

Editorial

In the hegemonic era of the body, a pause to understand corporal dysmorphic disorder

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To talk about the body, it is necessary to resort to the individual and collective experience of the body, its social construction and the level of satisfaction or approval that it is able to provide. For that reason, the body and specifically the body image, acquire a special relevance as it accounts for culture and contemporary social practices.

Body image is a construct that implies what one thinks, feels and acts in relation to its own body. In general terms, it is a conscious representation and conceptual knowledge about the body (Meneses and Moncada, 2008), which is undeniably more and more susceptible to the elements that emerge from the new social configurations of a digital era.

This is why the body image is not inserted as a concept that results from a purely intersubjective activity, on the contrary, as new forms of communication and interrelation appear, for example, the use of digital devices and social networks, body image gives an assessment and intersubjective construction, which brings with it an overvaluation of the other's opinion about my own body and a growing need for approval. In the words of Ramos-Vidal (2019) people tend to adjust their behavior to the same of the coequals to seek approval and avoid exclusion from the group.

In this context, it is possible to reflect on the maladaptive consequences that this need for approval can generate and the overvaluation of the body that is currently promoted through digital media. Therefore, it is pertinent to consider corporal dysmorphic disorder (CDD), which has experienced greater growth in the last 20 years (Ramos-Vidal, 2019) and it is defined as an excessive concern for physical defects or imperfections, being

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located, according to the Recent classification of the Diagnostic and Statistical of Mental Disorders Manual-DSM 5, within the group of obsessive compulsive disorder, whose central symptom is the anxiety (fear and worry) (American Psychiatric Association (APA), 2014)

According to the World Health Organization–WHO (2013), between 1990 and 2013, the number of people suffering from anxiety increased by almost 50%, from 416 million to 615 million. Nearly 10% of the world's population is affected, and mental disorders represent the 30% of the global burden of non-fatal diseases. In 2017, more than 300 million people worldwide suffer from depression, a disorder that is the leading cause of disability, and more than 260 million have anxiety disorders.

In Colombia, according to the National Mental Health Observatory, (Ministry of Health, 2017) in the population between 18 and 44 years of age, the prevalence of any mental disorder in the last 12 months is 4%, this frequency increases in people who have two or more chronic diseases. Affective disorders are more frequent in this age group, with 2.4%; The prevalence of any depressive disorder is 2.4% and anxiety 2.7%.

Regarding to corporal dysmorphic disorder, according to Angelakis, Gooding and Panagioti (2016), the prevalence of CDD is estimated at around 2% in the general population. On the contrary, in people seeking cosmetic surgery, a CDD rate of 15.6% is reported, being more common than other serious mental health conditions, such as schizophrenia and anorexia nervosa that vary in prevalence from 0.5 to 1% in the general population. Veale & Bewley (2015), report that CDD is associated with other serious mental disorders and symptoms such as suicidal ideation and suicide attempts, which have received little research attention. regarding the same subject, Restrepo and Castañeda (2018), based on the study they conducted on the risk of eating disorders and use of social networks in gym users in the city of Medellin, indicated an association between the use of social networks as a way to achieve the approval of self-image, anomalous eating attitudes and body satisfaction.

Up to this point, it is important to specify some aspects: although, historically it has been thought that everything related to the body is closely associated with food; In the recent classification of DSM 5, corporal dysmorphic disorder CDD is different from a disorder of eating behavior, because although in both, patients experience symptoms of anxiety, in the CDD there is an overvaluation of a physical defect, so the person resorts to alternatives that in principle can be adaptive (plastic surgeries) but, given their repetition (compulsion), they can become dysfunctional, generating the initial dissatisfaction with that part of the body, more specifically a part of the face.

Consequently, it is possible to demonstrate the susceptibility of body image given the significant role of the mass media, essentially represented by the Internet and social networks. Although, it is not about stigmatizing and rejecting the advances of the digital age, it is necessary to emphasize the urgency of new and effective ways

of understanding and intervention of mental health issues. It is necessary to advance in research processes in which the new configurations of mental illnesses can be understood, which, undoubtedly, have been transformed as a consequence of the new social practices.

As stated by Cortez et al. (2016) the vertiginous and vast diffusion of patterns and behaviors valued as positive, due to they are considered equivalent of success, beauty, attractiveness, intelligence and health, they impact those populations vulnerable to the external definition of sociocultural pressures, finding that the use Internet causes an increase in body dissatisfaction in both sexes.

Conflict of interests

The author declares the absence of a conflict of interest with an institution or commercial association of any kind.

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