

The Modern Flu: Body Dysmorphic Disorder in the Naga Society

*¹Inakali Assumi, ²Tiarenla, ³Akatoli Assumi and ⁴Chingshau Phom

¹Asst. Professor and HoD, Department of English, St. John College, Dimapur- 797112, Nagaland (UT)


^{2, 3, 4}Students, B.A. Sem-5, Department of English, St. John College, Dimapur- 797112, Nagaland (UT)

Abstract

Body Dysmorphic Disorder (BDD) is a mental disorder which needs to be addressed by a medical or mental health professional with standardized tools. The modern definition of BDD is being completely preoccupied with several flaws of an individual's body. Body Dysmorphic Disorder is an issue which needs to be addressed openly and an awareness needs to be created among the youth so as to prevent the hazards of mental health. This research is an attempt to look into the serious concerns of BDD particularly among the Naga youths who have little or no knowledge about this disorder. This research addresses the issues and threats of BDD, and how it can affect an individual's day to day life leading to severe anxiety and even depression. Also, an attempt has been made to look back into the history to study if BDD among the Nagas is a western influence or if it has been there since time immemorial. In this research, an analysis has been made by applying various methods to study the cause and effect of BDD and how it can be avoided.


Keywords: *Body Dysmorphic Disorder, Youth, Nagas, Identity, Mental Health*


Article Publication


 Published Online: 15-Jul-2021

*Author's Correspondence

 InakaliAssumi

 Asst. Professor and HoD,
Department of English, St. John
College, Dimapur- 797112,
Nagaland (UT)

 inakaliassumi.ia[at]gmail.com

 [10.31305/rrjim.2021.v06.i07.021](https://doi.org/10.31305/rrjim.2021.v06.i07.021)

© 2021The Authors. Published by
RESEARCH REVIEW International
Journal of Multidisciplinary. This is an
open access article under the CC BY-

NC-ND license 
(<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Introduction

Body Dysmorphic Disorder is a mental disorder characterized by distorted body images and obsession about perceived physical shortcoming. A person suffering from BDD feels ashamed of their appearance to the point where it affects their ability to function in day-to-day life. Common behaviors include mirror checking, comparing with others, excessive grooming, eating a restricted diet etc. A person suffering from BDD constantly attempts to fix an imagined flaw, constantly checks on their flaw, refuses to be photographed, constantly asks for reassurance for his/her appearance, tries to often disguise the flaw, has anxiety and fear around other people, excessive dieting and over-exercising, and gets suicidal thoughts. These are some few and common symptoms of a person who suffers from Body Dysmorphic Disorder or BDD.

People with severe BDD problem or most BDD patients in general, are known to have had suicidal thoughts or have attempted it. The disorder leads a person to such an extent that they begin to think of themselves as unworthy to even exist among the rest. They gradually lose interest in the daily activities that everything seems to be mundane to them. Their imagined flaws worry them constantly as they constantly begin to doubt their worth. They start to question themselves if they are acceptable in the society and who they really are among the many in existence. Their bodily image triggers them and adds up to their worries and insecurities as their search for identity, acceptance, and self-esteem arises. The severity of this mental disorder is indeed rather seriously high, that absolutely requires medical attention and care. People who fall a victim of BDD even behave and act in such a different manner as they always remain image conscious and bothered in general. They would sit and stand in certain position so that their body waist isn't visible to people, avoid social events, grow distant from their family and friends, indulge themselves completely on correcting their shortcomings, stop stepping their foot out of their

homes and gradually isolate themselves so on. They fear that they'd be a failure, misshapeness, when compared to the rest of their kind.

Body Dysmorphic Disorder is hence associated with anxieties and depression. In fact, it can even worsen a person's mental health to a great extent. In the Naga society, it is found that mental health normally is not addressed or given enough importance. Body Dysmorphic Disorder is not commonly known to be heritable because there have only been very few genetic studies. However, there are possibilities that BDD is inherited. It may not have been passed on genetically, but have been influenced according to our research. In an interview with Dr. Linoto Assumi, Psychotherapist at Eden Medical Center, Dimapur, Nagaland, she mentions that BDD was present even when books were not written and that it existed in a different manner, and that, it is a serious matter, a genuine mental disorder that requires a medical or mental health professional and can be cured only with the proper medical help. It cannot be simply diagnosed just by looking at a person and not everyone who is obsessed with checking themselves on the mirror may have BDD. She also mentioned that BDD is indeed a common mental disorder, a common issue but rarely known because it is not openly addressed out in the public.

The Nagas are the indigenous group of people belonging to the Mongoloid race chiefly inhabiting the hilly North Eastern Indian state, Nagaland. In the Naga context, 'mental health' itself is not very openly put up for discussion. There is not enough mental health education provided to the parents and students in general. The patients suffering from BDD feel ashamed of their appearance and their flaws to such an extent that they find it difficult and unable to open up to their peers or even to the medical professionals at times. When such a situation arises, it becomes very difficult even for the medical professionals to provide the help the patient requires as later, if the condition is not brought to any sign of improvement, the severity of the patient's condition may only increase. A patient struggling to open up about the condition is because the issue is not yet known and common to the public especially in our Naga society. Issues like mental health must be given equal importance as P.T sessions in the schools from early on among the students. When such an issue is made well known and aware to the parents as well, they can be helpful when they have knowledge about it in dealing with a BDD patient in life, and the people themselves can also be aware and know what they need to do and is required to do and most importantly, who they need to consult. In a podcast on "How Body Dysmorphic Disorder Works" by iHeartRadio, it is learnt that generally, there are BDD patients who opt for cosmetic surgeries rather than seeking help from a medical professional. They choose to go for cosmetic surgeries with the mindset that their flaws and imperfections will be fixed and mended. However, even after receiving surgeries, the patient does not feel content and rather starts picking up on another flaw in their bodily appearance or even to some extent end up blaming the surgeon that it was not done well. This highlights the importance of seeking help from a medical professional and therapy session rather than neglecting it and opting for other choices. No other help will be as reliable as the professional help from the experienced medical experts because the symptoms itself is irresistible since it is a compulsive disorder. BDD is, as a matter of fact, one of the worst case scenarios that could harm a person mentally so much that it drains away a person's self-esteem and pull down an individual's confidence to the ground level. In that perspective, optimism is what one requires the most in order to get out of such a demotivating situation because it all begins as soon as an individual starts to think negatively about himself/herself, when an individual's mindset is filled with pessimist attitude towards oneself and the others in general. Unlike western countries, medication with therapy is also rarely found in our society because people are not very aware about mental health itself to begin with.

BDD in the Naga Society

In the early Naga society, a man was honoured and known for the number of heads they hunted from their enemies and on that basis, they were tattooed. It was a means through which they found pride in themselves as they brought glory and laurels not only to themselves but to their clan and village. And perhaps this was their only worry and insecurity, especially for the male members of the society. Much other work was to engage themselves in the warfare, defend their territories and conquer the other lands as much as they could, collect the heads which

served as trophies to them. Their sole insecurity was what if they fail to bring laurels to their society, would they be then called a man? Priorities from back then definitely differ from a huge measure from the priorities of today. One can say that modernization has added these issues, the modern era flu in the minds of the people.

To the Nagas, mirror was introduced in and around the mid 60s and 70s. The people bought mirrors for themselves in exchange for money. They were amazed by how the mirror worked. They would carry the pocket sized mirror with them and look at it almost every time, while going to the field and when all the work is set and done they will look at the mirror. It was such a new discovery to them that they loved the idea of being able to see themselves, their own image clearly and exactly as they appeared. It intrigued them for they were now able to see the way they appear to the other people. Their actions were not of obsession but of curiosity about the way they look. They were curious to find out how other people see them as, if they appeared the same way they thought in their head, if it matched their own image, they created of themselves. Looking in the mirror was more like a 'taboo' because it was kept a secret. They were not supposed to look at it or talk about looking in the mirror with the family members. They would sneak in the morning and then look at the mirror. The idea of grooming oneself or simply applying any disguise/makeup was kept a secret from each other though everyone was aware about it, or knew what they were actually doing. For the Naga people, the definition of beauty was very different from the definition of beauty that we know today in general terms. Having a black shaded teeth or green tinted teeth was the sign of being handsome or attractive. Having white teeth was a disadvantage because they were regarded as weird. And rather, man with tattoos was regarded as powerful at the normal standard. They never lose confidence in themselves and they were strong in pride. Back in those days, the standard for appearances was about having multiple body marks and scars. The more neat a person's teeth and body was, the less capable he/she was when it came to the beauty standards. Hence, we see, the scenario was quite the opposite back then from what we see around us today. It was indeed quite a weird yet intriguing perspective back then if we compare to the present situation. But perhaps, it would have been completely normal to a person belonging if that era and rather, he/she may find our present case scenario weird like we feel for their case. This also shows how the advancements in technologies and discoveries have evolved gradually to a very great extent. There is a wide gap between the past scenarios and the present era. And when we look at the present scenario of Nagaland today, it is as if Body Dysmorphic Disorder has taken a different form. Of course, there is no written proof or materials to tell that what existed back then, the curiosity of looking at a mirror, the importance of having tattoos and shaded teeth and so on is a kind of BDD in context to the olden times and the less known and undiscovered era. But there are possibilities that, such was the scenario of mental health and its issues that existed back then. And perhaps, with time, they may have evolved and emerged into different forms as the society evolved and changed into.

The human nature itself craves for attention and the nature of not accepting oneself was perhaps prevalent even before the advancement of technologies or introduction of social media and internet. It will be safe to say that it is not just because of modern technologies and advancements that such issues and disorders are being surfaced today. Mental health had always been existent ever since the existence of humankind. It was just not known and addressed as they are being dealt with today. People back in those days too yearned to be loved and accepted. They had the desire to be accepted in the society. When people's expectations grow wide, they begin to have higher standards in an overall for the acceptance they crave. Failure to meet such leads them to question and doubt whether and if they are even acceptable enough, capable enough and if their own identity is put to question. And this eventually pushes them towards the worse conditions each and every day until they recover out of it.

Body Dysmorphic Disorder is very much prevalent among the Nagas, however, the patients who suffer from it are less aware about their own mental disorders and patients with BDD realize the problem very late. Since people are not made aware of this issue, it is rather regretful when patients finds out about such a severe issue quite late. Usually, in the context of the Naga society, it is found that the patient with such symptoms normally opt going to chapel, house of worship or shrine instead of seeking a psychiatrist, psychotherapist or other counselor or medical professionals. It is not because they do not trust the medical professionals, but because they are less aware about

mental illness or issues related to psychological disorders and end up going to prayer houses or churches when the patient is actually in need of counseling and therapies instead.

Methodology

The data for this research was collected using both qualitative and quantitative method of research. Since there were not much book sources available, an excessive internet research was conducted. The primary data was collected through questionnaires that were distributed among individuals of different age groups, and also through personal interviews with some elderly people and medical professional and experts in the particular field which were very reliable. Secondary data for the research was collected with the help of articles from scholarly journals, National Digital Library of India, podcasts, essays on the topic from people who have had an experience of it, videos from YouTube and so on. This research involves more of analytical analysis to study the research problems. Interviews and questionnaires were the primary tools for the research.

A total of 100 copies of questionnaires were prepared and distributed among the residents of Dimapur in three categories of people from age group- 13 to 19, 20 to 29 and 30 to 40 since there was a requirement of different opinions from the various age groups in order to find out on how each age group experiences or deals with BDD. Among the responses received, 70% were female and only 30% were male respondents. The questionnaires were also distributed 80% among the students because BDD is an issue that has to do mostly with students as they are more vulnerable victims of the disorder. And since the research work is based on the context on the Nagas, personal interviews were also conducted with a medical professional from Eden Hospital, Dimapur and some elderly people.

Findings

According to the data collection and data analysis, a person suffering from BDD is likely to feel ashamed of their appearance to the point where it affects their ability to function in day-to-day live. It affects an individual's way of living to such an extent that it leaves them wondering if they are even capable enough to live at the end. People who fall a victim of it are keen and obsessed on correcting their flaws and are often critical about themselves. They begin to regard and see themselves as unacceptable and out of the ordinary as they obsess on how big their nose is, how skinny their body is, how masculine/feminine they appear to the others, big eyes, unproportionate ears and so on. These so-called flaws however, in most cases, may all be just a myth, a false idea or belief one has been holding on to for a very long time because he/she did not gain enough self-confidence. Scientifically, BDD also usually begins or occurs to a person at their early teenage life. But it does not happen randomly to just anyone or everyone. There are also rarely few patients who has this disorder at their adulthood.

According to the findings, the age group from 13-19 is very self-conscious about their appearances, for instance, their acnes and scars on their faces, the shape of their nose and ears and majority female giving their opinion on how they want an hourglass figure. Even the males have insecurities about their looks especially the thought that their body seemed feminine or felt very feminine. It is found that this age group has higher level of insecurity about their appearances and is anxious about fitting into the society's definition of perfection. They are also the age group more vulnerable to fall a prey to mental disorders if not made aware of taken care of. On the other hand, the age group from 20-29 are more interested and keen on achieving a healthy living, and more inclined on possessing a healthy body. The responses received from this age group were more into healthy diets and healthy body. Rather than appearances that often worries an individual, be it a male or a female, the people of this age group are stressed more on not being able to maintain a healthy living and healthy body, except for some individuals in their early twenties. The outcome was similar with the age group of 30-40 as well. It was found that this age group is the less vulnerable to issues like BDD. It is the age group where, according to the responses, the people are less bothered by any sort of flaw or their appearance. It is the stage where any sort of ugliness no longer bothered them, how they appeared to others or what others thought of their flaws no longer triggers them.

Differences in the mentality between the male and female respondents were also noted. The female were the ones more prone to be diagnosed with BDD rather than the male. The male patients are often lesser in number and they recover quicker. But that doesn't mean male members are free from mental disorder. Male BDD patients are quite rare and it is not because their mental health is not affected but because unlike the females who somehow open up about the issue more easily, the male patients generally do not prefer to seek help but rather deal on their own or keep their problems to themselves.

Conclusion

Through various data analysis it observed that there are rarely people who come forward to seek help from a medical professional in regard to BDD, especially in the Naga context. This is probably because most of the patients are not even aware of the fact that they are a victim of a mental health disorder. Such issues are normally not addressed which is why most people may not even know they can seek help for the trouble and struggle they are going through each day. And whenever such a situation arises, the condition of the patient may get worse leading to some relentless life decisions. When such a serious issue is not known, it is generally difficult for the people to even help the person suffering from the disorder. The reason why only one or two out of ten patients come out on their own seeking for medical help from a medical professional in the Naga society is also primarily because of the social discrimination that may follow along with the diagnosis mainly because the people are yet to be educated on the topic of mental health.. Since the issue of mental health itself is not usually brought to light out in the public, the ignorance and negligence of such importance serves as the biggest setback when it comes to mental health. Be it the younger generation or the older generation, even if they are going through some minor or major mental health issues, often, most individuals go through it alone and on their own because firstly, it is considered a shame to talk about one's mental health issues especially among the youth as such topics are not openly discussed even with the peers. Secondly, though the issue may be common and prevalent, people are unaware about it most of the times. In a group of students from a particular class, nearly 3 to 4 out of the 10 students may be going through the same pattern of depression, anxieties or mental health issues. However, since they themselves are unaware of the existence of such an issue, or the importance of mental health, they go through the struggles on their own until they are either able to cope up with it or end up among the severe BDD patients. Thirdly, apart from the poor mental health education failed to provide among the students, there is also very little mental health education and mental health awareness given to the parents who are responsible in guiding their children. Since the parents are unaware themselves, they fail to provide their children in educating them about mental health. Great number of teenagers among the Nagas are going through BDD, but the effects are less complicated and mild and the actual cause of BDD is due to lack of mental health education. The topic of mental health education and Body Dysmorphia should be made flexible and must be addressed openly so as to create awareness among the people.

Acknowledgement:

This research was done as a part of the College Sponsored Research for a period of six months i.e., from December 2020 to May 2021. The team would like to thank the Management, St. John College, Dimapur, for sponsoring this research. Heartfelt gratitude to Ms. Inakali Assumi, Asst. Professor and HoD, Department of English, St. John College, for guiding this research. We thank Dr. Linoto Assumi, Psychotherapist, Eden Medical Center, Dimapur, for providing us with valuable insights and guidance which helped this research move forward. Finally, we thank all the respondents and the interviewees for their honest responses and the valuable information.

References

Cotterill, John A. "Body dysmorphic disorder." *Dermatologic clinics* 14.3 (1996): 457-463.

- Davis, Kathleen. What's to know about Body Dysmorphic Disorder[Online]Available From: <https://www.medicalnewstoday.com/articles/309254>. [Accessed: April 2021].
- Hollander, Eric, Lisa J. Cohen, and Daphne Simeon. "Body dysmorphic disorder." (1993): 359- 364.
- KA Phillips, RD Crino - Current opinion in psychiatry, 2001 - journals.lww.com.
- Marks, Tracey. What is Body Dysmorphic Disorder. YouTube, commentary by Dr. Tracey Marks, 11th September, 2019, <https://youtu.be/P15WyY18Goc>
- Medical Centric. Body Dysmorphic Disorder (BDD), Causes, Signs, and Symptoms, Diagnosis and Treatment. YouTube, 13th April, 2019, https://youtu.be/LZ136g_qWEs
- Phillips, Katharine A. The Broken Mirror. Oxford, 2005.
- Phillips, Katharine A., and Raymond G. Dufresne. "Body dysmorphic disorder." *American Journal of Clinical Dermatology* 1.4 (2000): 235-243.

Interviews

- Assumi, Linoto. Personal Interview. 26th February 2021.
- Bongkup. Personal Interview. 24th March 2021.
- Lekhai. Personal Interview. 24th March 2021
- Ngento. Personal Interview. 24th March 2021.
- Nyeiba. Personal Interview. 24 March 2021.