On Dysmorphobia

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INTRODUCTION

Anthrophobia, that occurs by preference in adolescence, is accompanied by erythrophobia in many patients in Japan. Recently, however, erythrophobia has seldom been encountered in the psychiatric clinic, and instead, cases of anxiety over suspected body odor, and dysmorphophobia have increased in number.

The former falls within the purview of obsessional neurosis, as alreay reported on (Yamada et al. 1977)[1], but is now believed to be akin to schizophrenia. The latter is believed to be non-schizophrenia.

Now we would like to discuss whether dysmorphophobia could exist as a seperate disease, clinically, or, if it is a symptom of an other psychiatric disease.

MATERIALS

The subjects, 10 patients, complained mainly of dysmorphophobia. We examined and treated them in the eight years since 1969, the outline of which is shown in Table 1.

Group A is a group of patients in whom obsession about a physical defect is fixed, and may at times, be complicated with a fear of emitting body odors, but does not progress further and takes a mono-symptomatic course.

Group B includes patients who showed dysmorphophobia as a sign of schizophrenia and other psychoses.

The disease occurs at age 14 to 20, and is often found among those attending junior high schools, senior high schools and universities. There are more male patients with the male-female ratio being 8 : 3, which attracts attention.

The period required from the onset of disease to medical examination is from six months to eight years.

Table 1.

	Patient No.	Sex	Age of onset	Age of first consultation	Contents of dysmorphophobia	Experience with fear of emiting bad odors	Other symptoms	Results
Group A	1	Male	17	22	Sagged eyelids	+	Hypochodriacal idea	Adapted to the society
	2	Male	14	15	High-torsoed	+	Failed to attend school	Adapted to the society
	3	Female	16	18	Tip of nose is red	+	Failed to attend school	Adapted to the society
	4	Male	18	22	Swollen cheeks	+	Remaining in the same class; acting out	Unchanged 5 years
	5	Male	18	20	Distorted face	+	Remaining in the same class; idea of persecution	Adapted to the society
Group B	6	Male	15	19	Irregular row of teeth	+	Domiciliary confinement; abulia	In hospital
	7	Female	18	24	Face inflating laterally	−	Domiciliary confinement; autism	Conditions not stabilized
	8	Female	20	28	Eyes are not equal	−	Fear of eye-to-eye confrontation; delusion of reference	Conditions not stabilized
	9	Male	21	25	Wings of the nose are not equal	−	Difficulty in concentration; anxiety	Unchanged, 3 years
	10	Male	19	22	Bridgeof the nose getting flat	−	Unable to report to office; hypochondriacal delusion	Committed suicide

REPORT OF CASES

Case 1: 22 years of age at the first medical examination, male, university student. The youngest of four siblings.

In his childhood, he was shy and retiring, reticent, nervous and stubbrn, but his grades at school were good, and he, through his actions caused no embarrassment to his parents.

In the third year of senior high school, he had taken a daily one-hour nap during his preparation for his university entrance examination, and was told by a friend of him that, "Your eyes are bloodshot". When he took a good look at his face in a mirror, he found his eyes to be bloodshot, as told, but also noticed that his eyelids had become puffy, and that he had a single eyelid instead of the double eyelid he believed himself to have. He went to an ophthalmologist for medical treatment, and soon after an injection the discoloration disappeared, but swelling of the eyelids did not improve. He was satisfied with the ophthalmologist's explanation that, "It is probably due to want of sleep".

After entering the university he desired, he was able to have a relatively regular life every day, but the swelling of the eyelids did not improve at all, and he started believing that his vision in the left eye was diminishing rapidly. Unable to stand it any longer, he consulted his mother, and was told, to his surprise, that about two years of age he took a violent fall in the garden and hit his left eyelid against a stone. Aferwards, unless he looked at himself in the mirror many times a day and used an eye lotion, he became anxious.

Concerned about his face, he would skip lectures, and spend most of his time looking in the mirror in his boarding house. As a result, he remained in the same grade for two years. At around that time, he had diarrhea and constipation, alternately, and as a result, he developed a fear of having offensive body odor.

At around age 22, he was seen at the Department of Neuropsychiatry, Yamaguchi University, complaining that he could not obtain the credits necessary for graduation unless he attended the practical course, and that he worried about seeing his classmates, fearing that they would say something about his face and his body odor.

Following guidance that he should not lead an indulgent, over-stressful life, and particularly, to take meals regularly, the gastrointestinal symptoms disappeared, and at around the time when he started working on a graduation theses, at age 23, he was relieved of the fear of body odor. However, he persistently complained that when he was emotinally

strained, the left eyelid got swollen, and his double eyelid became single, giving birth to a difference in the size of the eyes on the right and left. As a result, he refused to make efforts in finding employment.

His attitude changed, exemplified by his remark, "I've given up worrying about my face. It's not the face, but the heart that counts". And, at that time he decided to enter a firm, even though it was not as prestigious as he had desired.

He has since been doing relatively well.

Case 7: Initial medical examination taken at age 18; a senior high school girl; the eldest of two siblings. Her paternal uncle was once as dmittedo a mental hospital for treatment of paranoid type schizophrenia.

She had been gentle, shy and retiring from childhood. She could not communicate clearly her thought to other people. Her grades at school were good, but she was told by a teacher in charge of her class that it was impossible for her to enter the university she desired, considering her present grades; so, she reluctantly decided to take an entrance examination for a junior college.

From around that time, she came to notice a strange smell like perfume, and found it offensive, and started taking baths several times a day. She was obsessed with the idea that she might be emitting the offensive odor.

In college, she appeared to have had no psychiatric problems. Immediately after graduation, her family brought up the subject of marriage to her, and when she opposed it, her uncle, mentioned earlier, hit her on the face, and her cheek swelled. From that time on, she became reluctant to leave the house. When visiting a beauty salon, she would select a time when there were no other customers there. There, she would giggle, or cry, without any reason, while looking in the mirror.

With sleeplessness, anorexia and loss of will power becoming conspicuous, she was seen at the Department of Neuropsychiatry, Yamaguchi University at age 22.

She said her face swelled and returned to normal like a balloon, which she positively attributed to her being hit by her uncle. She also insisted that such a phenomenon would occur repeatedly while looking at herself in the mirror.

At age 23, she got married, but immediately afterward, she started projecting delusions of persecution on her husband, while apathy and a tendency to autism became all the more conspicuous. At the same time, her complaint about dysmorphophobia began vanishing.

DISCUSSION

Two groups exist, namely, a group in which the patient has dysmorphophobia as the chief complaint, sometimes complicated by the mono-symptomatic experience of emitting body odor, and a group in which dysmorphophobia appears as one symptom of schizophrenia. Case 1 is a representative case belonging to the former, and Case 7 belongs to the latter.

Aoki et al. (1975)[2] hold that there exists "délire pubére", with dysmorphophophobia as the chief complaint, in addition to the above-mentioned classification. It is a type of abnormal confident experience which occurs by preference in adolescence and delusions of reference along with various phobic symptoms are observed.

According to our observations, it is mentioned as a characteristic that, the patient is often confused with the experience of emitting body odor among patients who have only phobia, and obsessional symptoms, without delusive symptoms, in their long clinical course.

As already reported by us[1], many patients complain that the bad odor is emitted spontaneously somewhere from their bodies, and there is a strong nuance of "egorrhoae symptome" (Fujinawa, 1972)[3]. This complaint of "ego" being leaked out spontaneously indicates the underlying of as impairment of self-conciousness. It is considered to be the basic symptom of schizophrenia.

As is particularly the case with the mone-symptomatic group, a physical defect is the object of the patient's agony and they worry lest third parties taking notice of it, criticize or ridicule it. Herein lies the characteristics of dysmorphophobia. A non-schizophrenia coloring is in that the patient is conscious of "self" rather than "non-self" and worries.

Dysmorphophobia is a conviction which is above criticism to the patient, and in this sense it is delusion itself. This delusive conviction becomes firmer as the patient constantly looks in the mirror for confirmation, and has abnormal experiences (Aoki et al. 1975)[2].

This conviction is quite strong, as illustrated in Case 10, in which the patient complaining obstinately that, "My nose is getting flat". underwent plastic surgery of the nose and killed himself by hanging at age 28, despite the successful surgical operation. In this case, the patient was showing something like a manic-depressive symptom, for instance, squandering time when he underwent plastic surgery, and it could possibly be said that the suicide was a result of a depressive state. However, the complaint that, "my nose getting flat" is beyond our

comprehension and should be interpreted as a hypochondrical delusion. Yet, it could also be understood as cenesthopathy.

In Case 10, a phenomenon of a period of overconfidence was observed, which may be termed self-conceit, and a period of a loss of confidence appearing alternately, as is often seen in anthrophobia. Thus, diagnosis of affective disorder cannot be made offhandedly.

As for the clinical course, dysmorphophobia itself is often transient in a group in which the patients complain of dysmorphophobia as a symptom of psychosis, the chief disease.

In a group in which the patients complain of dysmorpophobia in its pure form, however, there is a strong tendency for dysmorphophobia to calm down as the patient passes adolescence.

In the latter, many cases are complicated by the fear of emitting a bad odor, and they are not necessarily rated good in terms of social adaptability, probably due in part to their introspective character before the onset of the disease. There is no solid evidence that they are outside the purview of simple-type schizophrenia. This point would require further long-term observation in the future.

The idea of reference, as a single symptom develops, secondary to physical defects that the patient himself worries about in a group of patients who have dysmorphophobia. However, this does not impart the nuance of the patient being persecuted by others, as in schizophrenia, but the patient rather shows a strong tendency to shun others simply because of his firm belief about his physical abnormalities.

Concerning the relationship between fear of eye-to-eye confirmation, fear of emitting bad odors and schizophrenia, Kasahara (1972)[4] wrote a fine book which has been published.

Yamanouchi et al. (1971)[5] understood it as a characteristic nature of the young suffering from the dual structure of physical "self" and mental "self", and paid attention to the personal relations of the patient.

Uchinuma (1977)[6] presented cases in which symptoms progress from erythrophobia to fear of eye-to-eye confrontation and further to dysmorphophobia.

What should be mentioned lastly is the fact that anorexia nervosa is found mainly in women and that dysmorphophobia is often seen in young men. This phenomenon is very interesting to psychiatrists dealing with adolescents.

In another report (Yamada et al. 1978)[7], we understood anorexia nervosa as a "rejection of maturity", maintaining that women express

rejection in a physical aspect, but that in young men, it is a manifestation of avoidance of a social role they should play as a constituent member. That is, there will increase occasions on which medical treatment is given to women with anorexia nervosa.

If this idea is warranted, it will become easier to understand that dysmorpophobia, a mechanism to avoid maturation at a place of social contact, in other words, a place of confrontation of "self" and "non-self" is found more often in men than in women.

Meanwhile, Kretschmer (1950)[8] maintained that "it is not that there is a disease called anthrophobia but that there only are anthrophobic people".

All considered, many questions still remain to be solved as to whether or not dysmorphophobia constitutes one separete disease, and there is need to accumulate more observations and continue making analysis of results thus obtained.

SUMMARY

We have discussed symptoms of dysmorphophobia and mechanism by which it is produced on the basis of our experience in 10 cases with dysmorphophobia as chief complaint.

Studies were made on a group of five patients who complained of only dysmorphophobia in a mono-symptomatic way and a group of five patients who had a disease coming under the purview of schizophrenia with complaints of dysmorphophobia as a symptom of thct disease.

Dysmorphophobia in the former group was delusion as a manifestation of avoidance, and cases belonging to this group are considered to be a type of anthrophobia, and they are also characterized by being complicated with a fear of emitting bad odors.

Patients with this type of anthrophobia are composed mostly of men in adolecence, which is interesting in comparison with the fact that anorexia nervosa is often found in women.

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