

## Hypnotherapy to Reduce Body Dysmorphic Disorder in an Adolescent Girl

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Body dysmorphic disorder (BDD) is a psychological disorder which can be suffered by many people in general, but often difficult to diagnose. The disorder occurs due to the inaccurate belief associated with the physical appearance. Therapy is necessary because people with BDD experience complex and life-disturbing distress. Sometimes it even leads to depression, social isolation, or suicidal tendency. Hypnotherapy is a therapy that works and performs on the individual's subconscious mind, where belief is stored. This study aimed to understand whether hypnotherapy could reduce BDD experienced by an adolescent girl. It was a single-case study because it used only one subject. Subject was a 19-year-old adolescent girl who experienced BDD. The techniques used to replace the inaccurate belief were parts therapy, age regression therapy, and hypno-EFT. Results from this study showed that hypnotherapy was effective for reducing BDD in an adolescent girl.

*Keywords:* body dysmorphic disorder, hypnotherapy, adolescent girl

Gangguan dismorfik tubuh (*body dysmorphic disorder* (BDD)) merupakan suatu gangguan psikologis yang dapat dialami oleh individu pada umumnya, namun seringkali sulit terdiagnosis. Gangguan tersebut bisa timbul karena adanya *belief* yang kurang tepat terkait dengan penampilan fisik. Terapi sangat dibutuhkan karena penderita BDD mengalami penderitaan emosional yang sangat kompleks dan mengganggu kehidupan, bahkan terkadang menimbulkan depresi, isolasi sosial, atau kecenderungan bunuh diri. Hipnoterapi merupakan terapi yang bekerja pada pikiran bawah sadar individu yang merupakan tempat *belief* disimpan. Penelitian ini ingin mengetahui apakah pemberian hipnoterapi dapat menurunkan gejala-gejala BDD yang dialami oleh seorang remaja perempuan. Penelitian ini termasuk dalam penelitian kasus tunggal dengan menggunakan satu orang subjek, yaitu seorang remaja perempuan berusia 19 tahun yang mengalami BDD. Teknik yang digunakan untuk mengganti *belief* yang kurang tepat antara lain adalah *parts therapy*, *age regression therapy*, dan *hypno-EFT*. Hasil penelitian menunjukkan bahwa hipnoterapi efektif untuk menurunkan BDD pada remaja perempuan.

*Kata kunci:* gangguan dismorfik tubuh, hipnoterapi, remaja perempuan

Although the media has positive impacts for the community, there is no denying that it could also have some negative impacts. One significant role it plays is the promotion of shared values. At times, values presented by the media could be accepted without much critical thought. In this case, it is the values and standards about the "ideal" male and female body.

Many individuals are able to accept and manage their weaknesses well. However, there are others who cannot accept themselves, even when they possess

many good things in their life. One of the main reasons why someone cannot accept him/herself is the dislike or dissatisfaction towards the individual's physical condition (Soesilowati, 2008). Physical dissatisfaction experienced by individuals is commonly called body image dissatisfaction.

As defined by Rice (1995), body image is the individual's experience of his/her body. That experience includes the mental picture, i.e. thoughts, feelings, judgments, sensations, awareness and behaviors of his/her body. In the body image continuum, one end represents self-esteem, a sense of purpose of oneself and body acceptance. Towards the other end of the continuum, body image dissatisfaction is typically demonstrated through excessive attention to body weight,

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diating and compulsive eating behavior. At the extreme, body image dissatisfaction takes the form of eating disorders such as anorexia and bulimia nervosa (Rice, 1995) and body dysmorphic disorder (BDD).

BDD itself is categorized in the DSM-IV as a somatoform disorder and included in Axis I (APA, 1994). BDD is defined by the American Psychiatric Association (Neziroglu, Khemlani-Patel, & Yaryura-Tobias, 2006) as a preoccupation with a defect in the person's physical appearance. The defect is either imagined or if a slight physical anomaly is present, the individual's concern is remarkably excessive. Excessive attention to the imaginary physical defects can be categorized as BDD if it's not a result of other disorders, such as anorexia nervosa. People with BDD also experience difficulties in functioning socially or at work (Veale, 2003).

Research on BDD patients showed a gap between the expectation and the individual's perception of the shape and condition of his/her body parts (Veale, Kinderman, Riley, & Lambrou, 2003). Based on that description, it can be concluded that BDD is a disorder with symptoms of a preoccupation to a minor or imaginative body defect, which eventually leads to other negative effects such as social withdrawal. This preoccupation can be about different parts of the body, such as skin, hair, nose, stomach, teeth, weight, breasts, buttocks, etc. (Phillips, Menard, Fay, & Weisberg, as cited in Barlow & Durand, 2009). Nevertheless, several studies have shown that most patients with BDD focus more attention on the head area. The preoccupation could also be about more than one part of the body, or it could alternate between different body parts (Neziroglu et al., 2006).

There are various symptoms that indicate the presence of BDD in a person. The typical symptoms include checking one's self in the mirror excessively; avoiding mirrors; camouflage behaviors (such as using clothing or makeup to cover the "defect" and changing body positions to hide certain parts) as well as avoiding public places and social contact (Neziroglu et al., 2006). Patients with BDD also believe that they have a body full of defects, in contrast to what is seen by people in general (Phillips, 2009).

Overall, there are two different levels of explanations about the cause of BDD. The first is at the biological level; it proposes that individuals who have genetic predispositions tend to be more prone to BDD. Stress or certain events in life can trigger the disorder. When the disorder begins to show, there will be an imbalance of chemical substances in the brain, such as serotonin (Veale, 2000).

The second level of explanation is psychological; it suggests that the triggers of BDD are closely related to

low self-esteem and self consciousness. Individuals may have demands for perfection that are impossible to reach. Excessive attention to body parts that are not perfect will increase individual's ideal standard about the body and also the attention to body parts perceived as not ideal (Veale, 2000). The ideal standard and high attention are shown in the form of repeated thoughts, feelings, and negative behaviors. All of those things then cause the increasing of BDD symptoms (Mowrer, as cited in Bennett, 2006).

Another psychological explanation says other than low self-esteem and a negative self image, BDD can also be caused by trauma or violence experienced during childhood. Traumatic events could bring negative emotions or feelings. Such emotions are buried within but could arise in the form of an obsession to the face or other body parts. This process of transferring negative emotions or feelings to other things is a defense mechanism usually called displacement (Pavan, Simonato, Marini, Mazzoleni, Pavan, & Vindigni, 2008). The appraisal of self, belief, and negative emotions is located in the individual's subconscious mind (Gunawan, 2007).

BDD has many negative effects that can disrupt the sufferer's life, including depression, anxiety, anger, poor work and social life, changing appearance (with or without the help of medical professionals), and suicide (Phillips, Siniscalchi, & McElroy, 2004; Barlow & Durand, 2009). Teens who suffer BDD may also experience poor academic achievement, social withdrawal, and also being expelled from school (Aldea, Storch, Geffken, & Murphy, 2009).

BDD usually begins in adolescence, especially between the ages of 14 to 17 years. BDD can occur in both males and females (Neziroglu et al., 2006). That period is known as the stage of identity formation in teenagers (Erikson, as cited in Santrock, 2003). The search for identity includes the discovery of one's self concept and direction of life. The presence of BDD will prevent an adolescent to form a healthy identity. Barriers in the discovery of self-identity will eventually create other barriers in the next developmental stage (Santrock, 2003).

Intervention techniques for BDD vary from medical (non-dermatologists) to psychological approaches. One of the psychological approaches is hypnotherapy. Hypnosis itself can be divided into three types: self-hypnosis or hypnosis a person performs to him/herself; hetero-hypnosis or hypnosis a person performs to others; and the parahypnosis or hypnosis caused by the use of certain drugs (Gunawan, 2009a).

It is assumed that hypnotherapy can help reduce or eliminate BDD in a relatively short time because it

directly relates to the unconscious mind where the unhealthy belief is located. Through hypnosis, a behavior or a negative event that triggered BDD could be associated with positive things in the individual's unconscious mind. The establishment of relationship between the negative events or behaviors with the positive things will produce changes in thinking and behavior of the individual (Todd, 2009).

Hypnotherapy is conducted in order to change the inaccurate self-belief. Incorrect belief could arise because of the negative interpretations of an experience, which later also leads to negative emotions (Gunawan, 2009b). In this case, the experience becomes the trigger of BDD. Basically any event or events experienced by the individual is neutral. These events may have a negative or positive impression because we give a meaning to the incident. This is the case with traumatic event, which can be the cause of BDD (Phillips, 2009).

Some events have a traumatic impact because of the negative meanings given by individuals. The meaning itself can occur due to misunderstandings or a negative imprint (belief or value) implanted by others, especially by an individual's 'significant others'. Negative meaning will bring up negative beliefs and they will bring up negative emotions and negative responses. For individuals with BDD, the negative beliefs are such as; he/she is a bad person, rejected, or worthless, according to the imprint given to him/her. The imprint itself seems to be easily accepted and the belief seems to be easily formed to people with BDD as a result of personality traits such as sensitive, introverted, perfectionist and insecure (Phillips & McElroy, 2000).

Due to the negative belief, when individuals experience a similar incident in the future, he/she will directly and unconsciously re-experience the negative emotions that made him/her act or behave according to the previously established negative belief. One function of hypnotherapy is to help sufferers release the negative emotions caused by traumatic experiences. It needs to be done, so that negative emotions will no longer bring up a negative attitude and behavior. There are various techniques in hypnotherapy that can be used to release negative emotions, such as parts therapy, age regression therapy, inner child therapy, etc (Gunawan, 2009b). Which technique to use would depend on the client's condition.

The release of negative emotions on the traumatic event stored in the subconscious mind can cause changes in the negative belief. This could happen because the re-education of subconscious mind would be done easily without the presence of negative emotions. The subconscious mind that has undergone a re-education

will form a new belief that can ultimately support the individual's life. The corrected belief will then reduce or even eliminate thoughts, feelings, and behaviors that accompany the disorder. Due to these reasons, hypnotherapy is expected to become an effective and brief alternative choice for BDD.

## Method

### Study Design

This study was a single-case quasi-experimental pretest-posttest design with body dysmorphic disorder (BDD) as the dependent variable and hypnotherapy as the independent variable. In the pre-treatment, post-treatment, and follow-up period, researchers conducted interviews, asked the subject to fill questionnaires, and evaluated the subject's diary. These were done to see if there was any changes in the subject's self belief about her BDD symptoms and to see the consistency of the therapy results.

Quantitative data related to BDD was obtained by using Body Dysmorphic Disorder Questionnaire constructed by the researchers based on the criteria of BDD in DSM-IV and aspects of BDD from Rosen and Reiter (1996). The six aspects of the BDD Questionnaire were: (1) negative evaluation towards body shape or face (e.g., I feel there is part(s) of my body or face that makes me insecure); (2) shame of body shape or face in a social environment (e.g., I feel anxious if others notice my appearance in public place), (3) body checking (e.g., I often spend much time checking my face or body in the mirror), (4) body camouflaging (e.g., I cover part(s) of my body or face that I dislike with clothes or thick make-up), (5) avoidance of social activity and physical contact with others (e.g., I feel more comfortable spending time at home because there is nobody will notice my appearance), (6) excessive concern towards appearance in self evaluation (e.g., I will feel happier if I have an interesting appearance). The total items were 42 and each of the items was rated on a 4-point Likert scale with responses ranging from "extremely disagree" (1) to "extremely agree" (5). Possible scores ranged from 42 to 168, with higher scores indicating higher level of BDD. The Cronbach's alpha of the BDD Questionnaire was  $\alpha = .932$ , so it was reliable to measure BDD. (It is the response of comment L1)

The qualitative data was obtained through interviews; six open-ended questions about BDD based on the criteria of BDD in DSM-IV; a battery of psychological tests, such as Draw A Person Test (DAP), Tree

Test (BAUM), House Tree Person Test (HTP), Drawing Completion Test (DCT/WZT), and Thematic Apperception Test (TAT); diary that was filled in the pre-treatment, post-treatment, follow-up period and the process of intervention itself. The author used a battery of psychological tests in order to understand the personality dynamic that primarily triggered BDD.

In this study, hypnotherapy was conducted over three sessions, the duration of which varied between two to three hours. The therapist was one of the researchers who holds a master of clinical hypnotherapist (MCH) degree. The therapist got her degree by completing two hypnotherapy trainings in 2009 and 2010, held by two different hypnotherapy organizations. One is located in Surabaya and the other one is located in Jakarta. The first training was done in nine meetings during the course of three months. The second training was done in three days. In order to get the degree, the participants had to perform the practical tests and demonstrate their compliance to standards of practice taught by the trainers at the trainings. These standards cover all hypnotherapy procedures.

The hypnotherapy techniques used in this study were parts therapy, age regression therapy, and hypno-EFT. Parts therapy is used to help a subject engage an internal dialogue and negotiate with the self-part responsible for triggering the disorder, hence reducing or eliminating dysfunctional behaviors. (Hunter, 2009; Bryant & Mabbutt, 2006). Age regression therapy is used to bring back experiences and memories to uncover childhood traumatic events that caused the present problems or disorder (Silver, 2007). Hypno-EFT is a waking and self-hypnosis technique that is used to eliminate the negative emotions that occur due to individual's inaccurate belief (Gunawan, 2009b).

## Data Analysis

Data analysis was divided into two stages: the assessment period and the intervention period. Quantitative data in the assessment period was analyzed using item analysis and reliability test on SPSS 16. Qualitative data

was obtained through in-depth interviews, evaluation of the diary, analysis of subject's answers of the six open-ended questions and also analysis of the psychological tests. The qualitative data was analyzed by comparing the subject's test results and answers with Rosen dan Reiter's six aspects of BDD.

The qualitative data in the intervention period was obtained from the content of subject's diary during that period, answers to the six open-ended questions and discussions about the changes that occurred in the subject's life (through interviews). The analysis was focused on identifying the presence or absence of changes in the subject's mind (irrational thoughts and cognitive distortions), feelings and behaviors related to BDD during the ongoing therapy. Additionally, quantitative data was also obtained by analyzing the answers of the BDD questionnaires. Evaluation of the intervention was done by comparing between questionnaires and interviews results before, during and after the intervention.

## Participants, Data Collection and Measurement Procedures

The try out and data collection using incidental sampling were done in the psychology department of a private university located in a major city in East Java. Incidental sampling method was used to choose participants among the undergraduate students of the department of psychology. However, to make sure that the treatment would be beneficial, participants must meet several criteria such as: (1) female students, aged  $\leq 20$  years (still in the age of late adolescent) (2) classified as having symptoms of BDD (at least categorized as "moderate" in the BDD questionnaire), (3) experiencing those symptoms for at least the last three months, and (4) willing to participate in the hypnotherapy sessions. For those who agreed to participate in the study, the researchers conducted in-depth interviews to determine the dynamics of the disorder experienced by the subject. Psychological assessment was also used to support the results of the interview.

Table 1  
*Score Threshold and the Number of Participants in Each Category*

Categories	Score	Frequency	Percentage
Very High	$X \geq 142.8$	-	0 %
High	$117.6 \leq X < 142.8$	5	6.25 %
Moderate	$92.4 \leq X < 117.6$	37	46.25 %
Low	$67.2 \leq X < 92.4$	34	42.5 %
Very low	$X < 67.2$	4	5 %
Total		80	100 %

Researchers distributed questionnaires to 88 female students through incidental sampling, 8 of whom were dropped from consideration because of their age (older than 20 years). Table 1 presents the categorization of participants according to their BDD scores.

The quantitative data indicated that there were 42 potential participants with moderate to high BDD scores. The responses to the open-ended questions further identified fifteen potential participants with signs of BDD. Thirteen of them were willing to follow the interview (two declined). There were 10 participants who failed to fulfill the criteria of BDD. The interviews showed that among the 3 participants, there was only one who met the criteria of BDD and was willing to be involved in the study.

The subject was Bella (pseudonym), a nineteen year old who had been experiencing excessive anxiety toward some of her body parts. Among all her less preferred body parts, the skin (on the hands and feet) was the most disliked. Bella's anxiety often inhibited her to be in public places (e.g. malls) and meet new people. Bella always tried to cover her skin, thought about and observed it. Bella's score on aspects of BDD questionnaire can be seen Table 2.

The category of Bella's score ( $X$ ) was developed using a tentative norm. The norm was obtained through the calculation of mean and standard deviation for each aspect of the BDD questionnaire. In the calculation, estimation of mean scores was derived from an assumption that the central tendency of responses is equal with the middle point of the response alternatives (which is 3, from 5-point Likert scale). So, with a total number of 42 items, the mean and standard deviation are 105 and 21. In this tentative norm, the normal curve was divided into five categories, i.e. very low ( $X < \text{mean} - 1.8 \text{ SD}$ ), low ( $\text{mean} - 1.8 \text{ SD} \leq X < \text{mean} - 0.6 \text{ SD}$ ), moderate ( $\text{mean} - 0.6 \text{ SD} \leq X < \text{mean} + 0.6 \text{ SD}$ ), high ( $\text{mean} + 0.6 \text{ SD} \leq X < \text{mean} + 1.8 \text{ SD}$ ), and very high ( $X \geq \text{mean} + 1.8 \text{ SD}$ ).

The intervention was performed in three sessions and was followed by a follow-up session. The first session began by providing feedback from the psychological assessment to enhance Bella's understanding of her own psychological dynamics, her strengths and weaknesses, as well as her needs and main concerns. The feedback process helped Bella become aware of some new lessons, i.e. that she had a great need to gain acceptance from others and had the tendency to run away from social conflict, despite the fact that she had a desire to fight back.

The next step was an evaluation of Bella's diary written during the pre-treatment period. The content of the diary showed that Bella was in a negative condition and that her thoughts were dominated by cognitive distortions such as quick to conclude. She had those thoughts that she believed as reality. She also had a tendency to generalize bad situations. She assumed that people underestimated her because they look down on her physical appearance. The next step in the study was the implementation of hypnotherapy's five procedures which include qualifying, immersion, restructuring, advanced reinforcement and sealing. Those five procedures were applied in each session of hypnotherapy.

### The Intervention Procedure

As previously mentioned, the intervention process through hypnotherapy was divided into five procedures. The hypnotherapy process was done only by one of the authors. The other author was not directly involved in the hypnotherapy process, but collaborated with the hypnotherapist through actively involved in analyzing the results of the process. The authors used several methods, such as diary book, interview, and BDD questionnaire, in order to compare and maintain the objectivity of the therapy results.

The first procedure was qualifying. Qualifying was

Table 2  
*Bella's Scores on the BDD Questionnaire (Pre-treatment)*

Aspects	Score	Category
Negative evaluation towards body shape or face	21	High
Shame of body shape or face in a social environment	21	High
Body checking	20	High
Body camouflaging	22	High
Avoidance of social activity and physical contact with others	21	High
Excessive concern that given towards appearance in self evaluation	18	Moderate
Total	123	High

performed to obtain Bella's commitment to seriously engage in each of the hypnotherapy session. This procedure consisted of explaining the details of hypnotherapy and the reasons of the research. The researcher also explained the benefits of successful therapy. It was done to get Bella's commitment in this whole process.

The second procedure was immersion. At this stage, Bella was brought into a profound somnambulism condition with Elman's induction technique. It began with physical relaxation and continued with mind relaxation. Some physical symptoms shown as Bella successfully entered the profound somnambulism condition were rapid eye movement (REM), amnesia by suggestion, and limp hands and legs.

The third procedure was restructuring stage which was the core of the therapy. At this point, therapist performed parts therapy, age regression therapy, and informed child technique. Parts therapy was used to reconcile Bella's parts that bring out the conflict that caused BDD. Age regression therapy was used to identify the initial event that triggered Bella's BDD symptoms, while informed child technique was used to provide insights or new positive perspectives related to the initial events experienced by Bella. The fourth procedure was advanced reinforcement stage that was done to provide positive suggestions to Bella, to strengthen the results of the therapy. The last stage was sealing, which was performed to lock in the results of the therapy.

The second session started with an evaluation of the progress or problems that Bella experienced between the first and the second hypnotherapy session. The evaluation indicated a significant positive change in her life. Fear and anxiety toward other's attention was no longer dominating Bella. She had the courage to go outside her house wearing shorts. In the past, Bella was scared and worried that others could observe her skin even when she was wearing trousers.

Although anxiety was reduced after the first hypnotherapy session, Bella still felt uncomfortable with herself as she was still afraid and ashamed of other's judgment toward her appearance. She thought that she couldn't be accepted for who she was because so many people had better physical appearance. Despite this uncomfortable feeling, Bella's BDD symptoms, such as avoiding social activity and body camouflaging, seemed to have been greatly reduced. To help Bella overcome her uncomfortable feelings, the therapist conducted a second session of hypnotherapy. The stages performed in the second session were similar to the first, but this time hypno-EFT was performed to release the remaining negative emotions. After the second session, Bella

reported that she did not experience the negative feelings, such as fear, ashamed, anxious, and inferior, anymore.

The third session evaluated Bella's progress since the second session. Based on the positive progress, the therapist then focused the third session to strengthen these positive results so that they could become permanent. The therapist ended the third session by asking Bella to complete the BDD questionnaire again.

A follow-up session was conducted one week after the third session. The follow-up results indicated that Bella no longer experienced negative thoughts, feelings, or behaviors related to her skin. At this stage the therapist asked Bella to complete the BDD questionnaire once again.

## Results and Discussion

Data from observations, interviews, and the psychological assessment indicated the presence of internal and external factors that triggered Bella's BDD. The internal factors included Bella's personality traits, which were submissive, insecure, introvert, resigned, emotional and sensitive, less mature and focused on the importance of a perfect physical appearance. Bella's personality traits were identified through battery of psychological assessments, such as interview and psychological testing. The external factors were traumatic events in the form of humiliation, rejection, and negative comments from others about Bella's skin condition and physical appearance. The traumatic events were discovered when the therapist applied age regression technique in the hypnotherapy session.

The results obtained through different methods indicated the effectiveness of hypnotherapy for BDD in an adolescent girl. The evaluation showed that Bella experienced significant positive changes. Negative feelings and behaviors were further reduced. These positive changes were reflected when she went to crowded places with the therapist. The negative thoughts, feelings, and behaviors that existed before the therapy turned into positive thoughts, feelings, and behavior. Bella even began to think that she was beautiful and attractive.

The questionnaire data showed a decrease in Bella's BDD scores. Therefore, this study demonstrated that hypnotherapy could bring positive changes to an adolescent girl with BDD. The positive changes could be observed in all aspects of BDD measured in the questionnaire (see Table 3 and Figure 1).

This research was a quasi-experiment research, so it is possible that the result was influenced by other factors other than the intervention process itself, such as Bella's intention to help the researcher or to conform to the study's objectives. That's why the researcher also

Table 3  
Bella's BDD Scores Before and After the Treatment

Aspects of BDD	Pre-Treatment	Post-Treatment	Follow Up
Negative evaluation towards body shape or face	21 (High)	15 (Low)	14 (Low)
Shame of body shape or face in a social environment	21 (High)	14 (Low)	14 (Low)
Body checking	20 (High)	16 (Moderate)	14 (Low)
Body camouflaging	22 (High)	17 (Moderate)	14 (Low)
Avoidance of social activity and physical contact with others	21 (High)	14 (Low)	14 (Low)
Excessive concern that given towards appearance in self evaluation	18 (Moderate)	16 (Moderate)	14 (Low)
Total score	123 (High)	92 (Low)	84 (Low)

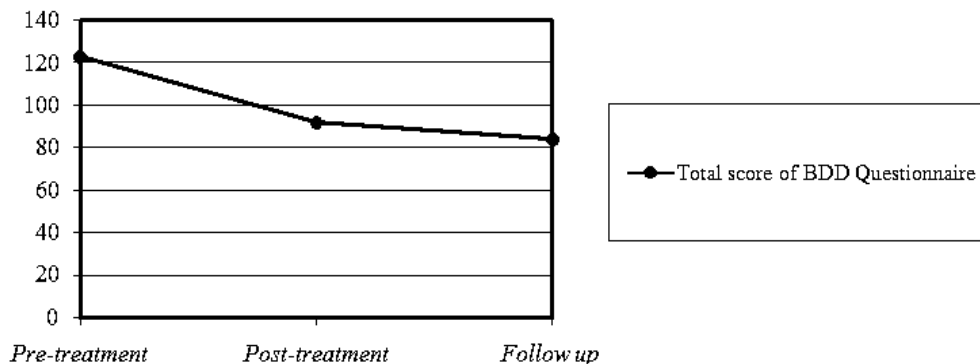


Figure 1. Bella's BDD total score before and after the treatment

presented other forms of evidence to confirm the intervention result, such as qualitative assessment. Qualitative assessment results were also consistent with the quantitative data.

Data obtained from the open-ended written questions in the post-treatment period showed a significant decrease of the number of body or facial parts which were disliked, as well as the level of dislike compared to the pre-treatment period. Barriers to engage in social activities and social roles, as well as fear, worry, anxiety, and difficulties which previously disturbed Bella, no longer appeared in the post-treatment and follow-up period.

Analysis of Bella's diary also showed similar findings. Thoughts, feelings, and negative behaviors related to skin previously demonstrated were no longer appeared in the post-treatment and follow-up period. One of the proofs that showed positive change was her writing from the post treatment diary:

*"Hari ini aku pulang kampung sendirian. Ketika jalan di bandara semua mata memandang diriku. Tapi perasaan takut, cemas, malu yang biasa menghantui diriku ketika dua pasang (sic) bola mata memandang diri kini tidak muncul lagi. Perasaan biasa-biasa, justru merasa PD dan cantik hehehehe makanya semua mata melihat hahaha..."*  
(Bella, 25 July 2010)

It could be compared with Bella's pre treatment diary:  
*"Kenapa ya? Setiap kali jalan-jalan di mall rasanya tidak PD. Apalagi kalau masuk di counter-counter yang termasuk branded. Kenapa mbak-mbaknya tuh lihatinnya seperti itu dan lebih parah lagi dicuekin. Kenapa sih orang selalu melihat seseorang dari penampilan luarnya saja.... Jadinya tidak nyaman gini kalau mau jalan ke mall. Jadi malas! Sedih rasanya, hal ini membuat aku tidak*

*berani dan tidak PD... Nyesel nih, seharusnya tuh tadi aku bisa masuk lihat barang sale di Guess, tapi ya apa tidak ada keberanian untuk masuk. Di Tiffany room aja mbaknya sudah lihatin kayak gimana.... Jadi tidak PD masuk. Aduh kenapa aku selalu begini. Perasaan minder itu selalu menerpa diriku walaupun kadang berusaha melawannya.” (Bella, 9 July 2010)*

*“Today I flew back home by myself. At the airport, I felt that all eyes were on me. But my usual fearful, anxious, shameful self when people lay their eyes on me, were no longer there. I felt alright, even I felt confident and beautiful, hahaha, hence all eyes were on me LOL.” (Bella, July 25<sup>th</sup>, 2010).*

*Compare to Bella’s pretreatment diary:*

*“Why is it that every time I go to the mall, I feel self conscious? Especially when I go the branded shops. For some reasons, the shop attendances always have this look on me, or worse, they just ignore me altogether. Why do people only see the outward appearance...I feel so awkward going to the mall. So annoying! It is so upsetting as this discourages me and makes me not confident.... Aaah, I really regret it. I could have shopped at Guess’ stocktake sale, but I did not have any courage to enter the shop. In Tiffany Room, the shop attendance gave me the look.... so I did not have the gut to enter. Man, why do I have to be like this? This low self esteem is always getting me, even though I always try to resist it.” (Bella, July 9<sup>th</sup>, 2010)*

In summary, both quantitative and qualitative data collected in this study suggest that hypnotherapy is effective to reduce BDD in an adolescent girl. The quantitative results were collected using BDD questionnaire, whereas the qualitative results were collected using diary and interview. The other psychology battery tests were not re-measured after the treatment because they were used in order to understand the personality dynamic that primarily triggered BDD.

The three techniques of hypnotherapy used in this study were effective. By using parts therapy, the therapist was able to reconcile Bella’s parts that brought out the conflict that caused BDD. The age regression therapy enabled the therapist to identify the initial event that triggered Bella’s BDD symptoms. The therapist also used informed child technique to provide Bella with insights or new positive perspectives related to the initial events. However, the age regression therapy provided the most contribution because without it, the

therapist could not find out Bella’s traumatic events that caused BDD.

## Conclusion and Suggestions

Conclusions about the effectiveness of the intervention cannot be separated from several contextual factors, such as the subject’s commitment, willingness, and encourage to do hypnotherapy. Proper explanation relating to hypnotherapy is necessary because many people still consider that hypnotherapy involves diabolical magic. The factors that supported the success of the interventions were as follows:

First, Bella has a cooperative and helpful personality, which made it easy for her to comply with the instructions given by the therapist in the process of hypnotherapy. Second, Bella had a great desire and commitment to achieve a better quality of life. This really paved a way to hypnotherapy. Without realizing it, the desire itself became a form of self-hypnosis. Third, Bella had already known that hypnotherapy is scientific and it does not involve any form of magic, hence she wasn’t afraid to do the sessions. Fourth, Bella received extremely positive feedback from her surrounding in regards to the appearance of her skin. This boosted Bella’s confidence and self-esteem.

The result of hypnotherapy did not give a counter-productive side effect, such as making Bella to have an overly high esteem about her attractiveness, as long as the therapy was conducted by a competent therapist and in the right proportion. Essentially, the principle of hypnotherapy is to heal the traumatic feelings causing certain disorder instead of making a client insensitive to any negative stimulus, such as comments, attitudes, and behaviors, from others. So, in this case, once the therapist could identify Bella’s traumatic events and heal her negative feelings that triggered her BDD symptoms, she would not feel anxious and insecure about her skin anymore. However, this does not mean that hypnotherapy will guarantee that Bella will be immune to any negative stimulus from others in the future.

A number of recommendations for future research could be identified from these study’s findings. First, longer-term follow-ups need to be done to examine whether the therapeutic effects persist. Second, future studies can involve adolescent boys to understand whether hypnotherapy also has similar positive effects as experienced by adolescent girls. Third, future studies can also involve individuals at other developmental stages to understand whether hypnotherapy also has similar positive effects as experienced by adolescents.

Additionally, a number of suggestions for the psychology profession and other related professions could be made. This study provides evidence in support of hypnotherapy as a treatment for BDD. This should encourage psychologists and psychiatrists to find out more and develop more advanced skills in hypnotherapy. This is important to do because hypnotherapy is fairly new, particularly in Indonesia. It is still possible to conduct extensive exploration and assessment related to hypnotherapy. Hypnotherapy itself consists of several stages with broad and diverse implementation techniques. Those who use this therapy need to master various techniques.

The results of this study should encourage psychologists and psychiatrists to integrate hypnotherapy as an alternative form of therapy within the scope of their professional service. Hypnotherapy does not require too much preparation, hence it can be carried out relatively easy to anyone.

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