**Body Integrity Identity Disorder**

**Definition and Background**

Body Integrity Identity Disorder or BIID is a disorder in which healthy individuals wish to have a limb amputated because it feels foreign to their body. The most prevalent type of wanted amputation is a leg amputation, but the person with BIID could also want an arm or another limb amputated. It is believed that this desire is an identity disorder. Most people who suffer from BIID can trace this desire back to their childhood. It is a very rare disorder (only 100-200 studied cases) that mainly affects Caucasian males. On top of that, there have only been Western cases studied (Blom, et al., 2016). According to transabled.com, they receive about 1,500 visits per day. The people with this disorder call themselves “wannabes”, “transabled”, “need-to-bes”, and “persons with BIID.”



29-year-old Nick O’Halloran from Edinburgh UK, with his right leg amputated. He has claimed himself that he has BIID. (lifedeathprizes.com)

Body Integrity Identity Disorder is extremely different from other body dysmorphic disorders. There is a difference between BIID and Body Dysmorphic Disorder (BDD) in the aftermath of surgeries. According to one study, about 90% of patients with Body Dysmorphic Disorder see no difference or a worsening of their symptoms after getting a cosmetic surgery. People with BIID, on the other hand, feel more relieved and better about themselves after the surgery. BIID is also different from Munchausen Syndrome because people with BIID are not seeking attention with their request and they are also not looking for anymore surgeries after they receive the one that fulfills their desires.

There are not many known causes of BIID, but based off of other studies on neural connections in relation to limb recognition researchers are beginning to look into what can cause this disorder. According to one study, BIID may be caused by altered perceptions in the somatosensory network (Dijk, et al., 2013). Based on the findings in this study, it is safe to say that BIID has a neurological basis and should be treated as such. Since this was only one study and there aren’t many cases, the best form of treatment for this disorder right now is elective amputation. This treatment, of course, is controversial in all ways. There are some people that say it is unethical to amputate a healthy limb, but since there is no definite, specific cause, there can be no specific and definite treatment at the moment.

Body Integrity Identity Disorder is much more difficult to categorize because there are other factors that are in play. BIID is not currently included in widely recognized psychology literature such as, the International Statistical Classification of Diseases 11 or the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V). Since it is not included in this literature, this disorder is not well known among surgeons, neurologists, and psychiatrists. People with BIID tend to be depressed, anxious, and even suicidal. They also tend to avoid healthcare and deal with their disorder in silence in fear of being considered “crazy.” When they are silent and don’t seek help, they tend to be prone to self-amputation and/or pretending they are disabled. This self-amputation can and has been done with wood chippers, hand saws, and other items to either mutilate or completely amputate the limb (Blom, Hennekam, & Denys, 2012).

Since there is no clear diagnosis of BIID, there is no definite treatment. Some possible treatments that exist are antidepressants, behavioral therapy and SSRIs. These are thought to soften compulsory thoughts, but not suppress them. Another therapy that is thought to be of use is movement therapy paired with music to help realign the limb with the brain map. This treatment is hopeful to be of use, but may not be effective at all if the limb was already completely deleted from the brain map. One treatment that works well for stroke patients and is hopeful to work for people with BIID is to fill the ear canal with warm water and then cold water so that the parietal lobe is stimulated (Müller, 2009).



Chloe Jennings-White has BIID and chooses to live as a disabled person (biid.org).

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**Context**

Body Integrity Identity Disorder was originally known as Apotemnophilia. This term was initially coined because it was thought that people who desired having a limb amputated were doing it for sexual pleasure. This term first came to light in 1972 when letters sent to *Penthouse* magazine were published in the September and October issues. Although the published letters are the first mention of Apotemnophilia, the first actual scientific mention of this disorder was in 1977 by John Money, Russel Jobaris, and Gregg Furth in an article. In this article, the authors explored two cases where an individual had an intense desire to have an amputated limb ([Sedda & Bottini, 2014)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094630/)). Money et.al provided two definitions in the article: apotemnophilia and acrotomophilia. According to the article, Apotemnophilia is where the individual sexually fantasizes themselves as amputees, whereas Acrotomophilia was described as individuals who needed amputee partners in order to have sexual satisfaction. This article implied that healthy individuals who wanted a limb amputated were doing so to reach sexual fulfillment.

This was not necessarily the case as found in Dr. Michael First’s 2005 study. This study observed that 63% of the fifty-two participants wanted these amputations in order for their physical bodies to align with their “true-self.” First used gender identity disorder (GID) to provide a basis for the understanding of BIID. First came up with the idea of Body Integrity Identity Disorder in this study. First’s definition of this disorder starkly contrasted Money et. al’s definition of the disorder. First classified BIID as a “dissonance between a physically able body and a physically impaired self-concept” ([Davis, 2012)](https://www.jstor.org/stable/pdf/10.1525/sop.2012.55.2.319.pdf?refreqid=excelsior:19eaf726294c368925671c3e6891358b)).

Going into the people with BIID, there are two documented instances where surgeons actually did perform the unnecessary surgery. The first reported case was in the late 1700s where a French surgeon was asked to perform a surgery on a healthy patient for 100 guineas. The surgeon refused, but then went back when the patient pulled a gun on him. After the surgery, the surgeon received a letter and 250 guineas from the patient extending his thanks and how happy he was with the surgery ([Johnston & Elliott, 2002)](http://www.clinmed.rcpjournal.org/content/2/5/431.full.pdf+html)). Fast forward to 1997, a Scottish surgeon named Robert Smith was approached by a person who wanted to have their limb amputated. Smith consulted with psychiatrists and then went forward with the amputation. The patient then let the surgeon know a few years later how much better his life was. Smith was approached by a second patient and he also performed that surgery. There were more people who wanted Smith to perform these surgeries, but the news of the amputation of healthy limbs broke the media and Smith was met with opposition. The amputation of healthy limbs has caused many debates and a lot of controversy, so much so that hospitals today will not perform healthy limb amputations (Bayne & Levy, 2005).

In 1997, a Scottish surgeon by the name of Robert Smith was approached by a man

with an unusual request: he wanted his apparently healthy lower left leg amputated.

Although details about the case are sketchy, the would-be amputee appears to have

desired the amputation on the grounds that his left foot wasn’t part of him — it felt

alien. After consultation with psychiatrists, Smith performed the amputation. Two and

a half years later, the patient reported that his life had been transformed for the better

by the operation [1]. A second patient was also reported as having been satisfied with

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# Perspectives

# Ethically, there are many concerns surrounding BIID. Some people argue that the amputation of a healthy limb is counterintuitive to justice and do no harm. There are two concerns in particular that are very prevalent in this discussion: the absence of knowledge of amputee wannabes and having healthy people see amputation as a way to control their body if BIID is classified as a psychiatric disorder. On one side, people look at the autonomy of the person with BIID. They should have the right to choose what to do with their bodies. Two medical ethicists (Neil Levy and Tim Bayne) said that surgery is ethically permissible in order to prevent the person from attempting the amputation themselves or killing themselves

Not only are there ethical issues, there are also legal issues. Part of the reason doctors and hospitals do not perform these unnecessary procedures is because there is a chance that a lawsuit could be brought against them. These entities are concerned that performing these surgeries will leave them open to legal sanctions from the person. The patient could sue the doctor or hospital if they are not satisfied with their amputation after the fact or they could also sue for malpractice. Looking at the more legal aspect, the court could qualify healthy limb amputation as negligence because there is nothing in medical or legal literature that consider this amputation to be appropriate and effective for this disorder. Since surgery is considered a “lawful activity when it is ‘reasonable’, or when it constitutes ‘proper medical treatment and if it is performed with the patient’s consent” and there is no solid definition of what counts as reasonable or proper medical treatment, the courts would most likely say that the amputation of healthy limbs are not considered to be proper without some evidence of therapeutic benefits.

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# Relevance to Politics of Health

# BIID can be discussed through medicalization as it is something that is an animal condition that has been defined as a medical condition. The limited knowledge of causes and prevalence for BIID impact the treatments that can be done. Body Integrity Identity Disorder is in the very early stages of medicalization, but as more information is brought to light, more research can be done.

Alternately, the controversy surrounding BIID could fall under biopower. People who do not have this order are making decisions and regulations that prevent people with BIID from getting the treatment they desire. These people are projecting their own values and beliefs on to the people with BIID. They are no longer allowing these patients to have autonomy over their body and they (the people against the amputations) are also controlling how the people with BIID are to feel mentally and physically. This is because, as mentioned earlier, people with BIID who don’t receive the treatment they desire, attempt to harm themselves or feel uneasy and uncomfortable with themselves for the rest of their lives.

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