

Gothicizing Apotemnophilia: Live Burial, Secret Desire, and the Uncanny Body of the Amputee Wannabe

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Abstract

Until the publication of Carl Elliott’s “A New Way to be Mad”, few readers had heard of apotemnophilia. And yet a fairly sizeable group of people had been quietly and painfully living a Gothic nightmare, buried alive in an uncanny body simultaneously familiar and foreign, suffocated by a claustrophobic flesh crowded with one or perhaps two limbs too many, obsessed with a secret desire to become an amputee, and tortured by unanswered questions concerning identity and sexuality - questions lying at the core of human subjectivity, on the one hand, and the Gothic text, with its doublings and haunted spaces, on the other. What this paper attempts is to “gothicize” apotemnophilia by illustrating how the amputee wannabe’s lived experience mirrors the narrative of the Gothic, for the apotemnophile, like the Gothic text, challenges commonplace, inherited Enlightenment definitions of the healthy human body and mind while seeking to reconceive the human subject in terms other than those offered by liberal humanism.

Keywords: *amputation, apotemnophilia, Gothicism, perversion, psychoanalysis*

“It is certain that the spirit becomes crippled in a misshapen body”.¹
—Victor Hugo, *The Hunchback of Notre Dame*

I.

It is Mark Twain who has introduced us to the English folktale of the woman with the golden arm whose husband digs up her body after burial, severs the arm, and is subsequently haunted by the ghost of his wife demanding her arm back. This tale of “The Golden Arm” is hardly meant to be a philosophical treatise on the teleology of the human body, and yet it nevertheless relies on a belief in and/or concern for the integrity of the body even beyond death. While the teller’s purpose (in this case, Twain’s) is to give a young girl in the audience a fright, the tale’s content is not particularly frightening. What if, however, we were treated to a folktale in which the inverse happens, in which a woman haunts her husband with the demand that he sever her arm and take it away? The effect of this tale would be quite different from that of “The Golden Arm”. And yet something akin to this imaginary tale exists.

¹ Victor Hugo, *The Hunchback of Notre Dame* (Ware UK: Wordsworth Editions Ltd., 1993), 126.

In 1983, Katherine Dunn published *Geek Love*, the story of Arty Binewski, a carnival boy born with flippers instead of arms and legs. In the novel, Arty becomes the cult leader of a group of so-called “norms” willing to pay to have fingers, toes, arms, and legs surgically removed by a surgeon named Dr. Phyllis. For these “norms”, amputation is not a loss but a form of liberation.² Seventeen years after the publication of Dunn’s novel, these norms had walked off the pages of Gothic fiction on unwanted feet and legs into the world of Gothic fact. In 2000, the December issue of the *Atlantic Monthly* included an article by Carl Elliott that engaged with the phenomenon of “apotemnophilia”, that is, the desire to have a healthy body part removed. Elliott’s article suggests that these “apotemnophiles” (as Johns Hopkins psychologist John Money labeled them in 1977) cannot see themselves as “whole” with the usual set of limbs, and they believe with absolute certainty that their self-image and thus their life would be improved if they could have an arm chopped off at the elbow, a foot removed, or both legs replaced with stumps. To substantiate his report on apotemnophilia, Elliott presents several cases. In May of 1998, for example, a seventy-nine-year-old man from New York died of gangrene after having traveled to Tijuana to get a black-market leg amputation that cost him \$10,000. In October of 1999, a man from Milwaukee is said to have cut off his arm with a homemade guillotine and informed surgeons he would cut it off again if they re-attached it, while a woman from California tied off her legs with tourniquets and packed them in ice, hoping to necessitate amputation.³ It seems, then, that for these apotemnophiles, the “whole” body is the misshapen body of which Victor Hugo speaks in *The Hunchback of Notre Dame*, for their spirit is crippled by having to inhabit a body completely out of alignment with their self-image. As Elliott reports, a man convinced that his happiness depended on getting an amputation “hobbl[ed] around his house on crutches, pretending to be an amputee, fantasizing about photographs of war victims”.⁴

Before Elliott’s article “A New Way to Be Mad” appeared in the December 2000 issue of the *Atlantic Monthly*, a fairly sizeable group of apotemnophiles had been quietly and painfully living a Gothic nightmare: buried alive in an uncanny body simultaneously familiar and strange, suffocated by a claustrophobic flesh crowded with one or perhaps two limbs too many, and obsessed with a secret desire to become an amputee. In this article, I suggest that apotemnophilia meaningfully intersects with the Gothic narrative, for the apotemnophile is tortured by unanswered or, as I will argue, inadequately posed questions concerning identity and sexuality - questions lying at the core of human subjectivity and the Gothic narrative with its doublings and haunted spaces. Judith Halberstam’s analysis of the Gothic is particularly useful for my argument, for as she says in *Skin Shows*,

² In fact, the amputations are seen as promotions as well as liberations: “There were promotions scheduled for the next morning. Four women were due to “complete their liberation.” All had abandoned their legs entirely and were left with arms only from the elbow up. They were ready to shed their arms at the shoulder. These liberations were supposed to take place between 8 and 11 A.M. Dr. Phyllis would spend the afternoon whittling on fingers and toes.” Katherine Dunn, *Geek Love* (New York: Alfred A. Knopf, 1983), 284.

³ Carl Elliott, *Better Than Well: American Medicine Meets the American Dream* (New York: W. W. Norton, 2003), 208.

⁴ Carl Elliott, “A New Way to Be Mad,” *Atlantic Monthly*, December 2000: 78.

Gothic [. . .] may be loosely defined as the rhetorical style and narrative structure designed to produce fear and desire within the reader. The production of fear in a literary text [. . .] emanates from a vertiginous excess of meaning. Gothic, in a way, refers to an ornamental excess [. . .], a rhetorical extravagance that produces, quite simply, too much.⁵

Apotemnophilia can be seen as the kind of deviant subjectivity that, akin to the workings of Gothic fiction, “produces the deviant subjectivities opposite which the normal, the healthy, and the pure can be known”.⁶ And just as the Gothic is a rhetorical extravagance that produces too much, the apotemnophile’s body is a material extravagance registered as too much. If the monster in Gothic fiction “marks a peculiarly modern emphasis upon the horror of particular kinds of bodies”,⁷ then it could be argued that the apotemnophile’s desire for amputation appears as the monstrous companion of the normative subject, with the potential of inciting fear and horror.

As David Punter argues in a similar vein to Halberstam, the Gothic revolves around confrontations with the dismembered body and thus can be seen as “a history of invasion and resistance, of the enemy within, of bodies torn and tortured, or else rendered miraculously, or sometimes catastrophically, whole”.⁸ Part of this history includes *fin-de-siècle* Gothic literary fiction, which, as Kelly Hurley informs us, consistently represented two themes: “the spectacle of the human subject undergoing dissolution” and “the symptom of nausea” and/or disgust in the face of that spectacle.⁹ Hurley specifically refers to Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde*, in which Dr. Jekyll speaks of his transformation from one body to another as suffering “the pangs of dissolution”.¹⁰ In the body of Mr. Hyde, he is met with nausea and disgust by those who encounter him, all of whom speak of him as giving an impression of deformity, as something “abnormal and misbegotten”.¹¹ Although Mr. Hyde makes use of Dr. Jekyll’s body as a safe haven on occasion, he more frequently views it as a prison. Although the apotemnophile requires surgery while Mr. Hyde relies upon an alchemical process for release from his body, both feel a sense of liberation upon that release. As Dr. Jekyll’s full statement of the case explains, after he had drunk the potion, he came to himself “as if out of a great sickness”: “There was something strange in my sensations, something indescribably new and, from its very novelty, incredibly sweet. I felt younger, lighter, happier in body”.¹² And, as if predicting the conditions that would give rise to apotemnophilia, Dr. Jekyll states,

I thus drew steadily nearer to that truth, that man is not truly one, but truly two. I say two, because the state of my own knowledge does not pass beyond that point. Others will follow,

⁵ Judith Halberstam, *Skin Shows: Gothic Horror and the Technology of Monsters* (Durham: Duke UP, 1995), 2.

⁶ Halberstam, *Skin Shows*, 2.

⁷ Halberstam, *Skin Shows*, 3.

⁸ David Punter, ““A foot is what fits the shoe”: Disability, the Gothic and Prosthesis,” *Gothic Studies* 1 (2000): 40.

⁹ Kelly Hurley, *The Gothic Body: Sexuality, materialism, and degeneration at the fin de siècle*, (Cambridge: Cambridge UP, 1996), 44.

¹⁰ Robert Louis Stevenson, *Dr. Jekyll and Mr. Hyde* (New York: Bantam Books, 1981), 84.

¹¹ Stevenson, *Dr. Jekyll and Mr. Hyde*, 84.

¹² Stevenson, *Dr. Jekyll and Mr. Hyde*, 82.

others will outstrip me on the same lines; and I hazard the guess that man will be ultimately known for a mere polity of multifarious, incongruous, and independent denizens.¹³

If the “spectacle of dissolution” Hurly explores in her reading of *Dr. Jekyll and Mr. Hyde* is understood as the breaking up of an assembly or organization, then I suggest that apotemnophilia can be thought of as a spectacle of the human subject undergoing dissolution since the apotemnophile’s desire is to break up the normative assembly or organization of the human body, which is composed of two arms and two legs, ten fingers and ten toes. In contrast to Dr. Jekyll, however, who sees his transformation as shaking “the very fortress of identity”,¹⁴ the surgical transformation and fragmentation of the body brought about by amputation may be seen as the apotemnophile’s attempt to consolidate an identity. As for the symptom of nausea or disgust Hurley observes in response to the spectacle of dissolution, I have frequently seen this connection mirrored in my own experience. For example, when I introduce the subject of apotemnophilia into class discussion or casual conversation, my students and colleagues react first with disbelief and then with thorough-going disgust. Even Elliott himself confesses in his article, “My initial thoughts were not unlike those of a magazine editor I approached about writing it, who replied, “Thanks. This is definitely the most revolting query I’ve seen for quite some time””.¹⁵

David Pole explains the causal relation between dissolution and disgust (an ambivalent affect partaking of both revulsion and fascination) when he states that in order for an object to be found disgusting, it must possess two characteristics: liminality and “some element of self identification [. . .] that makes the horrifying thing also a part of me”.¹⁶ As Ruth Anolik points out in the introduction to *Demons of the Body and Mind*, the Gothic relies on the clear demarcation of the non-normative subject against the Enlightenment ideals of scientific reason policed by the institutional spaces of “the prison, the hospital, the madhouse”.¹⁷ The impulse to demarcate and differentiate is also at work in Elliott’s “A New Way to Be *Mad*” (emphasis added). Despite the thoughtful and sympathetic treatment of apotemnophilia, Elliott’s article finds recourse in the narrative strategy Anolik ascribes to the Gothic: “the non-normative human, excluded from the category of the human, becomes the human Other, as mysterious and unknowable, as inhuman, as any ghost or monster lurking in the darkness”.¹⁸

Clearly, the need to incarcerate and/or exclude the non-normative human suggests the threat of the uncanny. As Freud suggests in “The “Uncanny””, E.T.A. Hoffman’s story of “The Sand-Man” creates uncanny effects because of the threat of castration, “anxiety about one’s eyes” functioning as “a substitute for the dread of being castrated”.¹⁹ In a footnote to his discussion of the story, Freud says the following, which bears directly on the threat posed by apotemnophilia to the non-apotemnophile:

¹³ Stevenson, *Dr. Jekyll and Mr. Hyde*, 79.

¹⁴ Stevenson, *Dr. Jekyll and Mr. Hyde*, 81.

¹⁵ Elliott, “A New Way to Be Mad,” 84.

¹⁶ David Pole, *Aesthetics, Form and Emotion* (London: Duckworth, 1983), 227.

¹⁷ Ruth Bienstock Anolik, ed., *Demons of the Body and Mind: Essays on Disability in Gothic Literature* (North Carolina: MacFarland and Company, 2010), 2.

¹⁸ Ruth Bienstock Anolik, *Demons of the Body and Mind*, 2.

¹⁹ Sigmund Freud, “The “Uncanny”,” in *Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XVII (London: Hogarth, 1955), 231.

In the frightening scene in childhood, Coppélius, after sparing Nathaniel's eyes, had screwed off his arms and legs as an experiment; that is, he had worked on him as a mechanic would on a doll. This singular feature, which seems quite outside the picture of the Sand-Man, introduces a new castration equivalent.²⁰

Lacan adds to the list by what he refers to as *imagos of the fragmented body*: "These are the images of castration, mutilation, dismemberment, dislocation, evisceration, devouring, bursting open of the body".²¹ Perhaps we could argue, as Laura Mulvey does in "Visual Cinema and Narrative Pleasure", that the normative subject's aggression toward the non-normative subject is caused by the ways in which it invokes these *imagos*.²² In the story of apotemnophilia, there is, therefore, a surplus of uncanny effects: not only is the apotemnophile's body both *heimlich* and *unheimlich* for the apotemnophile, but it is equally so for the normative subject. For while the apotemnophile's body very closely resembles the non-apotemnophile's body, his or her desire for amputation lies beyond epistemological apprehension for the normative subject, and thus the apotemnophile is not simply Other but is, as Catherine Kudlick terms it, the "other Other".²³ As Anolik notes with regard to Kudlick's term, "the social and psychological empathy that links people through a sense of shared humanity disappears in the face of a deviation that seems to remove the sufferer [in this case, the apotemnophile] completely from the human and thus from human intercourse".²⁴ What generates the anxiety an apotemnophile creates in a non-apotemnophile is the encounter with a "human Other who is paradoxically similar (sharing the markers of the normative) but different",²⁵ marked as it is by a radical difference in desire. More importantly, however, the apotemnophile's strange desire undermines the traditional biological understanding of the body, replacing it with a body understood as a representation of psychical fantasy.

What I hope to do in this paper is to "gothicize" apotemnophilia by illustrating how the apotemnophile's lived experience mirrors the haunted narrative of the Gothic. And because the creation of narrative plays such a central role in the clinical practice of psychoanalysis - in as far as it seeks to translate the experience of human trauma into language - I wish to use psychoanalysis to sketch out a connection between the physical body of the apotemnophile and the textual, not in order to pathologize or normalize the apotemnophile but to show that the body is created by language. According to Jacques Lacan, the phrase "speaking being" is a redundancy "because there is only being due to speaking; were it not for the verb "to be", there would be no being at all".²⁶ And thus he concludes that we are not born as a body but merely as a living organism. We only

²⁰ Freud, "The "Uncanny"," 232.

²¹ Jacques Lacan, *Écrits: A Selection*, trans. Alan Sheridan (New York: W. W. Norton, 1977), 11.

²² According to Mulvey, the female figure poses a problem for the male viewer, for she "connotes something that the look continually circles around but disavows: her lack of a penis, implying a threat of castration and hence unpleasure. [. . .] Thus the woman as icon, displayed for the gaze and enjoyment of men, the active controllers of the look, always threatens to evoke the anxiety it originally signified". See Laura Mulvey, "Visual Pleasure and Narrative Cinema," *Screen* 16.3 (Autumn 1975): 13.

²³ I am indebted to Ruth Bienstock Anolik for introducing me to Catherine Kudlick's phrase.

²⁴ Ruth Bienstock Anolik, *Demons of the Body and Mind*, 3.

²⁵ Ruth Bienstock Anolik, ed., *Horri-fying Sex: Essays on Sexual Difference in Gothic Literature* (North Carolina: MacFarland and Company, 2007), 4.

²⁶ Quoted in Bruce Fink, *The Lacanian Subject: Between Language and Jouissance* (Princeton: Princeton UP, 1995), 182.

come to have a body (as an attribute) through and/or in language.

“Physical pain has no voice, but when it at last finds a voice, it begins to tell a story”, says Elaine Scarry in *The Body in Pain*.²⁷ What story is being told about apotemnophilia, and who is given the authority to tell it? In answering the first of these questions, we might take as our starting point Merleau-Ponty’s phenomenological understanding of body image. Using the disorder of agnosia, in which a body part that normally belongs to one’s body image goes unrecognized, Merleau-Ponty demonstrates that our experiences are not organized by real objects and relations but by a “fictional” or fantasmatic construction of the body outside of or beyond its neurological structure”.²⁸ According to Merleau-Ponty, traditional psychology and physiology posit a passive body, while he shows that the body is active

insofar as it gives form and sense to its own component parts and to its relations with objects in the world. The phantom limb and agnosia indicate that our experiences are organized not by real objects and relations but by the expectations and meanings objects have for the body’s movements and capacities.²⁹

It would seem, then, that one of the central themes of apotemnophilia is the fictional or phantasmatic underpinnings of body image. To wit, a body with two arms is as much a fictional construction as a body with one. The apotemnophile’s “amping” of the body is not just an amputation but an amplification, a means of giving voice to the pain of living inside a misbegotten body. In amping the body, the apotemnophile is attempting to author(ize) his or her own body, to revise it where necessary, just as a writer crosses out an extraneous word or phrase. The apotemnophile’s body is a Barthesian textual body, the writerly text as site of production rather than consumption.³⁰ For the apotemnophile “manhandles” his or her own bodily tutor text, breaking and interrupting its “natural” divisions and thereby undercutting, as it were, the notion of totality. Like Barthes’s deconstruction of Balzac’s “Sarrasine”, the apotemnophile recognizes and embraces lack rather than hiding it with the neurotic’s fantasy of wholeness. As Lacan remarks in “Function and Field of Speech and Language,” he

object[s] to any reference to totality in the individual, since it is the subject who introduces division into the individual, as well as into the collectivity that is his equivalent. Psychoanalysis is properly that which reveals both the one and the other to be no more than mirages.³¹

In “Subversion of the Subject and Dialectic of Desire”, Lacan shores up his objection by arguing that “the neurotic has been subjected to imaginary castration from the beginning; it is castration that sustains this strong ego”, and yet “it is beneath this ego, which certain analysts choose to strengthen still more, that the neurotic hides the castration that he denies”.³²

If it is true, as Anolik and others have argued, that the Enlightenment gave birth to

²⁷ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford UP, 1985), 3.

²⁸ Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana UP, 1994), 89.

²⁹ Grosz, *Volatile Bodies*, 89.

³⁰ Roland Barthes, *S/Z: An Essay*, trans. Richard Miller (New York: Farrar, Straus and Giroux, Inc., 1974).

³¹ Lacan, *Ecrits*, 80.

³² Lacan, *Ecrits*, 323.

the Gothic, its light creating the dark shadows in which lurk “the ghosts and other supernatural beings who resist human understanding”, then perhaps it would be equally true to say that in a certain way the Gothic, with its locus in “the dark recesses of the human psyche inaccessible to reason”³³ prefigures and helps to bring about psychoanalysis. As Anolik argues in *Demons of the Body and Mind*, in

its repressive aspect, the Gothic reflects the exclusionary categorization of the Enlightenment, figuring human difference as monstrosity. In its more progressive moments, the Gothic recognizes that the monster also has a subjective existence, that the figuring of the human Other as inhuman is itself a monstrous act.³⁴

We see both the repressive and the progressive gesture in the history of psychoanalysis as well. With Charcot and his emphasis on the visual register, the figure of the hysteric became a spectacle of monstrosity, forced to occupy center stage in the amphitheater of the *Salpêtrière* and to submit to the curious looks and titillated gaze of the male doctors in the audience. With Freud and his emphasis on the aural register, the figure of the hysteric ceased to be a spectacle of monstrosity but instead became a figure of sympathy and concern. In other words, for Freud, the ear comes to play a more valuable role in analysis than the eye as Freud listened to the fragmented narratives his hysterical patients shared with him. And, thus, from Charcot to Freud, there is a significant shift from the repressive to the progressive, for Freud’s method of treatment came to differ quite radically from that of his teacher: “The stress fell”, as Rachel Bowlby argues, “not on the patient as a bodily spectacle for assembled observers, but on her words to a single trusted interlocutor. Here the rehearsal of the symptoms is not didactic (for an audience) but therapeutic (for the patient)”.³⁵

Because psychoanalysis could itself be called a Gothic discourse with its exploration of family secrets, buried memories, hysterical fits, obsessive thoughts, fragmented bodies, false portraits, mirror stages, and villainous “characters” such as the obscene anal father and the superegoic mother, it seems appropriate to use it to flesh out the underlying structure of perversion at work in apotemnophilia. While Halberstam argues in *Skin Shows* that psychoanalysis is an “oppressive mechanism” with “its emphases on and investments in the normal”,³⁶ she fails to recognize the important differences existing within the field of psychoanalysis itself. Lacanian psychoanalysis insists on resisting pre-established ideas of “what is good or bad for the analysand”.³⁷ Lacan himself notes in “The Direction of the Treatment”:

Certainly the psychoanalyst directs the treatment. The first principle of this treatment, the one that is spelt out to him before all else [. . .], is that he must not direct the patient. The direction of conscience, in the sense of the moral guidance that a Catholic might find in it, is radically excluded here.³⁸

³³ Anolik, *Horri-fying Sex*, 1.

³⁴ Anolik, *Demons of the Body and Mind*, 2.

³⁵ Rachel Bowlby, introduction to *Studies in Hysteria*, by Sigmund Freud and Joseph Breuer (New York: Penguin, 2004), viii.

³⁶ Halberstam, *Skin Shows*, 9.

³⁷ Bruce Fink, *A Clinical Introduction to Lacanian Psychoanalysis: Theory and Technique* (Cambridge: Harvard UP, 1997), 128.

³⁸ Lacan, *Écrits*, 227.

Drawing on Lacan's version of psychoanalysis, with its aversion to enforcing the normative, I would argue that the apotemnophile is a perverse postmodern Prometheus. That is to say, he or she stages his or her own castration in an attempt to prop up a God (i.e., the Father function as law- and space-maker) who is only partially operant but in so doing steals God's thunder as creator of the human body. Instead of allowing the body's "natural" contours to define his or her identity, this perverse postmodern Prometheus allows an "internal" vision of his or her identity to define the body. As Elliott points out, apotemnophiles consistently "use the language of identity and selfhood in describing their desire to lose a limb", for he reports having heard the same phrases over and over again: "'I have always felt I should be an amputee.' 'I felt, this is who I was. ' 'It is a desire to see myself, be myself, as I 'know' or 'feel' myself to be.'"³⁹ What is striking here is that for the apotemnophile, "the true self is the one produced by medical science".⁴⁰ The story I am constructing, then, is a story of same and other collapsing into one, for the apotemnophile is at once Dr. Frankenstein and his creature, Dr. Jekyll and Mr. Hyde, heroic subject and abject other. The story of the apotemnophile is a Gothic story that does what the Gothic does best: with its subversion of conceptual boundaries and categories, its "breaching of the walls of church and state", it "interrogates the central category of thought identified by Foucault, the category of "man", the Enlightenment category that is narrowly defined as orderly, rational, healthy, white, and male".⁴¹ Shattering the illusion of perfect wholeness that is the normative subject's defense against the reality of the not-so-perfect-or-whole-body, the story of apotemnophilia reveals the impossibility of the perfectly able body, which as Punter argues, "would not be dependent on non-organic aids or on physical or psychological patterns of addiction, it would not suffer from the agony of the phantom limb or from the indignity of ageing, above all it would suffer no deformity".⁴² I am not arguing that apotemnophiles necessarily see themselves in such terms but that the story of apotemnophilia can be read thus.

II.

Although apotemnophilia does not appear as an entry in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, apparently it has debuted in the *DSM-V*, for the psychiatric community has labeled it a pathology and given it a clinical designation of Body Integrity Identity Disorder or BIID. Questions concerning diagnosis and treatment continue to be fraught with difficulty, however, as the ownership of the body and the medico-ethical limits of self-modification are interrogated, challenged, and debated. According to Elizabeth Loeb, who has written about bodily integrity and identity disorders as understood by United States law, the courts take the body for granted as a "static or reified set of closed boundaries" rather than "as a contested and shifting landscape within physical and psychic experience", and thus legal and cultural permission for body modification "holds steady only so long as [one's] choices map onto the landscape of normative and [normalizing] physical

³⁹ Elliott, "A New Way to Be Mad," 74.

⁴⁰ Elliott, "A New Way to Be Mad," 74.

⁴¹ Anolik, *Demons of the Body and Mind*, 2.

⁴² Punter, "'A foot is what fits the shoe'," 40.

[conceptions] of race, sex, and gender”.⁴³ During the last decade of the twentieth century, the body loomed large as an object of study, for a barrage of volumes appeared on what Joan Copjec lists almost poetically but certainly exhaustively as

the body zoned, fragmented, pierced, tattooed, peeled open layer by layer, armored, fitted up with prostheses, weighted down by adornments and protective gear, scarred by accident or war, ravaged by disease, withered by age, pumped up with steroids, emaciated by hunger, anorexic, bulimic—and above all, sexed.⁴⁴

It is not surprising, therefore, that the apotemnophile would have come out of the closet in the year 2000 with the publication of Elliott’s startling article.

What *is* surprising is that a decade later the courts remain intransigent in their essentialist understanding of the human body. And yet this very fact supports the Gothic nature of the apotemnophile’s story. In Punter’s discussion of Gothic narrative and the law, he argues that even as the Gothic is the domain of the outlaw, somewhere on the landscape lurks a lawyer, and Punter’s poignant description of the encounter between the two mirrors the desperation with which the apotemnophile seeks and is generally denied legal surgery:

[. . .] the characters of Gothic scream and shriek to make their case; for this is the most primal anxiety of all, the ‘original’ scene of injustice, the sense that however loud we shout, however graphically we portray the distorted world which has become, unjustly, mysteriously, our home, nevertheless, our case cannot be heard; it cannot be put. It cannot be put because [. . .] we are orphans; we have no name, and no credentials.⁴⁵

Elliott corroborates this desperation with the story of Max Price, a graphic designer in Santa Fe, who agreed to talk to Elliott about apotemnophilia. As Elliott recalls the conversation, it had “taken on an easy intellectual tone” as Price discussed “his efforts to get doctors to adopt some guidelines for deciding when a person with apotemnophilia should have surgery”.⁴⁶ During the conversation, Elliott asked Price whether he felt that his desire were more like an obsession, a fantasy, or a wish, to which Price answered, “Well, it was definitely like an obsession. Until I cut my leg off, of course”.⁴⁷ This brought Elliott up short, for he had been unaware that Price had actually gone through with the amputation. When Elliott asked Price how he had done it, Price laughed and said, “It was kind of messy, [. . .] I did it with a log splitter”.⁴⁸ In narrating the events of the accident, Price explained that he had driven himself to the emergency room, where the surgeons reattached his partially amputated leg. It took six months, aided by medical complications, to convince a surgeon to amputate the leg.⁴⁹ Elliott found Price

⁴³ Elizabeth Loeb, “Cutting It Off: Bodily Integrity, Identity Disorders, and the Sovereign Stakes of Corporeal Desire in U. S. Law,” *WSQ: Women’s Studies Quarterly* 36 (2008): 44-63.

⁴⁴ Joan Copjec, “Montage of the Drives,” *Umbr(a): A Journal of the Unconscious* 1 (1997): 12.

⁴⁵ David Punter, *Gothic Pathologies: The Text, the Body and the Law* (New York: St. Martin’s Press, 1998), 202.

⁴⁶ Elliott, “A New Way to Be Mad,” 77.

⁴⁷ Elliott, “A New Way to Be Mad,” 77.

⁴⁸ Elliott, “A New Way to Be Mad,” 77.

⁴⁹ What Price’s story illustrates is the intransigence of the medical profession’s attitude toward the body, continuing to see it as a “static or reified set of closed boundaries” instead of “a contested and shifting landscape within physical and psychic experience,” to use Loeb’s language.

through an Internet discussion listserv called “amputee-by-choice,” and as Elliott recalls, when he first introduced himself to the active electronic group, the discussion immediately ceased. In the days following his invitation for amputee-wannabes to get in touch with him, he heard from a dozen or so, none of whom wanted a psychiatrist, none of whom wanted medication, and all of whom wanted to know if Elliott could find them a surgeon. Having no one to speak for them, no advocate for their case, they turned to a university professor (i.e., Elliott) for help. With the publication of Elliott’s article, however, the Gothic “orphans” of which Punter speaks finally got to begin making their case, finally became audible and visible.

What is also surprising is the fact that few if any have attempted to understand BIID from a psychoanalytic perspective, but, as Fink points out, while modern psychiatry is good at giving a new name to a different behavior, it is not so good at expanding our understanding of it. I want to help to combat the awkward silence regarding apotemnophilia by contributing to narratives that show how the obsession with body limits by wannabe amputees and amputees by choice relates to the fantasies of wholeness propagated by normative subjectivity. And thus I would like to address some of the questions Elliott raises in his article and the book that followed: is the desire to have a limb amputated any more pathological than a desire to have breast-reduction surgery? One quick answer would be no; it can be explained by a different structural phenomenon, one being a perverse (or primary) desire and the other a neurotic (or secondary) one. Is “apotemnophilia” a misnomer? In other words, is the central issue one of sexual desire, as the suffix “philia” suggests, or one of body image? More generally, however, I would like to answer the question Copjec asks in a special issue of *Umbr(a)* devoted to the drive: “What’s the matter with bodies? Why do they seem to suppurate [. . .] so much trouble for themselves?”⁵⁰ The quick answer, again, might be because we speak. Because we are speaking beings, our bodies generate trouble. Although the apotemnophile offers a variety of reasons for desiring an amputation - for example, to gain sympathy from others, to cope heroically, or to find new ways of doing old tasks - psychoanalysis can offer a structural explanation for the apotemnophile’s response to his or her body, and it is this structural explanation that I hope to articulate.

III.

When we think of the fetish from a Freudian standpoint, we think of an object such as a high-heeled shoe or a piece of woman’s lingerie, which stands in for the missing maternal penis and allows us to defend against the threat of castration. “To put it plainly”, says Freud, “the fetish is a substitute for the woman’s (mother’s) phallus which the little boy once believed in and does not wish to forego [. . .]”.⁵¹ More broadly, literary and cultural criticism of a Lacanian inclination has been interested in how Freud’s ideas of fetishism draw attention to the way existent things come to stand in for non-existent things to veil an intolerable lack. With the apotemnophile, however, the fetish appears to operate rather differently. Here, the fetish function appears to be inverted. The fetish of the apotemnophile allows what I would call the “claustrophobic body” to defend against too much presence by fetishizing lack itself. Instead of

⁵⁰ Copjec, “Montage of the Drives,” 12.

⁵¹ Freud, “Fetishism,” in *Sexuality and the Psychology of Love* (New York: Macmillan Publishing Company, 1963), 215.

functioning as a defense against the threat of castration, the amputee wannabe's fetish functions as a defense against the threat of too much *jouissance*. The desire to have a limb amputated is a resistance to live burial, an attempt to eliminate the suffocating presence of the mOther,⁵² its alien presence too big to be comfortably borne by the apotemnophile.

In his re-reading of Freud's work, Lacan maintains that while belief in the so-called maternal penis is not irrelevant to understanding the fetishist, what is more central in the mechanism of disavowal is "the father's desire, the father's name, and the father's law".⁵³ "To return to phantasy", says Lacan, "let us say that the pervert imagines himself to be the Other in order to ensure his *jouissance*, and that it is what the neurotic reveals when he imagines himself to be a pervert - in his case, to assure himself of the existence of the Other".⁵⁴ Fink paraphrases this pertinently:

[. . .] the apparent contradiction inherent in disavowal can [. . .] be described as follows: "I know full well that my father hasn't forced me to give up my mother and the *jouissance* I take in her presence (real and/or imagined in fantasy), hasn't exacted the 'pound of flesh,' but I'm going to stage such an exaction or forcing with someone who stands in for him; I'll make that person pronounce the law."⁵⁵

While the father's law, or the "No", is fully operant in neurosis and fully non-operant in psychosis, the father's law, or the "No", is only partially operant in perversion, and thus the child undergoes alienation (i.e., primal repression or the division that creates a split between the conscious and the unconscious) but not separation. The father, whose role it is to separate the child from its mother, fails to do so and, further, fails to name the mother's desire, which means that the child will be treated to her anxiety-provoking demand. As a defense against this demand, the child assumes the role of the imaginary (that is, unstated or unknown) object of the mOther's desire: becomes, that is, a substitute penis and/or occupies the position of lack itself. I want to suggest that there is a useful link to be drawn between Lacan's scenario and the uncanny feeling of *incompleteness* that the apotemnophile reports vis-à-vis his or her *unamputated* body. "I will never feel truly whole with legs", says one woman in her early forties. "My body image has always been as a woman who has lost both her legs", says another.⁵⁶ Until the mOther's desire is named, "there is no lack; the child is submerged in the mOther as demand and cannot adopt a stance of his own [. . .]. The child here is confronted with what we can refer to as a *lack of lack*",⁵⁷ which means that, for the perverse subject, the pound of flesh has not been exacted, that castration has never been completed - hence the perverse subject's need to stage or reenact castration understood, here, as the

⁵² This is how Bruce Fink signifies the conjunction of the Big Other and the Mother function. Here, he is following Lacan's statement that the mother is the first to occupy the position of the Other vis-à-vis the child since she must interpret and respond to his or her inarticulate cries: "It is in the interval between these two signifiers that resides the desire offered to the mapping of the subject in the experience of the discourse of the Other, of the first Other he has to deal with, let us say, by way of illustration, the mother". Jacques Lacan, *The Four Fundamental Concepts of Psycho-Analysis*, trans. Alan Sheridan (New York: W. W. Norton & Company, 1977), 218.

⁵³ Fink, *A Clinical Introduction to Lacanian Psychoanalysis*, 170.

⁵⁴ Lacan, *Ecrits: A Selection*, trans. Alan Sheridan (New York: W. W. Norton & Company, 1977), 322.

⁵⁵ Fink, *A Clinical Introduction to Lacanian Psychoanalysis*, 170.

⁵⁶ Elliott, *Better Than Well*, 213.

⁵⁷ Fink, *A Clinical Introduction to Lacanian Psychoanalysis*, 177.

registration of a lack that allows space for the subject's emergence, development, and growth.

We can argue, then, that the apotemnophile's desire for amputation is a desire for the castrating gesture that has never quite come. Or, to put it in slightly different terms, we can argue that it is a desire for the dialectical comings and goings of the *fort/da* game, of which only one term has been properly articulated. Perhaps amputating a limb and thus making it go "away" is a means of getting the *fort* to operate. In the hands of the apotemnophile, little Ernst's cotton reel, which stands in for a mother who comes and goes, represents the part of the self that has been colonized by a mother who comes but never goes, a part of the self that the apotemnophile wishes to toss away in order to create breathing space in a claustrophobic psychic scenario. If the father fails as representative of the (always absent) phallus (i.e., the law- and thus space-maker), then the apotemnophile becomes his or her own law- or space-maker. The apotemnophile gestures toward this failure by drawing attention to it in a violent and hyperbolic enactment of castration. Apotemnophiles who are rejected for surgery place themselves on the railroad tracks or make use of a log-splitter: this could be read as an attempt to bring about the desired lack. Perhaps this also presents a possible explanation why the need to amputate can be so imperative that apotemnophiles are willing to go to such dramatic and physically traumatizing lengths to achieve it. It is in this sense, I would argue, that the desire for amputation is not a desire for pain but for absence. In personal accounts articulated by apotemnophiles, I have read nothing to suggest that they are seeking pain, nor is there any indication that once an amputation has taken place, the apotemnophile needs or wants further amputations.

As I have argued, psychoanalysis itself can be thought of as a Gothic discourse, and so I find it a particularly fruitful lens through which to view Elliott's comments about apotemnophilia. According to Elliott, "Most wannabes trace their desire to become amputees back to before the age of six or seven, and some will say that they cannot remember a time when they didn't have the desire", many recounting early childhood and "life-changing" experiences with amputees.⁵⁸ Like the failure of the castrating gesture, what Elliott's comments suggest is that the mirror stage goes awry for the apotemnophile. As Lacan theorizes in his discussion of the mirror stage, when the toddler first encounters its mirror image, it is still uncoordinated, unsteady on its feet, and in need of support either by a parent or by a walker. Although the parent generally assures the toddler that the mirror image belongs to him, there nevertheless remains an incongruity between the toddler's lived experience of its body and the well-put-together image it sees in the mirror. I would speculate that this moment of recognition does not occur for the apotemnophile as the parent fails to register the toddler's identification with its mirror image, and so the apotemnophile continues to experience his or her body as fragmented, never fully identifying with his or her "superior" mirror image. Having a perverse structure already in place and a body experienced as fragmented makes it possible for the apotemnophile to cathect to the image of an amputee, and thus the profoundly important moment of mirroring, which allows for social development, occurs not with one's mirror image but with the body of the amputated other.

⁵⁸ Elliott, *Better Than Well*, 213.

For some, it might seem troubling to place the apotemnophile in the clinical and structural category of perversion, but from a Lacanian standpoint, there is no moral judgment attached to this designation. In fact, one of Freud's most far-reaching claims, introduced in *Three Essays on Sexuality*, was that perversion in its sexological sense was primary while what we call "normal" sexuality was secondary. Although perversion is generally understood to be a deviation from the natural or instinctual, "normal" sexuality is the true deviation since it entails learned practices that take shape only after the erotic field of what Freud called the "polymorphously perverse" body has been segregated into erogenous zones. Jonathan Dollimore nicely articulates Freud's theory of sexuality and civilization in the following:

[...] it is sexual perversion, not sexual 'normality', which is the given in human nature. Indeed, sexual normality is precariously achieved and precariously maintained: the process whereby the perversions are sublimated can never be guaranteed to work; it has to be reenacted in the case of each individual subject and is an arduous and conflictual process [. . .]. Sometimes it doesn't work; sometimes it appears to, only to fail at a later date.⁵⁹

"Freud", Dollimore notes, "attributes to the perversions an extraordinary disruptive power", for in their "'multiplicity and strangeness' (1.346), the perversions constitute a threatening excess of difference originating from within the same".⁶⁰ Via Freud, says Dollimore, we can see that "what a culture designates as alien, utterly other and different, is never so. That culture exists in a relationship of difference with the alien, which is also a relationship of fundamental, antagonistic interdependence".⁶¹ It is almost as if Dollimore is speaking specifically of the relationship between Dr. Jekyll and Mr. Hyde when he argues that what is most disturbing about perversion is its place of origin: "it originates internally to just those things it threatens".⁶²

Perhaps what causes the normative subject to view the apotemnophile with such revulsion is his or her unconscious knowledge that the apotemnophile is actually more same than other. For the fantasy of the whole body is just that: a fantasy that masks the reality of the body's brokenness and fragmentation. Of necessity, it would seem, bodies suppurate trouble for themselves because of the abiding gap between the imaginary and the real, between fantasy and reality - a gap the apotemnophile recognizes and wishes to acknowledge but that the normative subject wishes to disavow.

In Punter's final comments on the direction of the Gothic, he, like Freud, attributes a tremendous amount of subversive power to the perversions, for according to Punter, it is not that the structures of perversion (or "distortions" as he refers to them) are "perceived as a root of fracture and disablement" but that they offer possible recourse

against the real enemy, which is precisely the 'perversion' of constricting, normative, male-dominated heterosexuality. Cruelties and obsession in the Gothic are certainly real [. . .]; but there is a further sense in which at least these fluctuations, twistings, squirmings of the body provide some evidence of resistance, the legacy perhaps of the old myth of de Sade's influence on the Gothic [. . .].⁶³

⁵⁹ Jonathan Dollimore, "The Cultural Politics of Perversion: Augustine, Shakespeare, Freud, Foucault," *Genders* 8 (1990): 1.

⁶⁰ Dollimore, "The Cultural Politics of Perversion," 12.

⁶¹ Dollimore, "The Cultural Politics of Perversion," 12.

⁶² Dollimore, "The Cultural Politics of Perversion," 4.

⁶³ Punter, *Gothic Pathologies*, 216.

If we accept Punter's comments, perhaps it will become possible to view apotemnophilia not as cause for disgust, nausea, or revulsion but as a possible recourse against normative notions regarding the "proper" contours of the human body. In saying this, I am not advertising apotemnophilia as a strategy to take up against normative life but calling attention to the role it plays as part of our cultural text. It is a symptom, and thus a signifier, of the necessity of the cut (i.e., of absence, castration, the *fort* in the *fort/da* game) in the formation of identity. Why link apotemnophilia with the Gothic? It is productive beyond drawing attention to coincident themes such as the non-normative body, fragmentation, pain, and perversion, for this linkage shows that the cut of the signifier operates not just in subject formation but in writing and narrative more generally. There is no meaning-making without the cut of differentiation that both links and separates same and other.

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Goticizarea apotemnofiliei: Îngroparea de viu, dorința secretă și corpul straniu al celui care dorește amputarea

Până la publicarea operei lui Carl Elliott, "A New Way to be Mad" [Un nou mod de a fi nebun], puțini cititori au auzit de apotemnofilia. Destul de mulți oameni au trăit în liniște și durere un coșmar gotic, îngropați de viu într-un corp straniu atât familiar, cât și străin lor în același timp, s-au sufocat claustrofobic în propria carne căreia îi crescuseră vreo două membre în plus, obsedați de dorința secretă de a amputa un organ și torturați de întrebări fără răspuns referindu-se la identitate și sexualitate – întrebări care stau la baza subiectivității umane, pe de o parte și a textului gotic, cu sensurile sale duble și spațiile bânuite, pe de alta. Ceea ce articolul încearcă să facă este „goticizarea” apotemnofiliei prin ilustrarea experiențelor celui care dorește să fie amputat, experiențe care se oglindesc în narațiunea gotică. Similar textului gotic, apotemnofilia provoacă normalitatea moștenită din definițiile iluministe ale corpului uman și ale minții sănătoase, în timp ce caută să remodeleze subiectul uman în alți termeni decât cei oferți de liberalismul umanist.