Apotemnophilia: Two Cases of Self-Demand Amputation as a Paraphilia

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The findings in two cases show that self-demand amputation (apotemnophilia) is related to erotization of the stump and to overachievement despite a handicap. The apotemnophiliac obsession represents an idée fixe rather than a paranoid delusion. It may be conceptually related to, though it is not identical with transsexualism, bisexuality, Münchausen syndrome, and masochism. As with most paraphilias it undoubtedly occurs more frequently, if not exclusively, in men. The two patients related apotemnophilia to recalled experiences of childhood which were necessary but not sufficient for a causal explanation. The precise etiology of the condition is not known, and there is no agreed-upon method of treatment.

Introduction

The relationship between sexual attraction and amputated limbs is a little known phenomenon. The phenomenon was brought to public attention in 1972 with a series of letters published in the forum section of the September and October issues of the magazine Penthouse. At first glance, it may have seemed that these letters were pranks. However, a student, himself a paraphiliac for self-amputeeism, found that the letters were indisputably bona fide. The writers, like himself, proved to be erotically obsessed with getting themselves amputated, and some had succeeded.

There is, in the nomenclature of the paraphilias, no nosological term for the syndrome of erotic obsession or fetishism for amputated limbs or digits. In accordance with the tradition whereby a philia is assigned its appropriate Greek prefix, the name for this syndrome is apotemnophilia, literally meaning "amputation love."

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In the history of the psychohormonal research unit (PHRU) of Johns Hopkins Hospital, there have been two cases of men voluntarily applying for amputation of a limb. Apotemnophilia in both cases was manifested as an obsessive desire to have one leg surgically amputated above the knee.

This paper deals with the phenomenology of the syndrome in the two cases. Summarized case histories were made of the psychohormonal records. For Case 1 these records consist of notes taken during patient-initiated telephone calls and written correspondence. Medical notes made available by a physician in the home town confirmed the patient's general good health and gave evidence of his active attempts to purposely injure his left leg so as to necessitate its amputation.

For Case 2, psychohormonal records consist of patient-initiated mail correspondence, transcripts of taped interviews with the patient on visits to the PHRU, and follow-up written correspondence. The man's general state of health was good and noncontributory to the findings of the case with the exceptions of his right foot being two sizes smaller than his left, and his right calf muscles appearing somewhat atrophied and hence thinner than the left.

Case 1

Referral Data: The patient began his correspondence with the PHRU by way of a telephone call. He stated that he was a "cryptic transsexual," with the clarification that his problem did not involve his genitals but rather his leg. He was aware of the program in the PHRU of counseling qualified transsexual candidates. Considering himself to be qualified, his purpose for calling was to obtain a referral to any surgeon who would amputate his left leg. He was informed that this would not be possible, and having been assured of a confidential and nonjudgemental consultation, he continued correspondence by way of telephone calls and mail over a period of four years.

In the course of identifying himself, he gave the impression that he had been referred by a well-known psychotherapist and a physician who was active in the care of presurgical transsexuals. In contacting these professionals it was found that, although they were acquainted with the patient, they had not actually referred him. It was confirmed that for three years prior to his communications with the PHRU he had engaged in group and private sessions with the psychotherapist. The physician's
notes confirmed the patient's various problems, especially in regard to his active attempts to self-inflict injury to the left leg.

**Eroticism:** The patient succinctly expressed his presenting complaint in the following written statement:

Since my 13th year, my conscious life has been absorbed, with varying intensity, in a bizarre and prepotent obsessive wish, need, desire to have my leg amputated above the knee; the image of myself as an amputee has as an erotic fantasy (each one different) accompanied EVERY sexual experience of my life: auto-, homo-, and heterosexual, since, and beginning with, puberty.

He reported a secondary symptom of overachievement, to which he ascribed an erotic component, related to seeing amputees performing, despite their handicap. He would fantasize on the achievement aspect of a leg amputee walking with crutches more than on the possibility of having that person as a sexual partner. Photographs of seminude or fully dressed amputees served as a visual aid during masturbation.

There had been two separate occasions when the patient was able to have homo- and heterosexual experiences with amputees. The first entailed homosexual relations with an older male amputee. Although he would have preferred an adolescent male amputee, he expressed satisfaction with this experience. One specific reason he cited that contributed to his pleasurable experience was the asymmetry of the man's body. Coitus with a female amputee was not as pleasurable, and he proved unable to ejaculate with her.

He considered his heterosexual experiences as being generally unsatisfactory. His first marriage, when he was in his midtwenties, ended in annulment after two years. He married again in his early thirties. The marriage lasted twelve years, during which time he had his first and only child, a daughter. The marriage ended in a legal separation. He retrospectively described this marriage as "turbulent."

Between marriages, he actively engaged in what he termed "promiscuous homosexual activity." His partner preference was for adolescent males. He verbalized his homosexuality in saying "I'm not turned off to girls, but boys turn me on more strongly." He recalled first having been sexually attracted to boys younger than himself when he was 14, but he had maintained nothing more than a platonic relationship with them. At this age his self-demand amputation desires were firmly established.

The patient himself perceived a relationship between his gender
identity and apotemnophilia:

There are scattered occasions when I "feel like a woman," viscerally, in terms of body image, and in these situations I loathe myself—it makes me very apprehensive. Somehow this seems linked with the amputation fantasy. I would rather this [amputation] than lose the penis which would mean that I would be like a woman . . . My entire erotic activity now consists of trying to make "real" the fantasy that I am an amputated homosexual adolescent, for in possessing my stump I can, concurrently, possess my penis.

**Self-Amputation:** The patient was serious in his quest to "make real the fantasy." Having received negative response from the medical profession for a proper surgical amputation, he began contemplating various accidents which could injure his leg enough to require an amputation. He finally settled on inserting a tapered stainless steel stylus into his left tibia; using a hammer to drive it into the porous structure of the bone. Upon removal of the stylus he attempted to infect "the fistula" with facial acne pus mixed with nasal and anal mucous, thereby hoping to produce osteomyelitis. When his leg showed signs of serious infection, he reported to a hospital. During his stay nobody challenged his pat story of an occupational accident. Much to his dismay, however, the infection was cleared up and he was released.

He continued the attempt to get rid of his leg by placing a tourniquet around his left thigh and numbing the area with ice and injections of an anesthetic. The pain eventually became unbearable and he stopped. There were other attempts with the stylus, and he ritualized the proceedings into daily insertions of it into a new fistula proximal to the first one.

He informed a physician of his action. The physician responded by providing remedial care to the infected area of his leg and provisions of antibiotics. The physician, aware of the patient's psychological status, was reported to be unable to help further.

Reflecting on the seemingly masochistic aspect of his actions, he said:

The most disturbing aspects of these acts is that I am inflicting injury on myself—I do not like this. Pain is related to one's appetite for non-pain. The pain involved is trivial, and it is the result of these actions, not the anguish of the process, which is my goal.

The patient also disclosed his fear of social disapproval and loss of insurance benefits if it was discovered that his amputation was self-induced.
Etiology: The patient expressed the notion that possible etiological determinants for his apotemnophilia extended back into his early childhood and familial interpersonal relationships. Prominent in his recollections was a domestic accident which occurred when he was two years old. His left leg and foot had been severely burned when he capsized a pot of boiling oatmeal, rendering him unable to walk for almost a year.

He supplied a large amount of biographical information concerning his early family life, which can be characterized as showing copious psychopathology. He considered his mother to have been highly overprotective of him throughout his childhood, and he closely identified with her. She, too, had been severely burned by fire in another domestic accident when he was five years old. Regarding the father-son relationship, he recalled that his father was overbearing, sex repressing, remote and above all hypercritical of his close association with the mother. He incorporated the traumatic effect of the father in a self-justification for his behavior by writing:

Most of my emotional unrest accrues from the fact that I am acting out an overwhelmingly forbidden wish—like to be a girl—savagely forbidden. It is almost as if I will be establishing my male identity by means of the amputation. I could get trapped in a kind of surgical masochism . . . in trying to acquire characteristics more apt to secure my father’s love or at least sympathy. Homosexuality at present is my retreat from overt masculine functioning. One of the anticipated “pleasures” (for me) of being an amputee is the possibility of a genuine experience of identification . . .

In addition to apotemnophilia, he had a rubber fetish and had a homosexual interest in adolescent youth. He disclosed that not only had he been affected by a psychopathological family but that he also had an adult older brother who was a chronic nocturnal enuretic and a divorced younger sister who was a lesbian.

Rehabilitation: The patient was discharged from the armed forces in his early twenties as “undesirable,” because he requested a release from service to enter psychotherapy. He claimed to have received no benefit from this.

He graduated from college and had been employed as a design engineer in a technical institute for several years. He became dissatisfied with his job as he felt he could perform the same work as an amputee, despite the concomitant handicap. His ambition focused on a new career of helping amputees—and himself as a voluntary amputee—to achieve
and possibly exceed the capabilities and performance of normal persons. He began taking introductory courses at a university which he would need in order to take up prosthetics as an occupation. Financial obligations prohibited him from quitting his former job altogether. He expressed satisfaction in having embarked on a new career which would allow him to express his obsession in a more personally and socially acceptable manner.

He said that the non-judgmental approach taken in counseling served to lessen his anxieties regarding his identity and his guilt for self-inflicting injuries to his leg.

His follow-up correspondence mentioned some attempts to contact other well-known sexologists and psychiatrists for application of, amongst other programs, LSD therapy. It is unknown if he ever entered any such special therapy programs. In the final follow-up report, he still had his leg and was working. He expressed more of a feeling of depression regarding apotemnophilia as he could neither resolve it by self-amputation nor by psychotherapy.

Case 2

Referral Data: The patient wrote to the PHRU and identified himself as a graduate of a major state university. He stated a personal interest in the areas of homosexuality and fetishism. In the course of his research he had come across, and initiated a correspondence with, a group of people who voluntarily desired amputation of their limbs. He asked for any available references on the phenomenon of self-demand amputation. He did not disclose in this introductory letter that his interest in self-amputeecism was personal as well as investigational.

In his first visit to the PHRU the patient expressed that his purpose in coming to a noted gender identity clinic was to discuss possible ways in which his own obsession for surgical amputation of his right leg could be dealt with. He did not actually preclude the possibility of some form of therapy which could relieve him of his obsession, but he made it clear that he wanted a referral for a surgical amputation.

There was no self-induced injury to his leg requiring a medical work up. Follow-up was maintained for three years.

Eroticism: The patient stated that while he was engaged in homosexual or heterosexual intercourse, or masturbation, he would fantasize
either an actual amputee that he had seen, or a picture of an amputee, or himself as one. These fantasies were not an absolute prerequisite for his sexual arousal. At times he had sexual intercourse without intruding thoughts of amputeeism.

His amputee fantasies did not invariably entail erotic imagery. Rather, there was a strong nonerotic imagery of overachievement which provided the erotic turn-on, namely, in visualizing an amputee engaged in some activity which required a considerable effort to surmount a physical handicap. In the patient’s own words:

Basically, it’s the event or occurrence of compensating or overcompensating, achieving, going out and doing things that one would say is unexpected [as an amputee]. Like water skiing or snow skiing and doing these different activities. I think the achievement is then very stimulating . . .

There is sexual satisfaction from the amputation and doing things and participating in different events. There would be orgasm in going to bed with someone else and masturbating. But, that is not why one would want to have an amputation, because he wants to have a higher or greater orgasm. You can fantasize on that but I think I have fairly good sex and orgasm. When one is having an orgasm, he’s fantasizing doing these other events. And these other events are the ones you want to get into and participate as you fantasize the ones which brought about the orgasm.

This patient also reported having used pictures of naked and dressed, male and female amputees as a visual aid during masturbation. He enjoyed the visual turn-on of males more than of females: “I have sex with men and women. I enjoy sex with men more, so I am homosexual.” He recalled having had satisfactory heterosexual intercourse until the age of nineteen, at which time he engaged in his first homosexual experience with an older man.

The patient had had no sexual experience with amputees. He expressed a considerable interest in doing so, saying that the most direct sexual turn-on would be rubbing and fondling the partner’s stump and seeing the asymmetry of the body. This would be a realization of his recurrent fantasy during masturbation and when having heterosexual intercourse. His fantasies while having sex leading to orgasm with a nonamputee male, often were of amputees functioning in walking and moving activities using crutches and not wearing a prosthesis. While discussing his feelings about having sex with an amputee, he referred only to having sex with male amputees.

In response to the questioning of his own sexual behavior if he were to
obtain an amputation, he said:

Sex would be more satisfying with a woman if I was an amp'. I think I would enjoy sex as much and probably more. Maybe the people I'm having sex with would be turned off by an amp', but there are others who would like it. When I'm in bed with a woman, I fantasize. If I was an amp', I wouldn't need to — so I would enjoy sex with women more.

**Self-Amputation:** The patient’s numerous attempts to get a referral for surgical amputation of his right leg had failed. He expressed his frustration in writing “I still believe it is interesting to note that transsexuals can obtain sex change (operations), people obtain cosmetic surgery to meet the norms of society, and I cannot obtain my fulfillment legitimately. . . . I believe legitimate avenues should be available for this ‘living’ process.”

As a matter of researching alternate ways to cut off his leg, he made contact with several people who had been successful in getting an amputation. He contacted them by way of their ‘underground’ ads in the personal columns of community newspapers. He found their methods of achieving amputation, by way of contrived injuries, to be too brutal for his liking. He wanted only a stump, and not the pain to produce it.

Contact with other apotemnophiliacs did not lessen his own amputation obsession, for they expressed great satisfaction with their amputation stumps. Many wished that they had been amputated at a younger age.

**Etiology:** The patient cited particular childhood episodes to which he attributed a possible psychogenic basis for his apotemnophilia. He was born with a minor talipes (clubbing) of the right foot, causing a faulty gait, for which his father severely criticized him. When this condition was surgically corrected prepubertally, he received no positive reinforcement for his perfected walking ability. His first thoughts of having a leg amputation began when he was eleven years old. He recalled having amputation fantasies by the time he was fifteen, and being involved with amputees, because there was an amputee who worked with him.

When he was in his late teens, the patient suffered a fracture of his right leg while he was at work. “I enjoyed that,” he said. “But the pain was so bad that all I could do was laugh. I didn’t mind the pain at all. I didn’t mind the cast. In fact, I rather enjoyed this experience of cast, crutches, and means of mobility.”

The patient perceived a possible relationship between the trauma
focused on his right leg and apotemnophilia in stating:

I guess the relationship of everything happening to my right leg is the element that pulled me toward it. . . . I'm thinking also of my life, about my relationship with my father, etc., how that went. I think a lot of it was, and this might sound way off, you were born and you were not the one wanted in the family—I think that has something to do with it too. . . . And maybe, the element of my father's rejection of me through the leg, is just his open action of regret and hatred for me for even coming.

The patient was a young man at the time of his father's death, which had no effect on his obsession for amputation.

He considered two additional factors which could possibly have contributed to the onset of apotemnophilia. The first factor was religious—a literal sense of offering his leg as a sacrifice of atonement, based on his early childhood rearing as a devout church member. The second factor was a need to be self-restricted, especially in sexual partner preference:

Maybe what I'm doing is searching for an avenue out of homosexuality because realizing that most amputees, one way or the other, do get married. Maybe what I'm doing is searching for an avenue to run away from homosexuality . . . through amputation.

The patient's siblings, male and female, were described as being very tight about religion and sex, and nonaccepting of him. But none was described as having any major psychopathology.

Rehabilitation: When last heard from, the patient reported satisfaction in his professional career, and had earned an excellent reputation for the quality and success of his volunteer work with the handicapped.

He was still attempting to find a surgeon who would amputate his leg. He stated that his desire was as strong as ever, and the only way he could be at peace with himself was through the amputation. There was no mention of any further attempts to seek psychotherapy.

Discussion

The apotemnophiliac patient finds no surgical tradition within which he can expect to obtain the service he requests. Therefore, if he arranges a self-mutilation or amputation and presents himself for follow-up care, he has little choice other than to be secretive about the origin of his injury. In this sense, the apotemnophiliac may, in the emergency room
or clinic, share something in common with the patient with Münchau-
sen's syndrome. The latter patient is obsessed with self-inducing symp-
toms repetitively for the sake of being a patient. By contrast, the
apotemnophiliac induces his symptom himself for the sake of being an
amputee, and for the sake of erotic arousal, and usually does not repeat
self-injury.

The idea of self-amputation meets so seldom with consensual accept-
ance by other people that it might readily be stigmatized as a paranoid
delusion. It is, in fact, an idée fixe rather than a delusion. Judging by
the two cases of this report, the apotemnophiliac, unlike the para-noic,
recognizes that other people do not accept his own idea concerning self-
amputation.

One may think that apotemnophilia is synonymous with masochism.
In the two cases reported, there was no history of the erotization of pain
itself, but only of the healed, amputated stump. Thus, apotemnophilia,
because it involves injury and pain, bears a peripheral relationship to
masochism, but is not identical with it.

Several of the paraphilias can be classified in pairs, the one being
reciprocal to the other, as in sadism/masochism, or exhibitionism/voy-
eurism. The same reciprocity occurs in apotemnophilia, in that it may
be both self-directed (autoapotemnophilia) and other-directed (alloapo-
temnophilia). Less frequently, a patient may be obsessed with persuad-
ing a partner to be amputated. More commonly, he searches for a
partner among men and women victims of involuntary amputation.
Pictures of amputees, revealing the amputated limb, with or without
covering, may become his pornography or visual erotica. To involuntary
amputees it comes as a surprise that there are some people for whom
their deformity makes them a primary erotic choice, instead of a reject.

Though neither wanted an alteration of his gender status, the two
patients reported perceived a relationship between amputation and
transsexualism in the sense that both involve self-demand surgical
alteration of the body. Transsexualism has been known to be associated
with self-mutilation and self-castration (Money and DePriest, 1975).
Transsexualism is one manifestation of a transposition of gender iden-
tity from masculine to feminine, or vice versa. A lesser degree of
transposition was evident in the two cases, in that bisexualism was a
feature of each; and the amputee impulsion could be interpreted as a
way of preserving the penis and masculinity. In nonerotic aspects of
gender identity/role, neither patient projected a public image of effemi-
nacy.
The two patients reported happen to be males. All of the paraphilias occur either predominantly or exclusively in males. The correspondence on amputeeism in *Penthouse* (see Introduction) was male-initiated. However, since *Penthouse* is a predominantly heterosexual male oriented magazine, it is also possible that the occurrence of female apotemophilia has not yet been uncovered. If it does exist, then as in the case of other paraphilias, it almost certainly occurs less frequently than male apotemophilia.

Both patients cited a nonerotic imagery of masculine overachievement as providing an erotic turn-on in their amputee fantasies. The over-achievement imagery primarily consisted of amputees overcoming the adversity of a handicap. This reversal of an aversive element would fit apotemophilia into the schema of other paraphilias, as it is the quality of all paraphilias to transcend the aversive or forbidden, in the manner of a counterphobia. In apotemophilia therefore, the fear of losing one’s limb and struggling with a handicap is metamorphosed and eroticised into an impulsion to be amputated and to emerge superior or supernormal in achievement.

The present status of informed consent in medicine with respect to investigative procedures and the threat of malpractice charges, makes it unlikely that there will be an early answer to the question of whether self-demand amputation is an effective form of therapy in apotemophilia or not. The answer will have to come from patients who have engineered an amputation for themselves and then are generous enough to volunteer themselves for post-surgical study.

**Reference**