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## Morselli's Legacy: Dysmorphophobia

In this issue, Philip Snaith [1] provides a balanced and lucid clinical appraisal of the emerging field of body image disorders, including dysmorphophobia or, in DSM-III-R terms, body dysmorphic disorder. The clinical concept of dysmorphophobia was introduced by an Italian psychiatrist, Enrico Morselli (1852–1929), about a century ago. Morselli was a brilliant psychopathologist and a prolific writer. Since his original description of the disorder appeared in a journal that is difficult to retrieve and in a language (Italian) which is not universally understood, Morselli's observations are often misquoted in the English literature. It may be worthwhile, therefore, to summarize here his original paper and to quote and translate its most significant parts. First of all, it should be mentioned that, unlike Westphal who defined agoraphobia on the basis of a few

patients, Morselli [2] outlined the concept of dysmorphophobia from personal observations on 78 patients, a point he frequently mentioned when criticizing speculations on single cases. Morselli defined dysmorphophobia as 'the sudden onset and subsequent persistence of an idea of deformity; the individual fears he has become or may become deformed (*δυσμορφος*) and feels tremendous anxiety (*φόβος*, fear) of such an awareness'. He then described the complex psychopathological connotations of the disorder.

First, Morselli emphasized the phobic anxiety in dysmorphophobia and associated it with other phobic disorders, such as agoraphobia or claustrophobia. Such a phobic component is currently denied by DSM-III-R, as Snaith [1] points out. Yet, avoidance may underlie dysmorphophobia [3], medical

disorders that affect body image, such as hirsutism in women [4], are likely to induce social and interpersonal avoidance, and dysmorphophobia is amenable to treatment by exposure therapy [5].

Morselli also stressed the obsessive nature of dysmorphophobic impulse, characterized by the individual's awareness of the preoccupation being out of proportion and some degree of self-fulfillment in checking the perceived body abnormality. 'The dysmorphophobic patient', he wrote, 'is really miserable; in the middle of his daily routines, talks, while reading, during meals, everywhere and at any time, he is caught by the doubt of deformity, which could have developed in his body even without him being aware ...' The patient has to check his nose, skin, arms obsessively. At times such checking prompts relief; other times it is useless. These obsessive

features of dysmorphophobia have been confirmed by several authors [6].

Morselli did not forget to mention some links of dysmorphophobia to hypochondriasis and to paranoid delusional disorders.

Contrary to what Phillips [6] reported, Morselli did not believe dysmorphophobia to be a rare disorder and he indeed collected 78 cases. He described his inability to detect a family history of psychiatric illness (except neurasthenia in a few cases) in the majority of patients. Similarly, he was impressed by the absence of pre-phobic personality disturbances in many patients.

Morselli observed that the prognosis could be very variable, ranging from chronicity to spontaneous recovery. In some cases, dysmorphophobia may herald a paranoid disorder.

One century later, as Snaith [1] remarks, many clinical issues surrounding body image disorders are still unsolved and there is insufficient research on them, despite their importance and prevalence in medical practice. Enrico Morselli not only coined the term dysmorphophobia, but also provided a clinical description which has survived the test of time.

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## References

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