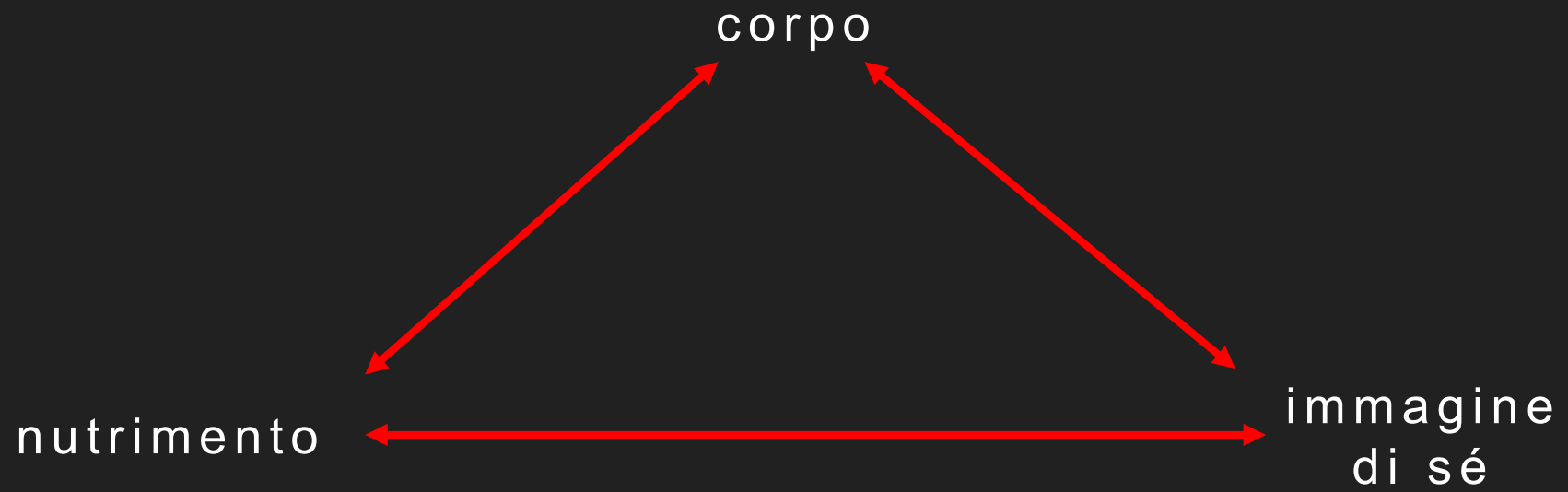




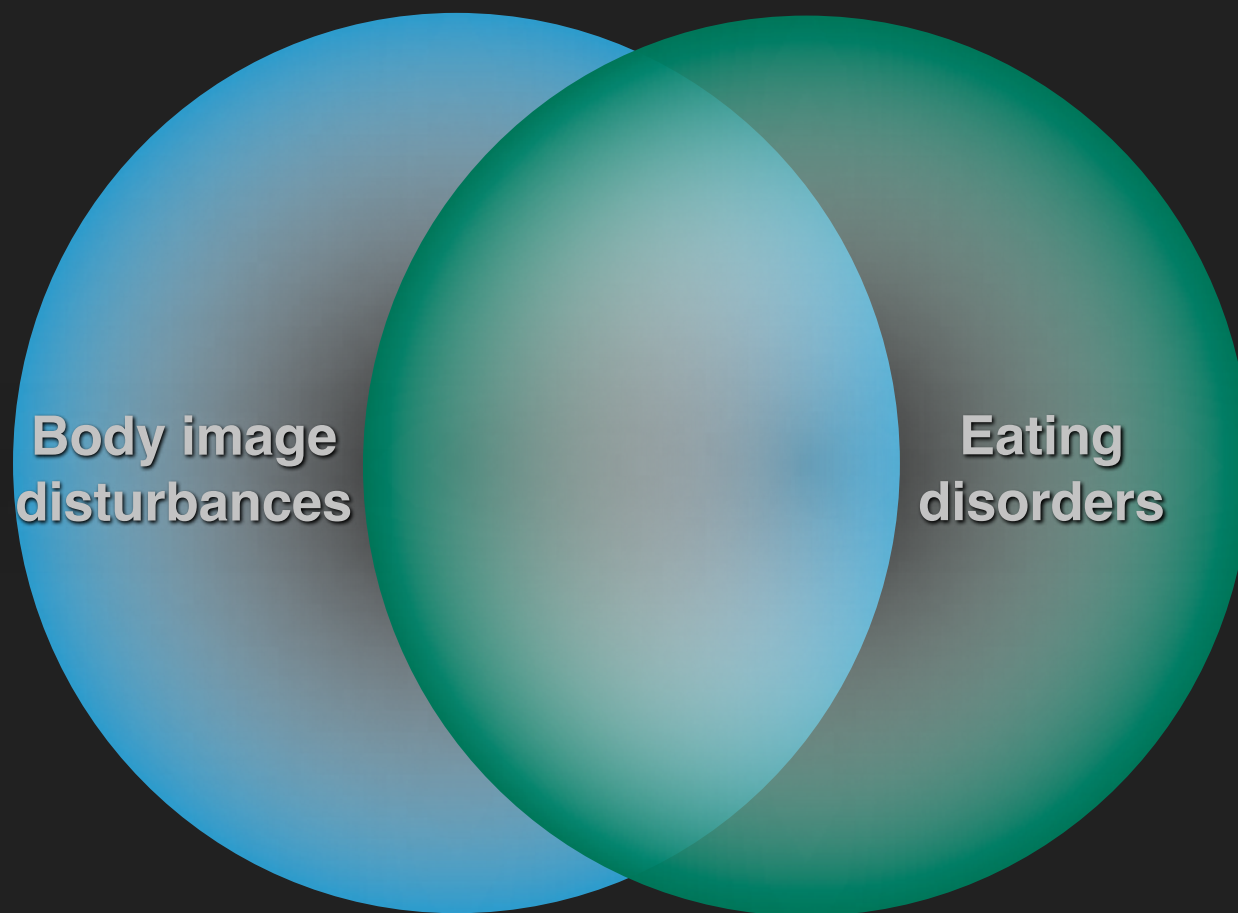
1

nutrizione
e
immagine corporea

non di solo pane ...



un fenomeno del Novecento ...



Pierre Marie Félix Janet (1859 – 1947)



Travaux du laboratoire de Psychologie de la Clinique à la Salpêtrière
TROISIÈME SÉRIE

LES OBSESSIONS ET LA PSYCHASTHÉNIE

I

ÉTUDES CLINIQUES ET EXPÉRIMENTALES
SUR LES IDÉES OBSÉDANTES, LES IMPULSIONS, LES MANIES MENTALES,
LA FOLIE DU DOUTE, LES TICS, LES AGITATIONS, LES PHOBIES,
LES DÉLIRES DU CONTACT, LES ANGOISSES, LES SENTIMENTS D'INCOMPLÉTUDE,
LA NEURASTHÉNIE, LES MODIFICATIONS DU SENTIMENT DU RÉEL,
LEUR PATHOGÉNIE ET LEUR TRAITEMENT

PAR

Le D^R PIERRE JANET

Professeur de Psychologie au Collège de France,
Directeur du Laboratoire de Psychologie de la Clinique à la Salpêtrière

PARIS

FÉLIX ALCAN, ÉDITEUR

ANCIENNE LIBRAIRIE GERMER BAILLIÈRE ET C^O
108, BOULEVARD SAINT-GERMAIN, 108

1903

Tous droits réservés.

Nadia

(Pierre Janet, 1903)

obsession de la honte de soi

obsession de la honte du corps

*il rifiuto del cibo appariva come una manifestazione
specialissima di quest'unico sentimento*

Wulff, 1932

Wulff, M (1932).

Über einen
interessanten oralen
Symptomen-Komplex
und seine Beziehung
zur Sucht

18, 281-302.

case	binge eating	purging behaviors	overweight/o besity	disgust with the body
A	yes	-	yes	yes
B	yes	vomiting	-	yes
C	yes	-	yes	yes
D	yes	vomiting	-	yes

obesity and the body image

Stunkard A, Mendelson M.

Obesity and the body image. I. Characteristics of disturbances in the body image of some obese persons.

Am J Psychiatry. 1967;123(10):1296-300.

Stunkard A, Burt V.

Obesity and the body image: II. Age of onset of disturbances in the body image.

American Journal of Psychiatry. 1967;123:1443-7.

1980': an emerging social stereotype

Judith Rodin, Lisa Silberstein, Ruth Striegel-Moore

Women and weight: a normative discontent

Nebraska Symposium on Motivation

32, 267-307, 1984

ED in Asia: Asian men unaffected?

(early 2000s)

The recent surge in the incidence of AN and BN in Asia is well documented.

There is a relatively high prevalence of

non-weight phobic AN
in Asian females (DSM-5 ARFID)

Asian men appear unaffected

turn of the millennium

Hong Kong

(Lee et al, 1993)

Japan

(Nakamura et al., 2000)

Singapore

(Ung, 2003)

five cases of male ED in Central China

(Tong J et al., 2005)

males with EDs

AN•r 15-year

AN•r 16-year

AN•bp 20-year

AN•bp 20-year

BN•p 23-year

weight-phobia

5 out of 5

homosexual orientation

0 out of 5 (?)

four cases of male ED in Singapore

(Boon E et al., 2017)

males with EDs

AN-bp

AN-r then BN

BN

BED

weight-phobia

4 out of 4

homosexual orientation

3 out of 4

(cases 1, 2, 3)

four cases of male ED in Singapore

(Boon E et al., 2017)

Patient ID	Ethnicity	Body mass index (kg/m ²)	Homosexual orientation	History of obesity	Eating Disorder diagnosis at presentation	Presence of comorbid psychiatric diagnoses
C1	Chinese	16.5	Yes	No	Anorexia nervosa – restrictive subtype	Yes
C2	Chinese	18.8	Yes	Yes	Anorexia nervosa – restrictive subtype	Yes
C3	Chinese	19.5	Yes	Yes	Bulimia nervosa – purging subtype	Yes
C4	Chinese	36.8	No	Yes	Binge eating disorder	Yes

drug treatment for body image disorders

off-label
prescriptions

in BDD

SSRI better than
atypical antipsychotics

(K. Phillips, 2017)

FDA approves Deep Brain Stimulation for Obsessive Compulsive Disorder

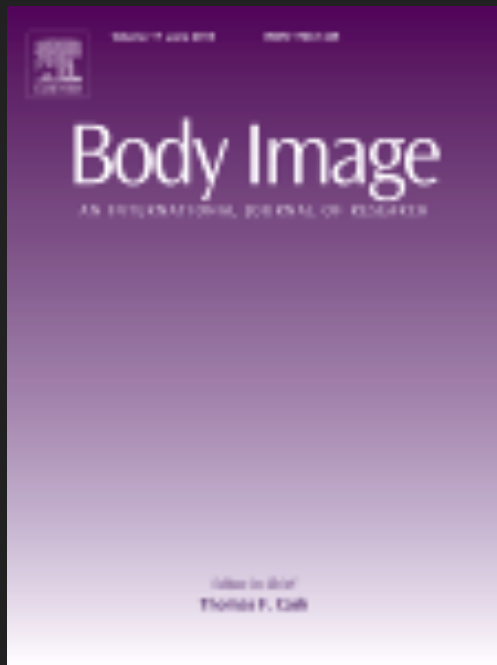
2009

Feb 19, 2009

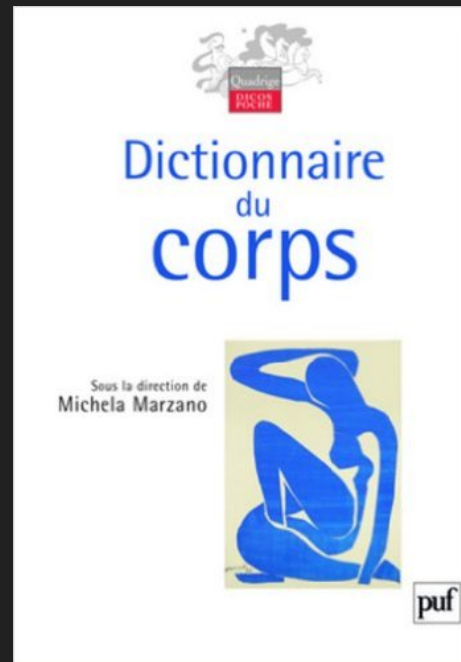
The U.S. Food and Drug Administration today approved a humanitarian device exemption for the first implantable device that delivers intermittent electrical therapy deep within the brain to suppress the symptoms associated with severe obsessive-compulsive disorder (OCD).

2000'

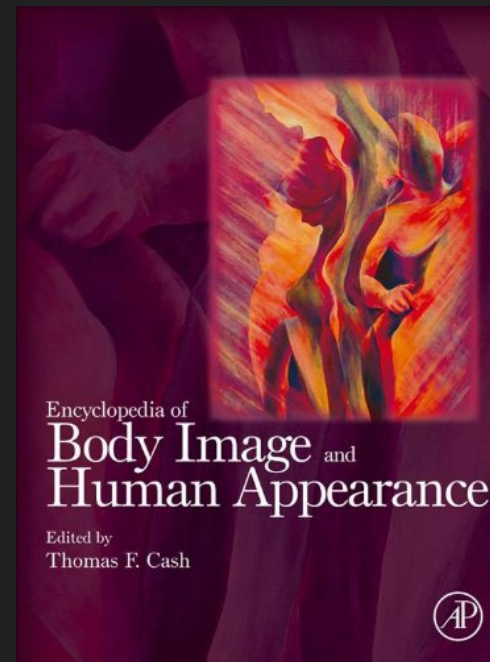
2004



2007



2012



2017





2

schema / immagine del corpo

Pierre Bonnier (1861 – 1918)

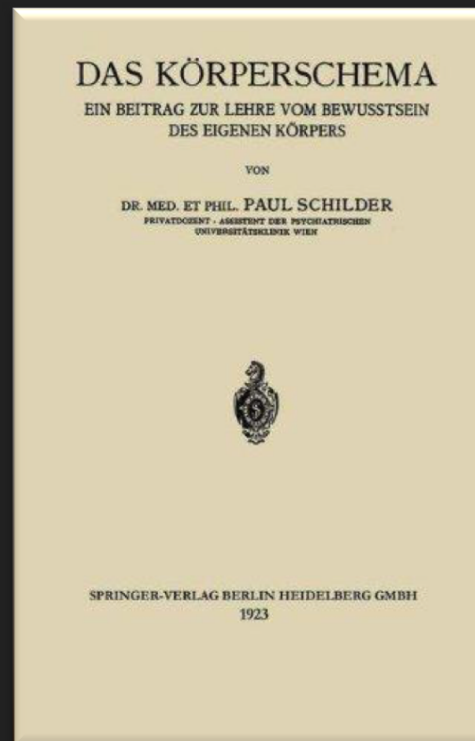


schéma corporel

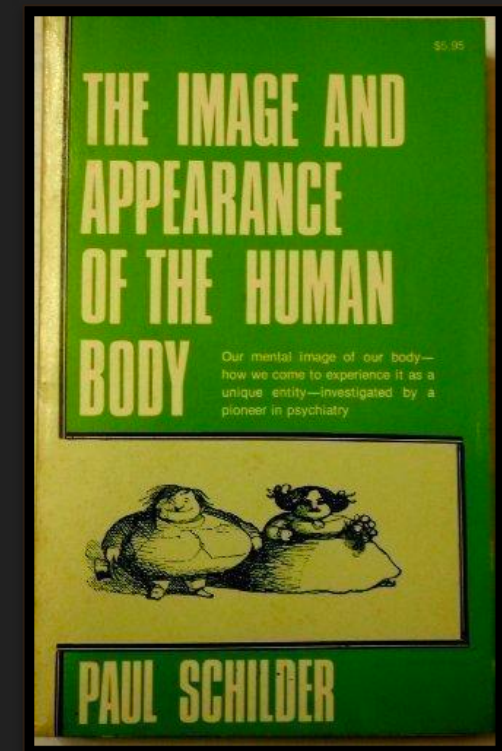
*il cervello disegna
una rappresentazione del corpo,
delle sue parti
e dei suoi movimenti nello spazio.*

Paul Ferdinand Schilder (1886 – 1940)

1923



1935



some disorders of body experience and misidentification syndromes (i

name	definition
allochiria	mislocation of sensory stimuli
anorexia nervosa	intense fear of gaining weight, disturbance in the way one's body weight and shape are experienced
anosodiaphoria	indifference to the existence of a serious handicap
anosognosia	unawareness of a deficit (e.g. cortical blindness, hemiplegia)
apraxia	skilled movements are impaired in absence of peripheral deficits
asomatognosia	unawareness, loss of recognition of part of the body (e.g. the hemiplegic side of the body), expressed verbally or through neglect
autotopagnosia (somatotopagnosia)	inability to locate different body parts on command
autoscopy (heautoscopy, out of the body experience)	seeing a double of oneself, seeing one's own body at a distance, seeing it from a viewpoint outside the physical body
body dysmorphic disorder (dysmorphophobia)	perception of and torturing preoccupation with an imaginary or insignificant defect in one's physical appearance
body integrity identity disorder	urge to be amputated without necessity
body-specific aphasia	loss of lexical knowledge of body parts, disruption of body semantics
bulimia nervosa	excessive concerns about one's body weight and shape
conversion disorder	impairment of a body function sine materia
Capgras syndrome (delusion of doubles)	delusional belief that others have been replaced by doubles, identical or near identical imposters
Capgras syndrome, reverse (reverse subjective double)	delusional belief that the person is a double, the mind has been replaced, but the appearance is the same
clonal pluralization	delusional belief that a number of other persons look like the individual both physically and psychologically

some disorders of body experience and misidentification syndromes (ii)

Cotard's syndrome (delusion of negation)	various delusional beliefs that one's own body no longer exists, is putrefying, is enormous, has lost organs or blood
depersonalization	the individual becomes a stranger to himself, he feels his body, his voice as unfamiliar
Fregoli syndrome	the individual believes that persons, usually unknown, are actually other persons, well known, in disguise
Fregoli syndrome, reverse	the individual believes that others completely misidentify him/her
Gerstmann's syndrome	finger agnosia, left-right confusion, acalculia, agraphia.
hypochondriasis	heightened bodily sensations and tormenting anxiety about the possibility of an undiagnosed illness
intermetamorphosis	delusional belief that others temporarily change into someone else (appearance and personality)
koro	severe anxiety related to the belief that one's own genitalia are shrinking or receding, with possible death
macrosomatoagnosia	to feel the whole body or body parts bigger
microsomatoagnosia	to feel the whole body or body parts smaller
mirror sign (Capgras syndrome with one's own image) (73)	inability to recognize one's own image in a mirror
misoplegia	seeing more than one double of oneself
personal (unilateral) neglect	lack of exploration of half of the body contralateral to the damaged brain hemisphere (usually the right hemisphere)
phantom limb	awareness of an amputated limb, an individual who has lost a part of his/her body still perceives it with or without pain
polyopic heautoscopy	seeing a number of doubles of oneself, sometimes of the opposite sex (heterosexual heautoscopy)
prosopagnosia	face blindness, deficit of the ability to recognize familiar faces, including one's own face
somatoparaphrenia	denial of ownership of one's body part -, e.g. a paralyzed limb - that is attributed to another person
subjective doubles syndrome	delusional belief that other persons look like the individual but have different minds and live different lives
taijin-kiofu-sho	extreme self-consciousness regarding one's own appearance. Four subtypes: phobia of blushing, phobia of one's own foul body odor, phobia of a deformed body or face, phobia of one's own glance or eye-to-eye contact. (see chapter 5 of the present volume)