

When Less Feels Like More:

Deciphering the mystery of apotemnophilia,
with additional insights into anorexia
and other psychological disorders,
in the hope of uncovering
essential truths about
all human beings

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One of the most bizarre of psychological maladies is the overwhelming desire to have one's perfectly healthy arms or legs amputated. This once rare disorder, known by the psychiatric term apotemnophilia, appears to be on the rise.¹ There have been various explanations of the meaning of apotemnophilia as well as explanations for its increasing incidence. But none of these explanations seems very cogent, as evidenced by the fact that clinicians have not been able to illuminate the dark feelings of those suffering from the disorder.

What, then, is the meaning of this psychological mystery? The key to deciphering a strange and apparently inexplicable compulsion is uncovering the normal desire of

which the compulsion is a deviation, or perversion. As we shall see, the desire to have one's limbs amputated is a perversion of a fundamental human longing: the will to transcend the limits of egocentric existence through the act of self-denial.

The will to self-denial is not, in itself, perverse or crazy. On the contrary, it is the driving force behind all psychological maturation. To have the patience to be a good parent, for example, certainly requires self-sacrifice, an abdication of one's desire to control one's personal time, energy and resources. Indeed, the struggle to renounce one's egocentric mode of existence is the very meaning of an ethical or religious life.

Even self-denial in the extreme — the self-sacrifice and self-mortification that approaches death's door, and sometimes, when necessary, enters the door — is not, in itself, crazy. Such self-denial is the energy behind the noble asceticism of the saints, prophets, holy men of all religions, and of true philosophers.

To understand self-sacrifice and asceticism, we must realize that it is not about losing; it is about gaining. The life of ego inevitably seems unreal. After all, we all know that our personal existence is something that will soon pass away. Our knowledge that we shall die creates a sense of unreality that is experienced as a dread of death. It is also experienced as fault. Fault is the perception that our egotism has injured that which is truly real, namely the universe, the divine harmony, or something akin to that, depending upon one's beliefs.²

Only by sacrificing what is unreal, namely our finite and transient ego, can we gain what is truly real, in the sense of infinite and eternal. This longing to become unattached to what is unreal, so as to connect with true reality is the motive behind all sacrifice and self-denial — normal or perverse.

Perverse Self-Negation

Many current psychological maladies are essentially a perverse expression of the will to the self-denial that belongs to ego-transcendence. Anorexia would be an example.

The anorexic experiences any excess weight as egotism, and therefore as fault. Eating has always been connected, on a psychological level, with fault. After all, to eat we must take the lives of other creatures.

Most religions seek to sanctify and justify eating. Christians, for example, say grace before eating. The defense most often used to justify eating is that the plant or animal, by being eaten, will be converted into man's higher purposes. The anorexic apparently does not subscribe to this hierarchical metaphysics in which lower life exists to support higher life. Consequently, the anorexic feels unjustified not only in eating, but in existing at all. The anorexic must therefore display as little fat on her body as possible, for any fat seems indicative of gluttonous greed, self-assertion and egotism.³

Like anorexia, apotemnophilia is a perverse form of self-denial. It too stems from a sense of fault. Arms and legs, since they are our physical means for action, are psychologically connected to action in the world, to doing. But here is the problem: action that isn't justified, in the sense of being grounded in something absolute — such as truth, good, the eternal, the Logos, God — seems egotistical. Consequently, one cannot act without the risk that one will be plagued by a sense of guilt.

There are a multitude of psychological and physical disorders that are similarly connected with the inability to act. Existential neurosis — the Hamlet-like impotence to decide and to accomplish, the incapacity “to take arms against a sea of troubles,” due to one's inability to perceive meaning in the universe — is in this class of psychological maladies. So is hysteria, the disorder — rare today; more common in the 19th century — in which a person's leg or arm became paralyzed, with no known physical basis. Catatonic psychosis, chronic fatigue syndrome, sexual frigidity and impotence — when these disorders lack a significant physiological basis — may have a related etiology.

It was one of psychoanalysis' seminal insights that neuroses — particularly obsessive compulsions and fetishes — are private religions. The person with apotemnophilia seeks self-denial, ego-abdication, self-sacrifice. But here the normal spiritual longing goes

awry. Rather than seeking an inner psychological change, and thus becoming a “reborn” person, he short-circuits the energy of transformation by expressing — on a primitive symbolic level — what the spirit is requiring of him. He views the possession of all of his limbs as indicative of egotism. It means that he can act in the world freely, and self-centeredly, as an individual. Consequently, only by sacrificing a limb can he feel whole, because only then has he achieved oneness with the god he unconsciously worships.

The apotemnophiliac worships a Moloch, a god who demands life, or at least limb, from its followers. If the apotemnophiliac is to attain psychological and spiritual renewal, he must commit theocide. For only in killing Moloch, can a new god emerge in his soul — a god of goodness, love and light.

We might add that just as a psychological malady like anorexia could only appear in time of abundant food, so it is that apotemnophilia could only appear in a time of peace and prosperity. The energy that would normally be used to oppose outward conditions is instead being turned, by the apotemnophiliac, inward against himself, self-destructively.⁴ Perhaps there is a certain wisdom in Freud’s perception that therapy must free us of the self-destructive excesses of the superego by turning our life energies outward towards the world.

Only in an age in which many people are awfully busy, but inwardly feel that nothing significant exists for them to do, could they conclude that their limbs have become superfluous. Consider, then, William James’ cure for suicidal thoughts — outward aggression against that which oppresses us.⁵ The apotemnophiliac’s thoughts are not suicidal, but they are self-destructive, and so he should be encouraged to enter into battle against life’s evils, rather than negating himself. When he does enter the battle, he will then feel that he needs all of his limbs.

Why the Energy of Transformation Short-circuits

Why does the energy of transformation short-circuit in the case of the apotemnophilic and in many other psychological disorders? The key to neurotic behavior is that something is gained psychologically from an apparent loss. Despite the terrible suffering that the neurotic must usually endure on account of the emptiness of his life, he gets to stay himself. The neurotic person — in love with his wretched self — would rather commit suicide than let go of who he is.

In the middle ages, the church sold indulgences. An indulgence was a set fee accepted in advance by the church for future sins to be committed by the faithful. In other words, it was a bribe. Analogously, the apotemnophilic attempts to bribe the inner voice of his spirit so that it will allow him to stay himself. The price he pays is a limb. Essentially stated, the apotemnophilic pays with bodily sacrifice so that he does not have to transform inwardly. This transaction occurs, of course, on an unconscious psychological level.

It may shed some light on this matter to contrast true sacrifice with perverse sacrifice. A soldier who loses his leg in battle doesn't seek to lose his leg. He seeks, if he is idealistic, to bring about freedom, or democracy, or some other higher cause. The loss of his limb is an unfortunate result of the heroic life. It ends up being a sacrifice for the higher cause. Sometimes a deliberate sacrifice is required for a higher purpose, for example, when a person donates blood, bone marrow, or a bodily organ to someone else.

Perverse self-negation, on the other hand, is not a consequence of genuine sacrifice and heroism. Perverse self-negation grows out of a need to expiate fault. An example would be Oedipus blinding himself, when he realized, to his horror, that he had killed his father and married his mother. The film *The Pawnbroker* offers another example. The protagonist of that film, stabs himself in the hand out of an overwhelming sense of guilt and remorse for his cold, heartless existence. The hand is symbolic, in the

pawnbroker's case, of his grasping nature. Those who seek to have their hand or arm amputated have a similar sense of fault.

As we have said, what makes bodily sacrifice perverse is that it is really a surrogate for a true inner transformation. Oedipus blinded himself because what he had to see, the transforming insight, was too powerful to bear. His blinding was, symbolically, a regression to a level where nothing further could be seen. And as for the pawnbroker in the film by that title, Schopenhauer's words come to mind, "The only cure for mental suffering is physical pain." Of course, there is a much better cure for mental suffering: the illumination of one's desires, anxieties and conflicts. Self-illumination is the route to health for the anorexic, the apotemnophiliac, and all those who would seek to end their suffering.

The Problematic of Action in the World

The person with apotemnophilia, like those with related psychological disorders, is in flight from the problematic of action in the world. This problematic has two dimensions. The first concerns the will to be oneself, to exist. To exist in the world means that we must compete and contend with other people, and if not with other people, then certainly with other creatures and life forms. The second dimension of the problematic is not about fighting. It is about loving. It has to do with the need to give oneself to other people out of care, concern and love.

The first problematic, the will to be oneself, is embroiled with the perplexities of justification. Arjuna, hero of the *Bagavad Gita*, was in a terrible state of self-doubt and couldn't fight. After all, he was required to go to battle against those whom he cared about, his relatives and teachers. Cutting off his own arm, and so not fighting, would probably have been a welcome relief for him. But Arjuna's mentor, Lord Krishna, argued that refusing to fight would be cowardly, ignoble and a forsaking of his duty as a warrior.

The only solution to Arjuna's suffering was to have his awareness ascend to a new level of answer to the problematic of action in the world.

The apotemnophiliac, the anorexic, the hysteric, the person riddled with the moral complexities and therefore rendered impotent to act — all are troubled by this same problematic that Hamlet and Arjuna faced. But instead of transcending the problematic, those who are neurotic short-circuit their psychological and spiritual development through their self-negation.⁶

The other problematic, we said, has to do with love. To truly love requires a shift of psychic energy beyond egocentricity, but the apotemnophiliac has found a way to abort his own self-development. He does this by turning himself into someone with a handicap. Consequently, he receives preferential treatment. After all, this is an age when people with handicaps are often viewed as heroes or as victims, or both; even if it is not understood, it feels right. Contemporary egalitarianism — which ennoble those who have suffered a loss because they are thought to be victims, and perhaps martyrs, of some social injustice — may explain why such psychological disorders have been on the rise. All this makes the milieu just right to breed apotemnophiliacs. After all, the apotemnophiliac is not interested in loving. He is involved in a warped effort to be loved, and to him that means receiving. He receives economic benefits perhaps, maybe a handicapped parking sticker for his car, but more importantly, sympathy.

As a victim, the apotemnophiliac feels justified in receiving help from others, and he feels justified in not doing anything for anybody since his disability renders him unable to do anything. Without his limbs, he can only beg, or receive subsidies from the state. He says in effect, "I'd love to help, but just look at me." Most people who are handicapped are quite unlike the apotemnophiliac. They are more like the soldier who lost his arm in battle, in the film *The Best Years of Our Lives*. They are too proud to want other people's sympathy, and would be totally independent, if they could.

There is something rather comical in creating a situation in which one is rewarded for not serving. The novel *The Good Soldier Svejk* by Jaroslav Hasek (Viking Press, 1985) offers an example. The completely able-bodied protagonist, *Svejk*, pulls up to the draft board in a wheelchair with a fake cast on his leg, claiming to have a broken leg, and patriotically volunteers for service. Unaware that he is faking his injury, the draft board rejects him for service. The whole town treats *Svejk* like a hero for wanting to serve his country, on the front line of battle, despite his incapacity. Here, then, is a person who has refused to enter military service — and, symbolically, a higher life of “service” to God and country — but gets to be regarded as a hero.

Of course, the apotemnophiliac goes one step further than *Svejk* — he actually becomes a cripple. This is necessary, because *Svejk* is a charlatan, a person intent on deceiving other people. The apotemnophiliac, on the other hand, is involved in a self-deception.

To summarize, the apotemnophiliac is in flight from the problematic of action in the world. He can neither affirm his individual existence, nor can he transcend it through care and concern for other people. As is often the case with those who are mad, the outer man desperately seeks to mirror the inner man — lacking justification for his existence, the apotemnophiliac wants the world to know that he is an “in-valid,” and that he truly does not have “a leg to stand on.”

The Erotic Attraction to Amputees

Discussions of apotemnophilia often lead to discussions of acrotomophilia. The latter disorder is an erotic attraction to people with missing limbs. As an appendix to our discussion of apotemnophilia, we’ll try to decipher the meaning of acrotomophilia. We shall see that acrotomophilia really belongs to a different class of mental disorders from those that we have just discussed.

The acrotomophiliac is threatened by the potency of the opposite sex, and therefore seeks the object of his desire in an apparently weakened, and therefore less threatening, form. The acrotomophiliac can be a man who is threatened by the feminine, or a woman who is threatened by the masculine.

In my book *Awakening with the Enemy*, (Philosophy Clinic Press, 2000), I analyzed some of the perverse forms that fear of the feminine or masculine can take. The Humbert Humbert Complex, named after the protagonist of Vladimir Nabokov's novel *Lolita*, involves an erotic attraction to young girls. Part of this attraction is simply an attraction to innocence and immediacy, but it is also based on the sense that young girls are less sexually potent than mature women. The fear that men have of the feminine is that they will be castrated, they will lose their masculine potency. It is similarly true that a woman who fears the masculine can be attracted to young boys. Acrotomophilia is allied to the class of perversions involving a fear of the full potency of the opposite sex. In the eyes of the acrotomophiliac, the amputee appears to be less sexually threatening.

Why, then, would this fear of the opposite sex manifest itself as acrotomophilia, rather than any of the other perversions? There are people who can only love someone who is suffering. Usually this concern for the sick and infirm manifests itself in a relatively normal, socially approved, way. A person with such a predilection might be attracted to working in a hospital or in a hospice, and could even become saintly like Mother Teresa. When normal, this love expresses itself as compassion, and not as Eros.

In any case, a person who is healthy, both physically and mentally, seems to the acrotomophiliac to be just another ego-centered person in a world full of such people with whom he must contend. The ill, infirm, or disabled person, on the other hand, appears to be less threatening than the able-bodied person, and so elicits the acrotomophiliac's sympathy.

There is much implied, symbolically, in standing on one's own two feet. It implies self-reliance, independence, self-assertion. The lack of a leg may make the amputee

appear “unable to stand on his or her own two feet,” and therefore in need of the “support” of the acrotomophiliac. It is not surprising, in an age in which women have become economically “self-supportive,” that there would be an increasing population of men who feel unneeded as men, and who are attracted to women who, symbolically speaking, need men’s support.⁷

The acrotomophiliac — possessing a sickly Eros coupled with a perverse sympathy — would, not surprisingly, choose as his object of affection, or object of lust, an amputee.

Unsettling, but Slightly Edifying, Conclusion

It is unsettling to peer into the shattered mirror of insanity, for what we discern may begin to look vaguely familiar. We may recognize a nightmarish caricature of our own desires, conflicts and anxieties. Few people actually desire to have their arms and legs amputated, but many of us — on an unconscious psychological level — negate ourselves, and thus diminish our “stature” more essentially than if we had made stumps of our legs. The late Dr. Edmund Bergler, a Freudian psychoanalyst, called this self-destructive tendency “psychic masochism.” According to Dr. Bergler,

“Psychic masochism is a universal phenomenon: Every human being has a good-sized amount of it. But the bearer of this unconsciously pleasure-coated self-damaging tendency has no inkling of the fact.”⁸

Of course, most human beings devote less psychological energy to hamstringing themselves than they devote to “cutting other people down to size.” But such is the subject of another essay.

Let us put it this way: there are certain questions that life asks all of us, and of which our life is an answer. These questions concern how life should be lived. Outwardly, the insane person, the everyday neurotic, and the relatively normal person, all have very different answers to these questions. On a more essential level, the answers are not far

afield of each other. But whatever the differences, the questions are the same for all of us. That is what makes us able to understand people whose desires and conflicts may initially seem alien and unlike our own. We begin to understand the apotemnophilic, the anorexic — indeed the entire sea of struggling humanity — when we detect the familiar questions behind each person’s uniquely problematic answer.

Looking into the shattered mirror of insanity — and coming to understand the real meaning of these dark and unhappy answers to life’s fundamental questions — we discover deep truths about the human condition. And in the process we come to know ourselves.

¹ See the December 2000 issue of *The Atlantic Monthly* for an interesting and informative article by Carl Elliott on apotemnophilia entitled “A New Way to Be Mad.” The online version of the article has valuable links to other articles and information on apotemnophilia. It can be found at www.theatlanticmonthly.com. There is also an interesting article on apotemnophilia by Randy Dottinga called “Out on a Limb,” which appears in the August 29, 2000 issue of *Salon Magazine*. www.salon.com. Both articles form links to related websites.

² We are giving short shrift to the philosophical possibilities so as not to go far afield of the main point. For a larger discussion of the phenomenology of fault, we recommend *The Symbolism of Evil* by Paul Ricoeur (Beacon Press, 1969)

³ The story of the unfortunate singer Karen Carpenter is revealing in this regard. Originally, Karen Carpenter was accompanied by her brother on piano. They were billed as “The Carpenters,” and produced a number of hit records. Ms. Carpenter then decided that she would be a bigger star if she were to be billed as a solo act. It was upon taking that step that her anorexia became fatal. We can speculate that she felt a sense of fault from breaking away from her brother and being billed independently. Independence is far more likely to be experienced as fault by women than by men, despite changing social mores. The result, in any case, was that Ms. Carpenter experienced her independence as egotism, and expressed her sense of fault by not eating to the point of starvation.

⁴ We must understand that man is never static; he is dynamic. He is not a being, but a becoming, as the psychologist Abraham Maslow and others have stated. Man’s dynamism always involves him with overcoming. If he does not seek to overcome the world, his aggressive energy will turn inward. Then either of two things will happen. He may seek to overcome himself, in the spiritual sense. That would be the much desired outcome, but it is rare. Almost invariably, when the energy of world-overcoming turns inward, the result is depression, inner conflict, fault, and sometimes illness.

⁵ See William James’ Essay, “Is Life Worth Living?” anthologized in his book, *Essays on Faith and Morals* (Meridian Books, 1967)

⁶ Few people have transcended the problematic of action, as have Hamlet or Arjuna. Why is it, then, that most people do not end up impotent to act in the world, or become just plain crazy? It has been said that the neurotic, like the artist, is more sensitive and aware than the average person. Consequently, the neurotic is unable to accept the facile false solutions that most people find satisfactory. The truth of the matter is that although most people's "solutions" to the problematic of action are the root cause of their difficulties in life, they are still able to work and do things in the world. That is what is meant by normality.

⁷ Apropos is the ancient Chinese practice of binding the feet of girls so that when they became women they would be unable to walk well.

⁸ *Money and Emotional Conflicts*, by Edmund Bergler M.D., International Universities Press, Inc. 1970, Page 33.