



Enrico Morselli and the Invention of Dysmorphophobia

6

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6.1 Enrico Morselli

The Italian physician, psychiatrist, and anthropologist Enrico Agostino Morselli was born in Modena on 17 July 1852 and died in Genova on 13 February 1929. Therefore, he was a contemporary of turn-of-the-century alienists such as Valentin Magnan (1835–1916), Hippolyte Bernheim (1840–1919), Emil Kraepelin (1856–1926), Sigmund Freud (1856–1939), and Pierre Janet (1859–1947).

Morselli graduated doctor of medicine, in 1874, worked in several mental hospitals (Reggio Emilia, Florence, Macerata, Turin, Genoa), held positions at the medical faculty of Turin, and became a full professor of psychiatry at the university of Genoa in 1889. In Florence, he worked with Paolo Mantegazza, a famous physiognomist. That training probably contributed to the subsequent interest in physical anthropology and body shape.

In 1875, Carlo Livi, Augusto Tamburini, and Enrico Morselli founded, in Reggio Emilia, the *Rivista sperimentale di freniatria e di medicina legale in relazione con l'antropologia e le scienze giuridiche e sociali* (Experimental review of psychiatry and legal medicine in relation with anthropology and legal and social sciences), a scientific journal that is still getting published.

Morselli was importantly influenced by positivism of the nineteenth century, with its emphasis on the *positive* knowledge, imposed on the mind by experience and grounded on verified data. In 1881, he founded and edited the *Rivista di filosofia*

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scientifica (Review of scientific philosophy), destined to become the official organ of Italian positivism.

Furthermore, Morselli introduced some reforms to renew and humanize the Italian mental asylums but, on the other hand, some of his writings seem to support eugenics and pseudoscientific views about the classification of human populations into discrete racial categories.

As a curious scientist, Morselli was interested in exploring unusual phenomena such as hypnosis and mediumism, and he used photography to document the actions of the famous medium Eusapia Paladino and tackle the problem of subjectivity or objectivity of apparitions during spiritual séances [1].

As regards hypnosis, he embraced Bernheim's (*école de Nancy*) psychological interpretation based on the concept of suggestion, rather than Charcot's (*école de la Salpêtrière*) neurological vision. Unlike Charcot, Bernheim assumed that suggestion was the key to all hypnotic phenomena, and the hypnotic state was not a neurosis [2].

In 1926, 3 years before dying, Morselli published *La psicanalisi. Studii ed appunti critici* (The psychoanalysis, studies, and critical notes). In spite of some doubts and critical remarks that the author raised from a medical point of view, these two volumes were one of the first attempts to introduce Sigmund Freud's theory into the Italian culture [3].

Morselli wrote many articles and books on clinical and forensic psychiatry, experimental psychology, sociology, and anthropology. However, in the history of psychiatry, he is known primarily for having coined the word *dysmorphophobia* in the last years of the nineteenth century.

6.2 Birth of the Neologism *Dysmorphophobia*

On April 1891, Enrico Morselli published, in the *Bollettino della Regia Accademia Medica di Genova*, an article with the title 'Sulla Dismorfofobia e sulla Tafefobia due forme non per anco descritte di Pazzia con idee fisse' (Fig. 6.1) [4]. Some authors incorrectly reported 1886 as the publication date of that seminal paper [5, p. 257].

In his article, Morselli created 'due denominazioni nuove' (two neologisms): 'tafefobia' and 'dismorfofobia'. The word *tafefobia* (in English 'taphephobia') was invented to indicate the abnormal fear of being buried alive. It is derived from the Greek τάφος (grave) and φόβος (flight, fear, anxiety, concern, horror). The other neologism, *dismorfofobia* (in English 'dysmorphophobia'), was coined to describe a condition in which a person is tortured by the preoccupation with some imagined or negligible defects in his/her physical appearance. It is derived from the Greek δύσμορφος (misshapen) and φόβος.

In his paper, Morselli did not attach more importance to dysmorphophobia than to taphephobia.

Alle varie forme sintomatiche assunte dalla Pazzia con idee fisse e il cui carattere fondamentale consiste nella fobia che le accompagna, sono da aggiungerne, secondo le mie osservazioni di questi ultimi anni, due non ancora descritte da alcun alienista o, per lo

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Alle varie forme sintomatiche assunte dalla Pazzia con idee fisse e la cui carattere fondamentale consiste nella fobia che le accompagna, sono da aggiungergene, secondo le mie osservazioni di questi ultimi anni, due non ancora descritte da alcun alienista, o, per lo meno, poco conosciute. Esse sarebbero la *dismorfofobia* e la *tafefobia*, due denominazioni nuove che io mi permetto di proporre per la prima volta, ma che sono costruite secondo le norme generalmente adottate dai migliori trattatisti.

La prima consiste nell'insorgere improvviso e nello stabilirsi davanti alla coscienza dell'idea della propria deformità; l'individuo teme di essere divenuto o di poter divenire deforme (*ἑτερομορφία*, deforme) e prova a questa rappresentazione una angoscia indicibile (*φόβος*, timore). La seconda, o *tafefobia*, consiste, invece, in ciò che l'ammalato è incolto dal dubbio di potere essere seppellito ancora vivo quando gli avverrà di avvicinarsi alla morte (*ταφή*, sepoltura), ed il dubbio gli occasiona pure un'angoscia terribilmente penosa. Parmi inutile dare una descrizione particolareggiata delle due nuove forme di paranoia rudimentaria da me scoperte e denominate; non farei che ripetere quanto si trova lungamente scritto intorno alle loro consimiglianze, che son già tanto numerose e svariate, nei libri e nei

Non indico naturalmente nulla degli altri caratteri clinici, sui quali reputo inutile insistere; ma per spiegar meglio il mio concetto dirò che il dismorfofobico sta all'ipocondriaco, che investiga lo stato fisico del proprio organismo, o il tafefobico sta al melanconico, che teme la morte, negli stessi identici rapporti che il rufobico ha col pazzo affetto da delirio di avvelenamento.

Per rispetto alla patogenesi di queste forme, diviene per me sempre più evidente che essa deve porsi in rapporto colle leggi psicologiche dell'associazione, o meglio della sistemazione degli stati psichici, cui io avevo accennato in altra mia nota precedente (1). Gli ultimi studi sull'ipnotismo e le speculazioni d'alcuni distinti psicologi (Ribot, Paulhan, Pietro Janet, W. James, ecc.) ci conducono al concetto che la personalità sia una sintesi sistematica di rappresentazioni e di tendenze. La pazzia, in tutte le sue forme, è da riguardarsi come un'anomala sistemazione o come una disintegrazione degli elementi fisico-psichici che compongono la personalità: del che spero poter dare una dimostrazione in altri miei scritti ulteriori (2). Ma egli è specialmente nella pazzia con idee fisse che noi assistiamo al morboso dissociarsi di codesti elementi: lo stato psichico che la caratterizza, sia esso una rappresentazione, o un sentimento, o una tendenza, irrompe dal fondo dell'incoscienza, e portandosi con veemenza e somma vivacità nel campo appercettivo giunge a dominare nella coscienza e ne inibisce l'ingresso ad ogni altro stato psichico che si trovi con esso in antagonismo.

Genova, aprile 1891.

(1) MORSELLI, *Paranoia rudimentale impulsiva*, « Riv. sperim. di freniatria e medicina legale », 1886.

(2) Nel secondo volume del mio *Manuale di Semeiotica delle Malattie mentali*, che è ora sotto stampa, e in un prossimo *Trattato clinico di Psichiatria* cui attendo da più anni.

Fig. 6.1 First and last pages of Morselli's article on taphephobia and dysmorphophobia [4]

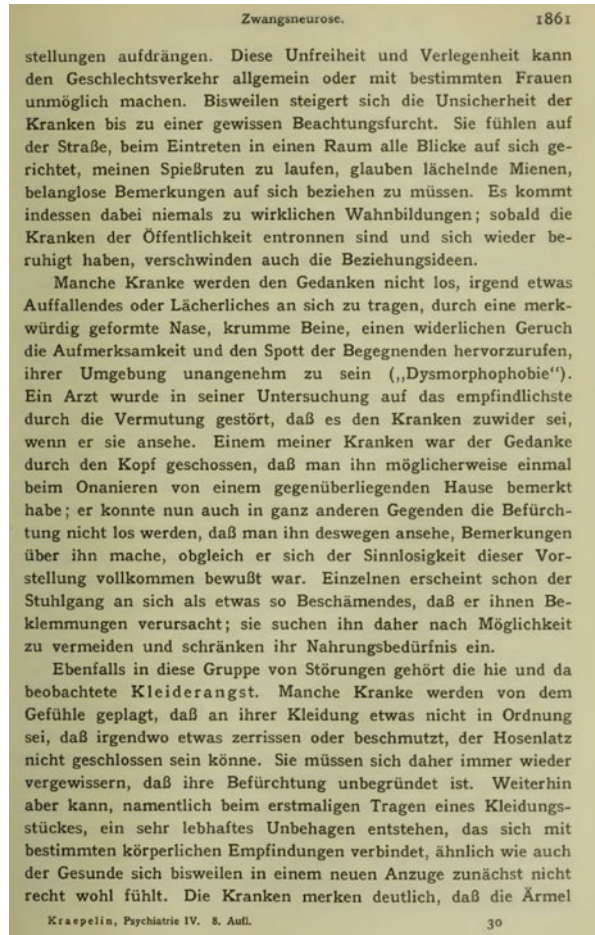
meno, poco conosciute. Esse sarebbero la *dismorfofobia* e la *tafefobia*, due denominazioni nuove che io mi permetto di proporre per la prima volta, ma che sono costruite secondo le norme generalmente adottate dai migliori trattatisti [4, p. 110].

According to some observations I made in the last few years, two new varieties should be added to the various forms of Insanity with fixed ideas, whose essential feature is the phobia that underlies them. They are still undescribed or, at least, not very well-known. *Dysmorphophobia* and *taphephobia* are the two new terms I take the liberty of putting forward, following the lexical rules usually adopted by outstanding writers of treatises.

In an interesting historical review, Berrios remarks that sometimes the creation of the neologism *dysmorphophobia* was mistakenly attributed to the famous German alienist Emil Kraepelin [6]. For example, in 1962, the French psychiatrist Cyrille Koupernik—who named dysmorphophobia '*psychose de la laidetur*' (ugliness psychosis)—indicated Kraepelin as the minter of the new expression [7, p. 321].

In fact, Kraepelin never named the new syndrome in the first three editions of his classic handbook *Psychiatrie. Ein Lehrbuch für Studierende und Ärzte* (Psychiatry. A manual for students and physicians) [8–10]. He introduced the term *Dysmorphophobie* in the German language only in the 1915 edition [11] (p. 1861, line 15), without citing Morselli's work (Fig. 6.2).

Fig. 6.2 In 1915, the word *Dysmorphophobie* appears in an Emil Kraepelin's book [11]



6.3 Morselli's Concept of *Dysmorphophobia*

In 1885, Morselli published the first volume of his *Manuale di semeiotica di malattie mentali* (Handbook of semiotics of mental disorders), mainly devoted to the anthropological and physiological evaluation of the patients [12]. Nine years later, the second volume appeared in which the author underlined the uncertainties of the neuropathological explanations of mental symptoms and gave great significance to the psychological aspects, particularly to the role of the emotions [13]. The paper on dysmorphophobia and taphophobia was written between these two phases. It introduced two new words and, above all, investigated a psychopathological concept.

In the 1891 article, Morselli did not present clinical vignettes of patients with dysmorphophobia. He probably collected his sample of persons with that enigmatic

symptom—the fear of deformity—during the 1880s, mainly in his private practice [6]. But how many patients with dysmorphophobia did he see?

Katharine Phillips, in her excellent book *The broken mirror*, wrote that ‘In the late 1800s, Morselli saw 78 patients with Body Dysmorphic Disorder (BDD)’ [14, p. 20]. This figure appears exaggeratedly high. In fact, Morselli spoke, in his article, of 78 cases, but he referred to the total number of cases of *Insanity with fixed ideas* he had seen in his private practice. The list of symptoms he observed included:

- First, *agoraphobia* (fear of open spaces), *acrophobia* (fear of heights), *aichmophobia* (fear of pointed objects), *belonephobia* (fear of needles and pins), *claustrophobia* (fear of narrow spaces and tunnels), *dysmorphophobia* (fear of deformity), *hyalophobia* (fear of fragments of glass that might be present in foods), *mysophobia* or *rhyphobia* (fear of dirt), *taphophobia* (fear of apparent death and premature entombment);
- Secondly, the clinical pictures that the German psychiatrist Rudolf Gottfried Arndt (1835–1900) called *questioning paranoias* such as *arithmomania* (number madness) and *onomatomania* (name madness);
- Thirdly, the irresistible need to act in some singular manner such as *coprolalia* (outburst of obscene words), *dipsomania* (craving for alcohol), *kleptomania* (urge for stealing), *oniomania* (compulsion to buy), *pyromania* (impulse to start fires);
- And to finish, the *antivivisectionist insanity* (obsessional preoccupation with the suffering of animals subjected to experiments in scientific laboratories) first described by the French psychiatrist Valentin Magnan (1835–1916).

Generalmente queste sindromi psicopatiche si attribuiscono alla influenza ereditaria e si considerano come psicosi degenerative: esse, cioè, per la maggioranza degli alienisti, sono forme della psicosi degli ereditarii (Morel). Ma io ho da qualche anno insistito sul fatto, da me osservato e confermato, che non tutte le pazzie con idee fisse, incoercibili ed impulsive, sono indizio o stigmata psichica di degenerazione. Avendo ormai raccolto nella mia clientela privata circa *ottanta* casi di questa singolare condizione psicopatica (più esattamente *settantotto*), posso riaffermare quanto dissi fino dal 1882 al Congresso Medico di Modena: che, cioè, in un certo numero di casi non è possibile scoprire il benché menomo indizio di eredità psico- o neuro-patica, ma solo uno stato neurastenico qualche volta transitorio [4, p. 115].

These psychopathic syndromes are usually attributed to hereditary factors and are regarded as degenerative psychoses: in other words, for most alienists they are forms of Morel’s hereditary psychoses. However, for some years, I have insisted upon the fact I have observed and confirmed, that not all varieties of insanity with fixed, uncontrollable and impulsive ideas are the sign or the psychic stigma of degeneration. I have now collected, among my private clients, nearly *eighty* cases of this particular psychopathic condition (*seventy-eight*, to be precise), and I can confirm what I said ever since 1882 at the Medical Congress of Modena: namely that, in a certain number of cases, it is impossible to detect the minimum sign of a psycho- or neuro-pathic inheritance, but only a neurasthenic state, sometimes temporary.

The above passage shows that Morselli contrasted in his article the causal theory of *degeneration* developed by Bénédict Augustin Morel (1809–1873) and, later, by

Valentin Magnan (1835–1916). That deterministic model dominated European psychiatry for some decades, particularly in France. It regarded many mental disorders—such as delusional and obsessional states—as *inherited degenerative illnesses* with an inexorable negative outcome. On the contrary, Morselli considered dysmorphophobia, at least in some cases, as an acquired state of *neurasthenia* which may be transitory. Furthermore, he underlined the psychological aspects of insanity with fixed ideas and, in the last lines of his article, he used the word *unconscious*:

lo stato psichico che la caratterizza, sia esso una rappresentazione, o un sentimento, o una tendenza, irrompe dal fondo dell'incosciente, e portandosi con somma vivacità nel campo appercettivo giunge a dominare nella coscienza e ne inibisce l'ingresso ad ogni altro stato psichico che si trovi con esso in antagonismo [4, p. 119].

the typical psychic state of the insanity with fixed ideas—representation, or feeling, or tendency—breaks with great vivacity from the depths of the unconscious into the apperceptive field, dominates the consciousness and prevents the entry into it of any other antagonist psychic state.

As regards taxonomy, generally speaking, an alienist of the late nineteenth century could consider a clinical phenomenon as an alteration of a *cognitive, emotional, or volitional* faculty (e.g. fixed ideas, fears, impulses). Otherwise, he could classify a psychopathological symptom on the basis of its *content* (e.g. anorexia nervosa, hypochondria) [6, 15].

Morselli defined dysmorphophobia primarily by the *content* of the complaint: disliking some parts of the physical body. As Berrios and Kan marked, in doing so the author founded ‘a narrow view of dysmorphophobia’ as a distinct mental disorder [6, p.1]. In addition, he attached much more importance to the *ideational* component of dysmorphophobia (fixed idea of deformity) than to the *emotional* (fear, anxiety, shame) and *volitional* (avoidant behaviours, compulsive checking) elements.

As to the second part of the neologism, Morselli used the term *phobia* in a broad sense that was very common in the nineteenth century and included obsessive thoughts [15]. He always regarded dysmorphophobia as a form of ‘vera pazzia del dubbio’ (true madness of doubts) with ‘idee fisse che moltissime volte danno origine ad azioni coatte’ (fixed ideas that very often give rise to compulsive actions) [13, p. 441].

In the 1891 article, he wrote:

Il dismorfofobico è, infatti, un vero infelice: egli, in mezzo alle sue occupazioni, ai discorsi, alla lettura, durante il pranzo, ovunque insomma e a tutte le ore del giorno, è incolto dal dubbio di una deformità, che possa essersi sviluppata nel suo corpo e a sua insaputa: teme di avere o di *potere avere la fronte depressa e schiacciata, il naso ridicolo, le gambe torte*, ecc. e però si guarda ripetutamente allo specchio, si frega la fronte, si misura la lunghezza del naso, esamina le più piccole macchie della pelle, o investiga su se stesso le proporzioni del tronco e la direzione delle membra, e solo dopo un certo tempo, convincendosi del contrario, si libera dallo stato penoso in cui l'accesso lo ha posto [16, p. 111]

The dysmorphophobic, indeed, is a really miserable individual; in the middle of his daily affairs, while talking, while reading, during meals, in short everywhere and at any time, he is suddenly caught by the doubt of some deformity, that might have developed in his body without his knowing it: he is afraid he has, or he might develop a squashed and flattened

forehead, a ridiculous nose, bandy legs, etc., so he looks at himself in the mirror repeatedly, feels his forehead, measures the length of his nose, scrutinizes the smallest specks in his skin, or inspects the proportions of his trunk and the straightness of his limbs, and only after a period of time, he can to be reassured and free himself from the painful state the attack put him in.

Three years after, in the second volume of the *Manuale di semeiotica*, Morselli mentioned dysmorphophobia only once, in the section ‘Il linguaggio dell’alienato’ (The language of the alienated person). He catalogued this disorder among the ‘Idee morbose’ (morbid ideas), in the general cluster ‘Rappresentazioni verbali di idee fisse, incoercibili e coartanti’ (Verbal representations of fixed, invincible, and compulsive ideas).

In particular, the author classified dysmorphophobia in the subgroup ‘Ipotesi egoistiche per lo più relative alla conservazione e integrità dell’io personale e ai suoi rapporti col mondo esterno’ (egoistic hypotheses that mainly concern the preservation of the subject and his relationships with the external world) [13, p. 440].

Morselli placed dysmorphophobia among *insanities with fixed ideas* and highlighted the obsessional features of that clinical picture. He observed that persons suffering from dysmorphophobia showed all the symptoms contemporary alienists used to describe for the *insanity with fixed ideas*, a condition that Rudolf Gottfried Arndt (1835–1900) also called ‘paranoia rudimentaria’ (rudimentary—or partial or primitive—paranoia) [17, p. 534].

Morselli reported in his article (Fig. 6.3) a summary of the main signs of this group of insanities, according to the school of Jacques Joseph Valentin Magnan (1835–1916). It is possible to find the original schema in a French book published in 1886 by Paul Maurice Legrain (1860–1939) [18, p. 70]. It is exactly alike.

The concept of *insanity with fixed ideas* was widely shared in those years.

Fig. 6.3 Summary of the main signs of *insanity with fixed ideas* or *rudimentary paranoia*. From E. Morselli, 1891 (p. 115)

il Magnan ci ha dato il seguente prospetto:

a	{	1. Ossessione	}	3. Irresistibilità
		2. Impulso		
b	{	4. Coscienza completa dello stato morboso		
		5. Angoscia concomitante		
c		6. Soddisfazione consecutiva.		

Magnan proposed the following table:

a	{	1. obsession	}	3. irresistibility
		2. impulse		
b	{	4. consciousness of the morbid state		
		5. accompanying anguish		
c	{	6. subsequent relief		

Gabriele Buccola (1854–1885) was a brilliant psychiatrist who worked with Morselli in Turin from 1881 to 1885 when he prematurely died. He defined the fixed ideas as ‘mental representations that arise and persist in the consciousness in a coercive way and that German alienists call by a very expressive word, *Zwangsvorstellungen*’ [19, p. 155]. Buccola included under that label phobias, obsessions, impulsions, and delusions.

A classification arranges together phenomena that are like and separates those which appear unlike. Subsequently, nosology studies linkages among different diagnostic categories of a taxonomy. So Morselli explored similarities and differences between dysmorphophobia and other mental disorders.

He noted that some patients with dysmorphophobia were first aware of the absurdity of their ideas but later and gradually lost this critical ability and developed a distinctly recognizable delusion.

Furthermore, he indicated the affinities with certain melancholic and hypochondriacal states but affirmed that the emotional disturbance of dysmorphophobia comes in bouts and is not a stable mood alteration. Fig. 6.4 graphically schematizes the relationships among dysmorphophobia, delusional, hypochondriacal, and melancholic states according to Morselli’s way of thinking.

As regards eating disorders, neither Lasègue’s *anorexie hystérique* [20] nor Gull’s *anorexia nervosa* [21] was mentioned by Morselli in his article on dysmorphophobia. As a matter of fact, Gull and Lasègue did never report in their clinical vignettes the presence of a body image disturbance. The first medical description of a severe body uneasiness associated with eating disordered behaviours appeared 12 years after Morselli’s work (see Chap. 1 of the present book). In 1903, Pierre Janet described the case of Nadia, a girl with anorexic symptoms due to the obsession of body shame (‘obsession de la honte du corps’) [22, pp. 33–40].

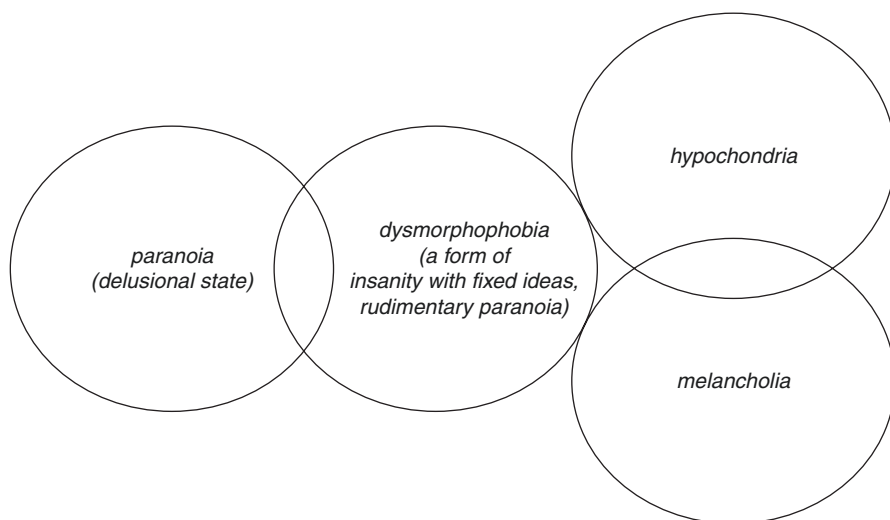


Fig. 6.4 Relationships among dysmorphophobia, delusional, hypochondriacal, and melancholic states according to Enrico Morselli’s thought, 1891

6.4 Use of the Term *Dysmorphophobia* After Morselli

For some decades, the medical literature on dysmorphophobia was poor and scattered, and the new word appeared only in a small number of European publications, mostly of anecdotal nature [5].

In 1905, the Italian psychiatrist Eugenio Tanzi described in his treatise on mental disorders [23] three beautiful young women suffering from dysmorphophobia. He cited Morselli's work and, like Morselli, regarded this clinical picture as a fixed idea, using the term *phobia* in the old broad sense that included obsessional thoughts.

However, it is not without interest that Tanzi considered this clinical picture as 'the teratological chapter of pathophobia' (p. 508), highlighting the relationship with hypochondria. In Tanzi's book, dysmorphophobia was classified as one of the possible psychic symptoms of *neurasthenia*, defined as 'a persistent state of valetudinary, without definite objective abnormalities' (p. 497). *Valetudinarian* is a person whose chief concern is his/her physical health and, indeed, also in dysmorphophobia the body is the central focus of the obsessional thoughts.

In 1909, Robertson and MacKenzie translated Tanzi's textbook and the word '*dysmorphophobia*' appeared in the English language [24, p. 150]. A century later Laurence Jerome provided the first readily available English translation of Morselli's classic paper. It appeared in the journal *History of Psychiatry* with the title 'Dysmorphophobia and taphephobia: two hitherto undescribed forms of insanity with fixed ideas' [16].

In 1915, Emil Kraepelin mentioned, very briefly, some patients who were obsessed by the idea they had a strange nose, or had bandy legs, or smelt bad and, consequently, attracted attention and became an object of derision. Like Morselli, Kraepelin considered '*Dysmorphophobie*' as a '*Zwangsneurose*' (obsessive-compulsive neurosis) and described this condition together with '*Ereuthophobie*' (a nagging fear of blushing) [11, pp. 1860–1861].

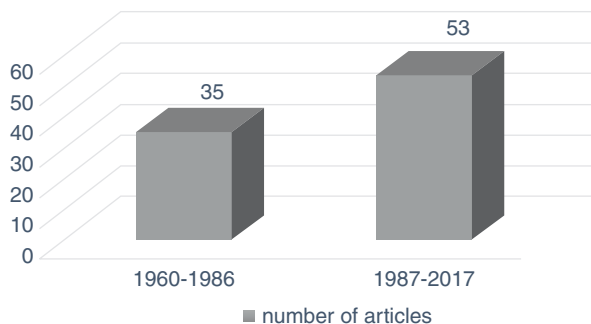
In the tenth edition of the International Classification of Diseases (ICD-10), *dysmorphophobia* is not a specific diagnostic category, but the term still appears to indicate a variant of the *hypochondriacal disorder* (F45.2) or—when it has delusional features—one of the *other persistent delusional disorders* (F22.8) [25].

As regards the Diagnostic and Statistical Manual of Mental Disorders (DSM), the term *dysmorphophobia* was not used in the first two editions [26, 27].

On the contrary, in the DSM-III [28], the word *dysmorphophobia* occurred in the residual category *atypical somatoform disorder* (300.70). The 'atypical' designation was similar to the 'Not Otherwise Specified' category used in the subsequent editions of the diagnostic manual. Four lines described the clinical picture:

An example of cases that can be classified here include those of individuals who are preoccupied with some imagined defect in physical appearance that is out of proportion to any actual physical abnormality that may exist. This syndrome has sometimes been termed 'Dysmorphophobia' (p. 252).

Fig. 6.5 PubMed articles with a title that contains the word *dysmorphophobia*



Seven years after, in 1987, the revised edition DSM-III-R [29] introduced the expressions *delusional disorder somatic type* (297.10) and *body dysmorphic disorder* (BDD) (300.70) to indicate two distinct psychiatric diagnostic categories (see Chap. 5 of the present book). BDD was included in the group of somatoform disorders together with hypochondriasis. *Dysmorphophobia* was officially replaced by the new terms.

However, the old word did not disappear (Fig. 6.5).

6.5 Final Note

In 1891, Morselli coined an Italian neologism that is still being used, '*dismorfofobia*' (English: *dysmorphophobia*; French: *dysmorphophobie*; German: *Dysmorphophobie* or *Körperdysmorphophobie*; Spanish: *dismorfofobia*). Morselli applied the concept of phobia in its broad pre-Freudian sense that did not distinguish phobias from obsessions. He considered dysmorphophobia as an *insanity with fixed ideas*, a group of mental disorders that included phobias, obsessions, compulsive behaviours, and delusional thoughts. To construct this new diagnostic category, he attached more clinical importance to the *content* of the symptom (imagined or negligible imperfections in body appearance) and its *cognitive* component (obsessional or, sometimes, delusional ideas) than to the associated emotions (anxiety, shame). As to aetiology and prognosis, Morselli refused the concept of dysmorphophobia as a *degenerative* (inherited) *illness* and sustained that, at least in some cases, it may be an acquired and transitory state of *neurasthenia*.

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