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BRIEF COMMUNICATIONS

DYSMORPHOPHOBIA – A CASE REPORT

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Morselli (1886) first coined the term *dysmorphophobia* for the complaint of "a physical defect in personal appearance" which the patient thinks is noticeable to others, although his appearance in fact remains by and large unchanged.

This condition has often been considered as ominous because dysmorphophobia has earned the notoriety of being considered a harbinger of schizophrenia. Bychowski (1943) gives detailed case histories of patients where changes in body image appeared in the initial phase and the psychosis crystallised around these later on. Fenichel (1945) mentions similar bodily complaints in incipient schizophrenia, interpreting this as a sign of regression to narcissism. Stekel (1950) mentions dysmorphophobic preoccupation as an illustration of obessions developing into delusions. Gilles (1958) quotes patients complaining of asymmetry of the face or deformity of the nose, when the face is in reality quite pleasing and so on. This he considers as an early sign of schizophrenia. Korkina (1951) described 41 cases, emphasizing the rarity of the syndrome-35 out of these received a diagnosis of schizophrenia. Some authors, such as Meyer-Gross, have indeed felt that all patients who hold sensitive ideas of reference in regard to their bodies or bodily functions, are schizophrenic. Anderson (1964), while stressing the diagnostic difficulty in such patients, felt that the majority were probably mild cases of the schizophrenic illness. Thus there is abundant evidence for considering dysmorphophobia to be a malignant symptom, in the sense that it may be delusional, and even if it appears to be only of the nature of an obsessional pre-occupation the case may still be one of pseudoneurotic schizophrenia. Janet (1908) opined that dysmorphophobia is something rooted in the personality. Very often such cases can not be diagnosed as neurotic or psychotic without long-term observation. Walter (1965) also stresses the difficulty in diagnosis but in another way. He contrasts the hypochondriac with the dysmorphophobic-the former wanting to draw attention to himself by saying he is not normal, the latter wishing to appear normal but feeling that other people notice he is not. However, both these conditions are liable to delusional elaboration.

Hay (1970) reported 17 patients with dysmorphophobia and found them severely disturbed psychologically as a group out of which five were diagnosed to be psychotic. Dysmorphophobia was found to be non specific as a symptom but was shown to be associated with a particular personality type.

Francis and Gipson (1978) reported a longterm follow-up of this condition and concluded that there was a significantly high incidence of schizophrenia among dysmorphophobics.

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The present communication seeks to present a case of this condition seen at the P.G.I. Chandigarh, which even on follow-up for 1 year, did not yield any convincing evidence of schizophrenic process beyond a temporary social withdrawal.

Case Report

Mr. P. S., 20 years, complainted that his "chin is small, lips thick, cheek bones raised, nose too long but not well-chiselled" and went to consult a plastic surgeon for this who referred him to the psychiatrist. His preoccupation with facial features started when he was 10-11 years old while reading comic books, in which there were coloured sketches of characters "with perfect facial features". He first started copying the faces of these sketches in drawing and then started paying attention also to the facial features of people around him. While he looked at others, he also critically looked at himself in the mirror to find out what improvements could be possible in his own physiognomy. At this time in a magazine he came across photographs of some individuals before and after cosmetic surgery. This gave him the urge for getting his own face-lift done through plastic surgery. Gradually his desire for cosmetic surgery became more and more intense. At 10 years, he could complete his school with very good marks and then joined the National Defence Academy. In the NDA, his preoccupation with his own face, and his desire for correction of his facial features increased enormously, so much so that it began to interfere with his studies. Consequently his performance at the NDA began to decline. In December, 1974, he developed 'some breathing trouble' and underwent an operation for deflected nasal septum. After this, however, he bagan to feel that his operation had disfigured his nose, and that it had become "flattened, somewhat dropping and a little broader". His performance in his examination at the end of the term went down so much that he failed in the terminal examination.

In October, 1976 he sustained a fall from a horse, bled through the nose and had severe headache. He was hospitalized for observation but recovered uneventfully. After this, however, his preoccupation with his own facial features became subject to disciplinary action and finally was boarded out in April 1977 on medical grounds. He passed his B.A. as a private candidate after his discharge. It was during this period that he confided in his parents the preoccupation he had with his own facial features and expressed a desire to be shown to a plastic surgeon. He succeeded in inducing a plastic surgeon to do a rhinoplasty on him in January, 1979. However, he was not fully satisfied with the results and kept on consulting a succession of plastic surgeons but they declined to help him any further. Finally one of them referred him to a psychiatrist. His symptomatology by then had intensified so much that he was not doing anything at home, was restricting himself mostly to bed, talking scantily even with family members and occasionally had to be persuaded or coerced even to attend to his personal hygiene.

No *family history* of mental morbidity could be elicited. The patient, 2nd in the sibship of 3 : his father, 54 years., a Colonel in the Army and mother 44 years., graduate, housewife, were all well adjusted.

Premorbidly, the patient is described to be an outgoing, witty boy, somewhat obsessive in habits but quite self-confident.

On examination, no physical abnormality was found. His facial features were quite

pleasant, though he was himself quite convinced they were not. He firmly believed that corrective surgery was needed and was much distressed over his "blemished" facial features. No thought disorder, perceptual anomalies, or other cognitive disturbances could be detected. Dysmorphophobia appeared to be the sole psychiatric symptom and almost of delusional intensity.

Psychological Tests: The Rorschach test indicated that the patient was well above average intelligence and had good contact with reality. It gave no evidence either of a schizophrenic process or of organic brain damage-the latter was also ruled out by the Bender Gestalt test. TAT indicated high ambition, but difficulty in establishing inter-personal relations as well as personlized emotions and gave evidence of ambivalence towards female authority figure. The Sentence Completion Test revealed hightened self consciousness, somatic anxiety, high ambitions coupled with lack of energy. This test also showed certain bodily preoccupation like 'I always wanted to look good", 'I could be perfectly happy if I had a good face and body', 'My secret ambition in life is to look good, I wish I could close the fear of becoming bad'. On Personality Traits Inventory, he was below the norm-one S.D. on the scale of activity, and the cyclothymia, and above the norm + one S.D. on introversion. No disorder of abstract thinking as discovered on the Proverbs and the Similarities Test. His score was within the normal range on the Psychotocism scale. On draw a Person Test, the patient produced a good drawing without any bizarre body-image, distortion or any other abnormality. On P.E.N. (Eysenck) questionnaire he showed low extroversion score thus indicating introversion, where as P score and L score were within normal limits.

To sum up, the tests did not reveal any psychotic process or organic brain pathology. Introversion, self-consciousness, high ambitions and difficulty in establishing good inter personal relations were found as abnormal personality traits.

Diagnosis

Dysmorphophobia (without convincing evidence of a schizophrenic process)

Treatment

A schedule of psychotherapy was chalked out for him. The patient was first asked to get two persons of his choice to value the facial features of 13 photographs including that of the patient. Then patient's attention was focussed on how the rating differed. But the patient's photograph had been given a high rank by the other evaluators which showed although people differ in their evaluation, they concurred in that the patient is much better compared to others. Thus an attempt was made to enable the patient to face the illogicality of his belief. This was done especially in order to (i) ascertain the tenacity of the delusional belief, and (ii) to see if this tenacity could be overcome. The patient found the session "interesting" but did not think that his situation had improved; yet he became "somewhat hopeful".

In the second session, he was encouraged to find out the source of his resistance to accepting what he was logically unable to defend. He was told that he is using all his reasoning for rationalizing his belief. That he will have to abandon this rationalization in order to arrive at the source of resistance. While the patient was being encouraged to face the source of resistance, he not unexpectedly, became more argumentative. However, he was able to acknowledge to himself that his belief was illogical

but couldn't go any further. He insisted again that plastic surgery is the only answer to his problem.

In the next session, he was told that sometimes when one fails to fulfil a major aim in life, one takes up a minor one as an escape. He was told also what his concern about his face could be such a minor aim behind which might be hidden an unfulfilled major aim which he was not wanting to face. The patient said, he had never thought about it and considered it worthwhile thinking about it.

1 year later, the patient's father reported that patient is reasonably well and has joined a flying club in March 1980 and since then has completed 60 hours of flying. Presently he stays in a hostel and looks after himself and remains in company of other friends. Though he is reserved still but his preoccupation with plastic surgical correction of his face is considerably less intense. He has been taking no drugs all this while. This followup also rules out the development of a schizophrenic process even after 1 year of follow up. If anything, the morbidity seems to have been reversed. When I heard last (1983) he was doing fine and planning to start business on his own.

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