

Psychiatric Politics: Who's lobbying Who at the APA?

Apotemnophilia or Body Integrity Identity Disorder (BIID)

In its most extreme form Apotemnophilia is characterized by individuals who experience a strong desire for the removal of healthy limbs. There is also a lesser form of the disorder. With the secondary variety apotemnophiliacs present as 'pretend' amputees, often going to considerable lengths to conceal limbs in attempt to appear as if the appendages had been removed. In BIID jargon the latter group are known as 'wannabes.'

Apotemnophiliacs use the term 'Amputee Identity Disorder' (AID) to describe their fixations. The usage intentionally parallels the GID diagnosis in an attempt to derive legitimacy by association. For example BIID discourse associates the desire for limb removal with male to female genital reconstruction, which is interpreted by BIID proponents as amputation of healthy tissue. (below)

But apotemnophilia can extend way past limb removal. Sometimes spinal damage is requested because the BIID patient identifies as a paraplegic. Castration may be demanded when a male targets his testicles as superfluous. Female apotemnophiliacs may request the removal of one or both breasts for the same reason. Demands for surgical blindness or deafness are not unknown!

To equate the disorder with GID, (Gender Identity Disorder) apotemnophiliacs have constructed a comparative rationalization that parodies transgenderism, and associates BIID with primary or true (HBS) transsexualism. Their arguments do not recognize the pseudo-scientific nature of transgenderism, or that many, if not most, primary transsexuals regard it as irrelevant to their own experience. As if to complete the parody, parallels are drawn between transsexualism (which they see as a form of BIID) and transvestism (as alike to wannabes)

This is a cut from an Apotemnophilia website. (Note the use of 'AID' or identity disorder, terminology.)

"AID appears to develop in the early years, usually between the ages of 5 and 15. Most sufferers have a well-formed impression of their desired body image by the time they reach their teens."

And just a little further down:

"Other groups of patients who may seek amputation include those with factitious disorder (Munchausen's syndrome) and body dysmorphic disorder (BDD). Those with BDD perceive the limb as being defective in some way, in contrast to patients with AID who see the limb as being normal but extra to their perceived body image. It seems that AID patients are similar to those transsexuals who amputate their genitalia in order to achieve their desired body image."¹

The BIID parody has its champions. Self professed autogynephilic, Anne Lawrence, writes:

"Body Integrity Identity Disorder (BIID), has sometimes been regarded as a paraphilia (apotemnophilia). BIID appears similar in some ways to gender dysphoria or transsexualism, which is termed Gender Identity Disorder (GID) in the DSM-IV. Persons with BIID and GID both experience a profound sense of wrong embodiment and seek surgical assistance to modify their bodies".sic^{2 3}

Both Lawrence and Ray Blanchard take an interest in BIID, which places them among some serious medical and psychological 'fringe dwellers'. An example is Dr Russel Reid. In 2007 Reid, an expatriate New Zealand psychiatrist, was forced to stop treating so-called Gender Identity Disorders at his London practice following a string of misdiagnoses'.

This is one of several examples reported by England's Guardian newspaper.⁴

Patient D, who suffers from manic depression, told the GMC [General Medical Council] that Dr Reid failed to recognize that she had manic depression when he treated her.

She became wrongly convinced she needed a sex change after watching a TV documentary. The GMC heard that she eventually became so ill that she thought she needed a sex change in order to fulfill her delusion that she was Jesus.

The patient told the inquiry that she only avoided surgery to remove both her breasts - recommended by Dr Reid - because she was found wandering the streets naked and was sectioned.[Legally Committed].

Once in a psychiatric hospital, she was correctly diagnosed with manic depression and, after treatment, said she had no desire to change sex.

Dr Reid's treatment of her was found to be inappropriate, not in her best interests and contrary to international medical guidance.⁵

Reid was involved in a BIID controversy in 2000, when he recommended two patients for non-essential amputations. Britain's 'Sunday Telegraph' quotes Reid as saying,

"I see transsexuals and they want healthy parts of their body removed in order to adjust to their idealized body image and so I think that was the connection for me. I saw that people wanted to have their limbs off with equally as much degree of obsession and need."⁶

Clearly Reid has as much difficulty as Lawrence, Blanchard and the BIID community, in understanding that male to female genital reconstruction actually involves the fashioning of one living, functional, highly sensitive and sexually responsive organ, from the tissue of another. Genital reconstruction giveth: it does not taketh away. Like them, he conveniently omits female to males from the equation. Genetic and neurobiological variation is never mentioned. The life-long commitment to hormones, to maintain the secondary sex characteristics is ignored. Like the others he sees only those few aspects of anatomical sex normalization that support his beliefs. He has been a regular contributor to BIID events, along with Blanchard and Lawrence, since going into semi-retirement.⁷

Apotemnophilia was not included in the DSM-iv. But with BIID disordered individuals actively lobbying to be in the next version (alongside the other 'identity' disorders) it is probably a safe bet for inclusion this time round.

Its anyone's guess what new mental disorders will be invented, or old ones resurrected by Messrs Blanchard and Zucker to explain the classic HBS dissonance between brain and body. But given their obsessive search for new ways to deny the mounting pile of scientific evidence in favor of a biological explanation, and considering the politics involved with DSM inclusion and terminology, primary (HBS) transsexuals have good reason to feel nervous.

Apotemnophiliacs are assured of a more sympathetic ear. The new DSM is due for publication in either 2011 or 2012, and APA/DSM politics could easily see primary (HBS) transsexuals misrepresented as an offshoot of BIID.^{8 9} Much as they have been misrepresented as a gender role transgressive disorder in past versions.

- 1 http://biid-info.org/Amputee_identity_disorder_and_related_paraphilias (BIID Info)
- 2 "Theoretical and Clinical Parallels Between Body Integrity Identity Disorder and Gender Identity Disorder", A. A. Lawrence, <http://www.annelawrence.com/publications/amputation-GID.pdf>
- 3 See also, Lin Conway: At the Third Annual International BIID meeting, JUNE 6, 2003, Blanchard and Lawrence "lump" GID and BIID (a code word for apotemnophilia): <http://ai.eecs.umich.edu/people/conway/TS/Bailey/BIID/BIID.html#BIID>
- 4 <http://www.guardian.co.uk/uk/2007/may/25/health.society>
- 5 Ibid
- 6 The *Sunday Telegraph* Magazine, 15 November 2003 <http://www.parakaleo.co.uk/article9.html>
- 7 See: Third Annual International BIID Meeting, "Stepping Into The Future" Friday, June 6, 2003
- 8 They are not the only ones to draw a comparison: See Carl Elliot, A New Way to be Mad, *The Atlantic*, Dec. 2000, <http://www.theatlantic.com/doc/200012/madness/4>
- 9 Hacking, I. Biosocial Groups and the Future of Identity. *Daedalus International* 2006 <http://www.mitpressjournals.org/doi/pdf/10.1162/daed.2006.135.4.81>