American Journal of Applied Psychology
2014; 3(5): 116-121
Published online October 30, 2014 (http://www.sciencepublishinggroup.com/j/ajap)
doi: 10.11648/j.ajap.20140305.12
ISSN: 2328-5664 (Print); ISSN: 2328-5672 (Online)

Body integrity identity disorder and mancophilia: Similarities and differences

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To cite this article:
Lea Pregartbauer, Thomas Schnell, Erich Kasten. Body Integrity Identity Disorder and Mancophilia: Similarities and Differences. *American Journal of Applied Psychology.* Vol. 3, No. 5, 2014, pp. 116-121. doi: 10.11648/j.ajap.20140305.12

Abstract: Body Integrity Identity Disorder (BIID) is characterized by the intense desire for some form of body impairment. Most often sufferers report wanting a healthy limb to be amputated. Currently most professionals classify this strange wish as an identity disturbance, but several BIID affected persons also speak of a sexual component when describing their desire for an amputation. In contrast to BIID, "mancophilia" (also referred to as deformation fetishism, acrotomophilia, or amelotatism) is a form of paraphilia. Those with this condition are sexually aroused by people with a physical impairment as such as an amputation. In this pilot-study we investigated the differences between BIID and mancophilia with a self-report questionnaire, which asked 36 participants (18 with BIID, 18 with mancophilia) about their sexual preferences. The results showed a considerable overlap between the sexual preferences of people with BIID and those of people with mancophilia. BIID-participants self-reported an erotic preference for people with disabilities and, overall, a cluster-analysis resulted in three observable groups: Cluster-I, BIID with a strong sexual component (61.1%); Cluster-II, BIID with a moderate sexual component (16.7%); and Cluster-III, BIID with low or no sexual component (22.2%). However, the erotic fascination for one's own amputation was only found in BIID afflicted persons and did not occur in people with mancophilia. Only the wish for an own handicap allows a strict differentiation between those two syndromes. In summary, these preliminary findings suggest that an erotic component seems to be a frequent part of the identity disorder BIID.

Keywords: Mancophilia, Body Integrity Identity Disorder, Amelotatism, Apotemnophilia, Xenomelia, BIID, Paraphilia, Identity Disorder, Deformation Fetishism

1. Introduction

Body Integrity Identity Disorder (BIID) is a mental disturbance marked by an intense desire to obtain a severe physical impairment (for overviews of the condition see [2,12,4]). In recent years, this phenomenon has gained increasing scientific attention and has raised significant questions about bodily self-perception. The intense distress often associated with the desire for amputation can lead BIID sufferers to request an elective amputation or even to amputate their limbs themselves. In addition to their wish for amputation, several BIID sufferers report being sexual aroused by others with amputated limbs [2, 3, 12]. However, to date, there has been no research examining either the etiology or phenomenology of this sexual component of BIID.

A sexual attraction for disabled people occurs widely in our society and has been referred to as "deformation fetishism" [5], "amelotasis" [11], "amputism" [13] or "acrotomophilia" [10]. More recently, Ilse Martin [8] coined the term "mancophilia", which she defined as the generic attraction to people with disabilities. Mancophilia can imply the preference for countless kinds of impairments, for example, paralysis, the need of orthopedic aids, spasticity, speech disorders, limping, deafness, severe visual impairments and most commonly a paraphilia for missing limbs [7, 8]. Similar to people with mancophilia, a sexual preference for a partner with physical disabilities has been reported by some individuals suffering from BIID [2, 3].

Historically, both BIID and mancophilia were originally united under the term "apotemnophilia" [9], which implied a paraphilia for both one's own amputation and a partner with an amputation [9]. However, Money & Simcoe [10] declared a differentiation of the phenomenon into two distinct

paraphilias; "apotemnophilia" (sexual interest in an amputation of part of one's own body) and "acrotomophilia" (sexual interest in a partner with an amputation), presenting central aspects of the future disorders BIID and mancophilia. Several decades later, the term body integrity identity disorder emerged and has since been used to denote the identity disturbance [2]. As a result, the use of "apotemnophilia" has all but disappeared from current literature, and with it the sexual component of BIID has also faded into the background [1].

Despite the formal distinction between mancophilia and BIID, previous research suggests an overlap between the two disorders. In a 2005 telephone survey of 52 individuals self-identified as having had a desire to have an amputation, 63% nominated identity as the primary motivation for the desired amputation [2]. However, 52% described a sexual component as an important, though secondary motivator [2]. Most participants (87%) reported being sexually attracted to amputees [2]. In a survey of 163 subjects with an erotic interest in amputated persons, 16.6% expressed a desire for their own bodily impairment [8].

The extent of any sexual component of BIID remains unclear and, despite a decade having passed since First's study, BIID's classification as an identity disorder is not unequivocally accepted. Therefore, closer examination of this topic is important for the integration of BIID into diagnostic systems such as DSM and ICD. The aim of this study was to investigate overlaps and differences between these two groups. Our research investigated the differentiation between mancophilia as a pure paraphilia and BIID as a kind of identity disorder, using a questionnaire developed by the authors.

By examining people with BIID and mancophilia, we hope to broaden current knowledge about the sexual preference for people with disabilities. This will allow a clearer differentiation between mancophilia and BIID, as well as establishing whether BIID as an identity disorder is clearly distinguishable from mancophilia as a paraphilia.

1.1. Hypotheses

We set out to test the following hypotheses:

H1: A sexual component is more pronounced in mancophilia than in BIID.

A sexual preference for people with disabilities is characteristic for mancophilia, while in BIID any sexual component was not seen as an indispensable attribute. In BIID the frequencies varied from 87% with a sexual preference for amputees [2] to only one third of the participants with primary sexual motives for the wish for an amputation [3].

H2: People with BIID plan to undergo an operation more often than people with mancophilia.

For people with BIID, the longstanding, intensive desire for an amputation of a healthy body part is a core criterion. Several BIID sufferers invest a huge amount of effort, money and time in the fulfillment of their wish. People with mancophilia, on the other hand, express the wish for an amputation of a limb comparatively rarely (16.6%) [8]. It is not clear, from the data available, if this small group experiences the wish as a pleasant fantasy, or if they would go through with it if they had the chance.

H3: Engagement with disabilities is higher in BIID than in mancophilia.

The majority of BIID sufferers engage in pretending behavior to try out the life of a person with disabilities and inform themselves about the consequences of a disability [3]. In contrast, for people with mancophilia, the examination of the life of a person with disabilities isn't as important, because most of them don't desire an amputation. Following the results of reference [8], the majority of people with mancophilia has no regular connection with people with disability.

H4: There is a significant difference in psychological strain between people with BIID and people with mancophilia.

People with BIID suffer the intense feeling that their physical body doesn't match their view of how their body should be. The psychological strain in mancophilia seems to be dominated by a sense of shame. They are afraid of being "outed", because they don't want to be seen as "perverse" [8].

H5: Both people with BIID and people with mancophilia became aware of their desire in childhood or in their youth.

98% of BIID sufferers were aware of their wish for an amputation not before their 17th birthday [2]. Likewise the majority of people with mancophilia report becoming aware of their sexual preference in their childhood or adolescence [8].

H6: Only people with mancophilia want to have a sexual companion with a specific disability.

People with mancophilia, tend to have preferences for specific disabilities. For example, 36.2 % prefer a unilateral leg amputation [8]. For people with BIID, a disability doesn't have a comparable role in their choice of partners.

H7: Only people with mancophilia regard it as erotic to have sexual contact with a disabled partner.

For people with a mancophilic interest, the appeal of a disability is primary motivated by the idea of sexual contact with this person. The sexual component in BIID refers primarily to one's own amputation [12].

H8: Only BIID sufferers regard it as erotic to have a disability themselves.

In mancophilia, the sexual component refers to a partner with disabilities, in BIID to an own disability [12].

H9: Only people with mancophilia seek out contact with people with disabilities, because they value the sight of physical disability as sexually stimulating.

The primary motivation for people with mancophilia in seeking out contact with people with disabilities is the sexual attraction they experience at the sight of a physical disability. For people with BIID, the sight of a physical disability isn't comparably sexual stimulating and the motivation for making contact lies elsewhere.

2. Method

To answer our hypotheses, we developed an internet-based 32-item questionnaire. Most items consisted of a statement and allowed a response along an 11 point scale from 0 ("I strongly disagree") to 100 ("I strongly agree") in steps of ten. Four items asked for a free text entry. The questionnaire contained two pairs of two items with similar questions, thus allowing the estimation of the reliability of the answers of a respondent.

The perceived imbalance of body and mental identity is the core criterion of BIID [2]. Consequently, in order to determine the diagnostic classification of subjects in the group into mancophilia or BIID we asked the participants to rate their agreement to the following statement: "If I achieved a particular bodily impairment, I would have achieved my true identity." (German original: "*Durch eine eigene Behinderung würde mein Körper endlich meiner wahren Identität entsprechen*"). We assumed that BIID sufferers would tend to agree with this statement, while those with mancophilia would tend to disagree. Subjects who responded in the lower range (<40) were assigned to the group of mancophilia, while subjects whose response was in the upper range (≥50) were assigned into the group of BIID sufferers. Subjects in the middle of the scale (40) were excluded from the analysis. Subjects who failed to respond to more than 30% of the questions were also excluded, as were subjects whose answers to the pairs of nearly identical items differed by more than 3 scale units.

2.1. Recruitment of Participants

Links for the questionnaire were placed on the websites: www.forum.biid.ch, www.amputiertefrau-ffm.de and www.mancophilie.de. The website www.forum.biid.ch contains a member's area for BIID sufferers with 376 registered members. The website www.amputiertefrau-ffm.de is a website established by a female amputee who shares pictures and videos with people with mancophilic interests and www.mancophilie.de is the internet presence of Ilse Martin who provides scientific information about mancophilia and her work. Participation was increased via forum and guestbook entries on the websites www.amelotalismus.de and www.aplusbforum.org. The former was set up by a man with mancophilic preferences to create a platform to discuss topics concerning amelotatism and the latter is moderated by a woman with a unilateral above-knee amputation and her partner with a mancophilic preference. That site is a discussion forum for both, people with disabilities and people with mancophilia. Data collection ran over a period of 71 days in the summer of 2013.

2.2. Data Analysis

The Mann-Whitney U-test was used for statistical analysis. Depending on one- or two-sided testing, the significance level was set at $p<0.05$ or $p<0.025$, respectively. Some items were grouped to answer a specific hypothesis. Items with free text entries were allocated to categories. The items for investigation of reliability were correlated pair wise. Correlation of the two pairs of nearly identical questions for testing reliability were $r=0.89$ and $r=0.95$ ($p<0.001$).

For further data-analysis, the original scale from 0-100 with steps of 10 was transformed to a scale from 1-11 (0=1; 100= 11).

3. Results

3.1. Descriptive Data of the Sample

Table 1. *Gender distribution within the sample*

	BIID	Mancophilia	Total
Male	17	15	32
Female	0	3	3
Total	17	18	35
Missing Data	1	0	1

Table 2. *Age and educational level of the sample*

	BIID M ± SD	Mancophilia M ± SD	Significance in U-Test
Age (years)	52.7 ± 12,3	41.7 ± 13,9	p = 0.038 *
Years of Education	17.3 ± 2,7	15.9 ± 2,4	p = 0.201 (n.s.)
N	18	18	

After elimination of participants who did not fit the inclusion criteria or fell under the restrictions of the exclusion criteria (see above), the data of 36 participants were included in the analysis. The total group was divided into 18 subjects with mancophilia and 18 with BIID. No participant had to be excluded because of a medial (40) response to the item: "If I achieved a particular bodily impairment, I would have achieved my true identity." Nine participants had to be excluded because they had too many missing answers.

The U-test showed a significant difference in age between respondents classified as having BIID and those with mancophilia. There was no significant difference in years of education.

The results for the hypothesis H1: "The sexual component is more pronounced in mancophilia than in BIID" are shown in Tab. 3.

Table 3. *Results of the items about sexual feelings for people with disabilities on a 1 to 11 scale.*

	BIID M ± SD	Mancophilia M ± SD	Significance in U-Test
A partner with an amputation stump plays a major role in my sexual life (or in my fantasies).	7.2 ± 4,4	6.7 ± 4,1	p = 0.501 (n.s.)
An own amputation stump plays a major role in my sexual life (or in my fantasies).	8.7 ± 2,7	1.8 ± 1,8	p = ≤ 0.001 **
I feel an erotic attraction to peoples with disabilities.	8.00 ± 3,5	8.6 ± 3,2	p = 0.481 (n.s.)

The results in the U-tests are inconsistent (one highly significant, two absolutely not). Therefore, this hypothesis can neither be clearly accepted nor rejected. Both groups are highly attracted to people with disabilities. Still there is a strong significant result in the U-test for the second item. Here, the two groups show greatly different responses in regard to sexual fantasies about their own amputation stump.

Due to the unexpected results regarding the sexual preference of BIID sufferers for people with disabilities, a cluster analysis was performed to examine whether there are different forms of sexual components for a disabled partner within the BIID-group (n=18). We found three clusters:

Cluster-I: Strong sexual component (61.1%)

Cluster-II: Moderate sexual component (16.7%)

Cluster-III: Low or no sexual component (22.2%).

Table 4 provides a summary of further results.

Both groups describe having experienced their preferences since their late childhood or adolescence. The average values show that people with mancophilia become aware of their interest mostly in the teenage years, while the BIID subjects first experienced a desire to have an amputation several years earlier. Another similarity was found regarding the psychological strain. Both groups declare a sense of shame about their desires.

Significant differences were found in relation to the plan to actually carry out an operation. Here, we found a highly significant difference between the BIID- and mancophilia-groups. BIID afflicted persons seek the actual operation more often than mancophilia-subjects, however a desire for bodily impairment is also experienced by some participants with mancophilia.

Table 4. *Similarities and differences between BIID and Mancophilia*

	Results M ± SD	**Interpretation**
H2: Actual Planning of an Operation	BIID: 29.2± 5.0 Mancophilia: 15.0± 9.0 U-test: $p \leq 0.001$**	BIID respondents plan to perform an operation more often than mancophilia respondents.
H3: Intensive studies of disability	BIID: 28.3± 5.1 Mancophilia: 20.4± 7.6 U-test: $p \leq 0.001$**	Engagement with disabilities is higher in BIID than in mancophilia.
H4: Suffering	BIID: 5.2 ± 3.8 Mancophilia: 7.1 ± 3.7 U-test: $p = 0.143$ (n.s.)	There is no significant difference in psychological strain.
H5: Beginning (in years)	BIID: 9.1 ± 5.0 Mancophilia: 13.1 ± 7.5 U-test: $p = 0.103$ (n.s.)	Both groups are aware of their desire since childhood or youth.
H6: Interest in a sexual partners with specific disabilities	BIID: 7.1 ± 4.2 Mancophilia: 7.7 ± 3.9 U-test: $p = 0.719$ (n.s.)	Both groups want to have a sexual companion with a specific disability.
H7: Fantasies of sexual contact with handicapped partner	BIID: 8.4 ± 3.4 Mancophilia: 8.8 ± 3.6 U-test: $p = 0.743$ (n.s.)	Both regarded it as erotic to have sexual contact with a disabled partner.
H8: Own disability estimated as erotic	BIID: 9.2 ± 2.4 Mancophilia: 3.6 ± 3.2 U-test: $p = \leq 0.001$**	Only BIID sufferers regarded it as erotic to have a disability themselves.
H9: Contact to people with disabilities for erotic purpose	BIID: 14.0± 7.9 Manco: 13.7± 7.5 U-test: $p = 0.782$ (n.s.)	Both groups seek out contact, because they find physical disability erotic.

4. Discussion

When we started this study, we believed that people with BIID and mancophilia would form two separate groups with a small area of overlap. The most interesting result of our study is that there was no clear line of demarcation between mancophilia and BIID. A sexual preference for people with disabilities seems to be a feature of the majority of participants within the BIID group as well as in the mancophilia group (H6, H7, H9). Participants of both groups reported impairments as attractive and both showed interest in a partner with physical deformity. Just like those with mancophilia, most of the participants assigned to the BIID group wanted intimacy with a disabled person. The central difference between these two groups was that generally only the BIID afflicted subjects reported an erotic fascination for their own amputation, as assumed in hypothesis 8.

This unexpected result needs an explanation. Everyday experience suggests that people tend to look for partners who are similar to themselves. We hypothesize that participants of our BIID-group might seek similarities to their own interests and personality traits in a partner. If you like something, it is helpful to have a partner who likes the same. If a person in her or his mind feels “complete” only after the amputation of a limb, it is understandable that this subject prefers a partner who is already “complete” in that way.

A more psychoanalytical explanation for this unexpected result could be that some people with mancophilia project their desire for their own impairment into other people. As a kind of psychoanalytical projection, perhaps the shame

associated with their wish for an amputation of their own body is compensated with the desire for a handicapped partner. Frightened by their wish for amputation of their own limb, they flee into pleasant fantasies of erotic love with amputees. However, this may only be one of several explanations for a sexual arousal due to a physically impaired partner among people with mancophilia.

Considering the interest of both groups in people with disabilities, a similar picture emerges. We saw in the results for hypothesis 3 that BIID sufferers look for information about disabilities more intensively than people with mancophilia. This might be directly linked to results for hypothesis 2, which showed that BIID sufferers plan to actually perform an operation more often that people with mancophilia. Therefore, studies of the life of a person with disabilities has a huge relevance for BIID sufferers, which isn't comparable to the importance of the topic for people with mancophilia, to whom the desire for bodily impairment, if existent, could be more a pleasant fantasy, than an actual plan for the future. There seems to be a highly significant difference between the two groups, but unfortunately we did not differentiate in our questionnaire between (a) the search for information about consequences and restrictions of a life with a disability and (b) pictures of handicapped people as a stimulus for pleasant fantasies.

Our results confirm the findings in the case reports of reference [9, 10]. Here, patients with apotemnophilia wished a disability for themselves and, at the same time, were excited by the thought of people with disabilities.

BIID sufferers are often very ambitious people; after a successful surgery, they plan to be as active as before in occupational and social life and want to master all problems associated with the limitations caused by their amputation [12]. Reference [3] found that BIID sufferers often value disabled people as "heroes" who master restrictions successfully. It is not surprising that this attitude may support an erotic fascination for people with disabilities.

The results of our study suggest that BIID in most afflicted persons is inextricably intertwined with their own sexuality. The majority of BIID participants (about 78%) described a moderate or strong erotic fascination with disabled people. A possible explanation for this may lie in the notion that the development of the sexuality of a person is closely and directly linked to their psychosocial environment. A strong identification with a disabled person, as BIID sufferers often report to have experienced in their childhood, may be linked to the basis of the development of sexual feelings and fantasies. If a disabled person is regarded as sympathetic, warm and friendly, a child may identify not only with the character, but also with the bodily appearance of this person. Following Freud's psychoanalytic thesis, a basis for sexual feelings may arise not only in puberty, but also in childhood. If a child feels warmth from a disabled person, this may even induce erotic feelings and lead to an identification. This hypothesis could only be addressed with further research.

4.1. Limitations

There are a few limitations to name, which might restrict the significance of this study. Though the link to the survey was only put online on specific BIID or mancophilia websites, one can't be sure about the right classification of the participants in the group of people with mancophilia or people with BIID. Internet based questionnaires have the advantage of allowing the investigation of large groups of people even if the condition of interest is very rare; however the internet also permits anonymous participation. The classification of the participants into those with mancophilia and those with BIID on the basis of only one item implies a potential that some people may have been misclassified.

4.2. Conclusion

The findings of this pilot study propose an important new understanding of the identity disorder BIID as an imbalance of the whole identity, including the sexuality of a person. The results of this study show a strong erotic component in nearly 80% of BIID-participants for both: a partner with disabilities and an own disability. Our findings in no way argue against the inclusion of BIID as an identity disorder; one's sexuality is surely inseparable from one's identity. Similar structures are found in the gender identity disorder (GID, transidentity disorder, transsexuality) where a significant proportion of suffers experience a sexual arousal while imagining their body in the desired gender [6] and practice transsexual behavior for erotic reasons (Blanchard, 1985, quoted in: [6]). On the other hand, as in the BIID-group, some people with GID have no sexual component associated with their desire to change gender.

Acknowledgements

We thank Ilse Martin and Chris Ryan for the support and help during the conduction of this study and paper.

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