you have to help you experience more manageable days?

You can use any art material(s) you wish, including (but not limited to) pencils, paint, 3D materials etc. in any way you choose.

*Please do not worry if you think the meaning behind your piece is not immediately obvious. You will have time to discuss your piece in more depth during a follow-up interview.* 

### Box 1

Participants were free to be creative with the form of their artwork. Some chose to represent their experiences of a more manageable day and a bad day together in one piece, whereas others, like Petra, decided to produce a separate piece for both experiences. Participants were advised to not spend any longer than two hours on creating their art pieces in total, and they did not have to complete their work in one sitting. If they felt concerned about how much time they were spending on their piece, they were advised to contact the research team to discuss this and send their work in an incomplete form.

## Follow-up semi-structured interview

Once participants had completed their artwork and sent a scan or clear photograph of it to the researcher via email, a follow-up interview was arranged to discuss their piece in more detail. Interviews lasted, on average, 50 minutes and were audio recorded, then transcribed verbatim. Due to participants being overseas, their interviews were conducted via Skype (video or audio), telephone, or email. An interview schedule was created to provide some structure to the interview (see Table 3), and semi-structured interviews were used for their flexibility in working around the interests of each participant (Kvale & Brinkmann, 2009).

Example questions	Prompts
How did you feel when you were creating your	What was that like?
art piece?	<ul> <li>Did you face any challenges?</li> <li>What challenges did you face?</li> </ul>
	<ul><li>What challenges did you face?</li><li>How long did it take you to make?</li></ul>
	• Did it turn out as you had planned?
	• What did you enjoy most/least about this task?
In your piece, you included an image of [x]. What does this represent to you?	<ul><li>Is there anything important about its placement/size?</li><li>Why did you choose to put it there?</li></ul>

How did you draw/paint the [x] section of the piece?

You used some vibrant colours in this part. Why did you choose to use them?

Table 3: Indicative interview schedule

### Data analysis procedure

Initial observations of participants' images were noted, then they were analysed by the first author using Boden and Eatough's (2014) Framework for the Analysis of Drawings (Table 1). Any areas of interest or aspects of the image that required clarification generated questions that were asked in the follow-up semi-structured interview with the participant, providing additional insight into their coping experience. Once interviews had been transcribed verbatim and any identifiable data had been anonymised, they were analysed using IPA (Smith, 1996) individually at case level. The first author coded the linguistic data, and codes were discussed in supervision with the second and third authors. The two forms of analysis were then revisited in parallel at case level in order to check for commonalities before generating themes in cross-case analysis.

## Analysis

Through our analysis of the artwork and interview data, we developed four themes in the wider study: *The integration of BDD with one's lifeworld; Detachment and distancing of perceived self; Fragmented self; Towards a reconciliation of the self and body.* The generated themes explored the salience of BDD in one's life and how participants cope with experiencing such complex and volatile aspects of the disorder. In this article, we will explore Petra's experience of having a fragmented sense of self and how she manages to reconcile the tension with her body. These were prominent tropes in both her artwork and verbal account of her artwork. We use the analysis of Petra's case to demonstrate the effectiveness of our methodological approach in exploring such complex ideas. Here is a piece of artwork Petra created for this study (Figure 1). This piece represents her BDD experience on a more manageable day.

- What did you use and why?
- What were you thinking about as you added this to your piece?
- Do the colours mean anything to you?
- What do the colours represent?



Figure 1: Petra's drawing of 'a more manageable day'

## Theme 1: Fragmented self

Central to BDD in Petra's experience is having a broken or fragmented perception of the self. This trope was highly visible in her artwork and was referenced in her verbal account. One salient phenomenon portrayed in her piece was viewing alternative versions of the self, which Petra considered a disorientating and disturbing aspect of living with BDD. She depicted the uncertainty of her perceived reality in her drawing using artistic technique.

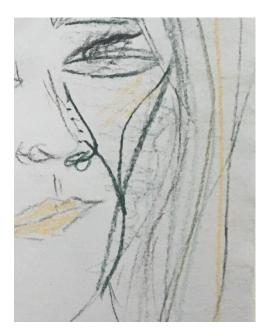


Figure 1.1: Close up of layered vectors on Petra's face

This section from Petra's representation of BDD on a more manageable day (Figure 1.1) shows that despite finding ways to cope with her BDD symptoms, the distortions are still very much present and a permanent fixture in her lifeworld. The slightly darker and more prominent lines and dots superimposed over her face show the extent of her distortions and also help the viewer to comprehend the concept of distorted perception, which may be otherwise considered ambiguous to those without lived experience of BDD. Using the combination of artwork and semi-structured interviewing enabled us to further explore this concept by firstly making the phenomena concrete and tangible. Having a prior awareness of the visual discrepancies being present in Petra's image before conducting the interview meant we were able to focus questions around the idea of experiencing alternative versions of her face, prompting some intriguing and insightful responses. In Petra's interview, she additionally described her thought process behind creating her image to represent the distortions:

My first image that I had in my head of how I could describe it [experiencing the distortions] was kind of- or not describe it maybe – but erm illustrate it – erm was to kind of- I don't know – to- to pick apart these kind of details in my appearance that I get stuck on – because I feel like I see them on their own – I'm not really able to- kind of – er look at my body in a – kind of – integrated way or something. (Petra)



Figure 1.2: Close up of lenses over eye

She discussed having an original starting point for her piece which involved showing the viewer how she sees herself as individual components. Getting "stuck" on those components further emphasises the control BDD has over her and how difficult it can be for her to override the fixations.

Her preoccupations with the individual aspects of her appearance lead her to view her body as a collection of individual parts rather than as a whole: 'I'm not really able to... look at my body in a – kind of – integrated way or something'. This could be further supported by her inclusion of the lenses layered over her eye in Figure 1.2.

The overlapping lenses positioned on her eye may represent the alternative versions of herself that she views, and the different ways in which she views them. The presence of the lenses could also visually represent BDD itself; BDD as a lens that distorts the perception of the viewer. The use of images in this study enabled us to engage on a deeper level with participants' bodily experiences and generate a range of interpretations, affording us the opportunity to access what could normally be described as inaccessible.

### Theme 2: Towards a reconciliation of the self and body

Petra reported having a strong desire to overcome the disorder and take back ownership and control over her body after experiencing its symptoms for so long. She previously represented feeling overwhelmed and suffocated by her BDD in her artwork and interview, and later revealed that creatively modifying aspects of her corporeal appearance helped her to regain control over her body. She described the process behind her decision to modify her body with a tattoo.



Figure 1.3 Close up of Petra's representation of her tattoo

It's- it's become kind of a thing- I guess I wanted to have some- do something with my body that I had control over and that I liked and chose myself – erm so I really love that tattoo. (Petra)

For Petra, living with BDD means that she often feels she has no control over the appearance of her physical body in its natural state. She wanted to have an influence or an input over what her own body should look like to help her feel more positive about it and invoke a sense of ownership. Designing and having a tattoo of her choice on her body helped her to achieve this. In her artwork, she connected her tattoo (Figure 1.3), an anatomical heart, to images representing hobbies and interests that help her cope with BDD (Figure 1). The lines flowing from the heart tattoo and around her body may symbolise veins supplying life and hope throughout her body, providing the energy to take part in the activities that are important to her.

One activity that she finds helpful in managing her BDD is applying makeup, which was represented in her artwork:



Figure 1.4 Toiletries and makeup represented in Petra's drawing

I like to wear makeup erm and I always do that [apply makeup] before leaving the house – and I guess it would be nice to not do that sometimes as well – but it's something that makes me-like if I wear fun makeup and a fun lipstick – some nice colour and erm- yeah – it makes me feel more confident in a way. (Petra)

Figure 1.4 shows a selection of cosmetic products that Petra often uses. They are entwined with the lines flowing from her heart tattoo, highlighting their significance to her in alleviating her BDD symptoms and helping her experience more manageable days. In a similar way to her getting a tattoo, wearing makeup to adjust the appearance of her corporeal body increases her sense of confidence and may also help her to feel she is in control over her appearance and the way she presents her physical self to others. By disclosing that *'it would be nice to not do that* [applying makeup before leaving the house] *sometimes as well'*, she suggests that she would like to feel the same sense of confidence without the need for additional modification or enhancement compelled by her experience of living with BDD. Using Boden and Eatough's (2014) framework helped us to consider and examine all aspects of the images comprehensively, encouraging us to pay attention to subtle but important aspects of the work such as their composition. In Petra's artwork, the layout and positioning of individual items situated around her (Figure 1) was of interest to us, and enquiring about this opened up a dialogue with Petra about her coping strategies and their significance within her lifeworld.

### Discussion

This study presented a range of experiences representing different levels of coping with BDD for one participant from a wider arts-based phenomenological study. The richness of the artwork and accompanying commentary Petra provided showed how her experience of living with BDD can vary in different circumstances. The inclusion of a drawing as part of the data opened up a discussion and enabled Petra to reflect on the decisions she made in her drawing which illustrated her meaning making process. Analysing the images using Boden and Eatough's Framework for the Analysis of Drawings and IPA in combination allowed us to draw upon key aspects of Petra's lifeworld and explore areas of meaningful experience that language alone may have not granted us access to.

Wrestling with the idea of viewing the true self over the perceived self was a key aspect of coping with BDD. To make sense of this phenomenon, we find it helpful to draw upon the work of Heidegger (1962) and his concepts of concealment and unconcealment. The data show that there is a 'BDD self' – a distorted self that others do not see. This version of the self is only disclosed or unconcealed to the individual with BDD; no one else has access to it. Conversely, we could also say that the physical (arguably, 'real') appearance of the individual is not appearing in the same way as others view it. This relationship an individual has with their BDD self is complex, and participants in previous studies reported finding it difficult to convey their experiences (particularly of viewing a distorted version of themselves) to other people who may not be familiar with BDD (Craythorne, 2019). The artwork participants created for this study could be thought of as a bridge between concealment and unconcealment, thus enabling those without lived experience to develop a visual understanding of what it is like to cope with the disorder and opening up a 'discursive space' (Hodgetts et al., 2007) for exploration via dialogue. Petra illustrated the idea of concealment and

unconcealment particularly clearly in Figure 1.1 with her use of layered vectors to show how the 'real' and perceived versions of herself differ.

As coping with BDD is a highly personal and individual experience (making it difficult for some to express and open up about their concerns), encouraging the creation of artwork meant the participants were able to have control over what aspects of their coping experience researchers were able to explore. This also meant the subsequent interview was shaped by what they chose to visually disclose, also adding to the sense of control and enabling them to feel more at ease during the discussion. Visual methods have been utilised in a range of studies to aid participant-led data collection in exploring highly personal and sensitive experiences such as altered appearance during chemotherapy (Harcourt & Frith, 2008) and hospital recovery (Radley & Taylor, 2003). Personal and complex bodily experiences such as those experienced by people living with BDD can be too abstract to put language to, and in this instance, the body is likely to have experienced phenomena that are 'more than words can say' (Levin, 1997; Todres, 2007). Attempting to put language to a bodily experience may change the meaning of that bodily experience (Todres, 2007), and in the case of exploring a multifaceted phenomenon like BDD, it is essential to capture the authentic meaning of that experience to understand what it is like to live with it.

Images can be interpreted differently by each individual that views them, and incorporating an interview element into the study meant participants had the opportunity to talk through their meaning-making process and offer even more individualistic insight into their lifeworlds by delving into the image more deeply together with the researcher.

#### Conclusion

This study explored an individual's experience of coping with BDD using a multimodal hermeneuticphenomenological approach. We identified ways that artwork can be used to transcend language and convey meaning that might not be captured by traditional methodologies for qualitative data collection. We believe that using creative approaches to data collection can facilitate gaining a deeper and more vivid understanding of the complex and subtle phenomena that living with and coping with BDD entails.

#### Correspondence

Shioma-lei J. Craythorne Aston University craythos@aston.ac.uk

#### References

- Angelakis, I., Gooding, P. A., & Panagioti, M. (2016). Suicidality in body dysmorphic disorder (BDD): A systematic review with meta-analysis. *Clinical Psychology Review*, 49, 55-66.
- Boden, Z., & Eatough, V. (2014). Understanding more fully: A multimodal hermeneuticphenomenological approach. *Qualitative Research in Psychology, 11,* 160-177.
- Buhlmann, U., Teachman, B. A., Naumann, E., Fehlinger, T., & Rief, W. (2009). The meaning of beauty: Implicit and explicit self-esteem and attractiveness of beliefs in body dysmorphic disorder. *Journal of Anxiety Disorders*, *23*, 94-702.
- Craythorne, S. J. (2019). An exploration of distorted perception and entrapment in people living with Body Dysmorphic Disorder [Oral Presentation]. Phenomenology of Health and Relationships Conference, 23 May, Birmingham.
- Frith, H., & Harcourt, D. (2005). Picture this: Using photography to explore women's experience of chemotherapy. *Health Psychology Update*, *14*(3), 2-9.
- Gabb, J., & Fink, J. (2015). Telling moments and everyday experience: Multiple methods research on couple relationships and personal lives. *Sociology*, *49*(5), 970-987.

Gendlin, E. T. (1997). How philosophy cannot appeal to reason and how it can. In: D. M. Levin (ed.) Language beyond postmodernism: Saying and thinking in Gendlin's philosophy (pp. 3-41). Evanston, IL: Northwestern University Press.

Harcourt, D., & Frith, H. (2008). Women's experiences of an altered appearance during chemotherapy: An indication of cancer status. *Journal of Health Psychology*, *13*(5), 597-606.

Heidegger, M. (1962). Being and time (J. Macquarie & E. Robinson, Trans.). New York: Harper & Row.

Hodgetts, D., Chamberlain, K., & Radley, A. (2007). Considering photographs never taken during photo-elicitation projects. *Qualitative Research in Psychology*, *4*, 1-18.

- Holliday, R. (2004). Filming "The closet" the role of video diaries in researching sexualities. *American Behavioral Scientist*, *47*(*12*), 1597-1616.
- Kvale, S., & Brinkmann, S. (2009). *InterViews: Learning the craft of qualitative research interviewing*. London: Sage.

 Levin, D. M. (1997). Gendlin's use of language: Historical connections, contemporary implications. In:
 D. M. Levin (ed.) Language Beyond Postmodernism: Saying and Thinking in Gendlin's Philosophy (pp. 3-15). Evanston, IL: Northwestern University Press.

Penn, G. (2000). Semiotic analysis of still images. In M. W. Bauer& G. Gaskell, G. (eds), Qualitative researching with text, image and sound (pp. 228-245). London: Sage.

Phillips, K. A. (2005). *The broken mirror: Understanding and treating body dysmorphic disorder*. Oxford: Oxford University Press.

Radley, A., & Taylor, D. (2003). Images of recovery: A photo-elicitation study on the hospital ward. *Qualitative Health Research*, *13(1)*, 77-99.

Reavey, P. (Ed.). (2011). Visual methods in psychology: Using and interpreting images in qualitative research. New York: Routledge

Reavey, P., & Johnson, K. (2017). Visual approaches: Using and interpreting images. In C. Willig & W.
S. Stainton Rogers (eds.), 'The SAGE handbook of qualitative research in psychology (pp. 354-373). London: Sage.

Ruffolo, J. S., Phillips, K. A., Menard, W., Fay, C., & Weisberg, R. B. (2006). Comorbidity of Body Dysmorphic Disorder and Eating Disorders: Severity of psychopathology and body image disturbance. *International Journal of Eating Disorders*, 39, 11-19.

Silver, J., & Farrants, J. (2015). "I once stared at myself in the mirror for eleven hours": Exploring mirror gazing in participants with body dysmorphic disorder. Journal of Health Psychology, 21(11), 2647-2657.

Silver, J., & Reavey, P. (2010). "He's a good-looking chap aint he?": Narrative and visualisations of self in body dysmorphic disorder. Social Science & Medicine, 70(10), 1641-1647.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health, 11,* 261-271.

Todres, L. (2007). *Embodied enquiry: Phenomenological touchstones for research, psychotherapy and spirituality*. New York: Palgrave Macmillan.

Veale, D., Gledhill, L. J., Christodoulou, P., Hodsoll, J. (2016). Body Dysmorphic Disorder in different settings: A systematic review and estimated weighted prevalence. *Body Image*, *18*, 168-186.

Veale, D., Boocock, A., Gournay, K., Dryden, W., Shah, F., Willson, R., Walburn, J. (1996). Body Dysmorphic Disorder. A survey of fifty cases. *British Journal of* Psychiatry, 169, 196-201.