

## INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

**The quality of this reproduction is dependent upon the quality of the copy submitted.** Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

# UMI

A Bell & Howell Information Company  
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA  
313/761-4700 800/521-0600



AMELOTASIS  
MEN ATTRACTED TO WOMEN WHO ARE AMPUTEES  
A DESCRIPTIVE STUDY

A DISSERTATION SUBMITTED TO  
THE FACULTY OF WALDEN UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY  
HUMAN SERVICES TRACK

by

LeRoy Wm. Nattress, Jr.

November 1996

**UMI Number: 9713650**

**Copyright 1996 by  
Nattress, LeRoy William, Jr.**

**All rights reserved.**

---

**UMI Microform 9713650  
Copyright 1997, by UMI Company. All rights reserved.**

**This microform edition is protected against unauthorized  
copying under Title 17, United States Code.**

---


**UMI**  
300 North Zeeb Road  
Ann Arbor, MI 48103

DOCTOR OF PHILOSOPHY DISSERTATION

OF

LEROY WM. NATTRESS, JR.

APPROVED:



---

J. KENT MORRISON  
VICE PRESIDENT FOR ACADEMIC AFFAIRS

WALDEN UNIVERSITY  
1996

# Walden University

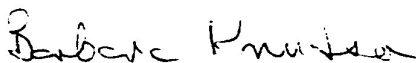
## HUMAN SERVICES

This is to certify that I have examined the doctoral dissertation by

LeRoy Wm. Nattress, Jr.

and have found that it is complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Barbara Knudson, Ph.D., Committee Chair  
Professor of Human Services



Signature



Date

# Walden University

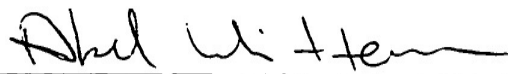
## HUMAN SERVICES

This is to certify that I have examined the doctoral dissertation by

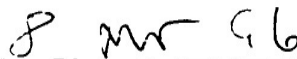
LeRoy Wm. Nattress, Jr.

and have found that it is complete and satisfactory in all respects.

Abel Whittemore, D.B.A.  
Professor of Human Services



Signature



Date

# Walden University


## HUMAN SERVICES

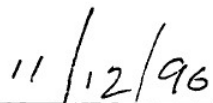
This is to certify that I have examined the doctoral dissertation by

LeRoy Wm. Nattress, Jr.

and have found that it is complete and satisfactory in all respects.

Martin Gerstein, Ed.D.  
Professor of Human Services

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

# Walden University

## HUMAN SERVICES

This is to certify that I have examined the doctoral dissertation by  
LeRoy Wm. Nattress, Jr.  
and have found that it is complete and satisfactory in all respects.

Hilda Glazer, Ed. D., OAA Representative  
Professor of Human Services

  
Signature

  
Date

ABSTRACT

AMELOTASIS

MEN ATTRACTED TO WOMEN WHO ARE AMPUTEES

A DESCRIPTIVE STUDY

A DISSERTATION SUBMITTED TO  
THE FACULTY OF WALDEN UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

HUMAN SERVICES TRACK

by

LeRoy Wm. Nattress, Jr.

November 1996

## ABSTRACT

Seventy-five amerotatists--men who acknowledged their attraction to women who are missing one or more of their extremities--were asked to participate in this study. Sixty-one men completed the instruments used to gather information about amelotasis, but only 50 were included in the final analysis because 11 men gave responses considered to be invalid or unreliable. The instruments used were the Coopersmith Inventory for Adults, Myers-Briggs Type Inventory (Form K), Gilford-Zimmerman Temperament Survey, and a self-report questionnaire. Analysis of the data indicated that the men had moderate to high self-esteem, differed significantly from the norm in personality type, and were not as well equipped to deal with social/interpersonal situations as their peers. Due to the manner by which the sample was selected this study cannot be generalized to all amerotatists, but is limited to those who actively pursue their attraction to female amputees. This is only the second reported study of a group of amerotatists and the first which employed standardized evaluation instruments. Recommendations for further research as well as suggestions for remediation are made. The conclusions were that the attraction is a reality and that it can be managed for the good of society, the benefit of the women upon whom attention is focused, and the satisfaction of the men.

Copyright by  
LeRoy Wm. Nattress, Jr.  
1996

## DEDICATION

This study is dedicated to the one person in my life who gave me a full measure of love and understanding, my mother, Irma E. Strassburger-Nattress (1906-1951). When she, quite by accident, learned of my interest in and concern for those returning from World War II with arms or legs amputated--I was 9--she put me in contact with her close friend, Lois H. Alfred, an army nurse, and together they nurtured my interest and concern. Their encouragement was supportive and so different from the responses those who became a part of this study received from their parents that it permitted me to develop both personally and professionally without a sense of stigma or shame. My approach to and work with amputatists would have been impossible without the efforts my mother put forward on my behalf. My only regret is that she is not able to share in the culmination of this and future studies.

## ACKNOWLEDGEMENTS

This work could not have been accomplished without the help and encouragement of a number of individuals. Attempting to list those who made specific and significant contributions will doubtless leave me open to comments about both inclusion and exclusion. However, this is the chance one must take.

First and foremost, I acknowledge the encouragement, inspiration, and sacrifices of Lynn Brancato, the love of my life. She is my best friend and my partner these past 18 years. Lynn spent many hours at libraries searching for obscure references; helped administer the instruments and tabulate the results; read and reread the text; discussed and probed the topic until she was sick of it; and stuck by me when a 24-month commitment stretched to eight years. Without her encouragement, support, and "gentle" nagging, accompanied by food for the body and soul, this work would not have become a reality.

Second, I commend and thank the faculty of Walden University, who allowed me, even encouraged me, to approach and explore what many consider to be a controversial topic. Particularly I wish to thank Marcia Steinhauer, Ph.D., who got me started; Barbara Knudson, Ph.D., who kept me going; and Martin Gerstein, Ed.D., Abel Whittemore, D.B.A., and Hilda Glazer, Ed.D., who, with Dr. Knudson, approved my efforts.

There are the unsung individuals who work behind the scenes to complete a project such as this, the research librarians of the New York Public Library and Del Webb Memorial Library at Loma Linda University, particularly Carlene Bogle and Farzaneh Alemozaffar; my coworkers in the Department of Family Medicine who had to live with me while I was completing this study, particularly Ann Ronan, Maureen Giovanni, Debra Gamboa, Tamre Garcia, Tami Neufeld, Ryan O'Neal, Jaime Bazemore, and Tom Neufeld; neglected friends and neighbors; and those who could not always understand why I was not as available to accept my usual responsibilities in Scouting, the community, and church.

One person, and one person alone, gave me the access I needed to the men who participated in this study: Bette Hagglund, the executive director of the Amputees' Service Association of Chicago and publisher of Fascination, the quarterly journal for amputatists. I consider her a colleague and friend who has had to fend off many questions and comments because it took so long to complete this work.

A special thank you to Linda Halstead, Sandy Hilliker, Bonnie Jones, Phillip LaBerge, Dick Mooney, Pat Neves, David Willoughby, and Emily Wughalter, who read the numerous drafts of this study, gave unstintingly of their wisdom and experience, and provoked deeper thought about the issues which surfaced through their questions, comments, and conversation.

There would have been no study of amelotasis, nor justification for coining the word, without the willing involvement and cooperation of the men who allowed themselves to be measured and queried as the objects of this study. Their concern is evident; their desire to better understand and direct an urge they feel too often controls them is real; their interest in being better understood and accepted by those whom they quest is the payoff for the time and effort they expended at the investigator's request. That this work is but a beginning will be a disappointment.

Finally, to the women who are the focus of this interest, attraction, obsession--select the term you consider to be appropriate--with hope, this work will provide the insight that will allow you and the men in your life to achieve a fuller, more complete relationship, if you so choose.

TABLE OF CONTENTS

Table of Contents . . . . . v

List of Tables . . . . . ix

List of Figures . . . . . x

Preface . . . . . xii

Chapter 1: The Problem

    Introduction . . . . . 1

    Purpose . . . . . 5

    Significance . . . . . 6

    Definition of Terms . . . . . 7

    Restatement of the Purpose . . . . . 10

    Research Questions . . . . . 10

Chapter 2: Background

    Interest in Individual Differences . . . . . 12

    Awareness of the Medical Profession . . . . . 18

    Recent Case Histories . . . . . 22

    Other Literary Domains . . . . . 23

    Relation to Prostitution . . . . . 24

    Other Means of Contact . . . . . 25

    The Network . . . . . 26

    Business Enterprises . . . . . 30

    Amelotatist Behavior . . . . . 31

The AMPIX Study . . . . .	36
The Dixons' Research . . . . .	39
The Mystery of Romantic Attraction . . . . .	41
Psychiatric Assumptions . . . . .	43
Variations . . . . .	55
The Female Amelotatist . . . . .	55
The Homosexual Amelotatist . . . . .	56
The Pedophilic Amelotatist . . . . .	56
The New Level of Acceptance . . . . .	57
<u>Fascination</u> Weekends . . . . .	59
Summary . . . . .	60

Chapter 3: Methodology

Study Design . . . . .	62
Method . . . . .	62
The Sample . . . . .	63
Administration of the Instruments . . . . .	66
Instrumentation . . . . .	67
Coopersmith Inventory for Adults (CIA) . . . . .	68
Myers-Briggs Type Indicator (MBTI) . . . . .	69
Guilford-Zimmerman Temperament Survey (GZTS) . . . . .	75
Self-Report Questionnaire . . . . .	79
Summary . . . . .	79

Chapter 4: Findings

Demographic Information . . . . .	80
Realignment and Finalization of the Sample . . . . .	86
Self-Esteem as Measured by the CIA . . . . .	89
Personality Type as Measured by the MBTI . . . . .	91
Temperament as Measured by the GZTS . . . . .	116
The Self-Report Questionnaire . . . . .	127

Chapter 5: Discussion and Recommendations

Purpose of the Study . . . . .	139
Review of the Findings . . . . .	139
The Research Questions . . . . .	142
The Relationships Model . . . . .	149
Recommendations . . . . .	153
Closing Thoughts . . . . .	156

Epilogue . . . . .	160
--------------------	-----

References . . . . .	165
----------------------	-----

Appendixes

A. Letter Authorizing the Collection of Data . . . . .	176
B. Information Provided Potential Participants in the Study . . . . .	178
C. The Consent Form and Personal Information Form . . . . .	181
D. Identification and Instrument Control Sheets . . . . .	185

E.	Loma Linda University IRB Approvals . . . . .	188
F.	Information about the Coopersmith Inventory . . . . .	193
G.	Information about the Myers-Briggs Type Indicator . . . . .	196
H.	Keirsey's Description of Temperament Types . . . . .	201
I.	Information about the Guilford-Zimmerman Temperament Survey . . . . .	206
J.	The Self-Report Questionnaire . . . . .	218
K.	Three Interpretations of the MBTI for Amelotatists . . . . .	222
L.	Interpretation of the MBTI-EAR for Amelotatists . . . . .	235
M.	Interpretation of the GZTS for Amelotatists . . . . .	242
	Curriculum Vita . . . . .	250

LIST OF TABLES

1.	MBTI Type Matrix with Order of Preference for Each Type . . . . .	72
2.	Satisfaction with Vocation of Those Employed . . . . .	83
3.	Satisfaction with Current Marriage/Intimate Relationship . . . . .	85
4.	Expression of Religious/Spiritual Life . . . . .	86
5.	Comparison Between Men Retained and Dropped from Sample . . . . .	89
6.	Amelotatists Compared to Normative Sample by Personality Type . . . . .	92
7.	Amelotatists Compared to Men of Similar Educational Level by Personality Type . . . . .	93
8.	Amelotatists Compared to Normative Sample by Personality Type on Degree of Preference by Scale . . . . .	107
9.	Descriptive Terminology for the Personality Types . . . . .	113
10.	Personality Type/Individual Temperament - A Comparison of Five Systems . . . . .	114
11.	Percentage of Individuals by Personality Type . . . . .	114
12.	Recollection of When the Attraction Began . . . . .	127

## LIST OF FIGURES

1.	Relationship Between Interest in the Opposite Sex and Self Control . . . . .	54
2.	MBTI (Form K) Expanded Analysis Report Form . . . . .	74
3.	Early Guilford-Zimmerman Temperament Survey Profile . . . . .	77
4.	Current Guilford-Zimmerman Temperament Survey Profile . . . . .	78
5.	Distribution of Sample by Age . . . . .	80
6.	Distribution of Sample by Birthplace . . . . .	81
7.	Distribution of Sample by Level of Education . . . . .	81
8.	Distribution of Sample by Occupation . . . . .	83
9.	Distribution of Sample by Marital Status . . . . .	84
10.	Distribution of Sample by Self-Esteem . . . . .	90
11.	MBTI Profile of Amelotatists Compared to Other Men . . . . .	95
12.	MBTI Profile of Amelotatists Compared to Male INTPs . . . . .	102
13.	Composite MBTI Profile for the 12 Amelotatists Who Scored Lowest in Self-Esteem . . . . .	104
14.	Composite MBTI Profile for the 12 Amelotatists Who Scored Highest in Self-Esteem . . . . .	105
15.	Composite MBTI Profile for the 12 Youngest Amelotatists . . . . .	108
16.	Composite MBTI Profile for the 12 Oldest Amelotatists . . . . .	109
17.	Guilford-Zimmerman Temperament Survey Profile (Early Form) for Amelotatists . . . . .	118
18.	Guilford-Zimmerman Temperament Survey Profile (Current Form) for Amelotatists . . . . .	119

19.	GZTS Profile for 50 Amelotatists compared to 800 Male Adults . . . . .	120
20.	GZTS Profile for 50 Amelotatists Compared to 250 Engineering Students . . . . .	121
21.	GZTS Profile for Amelotatists with High Self- Esteem and Low Self-Esteem . . . . .	124
22.	GZTS Profile for Younger and Older Amelotatists . . . . .	126
23.	Age When Trigger Event, Beginning Attraction to Female Amputees, Occurred . . . . .	128
24.	Relationship Between Interest in the Opposite Sex and Self Control . . . . .	151

## PREFACE

When approaching a topic which involves a segment of the disability community, terminology is always a concern. One must be sensitive, as well as politically correct, while practicing verbal parsimony.

In this work the writer will confront an issue which involves women who have fewer than the usual two arms and two legs--that is, women who are amputees. For brevity, these women will often be referred to as "female amputees." In no way should this to be construed to mean that these persons are being objectified. Their personhood must not be sacrificed for the condition they have acquired. To maintain this perspective as you read this work, frequently, to yourself, use the phrase "women who have had an amputation" when you encounter the phrase "female amputees." Remember, these women are people first, not diseases or conditions.

In addition, women who were born with foreshortened, deformed, or missing extremities do not consider themselves amputees unless they have experienced the surgical removal of an arm or leg. However, in this work they, too, will be included in the phrase "female amputee."

## Chapter 1: The Problem

### Introduction

Early in the 1970s a number of individuals involved in the rehabilitation of amputees, the investigator among them, were surprised (some were even shocked) to learn there was a definable population of men who were attracted to certain disabled women and that these men had formed an underground network for the purpose of sharing information about the objects of their intense attraction: women with fewer than the usual complement of legs and arms--in a word, amputees.

Awareness of this phenomenon came from a most unlikely source. The December 1969 issue of Penthouse magazine published the following in a series of letters to the editor headed "Kinky Americans":

There is no more knowledgeable expert in kooky male fetishes and deviations than a one-legged girl, believe me, and that's what I am. Since losing my right leg above the knee in an auto accident three years ago, I've learned more about male kinkiness than many psychiatrists observe in a lifetime. The sight of a girl limping about on an obviously artificial leg has a magnetic attraction for some men. But should a girl amputee venture forth on just her one leg and crutches, she really turns on these warped Casanovas.

This provocative paragraph raised a number of questions which led to sometimes heated discussions within the medical and the psychological communities, both of which the investigator was a member. What became obvious was that little or nothing was known about this phenomenon. However, as more information emerged, attempts to

share what was learned and observed with others resulted in three quite different responses:

1. Most of those associated with health care, particularly the rehabilitation-related professions, did not take the information seriously, probably because of the source (Penthouse magazine could hardly be regarded as a credible scholarly reference), or they considered the interest to be a perversion involving an infinitely small number of individuals and, therefore, inconsequential. As a result, the information was essentially ignored.

2. The interested men welcomed any and all new information and, due to greater public exposure, were able to enlarge their network, formalize their lines of communication, and be more open in their expression of the attraction to each other and to female amputees they might meet.

3. The reactions of female amputees were mixed. A number were shocked or angered; most indicated passing interest, but were more concerned about getting on with their lives than to become involved; and some welcomed the attention they received from the interested men, who referred to themselves as devotees or hobbyists.

Sensing that the time was not right to pursue this matter more openly, the investigator turned to other areas of endeavor, while continuing to collect information about these men, their liaisons, conquests, and relationships. In the late 1980s, through his involvement with Walden University, the researcher formally addressed the attraction of men to female amputees. This resulted in two papers (Brancato, 1994; Nattress, 1993) and the present study.

As the quest for more and better information about this attraction continued, it became apparent that men are attracted to women for far different reasons than women are attracted to men (Batten, 1992; Buss, 1994; Fisher, 1992; Gaylin & Person, 1988; Hendrix, 1988; Kahn, 1981; Mullan, 1984; Sternberg & Barnes, 1988). A missing limb is but one of a large number of physical characteristics which serve to attract men to women. However, because societal taboos surround the pursuit of some of these attractions certain men have resorted to furtive, at times even aberrant, behavior in their quest to satisfy basic needs, wants, and/or desires.

Since there are women who have less than the standard number of legs and arms, regardless of etiology, and since there are men who are attracted to these women, society has a moral and ethical obligation to prepare these women for the advances of male admirers. In addition, the men should be admonished to exercise appropriate social and behavioral controls.

The investigator's experience in this arena has led him to believe that the majority of the advances by interested men toward female amputees are within normal limits. Therefore, "warning" female amputees about men attracted to them because they are amputees would be a disservice. However, failing to let female amputees know that they are particularly desirable to a specific segment of the male population is equally indefensible. Both the positive and the negative must be presented, keeping in mind that there is a thin line between informing and alarming.

The dilemma faced by those attempting to provide information is obvious: Comprehensive information may make the woman suspicious of any contacts with men; superficial information may leave the woman vulnerable to undesirable encounters. In addition, what information is provided will be heard with different ears depending on time, place, the experience of the person responsible for conveying it, and the openness of the person receiving it.

Lacking other than anecdotal information about the men who pursue their attraction to female amputees, those in positions of responsibility (e.g., the medical community, the women's movement, and self-help organizations) have relied on their emotional responses to this phenomenon, which, in most instances, has been negative.

A recent e-mail exchange (July 9, 1996) between a man who is knowledgeable and a woman who is a recent amputee reinforces this point:

He: I hope you check out the young man in . . . X . . . very carefully before sending your video to him. You may not realize it, but there is quite an underground market for photos and videos of amputee women. I'm also told that it is quite common, especially given the anonymity of cyberspace, for these men to pretend to have amputations or masquerade as amputee women just to establish a relationship with a real amputee woman. I wouldn't want you to fall into that trap. Always remember: be cautious--especially with your name, address, and phone number.

She: Yes, I am very aware of this underground group, right up there with child molesters in my book. . . . It is sad that we live in a day and age where we have to be so cautious. . . . Thank you for caring. Through open communication we can protect each other from these scoundrels who wish to capitalize on people's vulnerabilities.

Despite this negativity, there is a positive side to this attraction which can be demonstrated by the number of long-term relationships between female amputees and these "interested" men.

#### Purpose

Most rehabilitation professionals agree that the only unifying factor among female amputees is the absence of one or more of their extremities (and most would question its usefulness as a common bond). In contrast, whether there are unifying factors among the interested

men, which underlie or transcend the obvious, is unknown. The latter is complicated because securing reliable and valid information from and about these men is difficult.

Therefore, this study was designed to provide objective information about men who are attracted to female amputees in order to increase understanding about and develop ways to work with this predilection.

#### Significance

The female amputee and the professionals responsible for her care and rehabilitation should be made aware of the fact that what she has endured as an amputee has made her particularly desirable to a segment within the male population. As the female amputee is more readily defined and identified, she should be provided with information equipping her to set her agendas, chart her own life's course, and make the best choices for her and those who are significant in her life. The alternative, to leave her on her own to learn from experience, is not acceptable. The attraction of certain men to female amputees is a reality. The existence of this attraction must be conveyed objectively and dispassionately to the persons whose lives are most likely to be affected. Anything less than informed disclosure is a breach of professional conduct.

In making this assertion, the investigator is operating under the assumption that as more and better information becomes available, increased awareness and open discussion will be followed by reasoned acceptance. As a result, the interested man will be identified at a younger age, and his attraction to amputees will be nurtured and encouraged in a positive way, for his benefit and that of society. At the same time, the female amputee will be urged to accept her physical self, while acknowledging her unique attractiveness to some men. She will be helped to develop to her fullest potential, based not on the expectations of society, but on her choices and abilities. The end result will be that both the interested men and the focus of their desire will be permitted, without sanctions, to develop and sustain normophilic relationships.

#### Definition of Terms

Recognizing the clumsiness of continually referring to the men in this study as "interested in" or "attracted to" female amputees, the writer sought acceptable, more descriptive language to describe this phenomenon. The vernacular terms used by the men, "hobbyist" or "devotee" (Riddle, 1989), as well as the term coined by the Germans, "amputist" (Wenig, 1979), were rejected. The choice of terms for this study, researched and contributed by this investigator, were first used in 1978 (Rounds, pp. vii-viii):

AMELOTASIS (n.), ā-mē-lō-ta'sis. Having an interest in, or being attracted to an amputee, or amputees in general. From *A*: "without," "absent," or "missing;" *Melos*: "the extremities,"

"parts of the body," or "limbs;" and *Tasis*: "inclination toward something," "desiring," "to tend to."

AMELOTATIST (n.), ā-mē-lō-ta'tist. One who is attracted to an amputee, or amputees in general.

AMELOTATIC (adj.), ā-mē-lō-ta'tic. Of, or pertaining to, amelotasis.

That others were assigning descriptive terms to this phenomenon at about the same time became apparent as their work was published. Among these was John Money (1921- ), the noted Johns Hopkins University psychologist (sexologist).

In the mid 1970s, during a personal interview concerning this phenomenon, Money offered to interview men who were interested in female amputees. As a result, the investigator referred some men to him, at least one of whom was interviewed.

Based on this and other interviews, Money identified the interest in amputees and amputations as paraphilias, a diagnosis-- therefore a treatable illness--included in the DSM-III-R (1987) and DSM-IV (1994). (Diagnostic and Statistical Manuals of Mental Disorders published by the American Psychiatric Association). He coined the term apotemnophilia, "persons who, to achieve sexual fulfillment, fantasize about being amputees" (Money, Jobaris, & Furth, 1977) and actively work to fulfill that fantasy. Later he added

the term acrotomophilia, "persons who require amputee partners, real or in fantasy, to achieve sexual satisfaction." (Money & Simcoe, 1986)

Money did acknowledge the term amelotasis, but dealt with it as follows (1986, p.68):

Acrotomophiles call themselves amelotasists (sic), to signify their attraction to amputees, and to avoid a diagnostic status.

Robert J. Stoller (1924-1991), who was a psychotherapist on the UCLA faculty and wrote extensively on fetishism and gender issues, likewise acknowledged the term amelotasis, but dismissed it with the following less than professional putdown (1985, p.50):

Let me tell you something funny, about men who get turned on by lady amputees. (You don't think that's funny? Perhaps you have no sense of humor.) These men--why no women?--have started to organize and in doing so have named themselves. In this exercise in aesthetics, they have come up with the term amelotatist, meaning one with an inclination toward people lacking a limb or limbs. (You recognize that making it into a Greek-syllabled state reduces one's guilt and shame: aesthetics is classy.)

It should be noted that both Money and Stoller based their work on individual case studies, not samples drawn from a defined population. In addition, as will be shown later, a number of the cases presented in the literature were unsolicited self-reports rather than summaries of therapeutic relationships, which further calls their work and conclusions into question.

While the investigator's experience has confirmed the existence of both apotemnophilia and acrotomophilia, he is convinced that such individuals are but a small segment of those who can or should be identified as amerotatists. Unfortunately, these few seem to be the ones who have defined the attraction. In so doing, they have driven the interest underground, leaving the female amputee in a more vulnerable position.

Also, based on the researcher's observations during the past 25 years, amerotasis appears to follow a developmental process or script, the outcome of which may be apotemnophilia or acrotomophilia (Nattress, in preparation). However, this is the thrust of yet another study.

#### Restatement of the Purpose

Therefore, this study was designed to provide objective information about men who are attracted to female amputees, in order to increase understanding about and develop ways to work with this predilection.

#### Research Questions

The purpose of this research was met by collecting a variety of information from men who admitted their attraction to female amputees. The research questions posed were broadly stated:

1. Are there demographic characteristics which set amelotatists apart from other men in society?

2. Are there personality characteristics which set amelotatists apart from other men in society?

3. Are there temperament characteristics which set amelotatists apart from other men in society?

The next question came from the reaction of colleagues who, when first told about amelotatists often offered, "Those men must have a problem with self-esteem if they are partial to disabled women!"

4. Do amelotatists exhibit lower self-esteem than other men in society?

The final question was the broadest of all and aimed at dispelling the stigma of perversity associated with the attraction of men to female amputees.

5. Is amelotasis a "perversion" or within the "normal" range of attraction between the sexes?

## Chapter 2: Background

### Interest in Individual Differences

Interest in individuals who are different has long been a human preoccupation. This basic human trait can be seen in the natural curiosity of children when they are confronted by those who are "unusual"--dwarfs, giants, the obese, the limbless, and so forth. Many a parent has been startled by the excited cry of a son or daughter, "Look at that lady! She doesn't have a leg!" Too often, not knowing what to do, yet wanting to cover their embarrassment, the parent yanks the child by the arm, leaves the scene, and avoids confronting the experience in a positive way. In the desire to quiet the child, the parent has effectively communicated that those who are "not like us" should be avoided or feared, and that being different is not acceptable. Is it any wonder, therefore, that human beings are fascinated by the unusual (forbidden) and seek to view, even pursue, someone who is unique--one of a kind--special?

In early times, those who were different were thought to be omens and portents of evil and were accorded the name "monster."

[That term] is as old as English itself, and remained the preferred name for [Strange People] from the time of Chaucer to that of Shakespeare and beyond. The etymology of the word is obscure; but whether it derives from *moneo*, meaning to warn, or *monstro*, meaning to show forth, the implication is the same: human abnormalities are the products not of a whim of nature but of the design of Providence.

In the ancient world, such signs were deciphered by experts in fetomancy (prophecy by means of fetuses) or teratology (divination based on examination of abnormal births), as subtle in interpreting their meaning as those who read omens in the flight of birds or the entrails of sacrificed beasts. Indeed, the oldest surviving "document" dealing with monsters is a Babylonian lexicon of monsterology, inscribed on clay tablets which date from about 2800 B.C. (Fiedler, 1978, p. 20)

Among primitive or aboriginal people, individual distinguishing characteristics (physical traits which set one person apart from another) were often noted, sometimes as part of the name given to a child, a man, or a woman. The closest the writer came to a name which suggested the absence or crippling of an extremity among native people appeared in the lore of the Hopi. Their "Left Hand" Kachina, however, may simply reflect hand dominance rather than disability. (Branson, 1992, p. 63)

Although it is likely that tribal hunters and warriors would have been subject to traumatic limb loss, the state of their medical and surgical knowledge, jeopardized survival. Those who did survive were likely accorded positions of either privilege and status or ridicule and shame, as determined by societal norms. In every instance, the reference is to men, not women. (Fiedler, 1978; Friedmann, 1978)

Birth deformities were another matter. . .

Congenital deformities and limb absence occurred, especially in Arabic countries where first-cousin intermarriage was

encouraged. All civilizations discouraged the survival of deformed infants, with the sole exception of the ancient [Aztec]. Montezuma II [who ruled from 1502-1520] protected the disabled in a special compound for the disabled adjacent to the Royal Zoo and Botanical Gardens. (Friedmann, 1978, pp. 3-5)

Among the ancients, infanticide and infant sacrifice was commonly practiced as a means of population control and religious observation and babies who were not "perfect" were left to die through exposure to the elements.

Weaklings could not be tolerated, so any child who seemed at all defective at birth was left outside to die. The ancients did away with children who were imperfect in size or shape, cried too much or too little, or were otherwise less than the ideal described in such gynecological writings as "How to Recognize the Newborn That Is Worth Rearing." (Greenleaf, 1978, p. 18)

One option for these discards of society was adoption.

Greek babies were often left with amulets or objects of some value to encourage their adoption. But "adoption" was not always to be preferred to death in ancient times, because the adopter often mutilated the children and made them into beggars who excited laughter and pity by their grotesque shapes. In his "Controversy" the Roman philosopher Seneca defends this common, if bizarre, practice:

Look at the blind wandering about the streets leaning on their sticks, and those with crushed feet, and still again look on those with broken limbs. This one without arms, that one has had its shoulders pulled down out of shape in order that his grotesqueries may excite laughter. . . . Let us go to the origin of all those ills--a laboratory for the manufacture of human wrecks--a cavern filled with the limbs torn from living children. . . . What wrong has

been done to the Republic? On the contrary, have not these children been done a service inasmuch as their parents had cast them out?

It is hard for us to comprehend how these humanists could laugh at a mutilated child or how they could be entertained by the tale of a starving, dying infant. The Greeks could laugh, apparently, because they saw nothing wrong with infanticide. Both they and the Romans took it for granted that parents had the right to reject their own offspring, whereas the offspring, whose life was at stake, had no rights at all. (Greenleaf, 1978, pp. 19-20)

One should not be surprised that children, thus disabled, turned to the oldest profession as a means of survival. Often their success was directly related to their uniqueness.

During the Spanish Inquisition in the Low Countries of Europe the "common people" were the subject of painting by artists such as Hieronymus Bosch (1450-1516) and Pieter Brueghel, the Elder (1529-1569). A number of these paintings included individuals (men in every instance) who were amputees and used a variety of crutches and assistive devices as means for locomotion. The individuals portrayed were beggars and the paintings were probably intended to make a political statement. (Barnouw, 1947; Combe, 1957; Friedmann, 1978, pp. 8-12)

Fascination with the disabled was noted by Michel de Montaigne (1533-1592) in his essay "On Cripples" (1946):

It is a common proverb in Italy that he does not know Venus in her perfect sweetness who has not lain with the cripple.

Apparently this adage applied to both man and women and could be traced to the ancient Greek tales about the Amazons, the mythologic women warriors, who severely disabled their male children, rendering them incapable of a dominant role in society, while permitting them to perform sexually and assure continuation of that society. (Champion, 1966) Of interest to this writer, the commentaries on Montaigne's work do not discuss or even comment on the portion quoted. (Ives & Norton, 1946, pp. 2045-2049)

A chronicler of the same era, Pierre de Brantome (1540-1614), commented that Anne of Brittany (1477-1514), the wife of two French monarchs, Charles VIII and Louis XII, was a very beautiful woman, with great intelligence, who had one leg shorter than the other to a noticeable extent. (Haire, 1938, p. 570; London, 1952, p. 5) Known also as the "lame Princess" of the Chateau at Nantes, Anne of Brittany was born with a dislocated hip which she attempted to disguise with a shoe lift (patten) on the affected side. (Orr, 1948, pp.13 and 19)

Noting that many beautiful women possessed the same defect, Brantome concluded (Haire, 1938, p. 570)

that the nature of the movements resulting from the different lengths of the legs is most fascinating, a quality that is lacking in the movements of normal women.

Were some of these "fascinating" women amputees? Possibly, but not likely. Amputations at that time, and for decades to follow, were most often a direct consequence of military engagements. (Haggard, 1989; McCord, 1963) However, birth deformities, more accurately termed "congenital anomalies," would have resulted in a small number of female amputees. One example was Magdalena Rudolfs von Stodbohen, who was born without arms. At age nineteen (1654) she was the subject of a Swedish woodcut which shows her shooting a pistol with her feet. Obviously she was involved in what was the forerunner of the circus sideshow, an attraction which earned her employer a good livelihood. (Friedmann, 1978, p. 4)

In a footnote to history, provided by that raconteur of the trivial and hard-to-accept, Robert Ripley, we learn that King Adolf Fredrik (1710-1771) of Sweden (the monarch who is killed in Verdi's opera "The Masked Ball") was no doubt an amelotatist. King Fredrik had

7 sweethearts in his lifetime

2 were one-eyed

2 were one-armed

2 were one-legged

and the 7th had no arms

(Mannix, 1976, p. 165; Ripley, 1954)

In the next century, Alexandra (1844-1925), the queen consort of Edward VII of Great Britain, contracted rheumatic fever while pregnant

in 1867. As a result she developed "white leg," a condition which left her "lame". (Duff, 1981) When Edward VII acceded to the throne in 1901, fashion dictated that the ladies of the court walk with a similar limp. (Personal communication with Nancy Miller, Lecturer on the British Royal Family, September 14, 1996)

#### Awareness of the Medical Profession

The 19th century, also, saw the rise of psychiatry as a recognized medical specialty through the work of Freud and his followers. At the same time, a lesser known group of individuals, including Krafft-Ebing, Hirschfeld, Stekel, and Ellis, began documenting cases of what at the time were considered aberrant sexual behavior.

The attraction of men to women who were disabled was first reported in this context by the German physician, Richard von Krafft-Ebing, M.D. (1840-1902). He cataloged a variety of deviant sexual behaviors in Psychopathia Sexualis, first published in German in 1886 (1993). These behaviors were explained by combining several prevailing 19th century theories:

1. disease is caused by defects in the nervous system;
2. such defects are often hereditary (like father, like son);  
and
3. man is a degenerate being.

While subsequent work has failed to substantiate these theories, many of the conclusions drawn about fetishism and related sexual preferences remain. Krafft-Ebing's 12th and final edition listed 238 cases of sexual deviation. (Bullough, 1976, pp. 641-3) Among these, he recorded "a rare instance in the literature of sexual pathology in which a therapeutic success was apparently achieved" (Haire, 1938, pp. 570-571; Krafft-Ebing, 1953, Case 95; London 1952, pp. 5-7):

X, aged 26, of independent means, and possessing artistic talent, comes of a tainted family. Already as a child he felt extraordinarily deep pity for lame and limping people. It gave him pleasure—for the time being not sexually accentuated—to walk about secretly in a room with two brooms as crutches, or to limp in a deserted street. Gradually this was accompanied by the fantasy that he, 'a pretty lame boy,' was meeting a pretty young girl and attracting her sympathy. . . . he was sympathizing with a lame girl or that he himself was lame and receiving the sympathy of a pretty girl who was physically sound. These fantasies were gradually accompanied more and more by erotic sensations, and at the age of 20, X was, on one occasion, so carried away that he masturbated, which he repeated frequently afterwards. Then he gradually developed sexual neurasthenia, and his excitability became so great that the sight of a limping girl in the street was sufficient to bring about ejaculation. . . . X himself was struck by the fact that he took no interest in the limping girl herself, and that his interest was concentrated entirely on the limping foot. . . . Sometimes he forces himself to think that he might win the love of an innocent limping girl and that such a girl, touched by the fact that he loves the very thing that represents a defect in her, would free him of his fetishism by 'guiding his love from the spirit of her foot to the foot of her spirit!' He regards this as a way of escape, feeling most unhappy in his present state.

This case ended happily, for the man in question later began to take an interest in a lady who regarded his perversion with considerable understanding, and the two became husband and wife. The lady not only did not limp, but she was also normal in

other respects and highly intelligent. She knew how to 'educate' her husband, in that she sometimes indulged his perversion and pretended to be limping, but nevertheless succeeded in curing him of his obsession. This happy result was due solely to the high ethical principles of both husband and wife.

The earliest report of a man being attracted to a female amputee is cited by Ellis who described a case which he claimed was reported by A. R. Reynolds in 1882 in the American Journal of Neurology and Psychiatry:

. . . an American gentleman of average intelligence, education, and good habits who, having as a boy cherished a pure affection for a girl whose leg had been amputated, throughout life was relatively impotent with normal women, but experienced passion and affection for women who had lost a leg; he was found by his wife to be in extensive correspondence with one-legged women all over the country, expending no little money on the purchase of artificial legs for his various proteges. (Ellis, 1936, p. 8)

The researcher was not able to locate the original article by Reynolds, noted above, but did find the same case cited by Lydston whom Bullock (1976, p.588) claims was the best informed medical investigator on deviant sexual practices of his day. Instead of the 1882 reference to the Reynolds' article, Lydston cited the November 1888 issue of the Western Medical Reporter:

A peculiar case was recently reported to the Chicago Medical Society by Dr. A. R. Reynolds, of this city, of a man who had a love affair with a woman whose right lower extremity had been amputated at the thigh, and became so much attached to her that he

was afterwards impotent with perfectly formed women, it being necessary for him to secure females who had undergone mutilation similar to that of his former attachment in order that he might be sexually gratified. (Lydston, 1889, p. 282; Lydston 1892, p. 257)

Subsequent investigators have considered these as two different cases. (Haire, 1938, pp. 571-572; Krafft-Ebing, 1953, p. 238; London, 1952, pp. 5-7) In fact, they are one and the same.

Wilhelm Stekel (1886-1940), following the example of Krafft-Ebing, gave details of 70 cases. Many of these were drawn from the literature and correspondence, of which five focused on the desire for "crippled" women. Three were drawn from the work of Krafft-Ebing. The remaining two were taken from Stekel's own files and, interestingly, both patients were physicians (1930). Haire's volume (1938), which summarizes the work of Magnus Hirschfeld (1868- 1935), likewise cites a number of cases, most of which were drawn from the writings of others.

Krafft-Ebing (1953) classified the attraction of men to disabled women as a *fetish* and labeled such men as *fetishists*, while Hirschfeld (Haire, 1938) considered it a *defect fetish*, and Ellis (1936) referred to it as a *negative fetish*--perhaps implying there is a *positive fetish*. On the other hand, based no doubt on cases treated, Stekel (1930) associated the attraction with *sadism* and *latent homosexuality*, and more recently London (1952) attributed it to *sadism* and *transvestism*, while Stoller (1985) considered it an *erotic*

*neurosis*. These labels, considered "brands" by most amelotatists, though neither accurate nor fully descriptive, continue to be used today.

The term *fetish* is particularly troubling as it indicates the displacement of erotic interest from an individual to an object or a portion of the human body. In this sense, fetish could be applied to an interest in or attraction to another's missing limb or limb stump. Such use, however, objectifies the amputee and removes the human interaction from any relationship. In addition, the implicit nature of a fetish is its involvement in the fantasy life of a fetishist. If the fetish is attained, it would have to be redefined so it would remain in the realm of the unreachable. Applying the label of *fetishist* to amelotatists fails to recognize the complexity of the phenomenon.

#### Recent Case Histories

Following in the footsteps of Krafft-Ebing, Hirschfeld, Stekel, and Ellis, nine case histories of men attracted to female amputees have been reported: one associating the attraction with homosexuality (Everaerd, 1983) and two with transvestism (Amputee Ideal, 1978; London, 1952); three demonstrating how men have coped with the attraction (Godlewski & Szalankiewicz, 1987; Money, 1986, pp.215-226; Money & Simcoe, 1986), and three involving self-demand amputation. (Money et al., 1977 reprinted in Money, 1993; Wakefield, Frank, &

Meyers, 1977) At least three of these nine case histories were unsolicited self-reports, not summaries of therapeutic encounters.

From this clinical literature one might be led to believe that men attracted to female amputees are likely to be seeking self-amputation (33%), transvestites (22%), homosexual (11%), or "troubled" individuals having to cope with unnatural or undesirable yearnings for sexual fulfillment (33%). This illustrates the faulty nature of generalizing from selected case histories.

#### Other Literary Domains

A number of biographies and autobiographies have been written by and about female amputees. Two of these make reference to amelotasis, at least tangentially (Baker, 1946; Scott, 1970):

[A] Hollywood man, Mr. Stuart Noble, although not handicapped himself, entertains great compassion and understanding for the disabled. For many years he has been interested in assisting amputees. He organized a club called The Good Friends, and he has devoted a great deal of time and money to assisting the handicapped in making happy adjustments to life—helping them find friends and employment, etc.

Edward Hungerford of New York, handicapped himself, collects crutch users who strike his fancy all over the country, and in a less formal way does the same thing for his collection that Mr. Noble does. (Baker, 1943, p. 159)

### Relation to Prostitution

Another source of information regarding the attraction of men to female amputees is the research on prostitutes and prostitution:

The predilection for limping women . . . is well known to prostitutes. Sometimes it is rumoured among them that a certain man is afflicted with this deviation, and when he is seen to be approaching many prostitutes start to limp, in order to attract him.

Even the stump of an amputated leg may serve as a fetish. In the region of the Great Boulevards in Paris there is a one-legged prostitute who has been plying her trade there for years, and who has a steady clientele, mainly composed of Englishmen. (Haire, 1938, pp. 571-572; London, 1952, pp. 5-7)

That the "famous one-legged French prostitute" always used white crutches as her trademark led to a humorous incident involving mistaken identity, related by the American writer, Louise Baker, who often used white crutches. (1946, pp. 122-127)

Benjamin and Masters (1964) in their study of prostitution observed that some men were attracted to maimed or deformed women. One woman, a leg amputee, lived in San Francisco in the early 50s. She frequented bars in the Fillmore district and although around 35, and not particularly pretty, claimed to have more business than she could handle. Another one-legged prostitute worked in New York City in the 60s. Her fee was said to be more than double that received by the average street-walker.

Other Means of Contact

Classified and personal advertisements are another forum for those seeking special relationships.

The newspapers of all countries contain comparatively frequent matrimonial [personal] advertisements seeking women who have lost a leg by amputation or through accident. (Haire, 1938, p. 572; London, 1952, p. 7; see also Mullan, 1984)

As mentioned earlier, public awareness of amelotasis came from the letters to the editor which first appeared in Penthouse magazine in 1969 and continued under the heading "Monopede Mania" through June 1973.

Around the same time letters of similar genre appeared in other men's magazines such as: Bizarre, Dapper, Escapade, Gallery, Night and Day, Mr., Nugget, Screw, and Swank. Some of these magazines also carried classified personal advertisements similar to the following:

Female amputee interested in correspondence with males regarding their hobbies, business, and professional interests.

I would like to meet and maybe marry an amputee lady. If you have a bad self image, let me tell you that many men worship you. A photo from you will bring same from me.

Successful international businessman, 48, seeks contact with female double or multiple amputee, 20 to 45, for serious relationship.

Such approaches were problematic, as one had little or no control over the quality of the contacts (how many desirable female amputees

regularly read male oriented magazines?) and could easily be taken advantage of or used. A better means for bringing people together was needed.

### The Network

Previously, the notion that an underground network of amelotatists had been organized for the purpose of exchanging information and materials related to their obsession was introduced. Who were the initial members of this underground network, and how did they meet? The answers to these questions have no doubt been buried with those who were involved. Available evidence of such a network can be traced to the early 1920s, and there are suggestions that it might have come into existence earlier, near the turn of the century.

Though early evidence of the network is sketchy, we can speculate on how it started. Interested men, in their quest for information about and contact with female amputees, would pursue similar courses of action. In doing so, they were likely to meet others who shared similar interests. Therefore, through chance encounters and casual conversation, the similarity of interest and desire would be established and agreements to exchange information made.

Because of the lack of availability of women amputees, the men continued to exercise their fantasies by writing short stories and novellas that often were meticulously illustrated. These tales were

exchanged, and one of the earliest, The Girl with the Rosewood Crutches, was copyrighted in 1908 and published anonymously 4 years later (1912). Such activities became much more common as copy machines became more available and refined.

Between World Wars I and II, the British publication London Life (which presaged the contents in Penthouse noted earlier) carried a series of articles attributed to Wallace Stort (probably a pseudonym drawn from the Italian "storto" meaning "distorted"), describing the exploits of a one-legged ballerina, her friends, and their associates. That the stories were flights of fantasy was evident from the exceptional physical abilities attributed to the heroine and her friends, who were likewise amputees. London Life carried letters from readers which were similar in content and imagery to those printed in Penthouse some 40 years later. The suspicion was, as it is today, that many of the letters written by women who had experienced amputation and their new attractiveness were actually written by men who were amelotatists.

Articles, items, and stories published in either local or national newspapers and magazines were also exchanged. The most prized of these were those accompanied by photographs, particularly photographs which did not hide the fact that a limb or limbs were absent. These articles also served as a magnet, drawing the interested men to female amputees in person, by phone, or through correspondence.

In 1939, Paul J. Campbell and Augusta B. Weaver (both amputees) organized the "Fraternity of the Wooden Leg" and began publishing a bi-monthly magazine about amputees entitled Courage (Vol. 1; No. 1; June 1940). Membership in the "Fraternity" was established by the loss of an extremity and subscription to the magazine, which was largely devoted to newspaper accounts of "courageous" people. Since World War II began about the same time, Courage became an important instrument for instilling hope in the disabled veterans returning stateside to amputee rehabilitation centers. That little magazine also became a primary source of information for amputees, many of whom served as "Ambassadors of Courage" by sponsoring amputees, particularly female amputees, for membership in the "Fraternity." Interestingly, Courage, which ceased publication in 1968 when Ms. Weaver's health failed, is once more being published in a new format but with many of the same objectives.

Following World War II, based on the desire to rehabilitate those who had lost limbs in that conflict, a great deal of attention was paid to the devices designed to replace their amputated limbs. Female and child amputees benefitted indirectly from the research and training focused on solving the problems of the amputee veteran. (Furman, 1962; Pike, & Nattress, 1991)

Since many of the amputee veterans were young and wanted to continue doing the things they had done before being wounded,

recreational activities for amputees, such as golf, swimming, bowling, skiing (both snow and water), volleyball, basketball, tennis, biking, and jogging, were encouraged. Eventually, some of these sports became organized, associations were formed, and competitions/tournaments held. This year the 10th Paralympics (the first was held in 1960) was held in Atlanta, Georgia, in which a number of world class athletes, who happen to be amputees, did compete. (Tiessen, 1996, pp. 22-24)

Amputee golf, organized in 1949, was the earliest of the activities to become organized and hold regularly scheduled tournaments. The predecessor of the National Amputee Golf Association was incorporated as Possibilities Unlimited in Cleveland, Ohio, in 1954. As tournaments began featuring women's divisions, they became irresistible meeting places for the men, always with cameras ready, who were attracted to female amputees. (Personal communication with James Coombes, Executive Director of the National Amputee Golf Association on August 28, 1996.)

With more access to each other, the "network" became more formalized. Although no officers were elected, specific individuals emerged as leaders, gatekeepers, or sociometric stars. These individuals achieved or were accorded this position because of their contacts, collections of materials, ability to develop new material,

or a combination of all three, and all were married to amputees or women who were disabled.

### Business Enterprises

True to the American way, some of these men attempted to establish businesses that would meet the needs of those who shared their attraction to female amputees. They capitalized on the latest photographic technology. Still and moving pictures of female amputees, as well as stories and novellas, were for sale. While such ventures permitted the "stars" to increase their collections of materials, and numerous stories, photos, and drawings exchanged hands, most businesses were economic failures.

In 1973, a group of men in Los Angeles conducted a survey to determine the market for a service that would provide photographs and other materials about female amputees at a reasonable price. Based on their findings, the men incorporated AMPIX in 1974, which expanded to serve the international market in 1981, and continues today, catering to the needs and wants of amputatists. AMPIX can now be accessed on the World Wide Web. The owners maintain that their success lies in the fact that they run AMPIX as a purely business venture. (More recent ventures have been started by female amputees, often with the support of amputatists, in an effort to satisfy the market for photos and videos, e.g., CD Productions and ASCOT World. An added feature offered

by these entities is the opportunity for discourse between amputee and amelotatist on the Internet.)

A publication sponsored and produced by the AMPIX group asserted the following:

[The attraction of males to female amputees] . . . has been called "the last closet" by the sensationalist press. We cannot know for certain that the general public would find the desire for an amputee particularly more bizarre than many of the other fetishes, but we suspect they would. The reason, we suppose, is that in terms of sexual attractiveness, the amputee is at a slight disadvantage. We know of no studies which prove this supposition (i.e., amputation of a limb reduces sexual attractiveness), but anyone observing the reactions of others to amputees would have to assume it exists to some degree. Being aware of this, the [men have] kept a relatively low profile.

All fetishists, upon realizing that their special desire is not considered normal by the general public, experience a certain amount of guilt, a feeling of "why me" amazement, and may question his [sic] own mental stability. [Those attracted to female amputees suffer] a particularly heavy burden of guilt. Our society teaches us to pity and feel sorry for the handicapped. We are supposed to help them when they need it, and we should never take advantage of them. That an amputee is the object of his erotic fantasies and, therefore, the source of at least a portion of his pleasure, is contrary to this attitude. One should not derive pleasure from another's misfortune. (Rounds, 1978, p. x)

#### Amelotatist Behavior

Recognizing that the subjects of this attraction would be in a better position to interact with amelotatists if they could identify them, how does one distinguish between men who are and are not

attracted to female amputees? While there is no list of questions or set of criteria that will reliably identify amelotatists, the following are considered to be typical activities pursued by these men (Riddle, 1989, pp. 147-149, and personal interviews with amelotatists from 1972 to present):

1. Spotting a woman using crutches or who limps and, interrupting whatever else might be happening, following her to confirm that she is an amputee, and then learning as much about her as possible.
2. Spending hours in a public place where others have reported seeing a female amputee in hopes of glimpsing or photographing her and, possibly, engaging her in conversation.
3. Collecting newspaper and magazine reports and articles about female amputees, especially those which include photographs, and keeping them filed or in a scrapbook.
4. Drawing female amputees, accentuating the attributes felt to be most desirable, or modifying published photographs in such a way that the female appears to be an amputee.
5. Maintaining a detailed list of female amputees read about and/or seen.

6. Making elaborate plans for programs and/or organizations that would "meet the needs" of amputees, particularly female amputees, for example, self-help groups, shoe and glove exchanges, and sports-oriented clubs.

7. Placing telephone calls, often long distance, to female amputees they have read about in a newspaper or magazine or heard about on TV in order to befriend and advise them and learn how they, as amputees, now cope with their daily lives. Such conversations are notable for being one-sided, the man asking numerous probing questions, while providing little or no information about himself. Also, information he provides is likely to be fictitious.

8. Carrying on extensive correspondence with female amputees; frequently pretending to be a female amputee, in hopes a correspondent will provide more intimate details of her life.

9. Once he has established a reasonable level of rapport, asking the female amputee to provide him with the names, addresses, and telephone numbers of women she knows who are also amputees.

10. Composing fictional short stories, novellas, and books in which the heroine (who is always sexy, voluptuous, extremely attractive, and otherwise outstanding) is or becomes an amputee.

11. Researching and/or writing about the interest in female amputees and using that as an entree/opening to meet new or newly amputated women.

12. Possessing and providing a wide variety of information, more than a layman would know, about artificial limbs, crutches, and special assistive devices, as well as how a disabled person might accomplish activities of daily living.

While this list of behaviors does not yield a profile of the amerotatist, it does provide some insight into the minds and methods of these men. One must recognize that few of the involved men exhibit all of these behaviors. There are large individual differences between the men in their choice and the intensity of their pursuit of such activities. To complicate matters further, those who are interested in female amputees usually have well-practiced, credible stories to either justify any contacts made or explain their unusual behavior.

Therefore, if an attractive woman amputee, newly armed with this information, enters a room filled with men she did not know, half of whom found female amputees particularly fascinating, she would have

some difficulty identifying those who are amerotatists. Likewise, in a one-on-one situation, unless the man tells her of his predilection (which a few feel compelled to do), she would be hard pressed to say without a reasonable doubt that the man is or is not an amerotatist.

Some of the women amputees who are aware of this phenomenon indicate that they can intuitively sense a man that is drawn to them because of their missing limb(s). One reason is the intensity of the staring; another is the moving from place to place, to view the amputee from every possible angle. However, in the absence of any controlled studies, such reports must be considered anecdotal.

The one study which attempted to address amerotasis from the woman's perspective (Brancato, 1994) emphasized that it was the woman's choice whether to accept the overtures and admiration of interested men. The study encouraged women to look beyond the initial attraction, as they should in any male/female relationship, to decide if there are sufficient areas of like-mindedness for the establishment of meaningful and lasting relationships.

Within the past few years, e-mail, computer bulletin boards, and web sites have opened new avenues for the exchange of information and interactive communication among amerotatists, amputees, and others. The anonymity of those involved continues to be problematic as has the pornographic nature of some of the exchanges. The opportunity for an

interested man to assume the role of female amputee is more easily achieved in this venue. In fact, one does not know who might be involved with many of these services or for what purpose. (Storrs, 1996; personal interviews)

Earlier we indicated that nine case histories of men attracted to female amputees have appeared in the literature since 1950. Case studies, however, are of limited value unless one is dealing with the exact symptoms or series of events. Case histories provide insights and indicate areas for further study, but can hardly be considered representative of a defined population or descriptive of a clinical phenomenon.

#### The AMPIX Study

To obtain more objective information about the attraction, the AMPIX group mounted an extensive questionnaire study in early 1976. A report of that study was privately published 2 years later (Rounds, 1978) and circulated to those who responded, as well as to selected (interested) others. One of the latter, Dwight Dixon, presented a summary of the study at the annual meeting of the Society for the Scientific Study of Sex in 1982. (Dixon, 1983)

The AMPIX group mailed its questionnaire to the 315 individuals on their mailing list at that time, all of whom had indicated continuing interest in female amputees through the purchase of

materials. Questionnaires were returned by 198 persons (63%), of whom 7 were homosexual, interested only in other men, and 1 was a woman, interested in both men and women. AMPIX released its report (Rounds, 1978) with a disclaimer acknowledging that the study sample, while significant in size, was neither randomly selected nor representative of the total population of amputatists.

As an initial study of this population, the results provide a number of insights into this phenomenon. The report opens with these words:

If you think the amputatist is just the average American male, struggling daily for a modicum of success and pleasure, just one jump ahead of the bill collectors, you are dead wrong. He is an achiever. Most likely, he has a bachelor's degree or better, is a professional . . . in sales or [employed in the] service industries, and has a greater chance of being single or divorced than the average male 21 or over. Although his average and median ages (40 and 39) are close to that of the . . . population [statistics], the distribution of ages varies greatly from what might be expected (72% were between 25 and 44 years of age).

He was probably in the military and had a 30% chance of being an officer. He has a 90% chance of being Caucasian. He has probably dated one or more amputees, but he did not marry one. Likely, his wife or girlfriend knows of his interest in amputees, and nearly a quarter of them have played the role of amputee for him. (Rounds, 1978, p. 1)

While it is not appropriate to review all of the data presented in this report, a few bits of information are both interesting and significant:

1. The early relationship between mother and son seems to be a most important factor in the development of amelotasis.
2. The predilection for amputees is apparently established well before puberty.
3. A specific incident involving an amputee or otherwise disabled individual is often cited as the "trigger" for the interest.
4. As youngsters, most amelotatists have pretended to be amputees and a number continued this fantasy as adults, some wishing they were amputees.
5. The amputee ideal is a one-legged female with a single above-the-knee amputation.
6. Many of the non-amputee women associated with amelotatists play the role of an amputee for their men.
7. Few amelotatists are married to amputees.
8. Amelotasis appears to be independent of other sexual deviations or fetishes, that is, amelotatists are found in each

category of what is termed "sexual choice." (Summarization drawn from Dixon, 1983; Rounds, 1978)

Interestingly, neither this nor the following study by the Dixons touches on the possibility that amelotatists, in an effort to satisfy a need which developed at so young an age, might become professionally involved in serving and meeting the needs of amputees. From the investigator's knowledge and personal experience, this possibility is a very real option for interested men and, therefore, should be objectively studied.

#### The Dixons' Research

A second pair of researchers, husband and wife, reported their analysis of numerous pieces of correspondence and interviews derived from the publication of a sexology newsletter which broached the topic of amelotasis in the late 1970s. (Dixon & Dixon, 1983) The classification system they developed is of help in understanding the fascination (obsession) with female amputees:

The amelotatists with whom we have come into contact reveal as a group a wide range of emotional and behavioral responses to their amelotatism (sic), running from normative to highly disruptive.

We have found that those responses can be classified into three categories: (1) the emotional response which the amelotatist feels toward amputees in general who have the attributes to which the amelotatist is attracted, which we call a projected response; (2) the emotional response which the amelotatist feels toward himself or herself because of his or her amelotatism, which we call an internalized response; and (3) the

objective of the amelotatist in regard to a desired amputee, which we call a desire response

- [1.] Projected Response: We have identified two different manifestations of this response: (a) feelings of altruism (e.g., admiration, sympathy, respect) and (b) feelings which are primarily erotic. . . . In most cases, the amelotatist will have a mixture of both projected responses. . . .
- [2.] Internalized Response: We have identified three general . . . patterns: (a) contented . . . in which the feelings about oneself which emanate from one's amelotatism could be described as good, comfortable, unnoticeable, or are otherwise nondistressful. . . . (b) concerned . . . in which the [attraction] is causing the amelotatist to feel confused or worried, but stops short of causing feelings of self-loathing. . . . and (c) disturbed . . . is indicated by feelings of guilt, shame, or self-loathing, [which] may be transitory, recurring, or continual and may range in intensity from mild to quite severe.
- [3.] Desire Response: Four distinct versions of desire response have been noticed. . . . (a) Fantasize Level. Although each level of desire response contains an element of fantasizing. . . . Such a person does not seek to arrange to meet an amputee and may even decline to meet one if offered the chance. . . . (b) Socialize Level. Amelotatists who desire to augment their erotic fantasies only by socializing with a desirable amputee . . . [but] do not desire to seek a sexual union with an amputee. . . . (c) Sexualize Level. . . . Some . . . whose desire response exists at the sexualize level want to not only have sex with a desired amputee but to also function on a limited social basis with one, . . . short of marriage or its current committed-equivalent. Others want to have sex with a desired amputee and to develop no other social relationship with that person. . . . (d) Maximize Level. . . . those . . . who have married an amputee . . . , desire to do so, or are open to the possibility. (Dixon & Dixon, 1983, unpaginated)

### The Mystery of Romantic Attraction

During the past decade, scientists from various disciplines also developed theories attempting to explain the romantic attraction between men and women. The following three theories are considered most promising:

Some biologists [and psychologists] contend that there is a certain "bio-logic" to courtship behavior. According to this broad, evolutionary view of love, we instinctively select mates who will enhance the survival of the species. Men are drawn to classically beautiful women—ones with clear skin, bright eyes, shiny hair, good bone structure, red lips, and rosy cheeks—not because of fad or fashion but because these qualities indicate youth and robust health, signs that a woman is in the peak of her childbearing years. (Hendrix, 1988, p. 5)

[S]ocial psychology . . . [has proposed] . . . the "exchange" theory of mate selection. The basic idea of the exchange theory is that we select mates who are more or less our equals. When we are on a search-and-find mission for a partner, we size each other up as coolly as business executives contemplating a merger, noting each other's physical appeal, financial status, and social rank, as well as various personality traits such as kindness, creativity, and a sense of humor. With computerlike speed, we tally up each other's scores, and if the numbers are roughly equivalent, the trading bell rings and the bidding begins.

The exchange theory gives us a more comprehensive view of mate selection than the simple biological model. It's not just youth, beauty, and social rank that interest us, say the social psychologists, but the whole person. For example, the fact that a woman is past her prime or that a man has a low-status job can be offset by the fact that he or she is a charming, intelligent, compassionate person.

A third idea, the "persona" theory, adds yet another dimension to the phenomenon of romantic attraction. The persona

theory maintains that an important factor in mate selection is the way a potential suitor enhances our self-esteem. Each of us has a mask, a persona, which is the face we show to other people. The persona theory suggests that we select a mate who will enhance this self-image. The operative question here is: "What will it do to my sense of self if I am seen with this person?" There appears to be some validity to this theory. We have all experienced some pride and perhaps some embarrassment because of the way we believe our mates are perceived by others; it does indeed matter to us what others think. (Hendrix, 1988, p. 6)

[One] puzzling aspect of romantic attraction: we seem to have much more discriminating tastes than any of these theories would indicate. To see what I mean, take a moment to reflect on your own dating history. In your lifetime you have met thousands of people; as a conservative estimate, let's suppose that several hundred of them were physically attractive enough or successful enough to catch your eye. When we narrow this field by applying the social-exchange theory, we might come up with fifty or a hundred people out of this select group who would have a combined "point value" equal to or greater than yours. Logically, you should have fallen in love with scores of people. Yet most people have been deeply attracted to only a few individuals. (Hendrix, 1988, p. 7)

This work has been extended by John Money, Johns Hopkins University, and Galdino Pranzarone, Roanoke College, who talk about "lovemaps." As Pranzarone explains:

Take the case of a 25-year-old man who walks into a room, surveys all the women, then zeros in on one or two. Something about them catches his attention and he finds himself being "mysteriously" drawn to them. In fact, there is nothing mysterious about it at all. He's drawn to these particular women because of the "lovemap" in his head. It's a composite of all the little things he found pleasant about females while growing up. Basically, if someone fits your "lovemap," you can't help but fall for the person. It explains why some men are always drawn toward blondes

and others towards brunettes. When two people meet and fall in love, they say things like, "I feel like I've known you all my life." In a sense, they have! (Pranzarone, 1996, personal communication based on article published in The National Enquirer, July 2, 1996, by Philip Smith)

The fascinating thing to this investigator is that Pranzarone maintains that we know what we want in an ideal spouse before the age of ten! Compare this to the finding that the interest in female amputees is usually firmly in place before puberty, during the latency stage identified by Freud, between the ages of 7 and 9. (Rounds, 1978; Yates, 1978) We will revisit these theories as well as the "lovemap" construct in Chapter 5 of this work.

#### Psychiatric Assumptions

There can be a point in the life of an individual attracted to amputees at which his world of fantasy, so carefully created and nurtured, takes over and intrudes upon his world of reality. The marker for that transition seems to be when the pursuit of fantasy interests so interferes with his life that he is unable to earn a living, meet familial and social responsibilities, or behave in a responsible manner. The similarity between such behavior and that of the alcoholic, substance abuser, or other type of addict is readily apparent.

No doubt because of his clinical orientation and the nature of his practice, John Money, has identified the interest in amputees and amputation with paraphilia, which he defines as:

A condition occurring in men and women of being compulsively responsive to and obligatively dependent upon an unusual and personally or socially unacceptable stimulus, perceived or in the imagery of fantasy, for optimal initiation and maintenance of erotosexual arousal and the facilitation or attainment of orgasm. Paraphilic imagery may be replayed in fantasy during solo masturbation or intercourse with a partner. In legal terminology, a paraphilia is a perversion or deviancy; and in the vernacular it is kinky or bizarre sex. (Money, 1986, p. 267)

Weinrich (1987, p. 51) provides a less clinical definition:

A paraphilia is (roughly speaking) a particular sexual turn-on in which something not inherently sexual is added to the process of sexual arousal--and then becomes an essential or extremely (and unusually) important component of sexual arousal. . . . Many paraphilias are echoed in the nonparaphilic population as preferences or partialisms--some people are "partial" for breasts, say, and Chinese men in the foot-binding era supposedly were "partial" for small feet.

The American Psychiatric Association more recently has presented the following information the Diagnostic and Statistical Manual of Mental Disorders (1994, pp. 522-525) commonly referred to as the DSM-IV:

The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges, or behaviors . . . that occur over a period of at least 6 months (Criterion A). For some individuals, paraphiliac fantasies or stimuli are

obligatory for erotic arousal and are always included in sexual activity. In other cases, the paraphiliac preferences occur only episodically (e.g., perhaps during periods of stress), whereas at other times the person is able to function sexually without paraphiliac fantasies or stimuli. The behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion B).

. . . Social and sexual relationships may suffer if others find the unusual sexual behavior shameful or repugnant or if the individual's sexual partner refuses to cooperate in the unusual sexual preferences. In some instances, the unusual behavior may become the major sexual activity of the individual's life. These individuals are rarely self-referred and usually come to the attention of mental health professionals only when their behavior has brought them into conflict with sexual partners or society.

. . . [The] category, Paraphilia Not Otherwise Specified, includes other Paraphilias that are less frequently encountered [i.e., acrotomophilia and apotemnophilia]. Not uncommonly, individuals have more than one Paraphilia.

The preferred stimulus, even within a particular Paraphilia, may be highly specific. Individuals who do not have a consenting partner with whom their fantasies can be acted out may purchase the services of prostitutes or may act out their fantasies with unwilling victims. Individuals with a Paraphilia may select an occupation or develop a hobby or volunteer work that brings them into contact with the desired stimulus. They may selectively view, read, purchase, or collect photographs, films, and textual depictions that focus on their preferred type of paraphiliac stimulus. Many individuals with these disorders assert that the behavior causes them no distress and that their only problem is social dysfunction as a result of the reaction of others to their behavior. Others report extreme guilt, shame, and depression at having to engage in an unusual sexual activity.

The diagnosis of Paraphilias across cultures or religions is complicated by the fact that what is considered deviant in one cultural setting may be more acceptable in another setting.

Except for Sexual Masochism, where the sex ratio is estimated to be 20 males for each female, the other Paraphilias are almost never diagnosed in females, although some cases have been reported.

Although Paraphilias are rarely diagnosed in general clinical facilities, the large commercial market in paraphiliac pornography and paraphernalia suggests that its prevalence in the community is likely to be higher. . . . Approximately one-half of the individuals with Paraphilias seen clinically are married.

Certain of the fantasies and behaviors associated with Paraphilias may begin in childhood or early adolescence but become better defined and elaborated during adolescence and early adulthood. Elaboration and revision of paraphiliac fantasies may continue over the lifetime of the individual. By definition, the fantasies and urges associated with these disorders are recurrent. Many individuals report that the fantasies are always present but that there are periods of time when the frequency of the fantasies and intensity of the urges vary substantially. The disorders tend to be chronic and lifelong, but both the fantasies and the behaviors often diminish with advancing age in adults. The behaviors may increase in response to psychosocial stressors, in relation to other mental disorders, or with increased opportunity to engage in the Paraphilia.

A Paraphilia must be distinguished from the nonpathological use of sexual fantasies, behaviors, or objects as a stimulus for sexual excitement in individuals without a Paraphilia. Fantasies, behaviors, or objects are paraphiliac only when they lead to clinically significant distress or impairment (e.g., are obligatory, result in sexual dysfunction, require participation of nonconsenting individuals, lead to legal complications, interfere with social relationships).

Of the more than 40 paraphilias Money and his associates have identified, two are related to amputees and/or amputation:

ACROTOMOPHILIA: A paraphilia of the stigmatic/eligibilic type in which sexueroetic arousal and facilitation or attainment of orgasm are responsive to and dependent upon a partner who is an amputee. An acrotomophile is erotically excited by the stump(s) of the amputee partner. (Money, 1986, p. 257)

APOTEMNOPHILIA: A paraphilia of the stigmatic/eligibilic type in which sexueroetic arousal and facilitation or attainment of orgasm are responsive to and dependent upon being oneself an amputee. An apotemnophile becomes fixated on carrying out a self-contrived amputation, or obtaining one in a hospital. (Money, 1986, p. 258)

Neither acrotomophilia nor apotemnophilia are mentioned in the DSM-IV (1994), and no cases of acrotomophilia nor apotemnophilia are included in the Study Guide to DSM-IV. (Fauman, 1994)

However, Money has chosen to consider all of the men who are attracted to female amputees to be paraphilics and thus in need of treatment, especially in cases "of reciprocal mismatching," when a partner's paraphilic obsession is not done, felt, given, in return. (Money & Simcoe, 1986, p. 50) The recommended therapeutic option "combines hormonal (antiandrogenic) and counseling therapy, the latter involving also the partner." (Money & Simcoe, 1986, p. 50) This option is unfortunate, as the majority of those expressing an interest in female amputees, who have been interviewed by this investigator, act in a controlled manner and their behaviors appear to be within normal limits. In addition, those interviewed who were treated by Money report that the medication not only removed their interest in

female amputees but also so decreased their sexual appetite that they became impotent. In every instance, once the medication was stopped, the interest in female amputees returned. Masters, Johnson, and Kolodny (1986, p. 388) used Money's terminology, without example or discussion, implying that the attraction of men to female amputees is deviant behavior and, therefore, treatable.

Robert J. Stoller was another therapist who spent a great deal of his professional life studying gender issues and perversion. Stoller considered the attraction of men to female amputees a perversion-- playing out a desire on the part of the man to harm the woman.

[P]erversion is an erotic neurosis. (In emitting this sensible and unremarkable sentence, I disagree with Freud and the whole analytic literature, in which perversion is considered a form of behavior different from neurosis, powered by a different constellation of drives and defenses, and serving different purposes.) It, *but not all aberrations*, is a response to--an attempt to cure the effects of--traumas, frustrations, conflicts, and other painful conditions that could not be handled without one's changing his or her development. The visible manifestation of the cure is the story line of the perversion--the cast of characters with their assigned parts, action, mise-en-scènes. The script is then played out as daydream, in pornography chosen, or in the real world. (Stoller, 1985, p.8)

Available evidence does suggest that amelotasis becomes problematic: (a) when the rights of the woman are abrogated, that is, her physical or personal space is invaded through stalking and other forms of harassment, by taking pictures secretly or for ulterior

reasons, inappropriate verbal exchanges, and intrusive behavior; (b) when the men become so obsessed with the interest that they are no longer able to compete in, contribute to, or continue to be a part of society; or (c) in the extreme, when the men become a danger to themselves or others. This would certainly support Stoller's thesis. However, as with Money, to conclude that every man who is any way attracted to female amputees is imbalanced or perverted and therefore in need of therapy appears to be an overreaction and may say more about the therapist than the amputee.

Treatment is warranted for those individuals who have become so "out of touch" that they are a menace to female amputees, themselves, or society. Such individuals fall into one of four categories of behavior: (a) those who keep adding other types of disabled or stigmatized women (including blind, facially disfigured, post-mastectomy, paralyzed, or children) to their list of desirable sexual "objects"; (b) those who become predators, stalking women and otherwise making unwanted contact in order to satisfy their needs, add to their conquests, and, perhaps, prove their masculinity; (c) those who act out their desire to identify with and/or be amputees (including apotemnophiles) through self-amputation or creating circumstances that result in the amputation of one or more of their extremities; or (d) those who either convince their partners to undergo amputation surgery or create situations which result in the amputation of one or more of their partner's extremities.

The investigator has interviewed men who could be classified in the first three categories and has been told of men who might fit into the fourth category. Further evidence of the fourth category has come from newspaper stories, one of which has been substantiated through the review of papers associated with the perpetrator's subsequent arrest and internment in a state mental hospital.

In most instances, the interest in female amputees should be considered a quality that is useful in drawing men and women together, while in a relatively few it is a dysfunctional condition that should be treated, recognizing that while behavior may be modified the root cause will not. Present understanding suggests that, because of the marked differences in associated behaviors, the attraction extends along a continuum from normophilic to paraphilic. Whether or not the attraction is progressive, that is, whether the subject moves over time from normophilic to paraphilic, is unknown.

Etiologically, there is still no completely adequate explanation of the genesis of this interest in amputees. . . . The available evidence points to a developmental onset in late infancy or early childhood, long before the onset of puberty, probably as a response to the thwarting and warping of normophilic development. (Money & Simcoe, 1986)

If treatment is initiated, aside from Money's recommendations noted above, psychoanalysts approach their patients as if they have regressed to or are fixed at an earlier stage of their psychosexual development, while behaviorists engage their patients in a relearning

process. However, according to the literature, traditional psychoanalysis has not been effective in treating such problems; therapy with hypnosis has had mixed results; and it is too early to assess the effectiveness of the behavioral techniques. (Masters et al., 1986, pp. 389-390)

More recently, Travin and Protter (1993) have attempted to present an integrated treatment approach to "sexual perversion." In discussing the historical approach to the topic, they present a helpful classification system:

Modern attempts to study perverse sexual behavior in a systematic manner can be essentially categorized into five major historical currents. The first of these, which we can call the *descriptive medico-psychiatric* approach, was initiated in the latter part of the nineteenth century. The second and third categories--the *sexologic* and the *psychoanalytic* approaches, respectively--began largely in the early part of the twentieth century and are still flourishing. The fourth category, which we term the *psychotechnologic*, makes use of the newer technologies, including behavioral and learning techniques and physiologically based procedures that have been rapidly developing in the past couple of decades. The fifth category, the *sociopolitical*, has assumed increasing significance in the last quarter of a century, and overlaps with modern legal-forensic considerations. (Travin & Protter, 1993, pp. 21-22)

Travin and Protter associate the following individuals with each of these five categories (1993, pp. 22-33):

<i>Descriptive Medico-Psychiatric</i>	Krafft-Ebing
<i>Sexologic</i>	Hirschfeld, Ellis, Kinsey

<i>Psychoanalytic</i>	Freud, the post-Freudians
<i>Psychotechnologic</i>	Masters and Johnson
<i>Sociopolitical</i>	Chasseguet-Smirgel, Largen, Brownmiller, Rush, and Bayer

Since the first four of these five categories have been discussed, the *sociopolitical* category deserves further explanation. According to Travin and Protter: (1993, pp. 28-29)

Whereas the psychoanalytic tradition attempted to explain sexually perverse behavior as a derivative of underlying individual unconscious processes, the more recent psychosociologic investigations focus on the underlying social and political dynamics as contributing to the manifestations of perverse behavior, as well as on the processes involved in labeling what is normal and what is perverse. . .

Changing social attitudes can also transform what was once regarded as morally corrupt behavior, for example, a premarital sexual relationship, into a more tolerated option. Recent movements such as feminist, sexual libertarian, and homosexual rights groups, advocating for individual sexual rights, have attempted to expand the range of what is considered normative in the current social climate.

Travin and Protter make two additional assertions which have a direct bearing on our consideration of amelotatists:

the true prevalence rate of sexually perverse behavior will never be determined. . . . Certainly, the more "benign" group of sexual perversions will probably never get reported and thus will never be included in statistical tabulations. Even the true extent of serious, sexually perverse acts . . . can only be estimated roughly, mainly because of gross under reporting and

poor documentation. The lack of uniform definitions . . . further exacerbates attempts to collect accurate data on prevalence. (1993, p. 23)

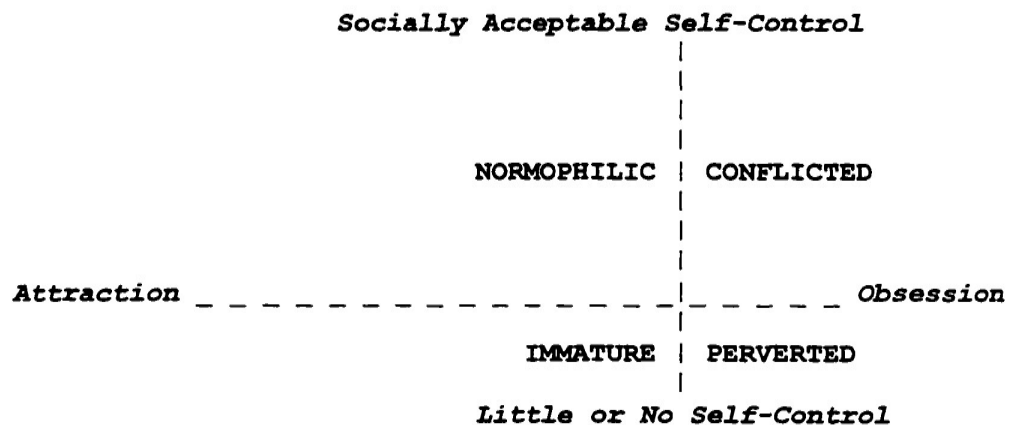
Patients presenting with deviant sexual difficulties can best be categorized as falling on a continuum that largely varies according to the level of self-control of the problem. At the one end of the spectrum are individuals with the least self-control . . . and the [greatest] potential for victimizing others. They have to be most closely monitored . . . [and] are more likely to present with deficits of impulse and a variety of other psychosocial deficiencies. . . . At the other end of the spectrum are individuals presenting with mild perversions, that is, with symptoms of considerably less intensity and with less likelihood of harming victims. . . . Psychodynamic intervention is likely to assume the bulk of the initial and continued treatment, centering on characterological issues with selective cognitive-behavioral interventions as needed. Individuals on the mid-range of the continuum, require both the application of therapeutic tact and a continual reappraisal of the case in order to discriminatively utilize the appropriate "mixture" of components in the bimodal paradigm. (1993, p. 196)

The assertions noted above lead this investigator to conclude that instead of a continuum, Travin and Protter are proposing a grid with four quadrants (see Figure 1) in which the X axis represents the level of sexual attraction to a given trait or activity and the Y axis represents the level of individual self-control. The four quadrants are identified as: (1) NORMOPHILIC, individuals who have the attraction and conduct themselves in a socially acceptable manner; (2) IMMATURE, individuals who have the attraction, but lack self-control much as a young child who has not mastered social skills; (3) CONFLICTED, individuals who are more consumed by the attraction while exerting great control to the extent that they lead double (secretive)

lives; and (4) PERVERTED, the small percent of individuals who are so obsessed and out of control that they may pose a danger to themselves and the objects of their desire.

Interestingly, either axis suggests the continuum of traits discussed by Riso (1987, pp. 41-42, pp. 313-318) and the movement of individuals back and forth through the nine levels toward integration or disintegration.

We will revisit the concepts presented in Figure 1 later in this work.



**Figure 1.** Relationship Between Interest in the Opposite Sex and Self-Control

---

### Variations

While the major focus of this review has been men who are attracted to female amputees, the investigator has been introduced to at least three variations of the interest in amputees:

The Female Amelotatist: Money defines paraphilia as a condition occurring in both men and women (1986, p. 267). However, in this presentation the investigator referred exclusively to men attracted to female amputees. Female amelotatists have been reported (Dixon & Dixon, 1983; Rounds, 1978; Wenig, 1979), but the investigator has yet to meet, much less interview, one. Following Weinrich's lust/limerence theory of attraction and mating (1987), one may argue theoretically that female amelotatists do exist. This begs a twofold question: Would female amelotatists be attracted to male or to female amputees, and are the developmental aspects male and female amelotatists at all parallel?

Money (1990) reported two accounts which he felt substantiated the attraction of women to male amputees and self-amputation. Both were self-reports that to this investigator's knowledge were not substantiated. Therefore, until proven otherwise, the investigator will continue to consider amelotatist a male syndrome with the understanding that a parallel, but different, female syndrome may exist. (For further elaboration of this topic, see Kaplan, 1991, and the comments by Travin & Protter, 1993, pp. 191-193.)

The Homosexual Amelotatist: Although not included as part of the present discussion, in the course of interviewing men who have admitted their attraction to amputees, the investigator was not at all surprised to be introduced to a subset of men within the underground network who were attracted to male amputees. This finding has been confirmed by others. (Dixon & Dixon, 1983; Rounds, 1978) Apparently the two groups do not intermingle, and, while the homosexual group is well aware of their heterosexual peers, the heterosexual group is largely unaware of their homosexual counterparts. This is to be expected based on the limited social interaction between "gays" and "straights" in our present-day society. One interesting activity reported by the men who are sexually attracted to male amputees--they serve as volunteers at the Veterans Administration hospitals in their communities.

The Pedophilic Amelotatist: During the past 25 years, the investigator has encountered several individuals who, in addition to female amputees, were strongly attracted to amputee children, particularly young boys. Supposedly, the interest in children grew out of and was an extension of their interest in female amputees. This--as well as the stated preferences for different types and levels of amputation and the relation of such preferences to sadism, masochism, bondage, and discipline--demand our attention and further study.

The New Level of Acceptance

More recent work, particularly in the field of sexology, identifies the attraction of men to female amputees as a variant of normal sexual attraction, part of the human mating process. (Crabtree, 1994; Dixon & Dixon, 1983; Hahn, 1996; Reinsch, 1994, pp. 212-213; Riddle, 1989)

Therefore, times have changed for the amelotatist. No longer does he have to be alone with his desires and feelings. Sufficient public information about his interest is available so that he can link up with other similarly interested individuals at a relatively young age through advertisements and personals regularly carried in the "male" magazines. One such advertisement offers the AMPIX catalog; another, a subscription to Fascination, the quarterly magazine written by and for amelotatists since 1985; and, of course, he can access the personal advertisements in newspapers and magazines, as well as the computerized bulletin board services (one of which lists 3,100 references for the term "amputee").

In addition, the amelotatist's means for making contact with female amputees has significantly increased through the proliferation of disability-oriented magazines, amputee self-help groups, "disAbility" expositions, the growing public display and acceptance of amputee athletic competitions, and the founding of a number of services which provide introductions to handicapped people. The most

aggressive of these introduction services is Handicapped

Introductions, commonly referred to as "HI!"

a network of handicapped and non-handicapped people for whom physical disability is no barrier to friendship, romance, and an active social life.

Don E. Gibbons, Ph.D., Licensed Psychologist, who founded "HI!" in 1983, provided these thoughts about the attraction, and indicated his approach to informing and/or protecting women from unwanted attention:

Most men find one portion of the female anatomy especially attractive, and the difference between men who are attracted to amputees and men who are attracted to breasts, legs, thighs, etc., is simply in the nature of the stimulus; but the basic laws of attraction are the same. This means that when a man who is looking for an amputee woman finally meets her, he is simply going to cherish her more because she has something that few other women have.

We have received few complaints of any sort during the eight years we have been in business; but whenever we do, we immediately terminate the individual's membership. (Gibbons, July 1991, personal correspondence)

Handicapped Introductions has expanded its operation and changed its name to DateAble International. Robert S. Watson now serves as the organization's Executive Director.

### Fascination Weekends

In June 1986, the subscribers to Fascination held the first of what has become an annual weekend meeting of amelotatists, to which the "objects of their interest" were invited. At the 10th annual meeting, held in Chicago, June 1995, 44 men and 24 women attended; a number of the women were escorted by their husbands or fiances. During these weekend meetings the emphasis and activities are primarily social and, over the years, a few permanent relationships have developed. The problem faced by those attending these meetings, both at the meetings and in everyday life, is threefold: (a) the number of interested men far exceeds the number of available and eligible women; (b) some of the available/eligible women offer little else to a relationship than the physical component(s) of the attraction, that is, their amputated limb(s); and (c) some of the men who attend as singles are already married or committed to relationships "back home," and in a few instances, the woman "back home" is an amputee. Interestingly, with slight variations, these are the problems men and women face in dating relationships.

Because of this sanctioned socializing, more committed relationships/marriages will be seen between amputees and amelotatists. However, one must not be led to believe that every man who marries an amputee is an amelotatist. Obviously, for the relationship to begin, there must be an attraction between the two individuals. The importance of the woman's missing extremity to the

man, and the part which that played in the attraction process, along with other events in his life, would determine how he might be identified. In addition, some have observed that:

A few . . . amputatists have married amputees only to find that the fact of the amputation was not a sufficient basis of attraction upon which to sustain the marriage. Yet, in each of those cases the amputatists seem to be open to another committed relationship with an amputee provided the right one can be found. (Dixon & Dixon, 1983, unpaginated)

#### Summary

It is clear that man has been attracted by that which is different, unexpected, and unusual since the beginning of recorded history. The challenge of the unknown and mysterious has been a driving force throughout the ages. Likewise, the oppressive nature of dogma, stigma, and taboos have been used by those with authority as an effective means for controlling behavior and establishing the lines between right and wrong, good and bad, acceptable and unacceptable, normal and abnormal.

The male desire for women who are disabled was known and facilitated by the ancient Greeks and their Roman counterparts. The association of this desire with fetishism, perversion, and other behavioral disorders was as much a sign of the times (i.e., Calvinism and the Victorian Age) as was the movement of the medical profession into the realm of the mind, the unconscious, and the interpersonal.

As we approach the 21st century a greater acceptance of individual differences and tolerance of individual choice seems to prevail. Therefore, what was considered diagnostic a generation ago no longer is listed in the DSM-IV. Where amelotaxis fits in this scheme is still open to question as the nature and extent of the attraction has not been adequately considered.

This review of the literature demonstrates not only the historical perspective of amelotaxis as a phenomenon but also the diverse fields of interest which have at one time or another addressed this topic. This investigator challenges the bias of clinicians and researchers which has been reinforced by the lack of objective studies on amelotaxis.

## Chapter 3: Methodology

### Study Design

This research was designed as a descriptive study, following the guidelines set forth by Isaac and Michael (1981):

Descriptive research is used in the literal sense of describing situations or events. It is the accumulation of a data base that is solely descriptive--it does not necessarily seek or explain relationships, test hypotheses, make predictions, or get at meanings and implications, although research aimed at these more powerful purposes may incorporate descriptive methods. Research authorities, however, are not in agreement on what constitutes "descriptive research" and often broaden the term to include all forms of research except historical and experimental. In this broader context, the term *survey studies* is often used. (Isaac & Michael, 1981, p. 46)

The purpose of the present study was to provide objective information about men who are attracted to female amputees, to better understand and work with this predilection.

### Method

Men who attended the annual meeting of amputatists and amputees, sponsored by the publishers of Fascination, in Chicago, June 3-5, 1993, were invited to participate in this study. Permission for data collection was granted by Bette Hagglund, executive director of the Amputees' Service Association and publisher of Fascination (Appendix A).

Each amelotatist was provided with information about the study and invited to become a participant (Appendix B). Those who agreed to participate signed the consent form (Appendix C) and completed a questionnaire and three standardized evaluation instruments, as described in the consent form.

The instruments completed by each participant were coded so that comparisons among instruments could be made. The investigator assigned the identifying codes so that confidentiality, but not anonymity, was maintained (identification codes and control sheets, Appendix D).

In May 1993, the study's protocol was presented to the Loma Linda University Institutional Review Board. The study design was approved, and approval has been extended on an annual basis (Appendix E). The initial approval, along with the supporting information, was submitted to Walden University, which likewise approved the study design by the acceptance of the dissertation proposal on June 2, 1993.

#### The Sample

The goal of the study was to collect data from at least 30 men who admitted to being amelotatists. Since as many as 75 amelotatists had attended previous annual meetings in Chicago, the investigator estimated that at least 30 men would agree to participate in the study during the meeting. In the event that fewer than 30 subjects

responded, individual amputatists known to the researcher would be asked to participate. Thus a minimum sample size of 30 was a reasonable expectation.

Because of this sample recruitment strategy, a number of factors came into play which quite possibly influenced the results:

1. The men who attended the Chicago meeting would be actively involved in pursuing their interest in female amputees and, therefore, were well enough connected with other amputatists to learn about the meeting and the opportunities which might be afforded them in Chicago.
2. Those attending the meeting in Chicago were able to afford the expense of travel, hotel, meals, and registration. Therefore, one might reasonably conclude that a number of amputatists who knew of this meeting could not afford to attend.
3. In addition, those who attended were in a position to take time off from work and other commitments to spend the long weekend in Chicago.

4. The researcher is aware of a number of amerotatists who choose not to be part of the network or attend gatherings of the type held in Chicago.

5. Participating in the study was a matter of individual choice. Eleven of the 40 men who attended the Chicago meeting chose not to participate. What impact those who chose not to participate would have had on the results and conclusions is unknown.

Because of these factors, this cannot be considered a study of a representative cross section of amerotatists. Instead, this study comprises men who not only admit to their attraction to female amputees but also actively pursue contact (social or otherwise) with female amputees.

Forty men attended all or a portion of the Chicago meeting sponsored by the publishers of Fascination, June 3-5, 1993. Of these, 27 agreed to participate in the study during their time in Chicago and 20 were able to complete all of the instruments at one time or another during the meeting. Arrangements were made with the remaining seven to complete the instruments upon returning home. Two additional individuals who attended the meeting completed all of the materials at home and return them by mail.

Following the meeting a number of men who heard of the study, but had not attended the meeting, contacted the investigator and asked if they could be included in the study sample. Also, wanting to make certain that at least 30 amputees would be included in the study, subjects known to the investigator and not at the Chicago meeting were recruited. As a result, between June and September 1993, 75 men became involved in this study, 61 of whom (81.3%) completed all of the instruments.

As noted earlier, the way in which the sample was obtained certainly impacted the results of this study as a potentially large number of men attracted to female amputees were not available to the investigator.

#### Administration of the Instruments

Since the purpose of the Chicago gathering was primarily socialization, the meeting format was both informal and unstructured. Therefore, data were collected in as relaxed a manner and setting as possible. A room in the hotel was set aside for the administration of the data collection instruments. This room was staffed from early morning to late evening by the investigator and an associate. The men who wished to participate in the study were able to come and go, completing one or more instruments at a time, at their convenience. Since none of the instruments was administered under timed conditions,

this "on demand" method of administration was both feasible and acceptable to the subjects.

#### Instrumentation

Data were collected using four psychometric instruments:

1. The Coopersmith Inventory for Adults (CIA), a 25-item instrument which measured attitudes toward self in social, academic, family, and personal areas of experience.
2. The Myers-Briggs Type Indicator (MBTI), Form K, a 131-item instrument which, in addition to Type, provided scores on 20 subscales.
3. The Guilford-Zimmerman Temperament Survey (GZTS), a 300-item instrument which identified nonclinical characteristics associated with personality and temperament on ten scales.
4. A self-report questionnaire developed to verify previously reported information (Riddle, 1989; Rounds, 1978) and the theories expounded by Dixon and Dixon (1983).

Neither the Minnesota Multiphasic Personality Inventory nor the California Personality Inventory were used because the emphasis of this study was the nonclinical characteristics of the interest in

female amputees. Theodore Millon's much-heralded Index of Personality Styles, which combines his theories of personality with those of Freud and Jung (Choca, Shanley, & van Denburg, 1992), was not available until September 1993 (Personal Communication).

Once a description of amputees has been established and a base line has been determined, future studies concerning the clinical attributes of the interest can be undertaken.

The following discussion briefly presents the rationale for choosing the instruments for this study.

Coopersmith Inventory for Adults (CIA): What a person feels about himself often determines the ways in which he will relate to others, solve problems, and adjust to life's circumstances. It has been hypothesized that men attracted to women who are disabled have certain relational needs, that is, to dominate, to be depended upon, and to attain something without competition. These needs appear to be issues of self-esteem.

In addition, it has been reported that persons with low self-esteem

can neither give nor receive love, apparently fearing that the exposure that comes with intimacy will reveal their inadequacies and cause them to be rejected. They thus avoid closeness in their relationships and feel isolated as a consequence. (Coopersmith, 1981, p. 4)

While a number of instruments which measure self-esteem are on the market, the Coopersmith Inventory for Adults was selected because it is marketed by Consulting Psychologists Press, Inc., the publishers of the Myers-Briggs Type Indicator and the Guilford-Zimmerman Temperament Survey used in this research.

For additional information about the Coopersmith Inventory, see Appendix F.

Myers-Briggs Type Indicator (MBTI), Form K: The MBTI is one of the most widely used and extensively researched measurement instruments on the market today, thanks, in large part, to the efforts of Mary H. McCauley and her associates at the Center for Application of Psychological Type, Inc., Gainesville, Florida.

The MBTI resulted from the work of Katharine C. Briggs and Isabel Briggs Myers, who were interested in measuring Carl Jung's "Typology of Individuals." (Hall & Nordby, 1973)

In Jung's type theory, Isabel Myers found the vehicle for fulfilling her own dream of maximizing human potential. By making type knowledge accessible to individuals, she could help people achieve the kind of personal fulfillment that would benefit them as individuals and also contribute to societal progress. Like Jung, she had faith in people's awareness of themselves. At a time when psychologists doubted the trustworthiness of self-report methods, she developed an instrument that was predicated on individual self-observation and self-knowledge. (Kummerow & Quenk, 1992, p. ix)

Myers' primary goal was to perfect an instrument that would give people access to their Jungian type preference. Although she devoted much effort to research that validated both the instrument and Jung's theory, she had two additional major interests. From the beginning she worked to individualize type preference reports by identifying each person's unique expression of type. She also sought patterns of responses that would provide helpful clues to enable people to maximize their typological potential. These clues pointed both toward "good" and "poor" development. She insisted that such clues be used *only* to enhance personal growth and effectiveness. Her objective was to create a form of individualized interpretation to be given directly to the client, with minimum danger of misinterpretation or inappropriate use. (Kummerow & Quenk, 1992, p. x)

Individuals who complete the MBTI are assigned to one of 16 personality types, based on their scores on four bipolar scales or indices:

(E)	Extroversion . . . . .	Introversion	(I)
(S)	Sensing . . . . .	Intuition	(N)
(T)	Thinking . . . . .	Feeling	(F)
(J)	Judging . . . . .	Perceiving	(P)

The (E) person is energized by other people and outside activities, while the (I) person draws energy from and pays attention to the inner world. The (S) prefers to absorb information through the senses, while the (N) person likes to take in information by seeing the big picture and making connections between facts. The (T) person uses thinking to make decisions, while the (F) prefers to use feeling to make decisions. The (J) uses judging in the outer world, while the (P)

person uses perceiving in the outer world. (Myers, 1993, p. 5) Stated another way:

The four [polar] preferences all concern either perception or judgement, the mental processes by which people see what they look at or decide what to do about it. The SN preference is a choice between two perceptive processes, sensation (S) and intuition (N). The next preference, TF, is a choice between two judging processes, thinking (T) and feeling (F). The familiar EI preference determines the way the favorite (and therefore dominant) process will be used—extravertedly on the environment (E) or introvertedly on the world of ideas (I). . . The [MBTI] also includes a fourth index, JP, which reflects the attitude taken toward the environment—whether judging (J) or perceptive (P)—and so indicates the nature of whichever process is extroverted. The identity of the *dominant* process is deduced from all four indices conjointly. (Myers & Davis, 1964, p. 5)

The 16 resulting four letter types are shown in Table 1. Beneath each type is the assumed order of preference for using either perception or judgement when relating to situations. As noted above, the two perceptive processes are sensing and intuition; the two judging processes are thinking and feeling. Under each type, process #1 is most preferred; process #4 is least preferred. (Hirsh & Kummerow, 1987, p. 9)

Additional characteristics of the MBTI scales are presented in Appendix G.

The standard form of the MBTI is Form G which consists of 126 items (94 scored for type plus 32 research items). Form K, which was

used in this study, consists of 131 items (94 scored for type--the same 94 from Form G--plus 37 items scored in conjunction with the other 94 to provide the *Expanded Analysis Report* or EAR). (Kummerow and Quenk, 1992, p. 5) The resulting twenty scales were developed on the basis of factor analysis performed on items included in the test for research purposes.

The purpose of the EAR is to provide a substantially more detailed analysis of the four preference scales of the MBTI. The EAR provides a cluster of five scales for each of the four MBTI preference scales, yielding a report with 20 scales altogether. (Saunders, 1989, p. 1)

Table 1

MBTI Type Matrix with Order of Preference for Each Type

<b>ISTJ</b> 1. Sensing 2. Thinking 3. Feeling 4. Intuition	<b>ISFJ</b> 1. Sensing 2. Feeling 3. Thinking 4. Intuition	<b>INFJ</b> 1. Intuition 2. Feeling 3. Thinking 4. Sensing	<b>INTJ</b> 1. Intuition 2. Thinking 3. Feeling 4. Sensing
<b>ISTP</b> 1. Thinking 2. Sensing 3. Intuition 4. Feeling	<b>ISFP</b> 1. Feeling 2. Sensing 3. Intuition 4. Thinking	<b>INFP</b> 1. Feeling 2. Intuition 3. Sensing 4. Thinking	<b>INTP</b> 1. Thinking 2. Intuition 3. Sensing 4. Feeling
<b>ESTP</b> 1. Sensing 2. Thinking 3. Feeling 4. Intuition	<b>ESFP</b> 1. Sensing 2. Feeling 3. Thinking 4. Intuition	<b>ENFP</b> 1. Intuition 2. Feeling 3. Thinking 4. Sensing	<b>ENTP</b> 1. Intuition 2. Thinking 3. Feeling 4. Sensing
<b>ESTJ</b> 1. Thinking 2. Sensing 3. Intuition 4. Feeling	<b>ESFJ</b> 1. Feeling 2. Sensing 3. Intuition 4. Thinking	<b>ENFJ</b> 1. Feeling 2. Intuition 3. Sensing 4. Thinking	<b>ENTJ</b> 1. Thinking 2. Intuition 3. Sensing 4. Feeling

A blank Expanded Analysis Report form is included as Figure 2.

Note that the MBTI "Preference Profile" at the top of the Expanded Analysis Report is generated from the 94 items used to establish type in Form G and, therefore, can be referenced to the Form G norms.

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile								Raw			
E	:	.	:	.	:	.	:	.	:	.	:	I
S	:	.	:	.	:	.	:	.	:	.	:	N
T	:	.	:	.	:	.	:	.	:	.	:	F
J	:	.	:	.	:	.	:	.	:	.	:	P
	60		40		20		0		20		40	60

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score
Gregarious	:												Intimate	
Enthusiastic	:												Quiet	
Initiator	:												Receptor	
Expressive	:												Contained	
Auditory	:												Visual	
E													I	
S													N	
Concrete	:												Abstract	
Realistic	:												Imaginative	
Pragmatic	:												Intellectual	
Experiential	:												Theoretical	
Traditional	:												Original	
S													N	
T													F	
Critical	:												Accepting	
Tough	:												Tender	
Questioning	:												Accommodating	
Logical	:												Affective	
Reasonable	:												Compassionate	
T													F	
J													P	
Stress Avoider	:												Poly-active	
Systematic	:												Casual	
Scheduled	:												Spontaneous	
Planful	:												Open-ended	
Methodical	:												Emergent	
J	0	1	2	3	4	5	6	7	8	9	10	P		

Polarity Index:

... Underlying Norms (8546 Male Adults)

Figure 2. MBTI (Form K) Expanded Analysis Report Form



M/F Masculinity vs Femininity  
 Measures the acceptance of the traditional social-cultural attitudes  
 toward masculinity and femininity

The choice of the GZTS for this study was obvious since the developers design criteria were identical with the objectives of this investigation. Two profiles have been used to report the scores on this instrument. Figure 3 is an illustration of the early form; Figure 4 is an illustration of the current computer generated form. A C-Score of 5 or 6 on each of the scales is considered within the "normal" or expected range.

Additional characteristics of the GZTS scales are presented in Appendix I.

The GZTS consists of 300 items and, although it is administered as an untimed instrument, most adults are able to complete it in 45 minutes or less.

In addition to the 10 scales reported on the profile form, four higher-order or second-order factors were identified by the test developers. (Guilford, 1978, p.10) These are: (Guilford, Zimmerman, & Guilford, 1976, pp. 31 and 68)

- |                          |   |
|--------------------------|---|
| 1. Social Behavior       | Combining Sociability and Ascendence          |
| 2. Introversion Behavior | Combining Restraint and Thoughtfulness        |
| 3. Emotional Behavior    | Combining Emotional Stability and Objectivity |
| 4. Cooperative Behavior  | Combining Friendliness and Personal Relations |

Formulas for the higher-order factors are included in Appendix I.

**PROFILE CHART FOR THE GUILFORD-ZIMMERMAN TEMPERAMENT SURVEY**

For high-school, college, and adult ages.

C SCORE	G	R	A		S	E	O	F		T	P	M		CENTILE RANK	NEAREST T SCORE
	General Activity Energy	Restraint Seriousness	Ascendence	Social Boldness	Social Interest Sociability	Emotional Stability	Objectivity	Friendliness	Agreeableness	Thoughtfulness Reflectiveness	Personal Relations Cooperativeness	Masculinity	Femininity		
	M	F	M	F	M	F	M	F	M	F	M	F			
10	30 29 28	30 29 28 27	30 29 28 27	30 29 28 27	30	30 .29	30 29	30 28 26	30 29 28	30 29 28	30 29	30 29 29	0 1	99	75
9	27 26	26 25	27 26	26 25 24	29	28 27	28 27	25 24	27 26	27 26	28 27	28 27 27	2 3		70
8	25 24	24 23	25 24	23 22 21	28 27	26 25	26 25	23 22 21	25 24	25 24	26 25	26 25 25	4 5	95 90	65
7	23 22	22 21	23 22 21	20 19	26 25	24 23	24 23	20 19	23 22	23 22	24 23	24 24 24	6 7	80	60
6	21 20	20 19 18	20 19 18	18 17 16	24 23 22	22 21 20	22 21 20	18 17 16	20 19 18	21 20	22 21 20	23 22 22	8 9	70	55
5	19 18 17	17 16 15	17 16 15	15 14 13	21 20 19	19 18 17	19 18 17	15 14 13	17 16 15	19 18 17	19 18 17	21 20 20	10 11	60 50	50
4	16 15 14	14 13 12	14 13 12	12 11	18 17 16 15	16 15 14 13	16 15 14	12 11 10	14 13 12	16 15 14	16 15 14	19 18 18	12 13	40 30	45
3	13 12 11	11 10	11 10	10 9 8	14 13 12 11	12 11 10 9	13 12 11 10	9 8 7	11 10 9	13 12 11	13 12 12	17 16 15	14 15	20	40
2	10 9 8	9 8 7	9 8 7	7 6	10 9 8 7	8 7 6	9 8 7	6 5	8 7	10 9 8	11 10 9	14 13 12	16 17 18	10 5	35
1	7 6	6 5	6 5	5 4 3	6 5 4	5 4	6 5	4 3	6 5	7 6 5	8 7 6	11 10 9	19 20		30
0	5 3 2 1	4 3 2 1	4 3 2 1 0	2 1 0	3 2 1 0	3 2 1	4 3 2 1	2 1 0	4 3 2 1	4 3 2 1	5 3 1	8 5 2	21 23 25	1	25
	Inactivity Slowness	Impulsiveness Rhythymia	Submissiveness		Shyness Seclusiveness	Emotional Instability Depression	Subjectivity Hypersensitiveness	Hostility Belligerence		Unreflectiveness	Criticalness Intolerance	Femininity Masculinity			

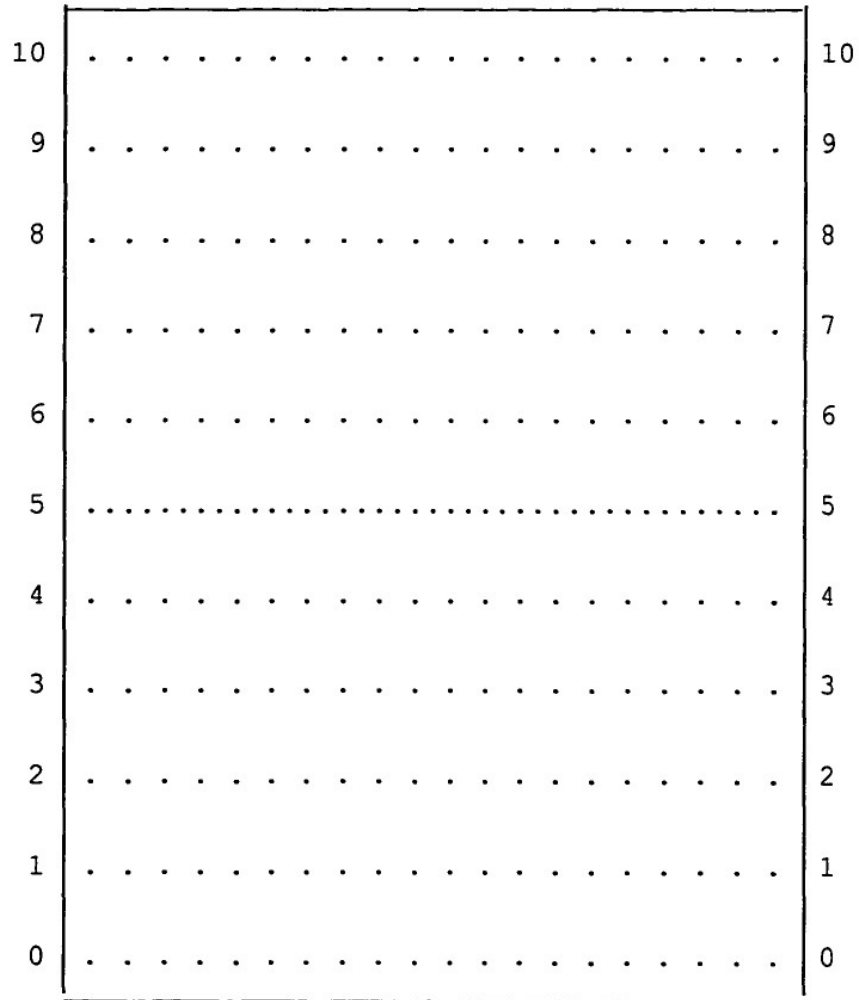
Copyright 1955, Sheridan Supply Company, Beverly Hills, California

Figure 3. Early Guilford-Zimmerman Temperament Survey Profile

**Profile for the Guilford-Zimmerman Temperament Survey**

Temperaments: G R A S E O F T P M/F

Std Scores:



Raw Scores:

Temperaments: G R A S E O F T P M/F

Figure 4. Current Guilford-Zimmerman Temperament Survey Profile

Self-Report Questionnaire: In addition to soliciting demographic information, a questionnaire was included to determine early awareness of the interest, impact of the interest on the person's life, verify findings reported by Rounds (1978) and Riddle (1989), and identify, if possible, where each amerotatist fits within the model proposed by Dixon and Dixon (1983).

The self-report questionnaire was designed by the investigator for this purpose and piloted on May 23, 1993, at a meeting of amputees and amerotatists held at Loma Linda Community Hospital. The final form of the questionnaire is provided in Appendix J.

#### Summary

In an effort to develop as rich a data set as possible, within the restraints of the available resources, three well documented and widely used psychometric instruments were selected to be administered to a group of no less than 30 amerotatists. The instruments were (a) the Coopersmith Inventory for Adults (CIA) to measure self-esteem; (b) the Myers-Briggs Type Indicator (MBTI) to measure personality; and (c) the Guilford-Zimmerman Temperament Survey (GZTS) to measure temperament. In addition, a self-report questionnaire was developed to obtain specific demographic information as well as data about each man's involvement with and feelings about his attraction to female amputees.

## CHAPTER 4: FINDINGS

### Demographic Information

The average age of the 61 men who participated in this study was 47.9 years. The range was 24-82 years; the standard deviation, 11.63 years. The distribution of participants by age is shown in Figure 5. All of the participants were Caucasian.

---

Date of Birth	Frequency
Between:	
7/1/03 - 6/30/13 (80s)	1 (1.6%) x
7/1/13 - 6/30/23 (70s)	2 (3.3%) xx
7/1/23 - 6/30/33 (60s)	6 (9.8%) xxxxxx
7/1/33 - 6/30/43 (50s)	16 (26.2%) xxxxxxxxxxxxxxxxxx
7/1/43 - 6/30/53 (40s)	22 (36.1%) xxxxxxxxxxxxxxxxxxxxxx
7/1/53 - 6/30/63 (30s)	12 (19.7%) xxxxxxxxxxxxxx
7/1/63 - 6/30/73 (20s)	2 (3.3%) xx

Figure 5. Distribution of Sample by Age (N=61)

---

Participants were born in all parts of the United States as well as in other countries. The distribution of the men by birthplace, as shown in Figure 6 suggests a random pattern, perhaps more reflective of the location of the meeting, than of other factors.

---

Region of the Country	Frequency	
Northeast	19 (31.1%)	XXXXXXXXXXXXXXXXXXXXX
South	9 (14.8%)	XXXXXXXXXX
Midwest	17 (27.9%)	XXXXXXXXXXXXXXXXXXXXX
West	10 (16.4%)	XXXXXXXXXXXX
Foreign	6 (9.8%)	XXXXXX

Figure 6. Distribution of Sample by Birthplace (N=61)

---

The men in this study were well educated--just over 90% had engaged in study beyond high school, almost two thirds were college graduates, and nearly a quarter held advanced degrees. The distribution of the men by educational level is shown in Figure 7. This is consistent with the findings of Rounds. (1978, pp. 9-10)

---

Level of Education	Frequency	
High School Dropout	1 (1.6%)	x
High School Graduate	5 (8.3%)	XXXXX
Attended Some College	16 (26.2%)	XXXXXXXXXXXXXXXXXXXXX
College Graduate	25 (41.0%)	XXXXXXXXXXXXXXXXXXXXX
Masters Degree	8 (13.1%)	XXXXXXXXXX
Doctorate	4 (6.6%)	XXXX
Post Doctoral Studies	2 (3.3%)	XX

Figure 7. Distribution of Sample by Level of Education (N=61)

---

The majority of the men who participated in the study were employed (50; 82.0%). The remainder were retired (8; 13.1%) or students (2; 3.3%); while only one person was unemployed and searching for work at the time of the study.

The occupations in which the men were involved (based on information obtained from the GZTS answer sheets) were:

- |                                |             |
|--------------------------------|-------------|
| 1. Professional and Managerial | (43; 70.5%) |
| 2. Clerical and Sales          | (04; 06.6%) |
| 3. Skilled                     | (14; 23.0%) |
| 4. Semi Skilled or Unskilled   | (00; 00.0%) |

The occupation/career fields in which the men were involved (based on information provided from the MBTI answer sheets) are shown in Figure 8. Included in this sample were five engineers, four computer scientists, four prosthetists (artificial limb makers), three ordained clergy, two attorneys, two commercial airline pilots, two physicians, two technical writers, and two truckers.

---

Occupation	Frequency	
Business	12 (19.7%)	xxxxxxxxxxxxx
Engineering	11 (18.0%)	xxxxxxxxxxxxx
Medicine/Health Sciences	10 (16.4%)	xxxxxxxxxxxxx
Transportation	6 (9.8%)	xxxxxxx
Science	5 (8.2%)	xxxxxx
Sales	4 (6.6%)	xxxx
Journalism/Law	3 (4.9%)	xxx
Education	2 (3.3%)	xx
Human Services	2 (3.3%)	xx
Religion	2 (3.3%)	xx
Other	4 (6.6%)	xxxx

Figure 8. Distribution of Sample by Occupation (N=61)

---

As indicated by Table 2, most of the men who were employed (N=50) were satisfied with the work they do.

---

Table 2

Satisfaction with Vocation of Those Employed (N=50 out of 61)

	Very Satisfied .....		Very Dissatisfied	
Kind of work you do	26	19	3	2
The place where you work	15	17	12	5
Future work opportunities	21	14	10	5

---

The marital status of the sample members is shown Figure 9. A high number of the men (18; 31%) were single, never married. This is consistent with previous findings (Rounds, 1978, p. 14) In addition, 25 of the men (41%) indicated they are married to, have been married to, are living with, or have lived with a woman who is or was an amputee. This finding is quite different from what Rounds found (1978, p. 19, only 5% were married to an amputee) and suggests that either the two samples are very different or that society has more acceptance and openness today than in 1978.

---

Marital Status	Frequency
Single (Never Married)	18 (31.1%) xxxxxxxxxxxxxxxxxxxxxx
Married	29 (14.8%) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Widowed	3 (27.9%) xxx
Separated/Divorced	11 (9.8%) xxxxxxxxxx

Figure 9. Distribution of Sample by Marital Status (N=61)

---

Of the 29 men who were married, 18 had been married once, 9 twice, and 2 three or more times. All three of the men who were widowed had lost their second wife. None of the 11 men who were separated/divorced had remarried. The men's satisfaction with their current marriage/intimate relationship is shown in Table 3. Apparently, 15 of the men were not then involved in an intimate relationship.

Table 3

Satisfaction with Current Marriage/Intimate Relationship  
(N=46 out of 61)

	Very Satisfied . . . . . Very Dissatisfied			
Single (Never Married)	1	2	3	2
Married (First Marriage)	6	10	2	-
Married (Second Marriage)	5	2	2	-
Married (Three or More)	2	-	-	-
Widowed (Second Marriage)	-	1	-	1
Separated/Divorced	2	-	1	4
TOTAL	16	15	8	7

Of the 16 men who were very satisfied with their current relationship, 12 were involved with amputee or otherwise disabled partners. Of the 15 men who were satisfied with their current relationship, 2 were involved with amputee or otherwise disabled partners. None of those who were dissatisfied or very dissatisfied with their current relationship were involved with amputee or otherwise disabled partners.

The religious/spiritual aspect of the men's lives, shown in Table 4, differs somewhat from the general population as reported by

Bradley, Green, Jones, Lynn, & McNeil (1992). This difference raises a number of questions which might be addressed in future studies (i.e., Is there a different relationship between men and women based on religious upbringing or the practice of an individual's faith? Are men who pursue female amputees more likely to be non-spiritual or agnostic and can a cause and effect relationship be shown? How is an individual's value system related to his mating behavior?).

---

Table 4

Expression of Religious/Spiritual Life

Do you consider yourself to be a religious/spiritual person?				
Professed Faith	Yes	No	Total	Expected
Catholic	2	5	7	13.0
Jewish	1	4	5	1.4
Protestant	17	7	24	19.2
None	7	18	25	27.4
TOTAL	27	34	61	61.0

---

Realignment and Finalization of the Sample

Subsequent analysis of the responses to the instruments used in this study indicated that 11 members of the sample provided patterns of answers that placed the reliability or validity of their results in doubt. Therefore, in an effort to provide as clear and honest a view of amelotaxis as possible and in keeping with the purpose of this study,

the investigator deleted the data for these 11 individuals from further analysis.

Concern about the reliability and validity of the data collected in this study was demonstrated by the choice of the Guilford-Zimmerman Temperament Survey (GZTS). Three falsification scales were validated for this instrument: (A) the Gross Falsification (GF) scale, (B) the Subtle Falsification (SF) scale, and (C) the Carelessness Deviancy (CD) scale. The scoring service will not print an interpretation of the test results if the scores are considered to be invalid. (Guilford, 1976, p. 81-93)

GZTS reports for nine men who participated in this study were not printed. Instead, they were given one of the following messages:

The profile shows some evidence of invalidity. The client answered similarly to respondents who were motivated to intentionally manipulate their answers either in a favorable or unfavorable direction. The interpretation of the scores is therefore questionable, and the profile was not printed (N = 5).

The profile shows some evidence of invalidity. The client gave an unusual number of atypical and possibly random answers to items. The interpretation of the scores is therefore questionable, and the profile was not printed (N = 4).

Of the five who "were motivated to intentionally manipulate their answers," four are married to or have been in extended committed

relationships with female amputees and one socializes with a number of female amputees.

Of the four who "gave an unusual number of atypical and possibly random answers," three are married to or have been in extended committed relationships with female amputees.

In addition, two individuals received scores on the Myers-Briggs Type Inventory that suggested their profiles were invalid (Polarity Index <45). Of the two, one was married to an amputee at the time the data for this study were collected.

The investigator was particularly troubled to find that 11 individuals, 9 of whom had close personal relationships with female amputees, would be identified as falsifiers, manipulators, or otherwise inconsistent in their responses to the questions posed. Obviously, this occurrence, as well as these individuals, will need additional study.

The similarity of these 11 men to the sample in other ways is indicated by the data shown in Table 5. That is, the 11 were slightly younger, were born in the Northeast and South rather than the Midwest, were businessmen rather than engineers, and were predominantly non-religious. Only one of those in the category of Medicine/Health Sciences was dropped from the study.

Table 5

Comparison Between Men Retained and Those Dropped from Sample

	<u>Sample (N=50)</u>	<u>Dropped from Sample (N=11)</u>
Average Age	48.5	45.2
Birthplace	Midwest - N=16	Split between Northeast and South - N=4 @
Level of Education	College Graduate N=20	College Graduate N=5
Occupation	Engineering - N=10	Business - N=5
Position	Professional /Managerial N=36	Professional /Managerial N=7
Marital Status	Married - N=20	Married - N=7
Religiosity/ Spirituality	Split between Religious and Non-Religious	Non-Religious N=8

Self-Esteem as Measured by the CIA

Self-esteem was measured by the Coopersmith Inventory for Adults (CIA), a 25-item survey on which a raw score of 25 is equated to high self-esteem. The distribution of raw scores for the 50 men in the sample is shown in Figure 10. The average raw score was 19.14; the standard deviation was 4.4. This may be compared with Coopersmith's reported average raw score for male adults (17.1; s.d. 4.6) and Caucasians (18.1; s.d. 4.6) (1981, p. 19).

---

Raw Scores		Frequency	
24 - 25		7 (14%)	xxxxxxx
22 - 23	High	14 (28%)	xxxxxxxxxxxxxxxx
20 - 21		7 (14%)	xxxxxxx
18 - 19	_____	6 (12%)	xxxxxx
16 - 17		3 (6%)	xxx
14 - 15		6 (12%)	xxxxxx
12 - 13	Moderate	4 (8%)	xxxx
10 - 11		2 (4%)	xx
8 - 9	_____	1 (2%)	x
6 - 7		0	
4 - 5		0	
2 - 3	Low	0	
0 - 1		0	

Figure 10. Distribution of Sample by Self-esteem as Measured by the Coopersmith Inventory (N=50)

---

Clearly none of the men involved in this study had low self-esteem. The most obvious explanation for this would be the method used to recruit the sample. Those with low self-esteem would not likely attend the meeting in Chicago, seek to be part of this study, nor admit to an interest in female amputees. Therefore, a cohort of amputatists

with low to moderate self-esteem may exist who were not included in this sample. How such a cohort could be identified and recruited for a study such as this is uncertain. How their responses would change the results of this study is unknown.

#### Personality Type as Measured by the MBTI

Personality type was measured by the Myers-Briggs Type Indicator (Form K). At least one person in the sample was identified with each of the 16 personality types as indicated in Table 6. In that table the sample of amelotatists, identified as AMTs, is compared to 15,791 men from the MBTI data bank. (Myers & McCauley, 1985, p. 50)

A visual inspection of Table 6 indicates that there is a marked difference (>4.9%) between the sample and the norm group for four types:

ESTJ	The sample was 10.01% below the norm
ISTJ	The sample was 9.45% below the norm
INTJ	The sample was 6.72% above the norm
INTP	The sample was 4.95% above the norm

The data in Table 6 were analyzed by the chi-square test of statistical significance to determine if the sample was representative of the norm group. (Isaac & Michael, 1981, pp. 180-181) The sample differed significantly from the norm group ( $\chi^2 = 34.45$ ; level of confidence with 9 degrees of freedom > .0001, Kokoska &

Nevison, 1992, p. 64) and, therefore, is clearly not representative of the male population in general.

Table 6

Amelotatists Compared to Normative Sample by Personality Type  
(Norm - N = 15,791; AMTs - N = 50)

ISTJ	ISFJ	INFJ	INTJ
Norm 15.45%	Norm 4.42%	Norm 2.63%	Norm 7.28%
AMTs 6.00%	AMTs 2.00%	AMTs 2.00%	AMTs 14.00%
ISTP	ISFP	INFP	INTP
Norm 6.07%	Norm 3.00%	Norm 4.76%	Norm 7.05%
AMTs 8.00%	AMTs 4.00%	AMTs 8.00%	AMTs 12.00%
ESTP	ESFP	ENFP	ENTP
Norm 5.90%	Norm 3.12%	Norm 5.38%	Norm 6.86%
AMTs 6.00%	AMTs 2.00%	AMTs 8.00%	AMTs 8.00%
ESTJ	ESFJ	ENFJ	ENTJ
Norm 14.01%	Norm 4.39%	Norm 2.74%	Norm 6.93%
AMTs 4.00%	AMTs 2.00%	AMTs 6.00%	AMTs 8.00%

This analysis can be taken one step further by comparing the sample to men of similar educational level from the MBTI data bank. The results are shown in Table 7. Subjecting these data to the chi-square test demonstrates again found that the sample differed significantly from the norm group ( $\chi^2 = 47.46$ ; level of confidence with 9 degrees of freedom  $> .0001$ , Kokoska & Nevison, 1992, p. 64).

A visual inspection of Table 7 also indicates that a marked difference (>4.9%) exists between the sample and the norm group by level of education for three types:

ISTJ            The sample was 11.36% below the norm  
 ESTJ            The sample was 11.12% below the norm  
 INTP            The sample was 6.42% above the norm

Table 7

Amelotatists Compared to Men of Similar Educational Level by Personality Type (Norm - N = 4,446; AMTs - N = 50)

ISTJ Norm 17.12% AMTs 6.00%	ISFJ Norm 4.50% AMTs 2.00%	INFJ Norm 3.26% AMTs 2.00%	INTJ Norm 9.56% AMTs 14.00%
ISTP Norm 3.24% AMTs 8.00%	ISFP Norm 1.91% AMTs 4.00%	INFP Norm 4.57% AMTs 8.00%	INTP Norm 5.58% AMTs 12.00%
ESTP Norm 2.63% AMTs 6.00%	ESFP Norm 1.55% AMTs 2.00%	ENFP Norm 5.94% AMTs 8.00%	ENTP Norm 5.65% AMTs 8.00%
ESTJ Norm 15.36% AMTs 4.00%	ESFJ Norm 3.55% AMTs 2.00%	ENFJ Norm 4.16% AMTs 6.00%	ENTJ Norm 11.43% AMTs 8.00%

The data in Table 7 indicates that the study sample is least like STJ types which the developers of the MBTI characterize as follows:

STJs use thinking as a judgement function in their outer behavior, but their inner world focuses on facts or immediate experience. They seek order in their environment; are organized, dependable, and conservative. They tend to solve problems by reliance on past experiences, and they dislike ambiguity. They are practical and matter-of-fact. (Based on information found in Myers & McCauley, 1985, pp. 33 and 36)

The composite profile for the 50 amelotatists studied, compared to 8,546 men in the MBTI data bank, is included as Figure 11. The resulting preference profile is INTP. According to the developers of the MBTI, the following characteristics are frequently exhibited by INTP individuals:

INTP - Quiet and reserved. Especially enjoy theoretical or scientific pursuits. Like solving problems with logic and analysis. Interested mainly in ideas, with little liking for parties or small talk. Tend to have sharply defined interests. Need careers where some strong interest can be used and useful. (Myers, 1993, p. 7)

In reviewing the profile presented in Figure 11, as well as subsequent MBTI profiles, the reader must keep in mind that as specific scores obtained from a group of individuals are averaged, the resulting means tend to approach the center point of each distribution. When subgroup means do not approach the norm group or population means, it is clear that the sample is unique in its scores on those scales.

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile								Raw								
12.6 E	:	.	:	.	:	.	:	X	:	.	:	.	:	.	:	I	14.6
10.3 S	:	.	:	.	:	.	:	X.	:	.	:	.	:	.	:	N	14.9
14.4 T	:	.	:	.	:	X.	:	.	:	.	:	.	:	.	:	F	7.8
13.0 J	:	.	:	.	:	.	:	X	:	.	:	.	:	.	:	P	14.6
		60		40		20		0		20		40		60			

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score	
Gregarious	:						x						Intimate	5.02	
Enthusiastic	:						x						Quiet	5.22	
Initiator	:						x						Receptor	5.24	
Expressive	:						x						Contained	4.98	
Auditory	:						x						Visual	4.44	
	E												I		
	S												N		
Concrete	:						x						Abstract	5.60	
Realistic	:								x				Imaginative	7.32	
Pragmatic	:								x				Intellectual	6.22	
Experiential	:									x			Theoretical	6.62	
Traditional	:											x	Original	7.16	
	S												N		
	T												F		
Critical	:									x			Accepting	6.60	
Tough	:										x		Tender	6.40	
Questioning	:											x	Accommodating	2.64	
Logical	:											x	Affective	5.30	
Reasonable	:												x	Compassionate	3.52
	T												F		
	J												P		
Stress Avoider	:												x	Poly-active	5.88
Systematic	:												x	Casual	5.18
Scheduled	:												x	Spontaneous	5.46
Planful	:												x	Open-ended	4.66
Methodical	:												x	Emergent	4.14
	J	0	1	2	3	4	5	6	7	8	9	10	P		

Polarity Index: 61.18

... Underlying Norms (8,546 Male Adults)

Figure 11. MBTI Profile of Amelotatists Compared to Other Men (N = 50)

In addition, since the range of scores achieved by the norm group is presented, the reader can identify where within that range the study sample of amelotatists falls. Both of these points should be considered when reviewing the Expanded Analysis Profiles (EARs) which summarize the scores of the amelotatists included in this study.

The Expanded Analysis Profile (Figure 11) provides a more detailed analysis of each of the four bipolar scales contributing to the Preference Profile with five Extroversion/Introversion (E/I) subscales: (Kummerow & Quenk, 1992, pp. 12-15)

Gregarious/Intimate	Gregarious people are friendly, popular, and like to join groups. Intimate people seek one-on-one situations and deep friendships with only a few.
Enthusiastic/Quiet	Enthusiastic people are lively, energetic, and seek the spotlight. Quiet people are calm, enjoy solitude, and seek the background.
Initiator/Receptor	Initiators are sociable, active, and usually introduce people. Receptors are unexcitable, reserved, and are usually introduced to people.
Expressive/Contained	Expressive people are more emotive, easy to know, and open about feelings. Contained people are controlled, hard to know and keep feelings inside.
Auditory/Visual	Auditory people are participative, enjoy contact with others, and prefer to communicate by speaking and listening. Visual people are reflective and prefer to communicate by reading and writing.

The sample of amelotatists approximated the mid-point of the distributions of the norm group for all five of the subscales. While Myers would consider the sample to be Extroverted, which is consistent with the scores obtained from the CIA, Keirsey would likely assign an "X" to represent unknown, unclear, or mixed preference, as both the Preference Profile and the Expanded Analysis Profile are so close to the midline, instead of an "E" signifying Extroversion. (Keirsey & Bates, 1978, p. 12)

The five Sensing/Intuitive (S/N) subscales (Kummerow & Quenk, 1992, pp. 15-17) are:

Concrete/Abstract	Concrete people are literal, tangible, and like exact facts. Abstract people are figurative, symbolic, and like original ideas.
Realistic /Imaginative	Realistic people are sensible, matter-of-fact, and focus on effectiveness. Imaginative people are ingenious, creative, and focus on novelty.
Pragmatic /Intellectual	Pragmatic people are practical, results-oriented, and enjoy applied interests. Intellectual people are scholarly, ideas-oriented, and enjoy knowledge for its own sake.
Experiential /Theoretical	Experiential people are realistic, empirical, and see that facts are valuable experiences. Theoretical people are conceptual, big picture, and see that facts make patterns.
Traditional/Original	Traditional people are conventional, accepting, and value established institutions. Original people are unconventional, idiosyncratic, and value inventiveness.

The sample of amelotatists clearly leans toward the Intuition side of the scale.

The five Thinking/Feeling (T/F) subscales (Kummerow & Quenk, 1992, pp. 18-20) are:

Critical/Accepting	Critical people are skeptical, offer blame, and want proof. Accepting people offer praise and take things on faith. <i>NOTE:</i> All the norms lean heavily in the Accepting direction. This is perhaps a function of social desirability.
Tough/Tender	Tough people are firm, tough-minded, and masculine. Tender people are gentle, tender-hearted, and feminine.
Questioning /Accommodating	Questioning people are precise, independent, and enjoy argument. Accommodating people are approving, uncritical, and like harmony.
Logical/Affective	Logical people are impersonal, thinking, and rely on analysis. Affective people are personal, feeling, and rely on values.
Reasonable /Compassionate	Reasonable people are just, impartial, and emphasize foresight. Compassionate people are sympathetic, devoted, and emphasize sentiment.

The sample of amelotatists demonstrated a mixed picture, with a tendency toward Questioning and Reasonable on the Thinking scale countered by a push toward Tender and Affective on the Feeling scale. However, the Thinking subscales are more pronounced than the Feeling subscales which is consistent with the high number of NTs (Intuitive Thinkers) in the sample.

The five Judgement/Perception (J/P) subscales (Kummerow & Quenk, 1992, pp. 20-23) are:

Stress Avoider /Poly-active	Stress Avoiders are early starters, act to minimize stress, and seek to avoid emergencies. Poly-active people are stress-facilitated, enjoy pressure, and accomplish much in the last-minute rush.
Systematic/Casual	Systematic people are orderly, structured, and dislike diversions. Casual people are leisurely, easygoing, and like diversions.
Scheduled /Spontaneous	Scheduled people prefer the comfort of routine and "tried and true" methods. Spontaneous people are uncomfortable with routine and want freedom to respond to the unexpected.
Planful/Open-ended	Planful people are concerned about the future and like things settled in advance. Open-ended people are impulsive and dislike being tied down to plans.
Methodical/Emergent	Methodical people are organized, make plans for the current tasks, and list subtasks before proceeding. Emergent people trust solutions will emerge from the process and proceed without plans.

The sample of amelotatists leaned very slightly toward the Perception side of the scale. Here, once again, Myers would list the "P," while Keirsey would likely assign an "X" signifying an unclear or mixed preference.

A more detailed analysis of the Expanded Analysis Profile for this sample of amelotatists is included as Appendix L.

Finally, the Polarity Index shown on each MBTI profile is

an indication of the consistency of the profile. It produces a number varying between 0 and 100, typically between 50 and 65. The higher the index, the more the profile scores tend toward 0 and 10; the lower the index, the more the scores hover around the middle (around 5). A low index (less than 45) may signal an invalid profile. (Kummerow & Quenk, 1992, p. 64)

The average Polarity Index for the 50 men in this study was 61.18. Thirty-five of the 50 had a Polarity Index between 50 and 65. The two with a Polarity Index below 45 (P.I. = 43 in both instances) as noted earlier were deleted from the sample.

Figure 12 compares the 50 amelotatists to 829 male INTPs from the MBTI data bank.

Comparison of the amelotatist sample to a norm group of INTPs (Figure 12) indicates that the average performance of the sample falls within the range of scores obtained by the norm group but differs to a marked degree from the norm group. By "marked degree" the investigator means that the average scores of the sample falls toward the extreme ends of the distribution of scores of the norm group.

In referring to the profile in Figure 12 the reader should keep in mind that:

The EAR demonstrates individual differences within type and identifies possible reasons for indeterminate scores. Clear scores, that is high preference scores, emerge on the MBTI preference scales when the respondents consistently choose one

preference over its opposite. When respondents (and their scores) are unsure which type best describes them, it may be because they prefer some aspects of one preference pole and other aspects of the opposite pole (e.g., two subscales are on the "J" side and three are on the "P" side). This in effect "cancels out" the votes on either side. Or indeed they may be operating straight down the middle. The EAR helps to determine which of these circumstances is operating. (Kummerow & Quenk, 1992, p. 4)

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile								Raw					
12.6 E	:	.	:	.	:	X	:	.	:	I	14.56			
10.3 S	:	.	:	.	:	X.	:	.	:	N	14.9			
14.4 T	:	.	:	X.	:	.	:	.	:	F	7.8			
13.0 J	:	.	:	.	:	X	:	.	:	P	14.6			
		60		40		20		0		20		40		60

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score
Gregarious	:						-x	-----	:				Intimate	5.02
Enthusiastic	:						-----x	-----	:				Quiet	5.22
Initiator	:						-x	-----	:				Receptor	5.24
Expressive	:						-----x	-----	:				Contained	4.98
Auditory	:						-----x	-----	:				Visual	4.44
E													I	
S													N	
Concrete	:						-x	-----	:				Abstract	5.60
Realistic	:						-----x	-----	:				Imaginative	7.32
Pragmatic	:						-----x	-----	:				Intellectual	6.22
Experiential	:						-----x	-----	:				Theoretical	6.62
Traditional	:						-----x	-----	:				Original	7.16
S													N	
T													F	
Critical	:						-----x	-----	:				Accepting	6.60
Tough	:						-----x	-----	:				Tender	6.40
Questioning	:						-----x	-----	:				Accommodating	2.64
Logical	:						-----x	-----	:				Affective	5.30
Reasonable	:						-----x	-----	:				Compassionate	3.52
T													F	
J													P	
Stress Avoider	:						-----x	-----	:				Poly-active	5.88
Systematic	:						-----x	-----	:				Casual	5.18
Scheduled	:						-----x	-----	:				Spontaneous	5.46
Planful	:						-x	-----	:				Open-ended	4.66
Methodical	:						-----x	-----	:				Emergent	4.14
J													P	

Polarity Index: 61.18

--- Underlying Norms (829 Male Adults Form G INTPs)

Figure 12. MBTI Profile of Amelotatists Compared to Male INTPs (N = 50)

The EAR shows how a person uses certain aspects of his or her type. While it is appropriate to speak of having more or less Gregariousness than a colleague, it is still inappropriate, because of the nature of type theory, to speak of having more or less Extroversion than that same colleague. A person is either Extroverted or Introverted, and the concept of amount is not relevant. (Kummerow & Quenk, 1992, p. 4)

Please note that the EAR subscale scores do not add up to equal the MBTI preference scores; they are often scored on different items and use different weights from the overall Form G preference. In this case, the whole does not equal the sum of its parts. (Kummerow & Quenk, 1992, p. 8)

The MBTI profiles for 12 amelotatists with the highest and the 12 with the lowest self-esteem, as measured by the Coopersmith Inventory for Adults (CIA), are shown in Figures 13 and 14. Both show an NT preference but differ on the Extroversion/Introversion scale. As would be expected, those with lower self-esteem tend to be more introverted, while those with higher self-esteem tend to be more extroverted. The difference on the J/P scale is so slight that it is essentially meaningless. Keirsey would substitute an X for the J or P, indicating that the Preference Score was so low that there was really no preference. (Keirsey & Bates, 1978, pp. 12-13)

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile								Raw					
9.5 E	:	.	:	.	:	.	x:	.	:	.	:	I	18.2	
9.4 S	:	.	:	.	:	.	.x	:	.	:	.	N	15.7	
15.2 T	:	.	:	.	x	:	.	:	.	:	.	F	7.1	
13.8 J	:	.	:	.	.	:	.x	:	.	:	.	P	14.3	
		60		40		20		0		20		40		60

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score
Gregarious	:							x					Intimate	6.00
Enthusiastic	:							x					Quiet	6.00
Initiator	:							x					Receptor	6.33
Expressive	:							x					Contained	6.33
Auditory	:							x					Visual	4.33
E													I	
S													N	
Concrete	:							x					Abstract	6.33
Realistic	:											x	Imaginative	8.17
Pragmatic	:							x					Intellectual	6.33
Experiential	:											x	Theoretical	6.67
Traditional	:											x	Original	7.25
S													N	
T													F	
Critical	:											x	Accepting	6.83
Tough	:											x	Tender	6.00
Questioning	:											x	Accommodating	2.67
Logical	:											x	Affective	5.08
Reasonable	:											x	Compassionate	3.25
T													F	
J													P	
Stress Avoider	:											x	Poly-active	5.17
Systematic	:											x	Casual	4.67
Scheduled	:											x	Spontaneous	5.58
Planful	:											x	Open-ended	4.67
Methodical	:											x	Emergent	4.17
J													P	

Polarity Index: 61.42

... Underlying Norms (8546 Male Adults)

Figure 13. Composite MBTI Profile for the 12 Amelotatists Who Scored Lowest in Self-Esteem

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile								Raw						
15.4 E	:	.	:	.	:	.x	:	.	:	.	:	.	:	I	11.4
12.8 S	:	.	:	.	:	.	:	.x	:	.	:	.	:	N	13.2
11.1 T	:	.	:	.	:	.	:	x	:	.	:	.	:	F	9.6
13.9 J	:	.	:	.	:	.	:	x	:	.	:	.	:	P	13.4
		60		40		20		0		20		40		60	

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score
Gregarious	:						x						Intimate	4.58
Enthusiastic	:						x						Quiet	4.00
Initiator	:						x						Receptor	4.50
Expressive	:						x						Contained	3.33
Auditory	:						x						Visual	3.33
													I	
													N	
Concrete	:							x					Abstract	5.42
Realistic	:							x					Imaginative	5.75
Pragmatic	:								x				Intellectual	6.00
Experiential	:									x			Theoretical	6.50
Traditional	:												Original	6.92
													N	
													F	
Critical	:									x			Accepting	6.83
Tough	:										x		Tender	7.17
Questioning	:											x	Accommodating	3.00
Logical	:												Affective	5.92
Reasonable	:												Compassionate	4.25
													F	
													P	
Stress Avoider	:												Poly-active	6.00
Systematic	:												Casual	5.17
Scheduled	:												Spontaneous	3.92
Planful	:												Open-ended	4.58
Methodical	:												Emergent	4.00
													P	

Polarity Index: 60.67

... Underlying Norms (8546 Male Adults)

Figure 14. Composite MBTI Profile for the 12 Amelotatists Who Scored Highest in Self-Esteem

Another way to view the men in the sample is to compare the degree of their preference on the four bipolar scales:

E - I	Extroversion	vs	Introversion
S - N	Sensing	vs	Intuition
T - F	Thinking	vs	Feeling
J - P	Judging	vs	Perceiving

The results (Table 8) indicate that the sample of amelotatists have a "slight" rather than a "very clear" degree of preference on all scales when compared to a norm group of 15,791 men. (Myers & McCauley, 1985, p. 59)

When preference scores are [slight], a change in one or two questions could change the letter designation. The respondent has essentially "split the vote." . . . Respondents will sometimes interpret low scores as advantageous, interpreting the score to indicate that they have good command of both preferences. In reality, low scores are more often a reflection of tension between the opposite poles of the preference than an indication of equal excellence in both. (Myers & McCauley, 1985, p. 58)

Since type appears to become more pronounced with age, particularly on the J-P scale (Myers & McCauley, 1985, pp. 239-241), an EAR was prepared for the 12 youngest (Mean = 34.1 years) amelotatists in the sample and the 12 oldest (Mean = 65.1 years). The Preference Profile for the youngest amelotatists was INTP (Figure 15). The Preference Profile for the oldest amelotatists was ENTJ (Figure 16).

Table 8

Amelotatists Compared to Normative Sample by Personality Type on Degree of Preference by Scale (Norm - N = 15,791; AMTs - N = 50)

Degree of Preference	E	I	S	N	T	F	J	P
Slight (Norm)	27.7	25.5	22.1	27.5	22.7	44.2	21.9	26.5
AMTs	34.0	30.0	58.0	22.0	30.0	58.0	34.0	24.0
Moderate (Norm)	26.8	24.0	23.8	23.3	23.2	30.6	21.9	23.3
AMTs	46.0	42.0	22.0	56.0	42.0	42.0	46.0	48.0
Clear (Norm)	37.7	38.6	38.2	36.6	36.1	19.0	39.9	33.4
AMTs	20.0	28.0	20.0	22.0	28.0	-0-	20.0	28.0
Very Clear (Norm)	7.8	11.9	15.9	12.6	18.0	6.2	16.3	16.8
AMTs	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-

The NT trait present in both of these profiles (Figures 15 and 16) is consistent with every comparative analysis made of this sample of amelotatists. The youngest sample members differ from the oldest on the Extroversion-Introversion scale, and their ranking on the Judging-Perceiving scale may illustrate the ways in which amelotatists mature or may simply reflect the generational difference between the two groups. Two things are clear: (a) age seems to be an important factor in moving scores on the E-I scale and the J-P scale toward the midline for the total sample; (b) the anticipated move toward Judging as one ages was realized.

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile										Raw			
12.5 E	:	.	:	.	:	.	:	x	:	.	:	I 14.6		
8.4 S	:	.	:	.	:	.	:	.	:	x	:	N 16.0		
12.6 T	:	.	:	.	:	x	:	.	:	.	:	F 9.6		
10.8 J	:	.	:	.	:	.	:	.	:	x	:	P 16.4		
		60		40		20		0		20		40		60

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score
Gregarious	:							x					:	Intimate 5.17
Enthusiastic	:							x					:	Quiet 5.00
Initiator	:							x					:	Receptor 6.00
Expressive	:							x					:	Contained 5.33
Auditory	:							x					:	Visual 3.50
E													I	
S													N	
Concrete	:												:	Abstract 6.42
Realistic	:												:	Imaginative 7.75
Pragmatic	:												:	Intellectual 6.17
Experiential	:												:	Theoretical 6.75
Traditional	:												:	Original 7.25
S													N	
T													F	
Critical	:												:	Accepting 7.17
Tough	:												:	Tender 6.42
Questioning	:												:	Accommodating 2.67
Logical	:												:	Affective 6.67
Reasonable	:												:	Compassionate 3.50
T													F	
J													P	
Stress Avoider	:												:	Poly-active 6.50
Systematic	:												:	Casual 5.50
Scheduled	:												:	Spontaneous 5.75
Planful	:												:	Open-ended 5.50
Methodical	:												:	Emergent 4.67
J													P	

Polarity Index: 61.08

... Underlying Norms (8546 Male Adults)

Figure 15. Composite MBTI Profile for the 12 Youngest Amelotatists

MYERS-BRIGGS TYPE INDICATOR -- Expanded Analysis

Raw	Form G Preference Profile								Raw			
15.4 E :	.	:	.	:	.x	:	.	:	.	:	I 11.2	
11.5 S :	.	:	.	:	.	:	x	:	.	:	N 13.8	
16.4 T :	.	:	.	:	x	:	.	:	.	:	F 5.4	
16.3 J :	.	:	.	:	x	:	.	:	.	:	P 11.4	
	60		40		20		0		20		40	60

Expanded Analysis Profile

	E	0	1	2	3	4	5	6	7	8	9	10	I	Score
Gregarious :						.x							Intimate	3.25
Enthusiastic :							.x						Quiet	4.75
Initiator :						.x							Receptor	3.17
Expressive :							.x						Contained	3.58
Auditory :								.x					Visual	3.83
E													I	
S													N	
Concrete :								.x					Abstract	5.50
Realistic :									.x				Imaginative	6.50
Pragmatic :										.x			Intellectual	6.67
Experiential :											.x		Theoretical	6.33
Traditional :												.x	Original	7.42
S													N	
T													F	
Critical :										.x			Accepting	7.00
Tough :											.x		Tender	6.08
Questioning :						.x							Accommodating	1.83
Logical :											.x		Affective	3.75
Reasonable :												.x	Compassionate	2.92
T													F	
J													P	
Stress Avoider :												.x	Poly-active	5.00
Systematic :												.x	Casual	4.50
Scheduled :												.x	Spontaneous	4.33
Planful :												.x	Open-ended	3.33
Methodical :												.x	Emergent	3.08
J	0	1	2	3	4	5	6	7	8	9	10		P	

Polarity Index: 62.42

... Underlying Norms (8546 Male Adults)

Figure 16. Composite MBTI Profile for the 12 Oldest Amelotatists

The descriptions prepared by the developers and interpreters of the MBTI to describe the INTP and ENTP types, note the following differences (Keirsey, 1987, pp. 65-75; Myers & McCauley, 1985, pp. 20-21; Pedersen, 1993, pp. 106-108 and 111-113):

Younger Amelotatists (INTPs) are Strategists, Problem Solvers, and Focused; deal with Ideas and Concepts in Depth; need Constant Challenge; are frequently Loners and considered Socially Inept; often viewed as Hypersensitive; but able to see Alternative Solutions when others are stumped.

Older Amelotatists (ENTJs) are Commanders, Organizers, Generalizers; deal with Ideas and Concepts in Breadth; dislike routine and rules; are Independent and Articulate; frequently considered to be Self-righteous; and are Excellent Innovators.

A different way to look at the MBTI profiles has been suggested by Keirsey and Bates. They began building their interpretation on the work of Hippocrates, who described four types of behavior based on associated temperaments: Sanguine, Choleric, Phlegmatic, and Melancholic. Hippocrates maintained that by knowing a person's type one can anticipate rather accurately what he or she will do most of the time. (Keirsey & Bates, 1978, p. 27)

However, terminology is sometimes inaccurate and confusing.

The Hippocratic names for the four temperaments . . . are misleading. They derive from the four body fluids--blood, phlegm, yellow bile, and black bile--and so have arcane (and limited) reference. On the other hand, four Greek gods, all of whom Zeus commissioned to make man more like the gods, represent the temperaments quite accurately, albeit metaphorically. These are Apollo, Dionysus, Prometheus, and his brother Epimetheus. Myth has it that Apollo was commissioned to give man a sense of spirit, Dionysus to teach man joy, Prometheus to give man science, and Epimetheus to convey a sense of duty. It will clarify things to name the four temperaments after gods because each god--and each temperament--has its followers. Who worships Apollo (spirit) does not worship Prometheus (science) and who desires Dionysian joy (or release) is not content with Epimethean duty. We see that the four temperaments are different from each other in very fundamental ways. (Keirse & Bates, 1978, p. 29)

Another view of temperaments comes from a contemporary of Jung's:

Spränger's views on character or temperament . . . are very useful, for he spoke of *values* rather than functions. In his book Types of Men (1928) he named four values which distinguish one type from another: Aesthetic, Economic, Theoretical, and Religious. The other two values he names, Social and Political, pertained to all, and hence were not distinguishing. Careful reading of this extremely complicated work reveals a rather clear correspondence with the Jungian typology as follows: the NF values Religiosity (Ethics), the NT values the Theoretical (Science), the SP values the Aesthetic (Artistry), and the SJ values the Economic (Commerce). (Keirse & Bates, 1978, p. 30)

Other theorists (e.g., Paracelsus, Adickes, Kretchmer, and Fromm) have identified four similar categories of human difference. (Keirse, 1987, p. 6)

Myers, the prime-mover in the development of the MBTI, likewise defined four kinds of people (Keirsey, 1987, pp. 9-11):

The Sensible Perceiving Types (SP). . . . are adaptable, artistic, athletic, do not fight reality, don't get wrought up, are easy going, act with effortless economy, enjoy life, are gifted with machines and tools, are good natured, have no use for theories, notice reality, are open minded, persuasive, remember reality, see needs of the moment, are sensitive to color, line, texture, store useful facts, are tolerant, unprejudiced, and want first-hand experiences. Core Pattern: "artistic-athletic-cheerful-mechanical-realistic."

The Sensible Judging Types (SJ). . . . [are] dependable, consistent, detailed, hard-working, patient, persevering, sensible, and stable. . . . are not impulsive or distractable, are good at maintenance, at citing cases, [and] at meeting the visible needs of others. Core Pattern: "dependable-factual-painstaking-routinized-thorough."

The Intuitive Thinking Types (NT). . . . [are] abstract, analytic, complex, curious, efficient, exacting, impersonal, independent, ingenious, intellectual, inventive, logical, scientific, theoretical, research oriented, [and] systematic. Core Pattern: "analytic-curious-efficient-inventive-logical."

The Intuitive Feeling Types (NF). . . . [are] enthusiastic, humane, religious, subjective, sympathetic, insightful, creative, [and] imaginative. Core Pattern: "imaginative-sympathetic-linguistic-enthusiastic-subjective."

Keirsey has experienced a metamorphosis in his naming of these four types, starting with the Greek gods in his early work and more recently choosing four terms which to him suggest "concreteness versus

abstractness, on the one hand, and cooperation versus pragmatism, on the other." (Keirsey, 1987, p. 12)

The resulting nomenclature is shown in Table 9:

---

Table 9

Descriptive Terminology for the Personality Types

<u>Type</u>	<u>Early Keirsey</u>	<u>Recent Generic</u>	<u>Latest Keirsey</u>
SP	Dionysus	Concrete Pragmatists	Artisans
SJ	Epimethius	Concrete Cooperators	Guardians
NT	Promethius	Abstract Pragmatists	Rationals
NF	Apollo	Abstract Cooperators	Idealists

---

Keirsey's description of these four types are included in Appendix H.

Jan Hackelman, a present-day expositor of Myer's and Keirsey's work, relates the types to animals (Personal Communication during the Inland Empire Community Health Center Board Retreat, April 1992). The relationships between the various systems are shown in Table 10.

Table 10

Personality Type/Individual Temperament: A Comparison of Five Systems

Hackelman	Keirsey	Pygmalion Project	MBTI	Descriptors
Ape	Dionysus	Artisans	SP	Artistry/Aesthetics
Bear	Epimetheus	Guardians	SJ	Economic/Commerce
Owl	Prometheus	Rationals	NT	Theoretical/Science
Dolphin	Apollo	Idealists	NF	Religiosity/Ethics

Comparing amelotatists to the anticipated percentage of the population for each personality type (Keirsey) and the MBTI norms (Myers & McCauley), as well as the work of Pedersen (1993) and Baron and Wagele (1995), illustrates not only the differences among the authorities, but also how different amelotatists are from the norms and the theoretical (see Table 11).

Table 11

Percentage of Men by Personality Type

Type	Amelotatists	Keirsey	MBTI Norms	Pedersen	Baron & Wagele
SP	20	30-40	18.09	27	18
SJ	14	40-45	38.27	38	40
NT	42	6-7	28.12	20	26
NF	24	8-9	15.51	14	16

Both Myers (1985) and Keirsey (1987) claim that the combination of personality types, as shown in the last three tables (9, 10, and 11), results in categories of temperament. The four temperaments have been assigned a variety of names but are consistent in type (SP), (SJ), (NT), and (NF). Table 11 shows that the norms reported for each temperament are not consistent. Keirsey (cited by Montgomery, 1993, p. 10) reports a range which includes both men and women; the MBTI norms are drawn from a sample of 15,791 men reported by Myers and McCauley (1985, p. 50); Pedersen's are from his book which discusses masculine personality types and are reportedly based on the work of the Center for Psychological Type (1993, p. 212); and Baron and Wagele (1995, pp. 158-167) relate MBTI type to their work with Enneagrams.

Further study of Table 11 indicates not only that there is little agreement among the norms but also that the sample of amelotatists does not approximate any of these four norms. The dominance of NT types and the low percentage of SJ types clearly identifies the amelotatists in this sample as something different. The significance of this difference is not clear.

Montgomery (1993), in developing the Pygmalion Project (Love and Coercion Among the Types) has written a volume on each of three behavioral types but has yet to complete the fourth dealing with the Rationals or NTs. Could there may be a message in this?

The preceding discussion has served to build a bridge from personality type to individual temperament.

#### Temperament as Measured by the GZTS

One of the standard English language dictionaries (Webster, 1996) defines temperament as: "one's customary frame of mind or natural disposition." A counterpart in the field of medicine (Dorland, 1974) defines temperament as: "the peculiar physical character and mental cast of an individual." Further, Roget's International Thesaurus (1977) lists the following as synonyms for temperament (525.3): disposition, character, nature, temper, mettle, constitution, makeup, stamp, type, stripe, kidney, make, mold; turn of mind, inclination, mind, tendency, grain, set, mental set, mind-set, leaning, animus, propensity, proclivity, predilection, preference, predisposition; bent, turn, bias, slant, cast, warp, twist; idiosyncrasy, eccentricity, individualism,; diathesis, aptitude; strain, streak.

The investigator could not find a definition of temperament in the Guilford-Zimmerman Temperament Survey Handbook (1978). However, temperament was operationally defined by the scales selected for inclusion in the instrument (refer to Appendix I for additional information about these scales):

- G     General Activity
- R     Restraint

A	Ascendance
S	Sociability
E	Emotional Stability
O	Objectivity
F	Friendliness
T	Thoughtfulness
P	Personal Relations,
M/F	Masculinity

Composite temperament profiles for the 50 subjects in the sample are shown in Figure 17 (Early Form) and Figure 18 (Current Form). The investigator prefers the early form as it provides information which is lost when only C-scores are reported. A comparison of Figures 17 and 18--both of which reflect the same data--illustrates this point. Apparently the current form is preferred by the testing agency because it is computer generated, while the early form must be plotted by hand .

The early form profile is compared to the scores for 800 male adults (Guilford et al, 1976, p. 380) in Figure 19 and to the scores for 250 male engineering students (Guilford et al, 1976, p. 384) in Figure 20. The difference between amelotatists and these two norm reference groups is apparent. A narrative interpretation of the composite profile for amelotatists is included as Appendix L.

**PROFILE CHART FOR THE GUILFORD-ZIMMERMAN TEMPERAMENT SURVEY**

For high-school, college, and adult ages.

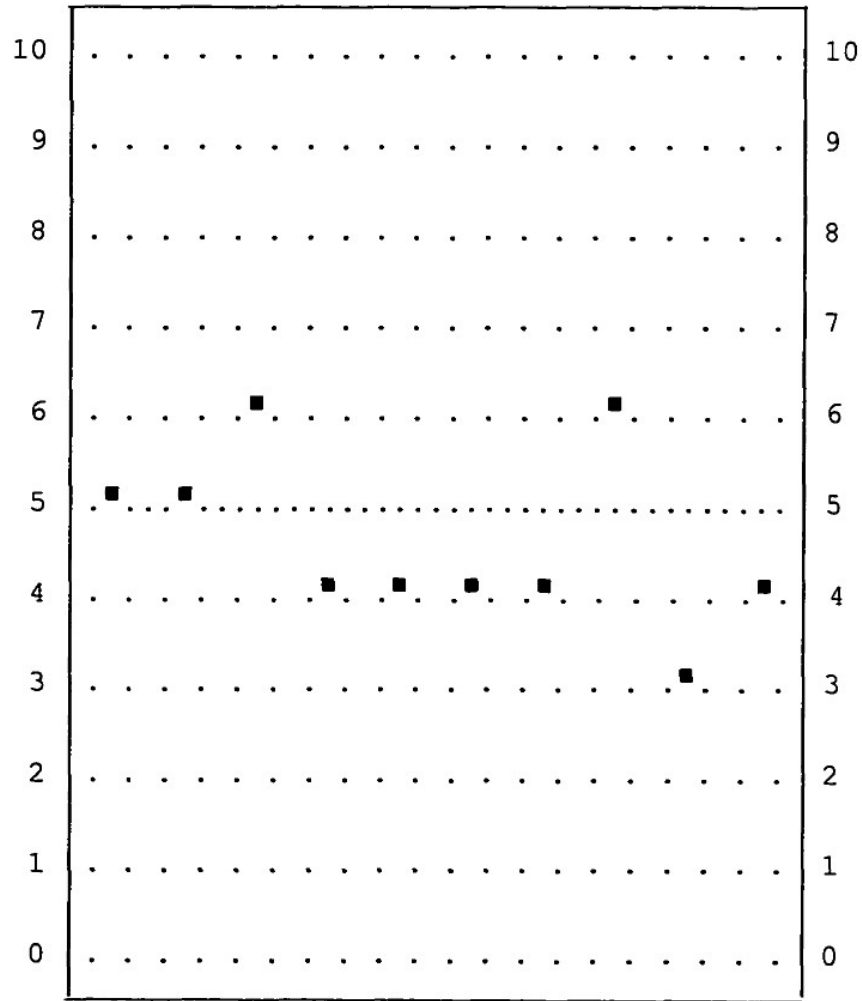
C SCORE	G	R	A		S	E	O	F		T	P	M		CENTILE RANK	NEAREST T SCORE
	General Activity Energy	Restraint Seriousness	M	F	Social Interest Sociability	Emotional Stability	Objectivity	M	F	Thoughtfulness Reflectiveness	Personal Relations Cooperativeness	M	F		
10	30 29 28	30 29 27	30 29 28	30 29 27	30	30 29	30 29	30 28 26	30 29 28	30 29 28	30 29	30 29 29	0 1	99	75
9	27 26	26 25	27 26	26 24	29	28 27	28 27	25 24	27 26	27 26	28 27	28 27	2 3		70
8	25 24	24 23	25 24	23 21	28 27	26 25	26 25	23 22 21	25 24	25 24	26 25	26 25	4 5	95 90	65
7	23 22	22 21	23 22 21	20 19	26 25	24 23	24 23	20 19	23 22	23 22	24 23	24 23	6 7	80	60
6	21 20	20 19 18	20 19 18	18 16	24 23 22	22 21 20	22 21 20	18 17 16	20 19 18	21 20	22 21 20	23 22	8 9	70	55
5	19 18 17	17 16 15	17 16 15	15 13	21 20 19	19 18 17	19 18 17	15 14 13	17 16 15	19 18 17	19 18 17	21 20	10 11	60 50	50
4	16 15 14	14 13 12	14 13 12	12 11	18 17 16	16 15	16 15	12 11 10	14 13 12	16 15 14	16 15 14	16 15 14	12 13	40 30	45
3	13 12 11	11 10	11 10	10 8	14 13 12 11	12 11 10 9	13 12 11 10	9 8 7	11 10 9	13 12 11	13 12 11	16 15 14	14 15	20	40
2	10 9 8	9 8 7	9 8 7	7 6	10 9 8 7	8 7 6	9 8 7	6 5	8 7	10 9 8	11 10 9	14 13 12	16 17 18	10 5	35
1	7 6	6 5	6 5	5 3	6 5 4	5 4	6 5	4 3	6 5	7 6 5	8 7 6	11 10 9	19 20		30
0	5 3 2 1	4 3 2 1	4 3 2 1	2 1 0	3 2 1 0	3 2 1	4 3 2 1	2 1 0	4 3 2 1	4 3 2 1	5 3 1	8 5 2	21 23 25	1	25
	Inactivity Slowness	Impulsiveness Rhythymia	Submissiveness		Shyness Seclusiveness	Emotional Instability Depression	Subjectivity Hypersensitiveness	Hostility Belligerence		Unreflectiveness	Criticalness Intolerance	Femininity Masculinity			

Copyright 1955, Sheridan Supply Company, Beverly Hills, California

Figure 17. Guilford-Zimmerman Temperament Survey Profile (Early Form) for Amelotatists (N = 50)

**Profile for the Guilford-Zimmerman Temperament Survey**

Temperaments: G R A S E O F T P M/F  
 Std Scores: 5 5 6 4 4 4 4 6 3 4



Raw Scores: 17 16 18 16 16 16 12 20 13 19

Temperaments: G R A S E O F T P M/F

**Figure 18.** Guilford-Zimmerman Temperament Survey Profile (Current Form) for Amelotatists (N=50)

**PROFILE CHART FOR THE GUILFORD-ZIMMERMAN TEMPERAMENT SURVEY**  
For high-school, college, and adult ages.

C SCORE	G	R	A		S	E	O	F		T	P	M		CENTILE RANK	NEAREST T SCORE
	General Activity Energy	Restraint Seriousness	M	F				Ascendence Social Boldness	Social Interest Sociability			Emotional Stability	Objectivity		
10	30 29 28	30 29 27	30 29 28	30 29 28 27	30	30 29	30 29	30 28 26	30 29 28	30 29 28	30 29	30 29 28	0 1	99	75
9	27 26	26 25	27 26	26 25 24	29	28 27	28 27	25 24	27 26	27	28 27	28 27	2 3		70
8	25 24	24 23	25 24	23 22 21	28 27	26 25	26 25	23 22 21	25 24	25	26 25	26 25	4 5	95 90	65
7	23 22	22 21	23 22 21	20 19	26 25	24 23	24 23	20 19	23 22 21	23	24 23	24 23	6 7	80	60
6	21 20	20 19 18	20 19 18	18 17 16	24 23 22	22 21 20	22 21 20	18 17 16	20 19 18	21 20	22 21 20	23 22	8 9	70	55
5	19 18 17	18 17 16 15	18 17 16 15	15 14 13	21 20 19 18	19 18 17 16	19 18 17 16	15 14 13 12	17 16 15 14	19 18 17 16	19 18 17 16	21 20 19 18	10 11	50	50
4	16 15 14	14 13 12	14 13 12	12 11	19 18 17 16	18 17 16 15	18 17 16 15	14 13 12 11	16 15 14 13	16 15 14 13	16 15 14 13	16 15 14 13	12 13	40	45
3	13 12 11	11 10	11 10	10 9 8	14 13 12 11	12 11 10 9	13 12 11 10	9 8 7	11 10 9	13 12 11	13 12 11	16 15 14	14 15 15	20	40
2	10 9 8	9 8 7	9 8 7	7 6	10 9 8 7	8 7 6	9 8 7	6 5	8 7	10 9 8	11 10 9	14 13 12	16 17 18	10 5	35
1	7 6	6 5	6 5	5 4 3	6 5 4	5 4	6 5	4 3	6 5	7 6 5	8 7 6	11 10 9	19 20		30
0	5 3 2 1	4 3 2 1	4 3 2 1 0	2 1 0	3 2 1 0	3 2 1	4 3 2 1	2 1 0	4 3 2 1	4 3 2 1	5 4 3 2 1	8 7 6 5 4 3 2 1	21 23 25	1	25
	Inactivity Slowness	Impulsiveness Rhythymia	Submissiveness		Shyness Seclusiveness	Emotional Instability Depression	Subjectivity Hypersensitiveness	Hostility Belligerence		Unreflectiveness	Criticalness Intolerance	Femininity Masculinity			

Copyright 1955, Sheridan Supply Company, Beverly Hills, California

**Figure 19.** Guilford-Zimmerman Temperament Survey Profile for 50 Amelotatists (O) Compared to 800 Male Adults (Δ)

**PROFILE CHART FOR THE GUILFORD-ZIMMERMAN TEMPERAMENT SURVEY**  
For high-school, college, and adult ages.

C SCORE	General Activity G Energy	R	A		S	E	O	F		T	P	M		CENTILE RANK	NEAREST T SCORE
			M	F				M	F			M	F		
10	30 29 28	30 29 28 27	30 29 28 27	30 29 28 27	30	30 29	30 29	30 28 26	30 29 28	30 29 28	30 29	30 29 28 27	0 1	99	75
9	27 26	26 25	27 26	26 25 24	29	28 27	28 27	25 24	27 26	27 26	28 27	28 27 26	2 3		70
8	25 24	24 23	25 24	23 22 21	28 27	26 25	26 25	23 22 21	25 24	25 24	26 25	26 25 24	4 5	95 90	65
7	23 22	22 21	23 22 21	20 19	26 25	24 23	24 23	20 19	23 22 21	23 22	24 23	24 23 22	6 7	80	60
6	21 20	20 19 18	20 19 18	18 17 16	24 23 22	22 21 20	22 21 20	18 17 16	20 19 18	21 20	22 21 20	23 22 21	8 9	70	55
5	19 18 17	17 16 15	17 16 15	15 14 13	21 20 19	19 18 17	19 18 17	15 14 13	17 16 15	19 18 17	19 18 17	21 20 19	10 11	60 50	50
4	16 15 14	14 13 12	14 13 12	12 11	16 15	16 15 14	16 15 14	12 11 10	14 13 12	16 15 14	16 15 14	16 15 14	12 13	40 30	45
3	13 12 11	11 10	11 10	10 9 8	14 13 12 11	12 11 10 9	12 11 10	9 8 7	11 10 9	13 12 11	13 12	17 16 15	14 15	20	40
2	10 9 8	9 8 7	9 8 7	7 6	10 9 8 7	8 7 6	9 8 7	6 5	8 7	10 9 8	11 10 9	14 13 12 11	16 17 18	10 5	35
1	7 6	6 5	6 5	5 4 3	6 5 4	5 4	6 5	4 3	6 5	7 6 5	8 7 6	11 10 9	19 20		30
0	5 4 3 2 1	4 3 2 1	4 3 2 1	2 1 0	3 2 1 0	3 2 1	4 3 2 1	2 1 0	4 3 2 1	4 3 2 1	5 4 3 2 1	8 7 6 5 4 3 2	21 23 25	1	25
	Inactivity Slowness	Impulsiveness Rhythmia	Submissiveness	Shyness Seclusiveness	Emotional Instability Depression	Subjectivity Hypersensitiveness	Hostility Belligerence	Unreflectiveness	Criticalness Intolerance	Femininity Masculinity					

Copyright 1955, Sheridan Supply Company, Beverly Hills, California

Figure 20. Guilford-Zimmerman Temperament Survey Profile for 50 Amelotatists (O) Compared to 250 Male Engineering Students (Δ)

A review of Figures 19 and 20 indicates that while men in general, and engineering students in particular, on average, fall within the normative range (C-scores = 5 or 6), our sample of amelotatists does not. Amelotatists achieved C-scores of 4 on S (Sociability), E (Emotional Stability), O (Objectivity), F (Friendliness), and M (Masculinity); a C-score of 3 on P (Personal Relations). These data give further support to the finding on the MBTI that this sample of amelotatists differs significantly from the norm or general population of men.

As further evidence of this difference, only one of the C-scores on the higher-order factors generated by the 50 men in this sample was within the normative range (Introversion Behavior). This finding is consistent with the self-esteem scores obtained from the CIA. The C-scores for this sample of amelotatists on the higher-order factors were:

Social Behavior	5
Introversion Behavior	6
Emotional Behavior	4
Cooperative Behavior	3

The formulas for determining these scores are included in Appendix I, page 217.

These findings led the investigator to visually inspect the 50 profiles obtained from the amelotatists in the study sample to determine how many C-scores approximated the norm. Not one of the profiles had all 10 C-scores within the normative range (C-score = 5 or 6). The average number of C-scores by range per profile is as follows:

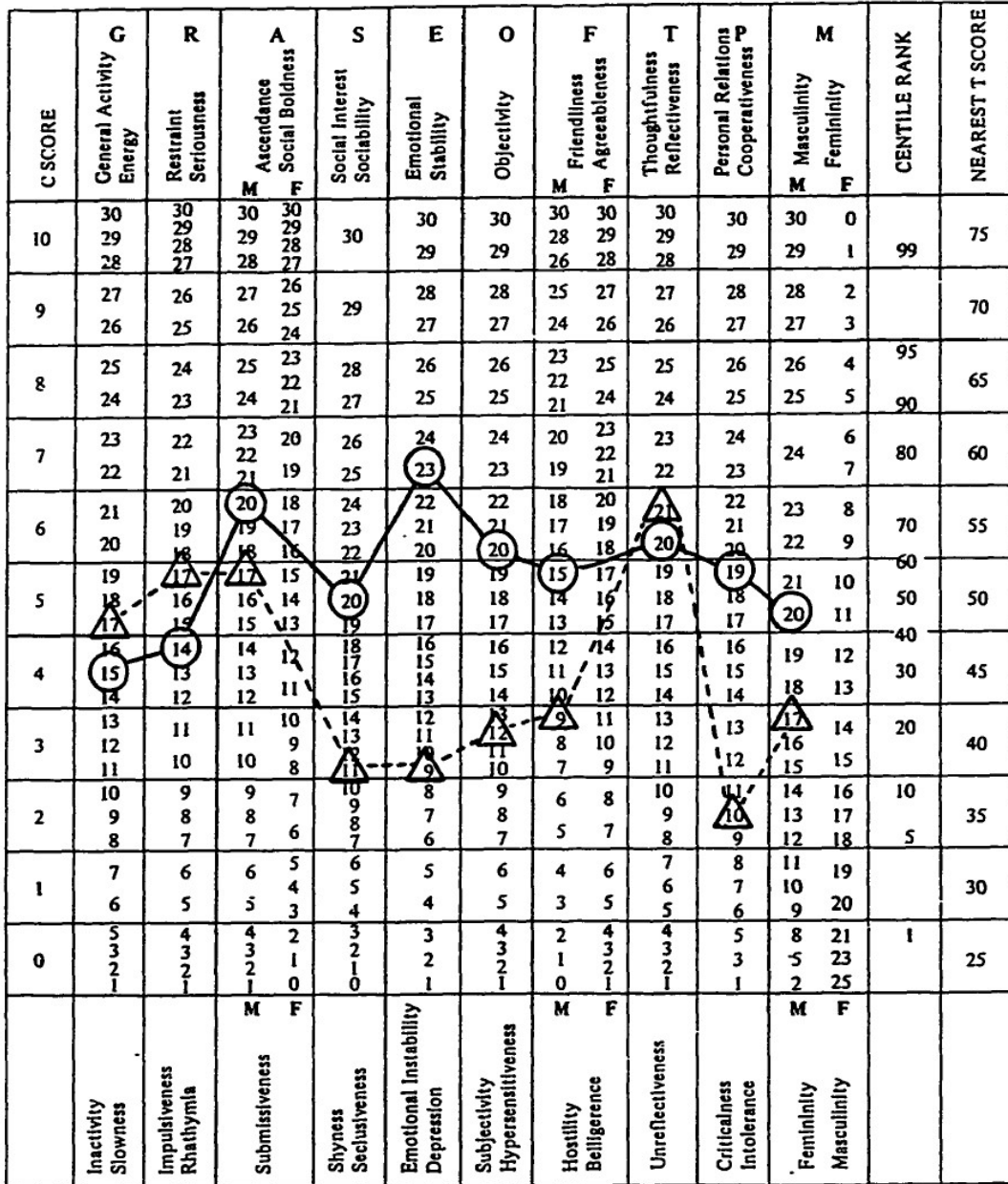
Greater than 6	1.92
Normative (5 or 6)	3.42
Less than 5	4.52
Omitted	.14

Whether the observation that nearly half of the scaled scores on each profile are below the norm is significant should be the subject of additional research.

Earlier the 12 members of the sample who scored the highest in self-esteem were compared with the 12 who scored the lowest in terms of their performance on the MBTI. Composite profiles for these two groups on the GZTS are shown in Figure 21. Those with lower self-esteem demonstrate a more pronounced deficit on the following scales: S (Sociability), E (Emotional Stability), O (Objectivity), F (Friendliness), P (Personal Relations), and M (Masculinity). The significance of this finding should also be the subject of additional research.

**PROFILE CHART FOR THE GUILFORD-ZIMMERMAN TEMPERAMENT SURVEY**

For high-school, college, and adult ages.



Copyright 1955, Sheridan Supply Company, Beverly Hills, California

Figure 21. Guilford-Zimmerman Temperament Survey Profile for Amelotatists with High Self-Esteem (N=12; O) and Low Self-Esteem (N=12; Δ)

In addition, since the interpretation of the GZTS suggests that older individuals will score lower on G (General Activity) and higher on R (Restraint), both of which may impact other scales on the profile, the 12 oldest men were compared to the 12 youngest in our sample of 50. Composite profiles for these two groups are shown in Figure 22.

Inspection of Figure 22 confirms that the older members of the sample did indeed score lower on G (General Activity) and higher on R (Restraint), but the differences seem insignificant. However, the C-scores of the younger amelotatists on P (Personal Relations), S (Social Interest), E (Emotional Stability), O (Objectivity), and F (Friendliness) suggest that further study is required. The lower C-score on M (Masculinity) for the older amelotatists probably signifies less interest in masculine pursuits than the feminization of these men.

Therefore, the overall objective of establishing a non-clinical baseline for amelotatists has been met. However, it is clear that this baseline for amelotatists differs from the baselines established for other groups of men in society. Yet to be determined is whether this difference is inherent or is a manifestation of the coping mechanisms employed by amelotatists to meet their needs within a society which stigmatizes the disabled and those who may be sexually attracted to them. Much work needs to be completed before such answers emerge.

**PROFILE CHART FOR THE GUILFORD-ZIMMERMAN TEMPERAMENT SURVEY**

For high-school, college, and adult ages.

C SCORE	G General Activity Energy	R Restraint Seriousness	A Ascendance Social Boldness		S Social Interest Sociability	E Emotional Stability	O Objectivity	F Friendliness Agreeableness		T Thoughtfulness Reflectiveness	P Personal Relations Cooperativeness	M Masculinity Femininity		CENTILE RANK	NEAREST T SCORE
			M	F				M	F			M	F		
			30	29				28	27			30	29		
10	30 29 28	30 29 27	30 29 28	30 29 27	30	30 29	30 29	30 28 26	30 29 28	30	30 29	30 0 1	99	75	
9	27 26	26 25	27 26	26 24	29	28 27	28 27	25 24	27 26	27	28 27	28 27 3		70	
8	25 24	24 23	25 24	23 21	28 27	26 25	26 25	23 22 21	25 24	25	26 25	26 4 5	95 90	65	
7	23 22	22 21	23 22 21	20 19	26 25	24 23	24 23	20 19	23 22 21	23	24 23	24 6 7	80	60	
6	21 20	20 19 18	20 19 18	18 17 16	24 23 22	22 21 20	22 21 20	18 17 16	20 19 18	21	22 21 20	23 8 9	70	55	
5	19 18 17	17 16 15	17 16 15	15 14 13	21 20 19	19 18 17	19 18 17	15 14 13	17 16 15	19	19 18 17	21 10 11	60 50	50	
4	16 15 14	14 13 12	14 13 12	12 11	18 17 16	16 15 14	16 15 14	13 12 11	14 13 12	16	16 15 14	19 12 13	40 30	45	
3	13 12 11	11 10 9	11 10 9	10 8	14 13 12 11	12 11 10 9	13 12 11 10	9 8 7	11 10 9	13	13 12 11	17 16 15	20	40	
2	10 9 8	9 8 7	9 8 7	7 6	10 9 8 7	8 7 6	9 8 7	6 5	8 7	10	11 10 9	14 13 12 11	10 5	35	
1	7 6	6 5	6 5	5 4 3	6 5 4	5 4	6 5	4 3	6 5	7	8 7 6	11 10 9		30	
0	5 4 3 2 1	4 3 2 1	4 3 2 1 0	2 1 0	3 2 1 0	3 2 1	4 3 2 1	2 1 0	4 3 2 1	4	5 4 3 2 1	8 7 6 5 4 3 2 1	1	25	
	Inactivity Slowness	Impulsiveness Rhythymia	Submissiveness		Shyness Sociativeness	Emotional Instability Depression	Subjectivity Hypersensitiveness	Hostility Belligerence	Unreflectiveness	Criticalness Intolerance	Femininity Masculinity				

Copyright 1955, Sheridan Supply Company, Beverly Hills, California

Figure 22. Guilford-Zimmerman Temperament Survey Profile for Younger (N=12; Δ) and Older (N=12; ○) Amelotatists

The Self-Report Questionnaire

In addition to the demographic information reported earlier, the self-report questionnaire developed specifically for this study (Appendix J) yielded information about the men's experience with amputees as well as their feelings about the attraction and the effect the pursuit of that attraction has had on their lives.

The men in the study were asked to indicate when their interest in female amputees began. The results, summarized in Table 12, clearly indicate that the attraction is a prepubescent phenomenon. This confirms Rounds' finding (1978, p.31) that, no less than 75% knew of their interest before age 15.

---

TABLE 12

Recollection of When the Attraction Began

I have always been intrigued by female amputees	19
My curiosity about female amputees developed as a child	25
My attraction to female amputees developed as a teenager	4
My interest in female amputees developed as a young adult	2
My fascination for female amputees developed later in life	0
TOTAL	50

---

The next series of questions dealt with beginnings of the attraction and learning that others shared the interest in amputees. Thirty-one men (62%) indicated that they could recall a specific event which triggered their attraction to female amputees, compared to 45% reported by Rounds. (1978, p.31) Three additional subjects said that no specific event triggered their attraction to female amputees but went on to describe such an event. The researcher elected to consider that these three should be added to the group for a total of 34 men (68%) who experienced a trigger event. The 16 men (32%) remaining who did not experience a trigger event indicated that they were always attracted to female amputees.

---

Age	Frequency
3-6	16 (47.1%) xxxxxxxxxxxxxxxxxxxx
7-9	8 (23.5%) xxxxxxxx
10-12	7 (20.6%) xxxxxxxx
15	1 (2.9%) x
>20	2 (5.9%) xx

Figure 23: Age When Trigger Event, Beginning Attraction to Female Amputees, Occurred (N=34 out of 50)

---

The age at which the triggering event occurred is shown in Figure 23. A review of these data indicated that 91.2% of those reporting a trigger event were aware of the attraction before their 15th birthday.

Forty-four men indicated their age when they first learned that others shared their attraction to female amputees. The average age of those in their 20s and 30s when they learned they were not alone with this attraction was 24 years; for those over 60, it was 39 years. Therefore, men attracted to female amputees are learning at a younger age that they are members of larger group which shares the same interest.

Since both Rounds (1978) and Riddle (1989) indicated that the relationship between mother and son in some way influences whether or not a son develops amelotatic tendencies, information about the relationship between son and parent was requested. Each subject was asked to list five words which described their mother and their father. The first descriptor given for each parent is listed below in alphabetical order. Forty-nine of the 50 men in the sample provided a description of their parents:

<u>MOTHER</u>		<u>FATHER</u>	
Alcoholic	Logical	Absent	Intellectual(3)
Aloof	Loving (12)	Busy	Intelligent
Beautiful	Kind (2)	Calm	Kind (3)

<u>MOTHER (Cont'd)</u>		<u>FATHER (Cont'd)</u>	
Bitch	Manipulative	Caring	Loving
Capable	Needy	Conservative	Loyal
Caring (2)	Nervous	Critical	Nurturing
Confused	Neurotic	Dead	Outdoorsman
Controlling (2)	Perfectionist	Demanding	Outgoing (2)
Demanding	Rigid	Disciplinarian	Proud
Dominant	Self-caring	Distant (2)	Quiet
Driven	Sensitive	Educated	Religious
Elegant	Short	Existential	Self Interested
Emotional	Tactless	Firm	Skilled
Firm	Tender	Fun Loving	Sports Fan
Gracious	Tiny	Gentle	Stern
Hardworking	Warm	Good	Stoic
Intelligent (2)	Well read	Hardworking (4)	Strong (2)
		Humane	Stubborn
		Indecisive	Wise

This list of descriptors does not appear to validate the theory that the mother/son relationship alone affects the development of amelotatic traits. The positive descriptors appear to outweigh the negatives. In addition, the father's influence cannot be ignored. Perhaps the home environment created by parental demands and expectations should receive more attention. Based on the interviews conducted with amelotatists the home environment appears to be a productive area for further study, especially when the son is of the personality type and temperament identified in this study.

The request for information regarding the subjects' perception of parental involvement in their early life yielded no useful information. The question posed was too general and lacked an appropriate frame of reference.

Most of the men in the sample studied have had extensive contact with female amputees, both socially and carnally. Thirty-four men have been married to or are living with female amputees; of the remaining 16, 11 have had intimate relations with female amputees. Every member of the sample indicated that they have had sexual fantasies which involve amputees. Seven of the men who are or were married to able-bodied women did not make their partners aware of their attraction to female amputees. Two, now divorced, indicate that their attraction to female amputees contributed to the failure of the marriage.

The following comments serve to place the dilemma of the men in focus:

Before I got married I felt guilt and frustration at being attracted to women amputees; after my marriage to a "normal" woman I feel guilty that I cannot be as totally loyal to my wife as she is to me.

My wife is repulsed by my interest and is threatened by it fearing I will leave her for an amputee.

My wife is of the opinion that my attraction to amputee women is unnatural, unwholesome, possible satanic in origin,

and, by pursuing this interest, I am betraying my wedding vow to her to be faithful.

The following two responses illustrate the problems encountered because of the attraction:

Great depression over the intense longing to have a serious physical and intellectual relationship with a real person, not a fantasy doll.

I tend not to date a lot because I don't want to "waste" my time on women who are not my ideal woman. This causes a rather lonely life.

When asked to describe "your amputee *ideal*," 26 of the men studied described a woman with many alluring qualities including a single above-the-knee (transfemoral) amputation. Six respondents specified a woman who had bilateral above-the-knee (transfemoral) amputations. Two groups of four each specified either amputation of one or more upper extremities or amputation of all four extremities. The remaining ten men did not specify type or level of amputation. Instead they mentioned personality, compatibility, physical attractiveness, and similar more general characteristics. This corresponds to Rounds' findings (1978, pp. 62-67) although the lower figures in the present study may be an artifact of tabulating only the first choice of each man in the sample.

The range of agreement on the questions asked on page 3 of the questionnaire is shown below:

Very High Agreement (86-100%)

- (2) I enjoy being in the company of female amputees.
- (21) I have accepted my attraction to female amputees as part of my life.
- (3) Female amputees are an important part of my fantasy life.
- (26) My interest in female amputees is exhilarating.
- (6) If I see a female amputee at a shopping mall I will follow her.
- (24) I am, or would like to be, married to a female amputee.

High Agreement (72-85%)

- (16) I collect pictures of female amputees.

Moderate Agreement (58-71%)

- (22) If I see a female amputee in a store I will try to talk to her.
- (4) I believe female amputees are very courageous; should be admired.
- (15) My interest in female amputees is frustrating.

Middle-of-the-Road (43-57%)

- (18) I have pretended to be an amputee.
- (9) I attend amputee sports events.

Moderate Disagreement (29 - 42%)

- (8) I feel a strong need to "help" female amputees.
- (14) My father would accept my attraction to female amputees.
- (25) I spend too much time pursuing my interest in female amputees.
- (7) My mother would accept my attraction to female amputees.
- (13) I have taken pictures of female amputees without their knowledge.
- (1) I am often bothered by my interest in/attraction to female amputees.

High Disagreement (15 - 28%)

- (11) I would like to be an amputee.
- (12) The female amputee of my dreams "belongs" to someone else.
- (23) I wish I were not interested in/attracted to female amputees.
- (17) I will never meet the female amputee of my dreams.
- (19) My professional/business associates know of my interest in female amputees.

Very High Disagreement (0 - 14%)

- (10) I would rather see videos of female amputees than date an amputee.
- (20) I feel sorry for anyone who is an amputee, particularly a female.
- (5) I enjoy wearing feminine clothing and makeup.

The responses of the 50 amputatists in this sample to these 26 statements confirms both their feelings about the attraction and their behavior toward female amputees. None of these men were identified

with transvestite tendencies, and less than a quarter (22%) expressed their desire to be an amputee. Most of these subjects have accepted the fact that they are attracted to female amputees, but less than half feel their parents would be as accepting. Thus, bringing home the "girl of their dreams" would be problematic.

A number of statements in the questionnaire were designed to validate the Dixons' theory (1983) of relationship between amelotatists and female amputees. The responses seem to confirm this theory, but many questions remain about meaning, significance, and what to do with and for those who are not comfortable with their attraction to female amputees.

Other statements in the questionnaire served to verify typical behavior patterns and practices of amelotatists reported earlier in this document. The responses were confirmatory.

The self-report questionnaire ended with the following: "What questions would you like to have answered or addressed in future research?" The responses given by 26 members of the study sample are summarized below:

1. Advantages and disadvantages of amelotatists joining groups of like-minded men.

2. Amputee "site" specific attraction related to other characteristics of amelotasis.
3. At what point does "curiosity" become "attraction" become "perversion?"
4. Can amelotasis be nurtured toward a positive/rewarding end?
5. Educating (training) the amelotatist to be more socially astute.
6. Etiology or cause of amelotasis.
7. Extent to which non-amelotatists are attracted to female amputees.
8. Feelings of female amputees about amelotasis and amelotatists.
9. Female amelotatists - do they exist and what are their characteristics and mode of operation?
10. Outcomes of the various therapeutic interventions used to treat amelotasis.

11. Place "pretending to be an amputee" fits in relation to other aspects of amelotasis.
12. Relation to other hobbies or interests (such as, model railroading).
13. Relationship between amelotasis and occupational choice(s).
14. "Wannabes" - able bodied individuals (men and women) who want to be amputees.
15. Ways of dealing with the female amputee who does not want any part of amelotasis; the one who will end a relationship if she discovers you have that interest.
16. Ways to inform female amputees about the attraction and to prepare them for interaction with amelotatists.
17. Ways to meet female amputees; ways to bring amelotatists and female amputees together.
18. What are the differences among men who are attracted to a "stump" and those attracted to the equipment used (i.e., crutches, braces, prostheses, wheelchairs, and so forth)?

19. What are the differences between men attracted only to amputees and those who find all ambulatory disabilities attractive?

20. When and how should an amelotatist admit to his attraction to the objects of that attraction?

One may look at these data in various ways, make other comparisons, and draw further conclusions. However, the investigator is comfortable with the picture of amelotasis which has emerged. Further studies with more sophisticated instruments must be devised and implemented before a complete picture of the amelotatists will be available. This becomes the more important when one realizes that the behavior of amelotatists toward female amputees, and vice versa, is a microcosm of mating behavior between male and female *Homo sapiens* in the largest sense. Better understanding of the microcosm will certainly lead to better understanding of male/female relationships in general.

## Chapter 5: Discussion and Recommendations

### Purpose of the Study

The purpose of this study was to provide objective information about the men who are attracted to female amputees, in an attempt to better understand and work with this predilection. Toward this end, the investigator collected a wide variety of information about the 61 men who completed the four instruments which formed the basis of this study: The Coopersmith Inventory (Adult Form); The Myers-Briggs Type Inventory (Form K); The Guilford-Zimmerman Temperament Survey; and a questionnaire designed for this study. Eleven men were dropped from the sample because of the lack of reliability or validity of their performance on the Myers-Briggs Type Inventory (MBTI) or Guilford-Zimmerman Temperament Survey (GZTS). Therefore, the conclusions and recommendations were based on a sample of 50 men who admit to their interest in and attraction to female amputees.

### Review of the Findings

The demographic information obtained from these men essentially confirmed what the AMPIX survey found 20 years earlier (Rounds, 1978): Amelotatists are well educated, successful professional or businessmen, who develop an interest in female amputees at an early age and come to terms with that interest over time. However, neither sample could be considered random. In addition, there were at least two differences between these studies: Significantly more amelotatists in the present sample were or had been married to amputees

(41% vs 5%), and amerotatists were learning at an earlier age that they were not alone in their attraction to female amputees.

Analysis of these data resulted in a number of conclusions and a few surprises:

1. As noted above, 11 men failed to meet the criteria for retention in the sample as their responses to the standardized tests were considered invalid or unreliable. Of real concern was the fact that nine of the 11 were or had been married to or involved in long-term intimate relationships with female amputees. These men deserve further study.
2. The demonstrated high self-esteem of the present sample of amerotatists when common wisdom seemed to imply that because of their attraction to less-than-perfect women their self-esteem would have been lower.
3. The relatively large number of NTs (intuitive thinkers as defined by the Myers-Briggs Type Indicator) in the present sample—42% versus 6-28% in the normative studies.
4. The more tentative rather than pronounced degree of preference on the MBTI scales confirming the less macho persona of the amerotatist suggested by Donald L. Mosher, Past President

of the Society for the Scientific Study of Sexuality (Personal Interviews, June 8-10, 1990).

5. The indication that amelotatists, at least this group of amelotatists, are lacking in social interest and personal relations as defined by the Guilford-Zimmerman Temperament Survey.

6. The indication of problematic behavior tendencies in the members of the sample with lower self-esteem.

7. The implicit need for positive/productive role models for younger amelotatists.

8. The majority of the members of the present sample (>85%) felt their attraction to female amputees was an important and positive part of their lives which they have learned to accept and were not interested in changing.

Finally, to clarify the causal relationships which lead to the development of this attraction, the demanding nature of the home environment and expectations laid on the young amelotatist should be examined.

The Research Questions

The data collected were used to address a number of questions, including:

1. Are there demographic characteristics which set amelotatists apart from other men in society?
2. Are there personality characteristics which set amelotatists apart from other men in society?
3. Are there temperament characteristics which set amelotatists apart from other men in society?
4. Do amelotatists exhibit lower self-esteem than other men in society?
5. Is amelotasis a "perversion" or within the "normal" range of attraction between the sexes?

The answers to these five questions are NO, YES, YES, NO, and IT DEPENDS, respectively.

1. Are there demographic characteristics which set amelotatists apart from other men in society?

No demographic characteristics were found which set amputatists apart from other men in society. The men who participated in this study came from many walks of life, different parts of the world, and varied in age. Three common factors were (a) the high level of education, (b) high occupational status, in keeping with the level of education, and (c) Caucasian ethnicity.

Both level of education and occupational status were consistent with the earlier study of amputatists (Rounds, 1978) and, very possibly, are related to the way in which both samples were obtained. Rounds mailed a questionnaire to those who had done business with AMPIX with a 63% rate of return. In the present study, personal contact was made with 75 men, of whom 61 (81%) completed the instruments involved. In both instances the sample was drawn from a pool of individuals who were actively involved in pursuing their attraction to female amputees.

That the interest in female amputees is primarily practiced by male Caucasians was confirmed by this study, but also may be an artifact of the sampling process. Ten percent of Rounds' sample was not Caucasian. This is all the more significant when one realizes that very little of the materials offered by AMPIX presents other than Caucasian images and content. Also, the gatherings in Chicago in 1993 and before were planned by Caucasians and attended primarily by Caucasians.

The investigator is acquainted with a small number of African, Hispanic, and Asian men who are attracted to female amputees, but no attempt was made to recruit them for this study. From interviewing these individuals it is obvious that there are other factors which must be considered when crossing the lines of color and culture:

1. The place of disabled women in the society of a given culture.
2. Maslow's needs hierarchy - if men are engaged in meeting their survival needs they will not have either the time or energy pursue higher order need satisfaction.
3. The impact of arranged marriages.
4. The assumption that the disabled woman is "damaged goods" and, therefore, not worthy of a role other than mistress or prostitute.

Questions of culture and color should surely be topics for further study.

2. Are there personality characteristics which set amputatists apart from other men in society?

At least one member of this sample fell into every one of the 16 personality types identified by the Myers-Briggs Type Indicator (MBTI). However, as a group, amelotatists differ significantly from other groups of men in the dominance of NT types, that is, ENTJ, ENTP, INTJ, and INTP. The profile of the amelotatist that is most accurate is Keirsey's XNTX. The behavioral significance of this difference was not determined, but they do differ from other groups of men in American, and, possibly British, German, and Israeli society.

Additional studies of amelotatists as a group, rather than as individuals, will add to the profile which is beginning to be developed. The impact of availability on desire, and vice versa, needs to be explored as well.

3. Are there temperament characteristics which set amelotatists apart from other men in society?

Aside from the observation that amelotatists are predominantly (42%) Intuitive Thinking Types (NTs), otherwise referred to as Promethians, Abstract Pragmatists, Rationals, and Owls, there are some troublesome behavioral characteristics which could separate them from other men in society. Of particular concern is their poor showing in the areas of Personal Relations, Emotional Stability, and Objectivity, and the higher-order factors associated with Emotional Behavior and Cooperative Behavior. What we do not know is whether

these behavior traits are related to the tactics amelotatists have perfected to gain some measure of satisfaction in their pursuit of female amputees or if their problematic behavioral characteristics could be modified or ameliorated.

This amplifies the necessity to identify those who harbor amelotatic traits at an early age and work with them emphasizing the positive aspects of their attraction and eliminating as much of the negative as possible.

4. Do amelotatists exhibit lower self-esteem than other men in society?

The comments of associates, when presented with a description of amelotasis and the behavior associated with the phenomena, often suggested that this was a problem self-esteem. To be more specific, the knee-jerk response was often that men who were interested in less-than-perfect women exhibited low self-esteem. The findings, possibly an artifact of the sample selection process, indicated quite the opposite. Those studied exhibited moderate to high self-esteem as measured by the Coopersmith Inventory for Adults. In fact, in this study, self-esteem seemed more related to the Extroversion-Introversion scale as measured by the MBTI and the higher-order factor of Introverted Behavior as measured by the GZTS. This might well indicate that the CIA was not powerful enough of an instrument to

measure self-esteem or that Coopersmith's operational definition was not well articulated. The investigator, while recognizing that there have been improvements in the measurement of self-esteem since Coopersmith developed the CIA in 1975, does not feel the association between self-esteem and amelotaxis is a causal one and that self-esteem is more environmental or experiential--a learned response not an inherited characteristic.

Further work with newer tools, such as Millon's Index of Personality Styles, seems warranted.

A corollary of the suggestion that amelotaxists have self-esteem problems is that amelotaxists need to be in control or are controlling. While there is some evidence of this from the MBTI it, as a trait, is not universal. This, too, must be the subject of future studies.

5. Is amelotaxis a "perversion" or within the "normal" range of attraction between the sexes?

The investigator came away from this study with the distinct feeling that there is a group of men whose "lovemap" calls for, even requires, an amputee partner, but that the amputation is merely the stimulus which brings two people together. If there is not a great deal more between them--shared interests, common values, respect, friendship, a desire to give to each other--a meaningful (normophilic) relationship will not develop.

Based on Pranzarone, a lovemap is defined as

a developmental representation or template existing synchronously in the mind and brain (midbrain) depicting the idealized lover, the idealized love affair, and the idealized program of sexerotic activity projected in imagery or actually engaged in with a lover.

The lovemap specifies the physical appearance, age, sex, grooming, dress, status, personality, behavior, etc., of the ideal partner. Also specified is the ideal setting with the idealized scenario of sexerotic activities and outcomes.

. . . the lovemap is manifested and reveals itself first in the imagery of the erotic dreams of puberty, and subsequently, in the dreams and daytime erotosexual fantasies of adolescence and adulthood. The lovemap also determines which images, narratives, smells, tastes, and performances would erotosexually arouse (excite) or disarouse (inhibit) an individual. (Pranzarone, 1996, p. 454)

In considering these data the researcher attempted to relate the findings to one or more theoretical frameworks. Two such frameworks were described: (a) the models of perverted behavior described by Travin and Protter (1993, pp. 22-33) and (b) the models of mating behavior described by Hendrix (1988, pp. 5-7). The models of perverted behavior have done a disservice to most amelotatists by including them in such paradigms when there seems to be few men who have become so obsessed with being or interacting with an amputee that their productivity within society has been compromised. Amelotasis in and of itself is not a perversion.

Models of mating behavior--romantic attraction--appear to be a more productive framework to pursue. Of the three theories described--biologic or evolutionary, exchange, and persona--the persona theory seems to have the most promise. However, more work must be done to demonstrate how and in what ways selecting an amputee mate enhances a man's self-image.

John Money's proposal that each of us constructs a "lovemap" at a very young age which guides our later selection of a mate may still provide the most plausible answer to this age-old question. This will be incorporated into a developmental theory of amelotaxis which is in progress.

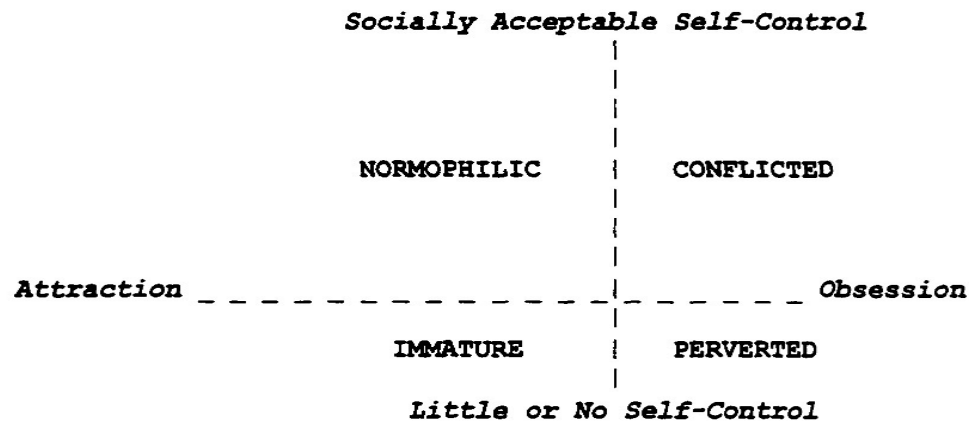
Therefore, amelotaxis is real, the phenomenon should be recognized for what it is, and those who are so inclined should be led toward the positive use and pursuit of this predisposition.

#### The Relationships Model

From this and related efforts over the past few months the model of the relationship between interest in the opposite sex and self-control, shown in Figure 24, was developed. The upper left quadrant represents normophilic relationships. The exact descriptions of those assigned to the other three quadrants are being developed. At this point the following can be said:

- IMMATURE:** Those lacking in social and relational skills as defined by the Guilford-Zimmerman Temperament Survey (GZTS). This group of men would most likely respond to a program of remediation that was more educational than therapeutic.
- CONFLICTED:** Those involved in a double life, even the living of a lie, who more than likely were the ones dropped from the study sample because of the lack of reliability/validity of their responses. This group of men would most likely respond to a program of remediation that was more therapeutic than educational.
- PERVERTED:** Those who strive to meet their own needs and wants regardless of societal constraints or the rights of others to respect and privacy. These men often rationalize that they are operating in the best interest of the objects of their attraction and that the benefits they offer far outweigh any negatives. They are often quite articulate men who have redefined morality to their advantage. In addition, they seem to be so self-centered and intent on gratification of their personal agendas that they pose a threat to all involved.

It is easy to label that which we are unable to understand or find difficult to deal with. In this way we categorize behavior or events and dismiss those we find impossible to fix or difficult to incorporate into our lives. *Perversion* is such a label--*fetish* and *paraphilia* are similar. Once a behavior or event has been labeled it can be dealt with in a prescribed way without further thought or explanation. The problem, however, is that labels are not always accurate. When this happens, the person or activity becomes unjustly stigmatized.



**Figure 24.** Relationship Between Interest in the Opposite Sex and Self-Control

---

Because society finds it difficult to accept certain individual differences, should those who are different be sanctioned? Historically, they have. But as more is known about specific phenomenon, tolerance increases and acceptance becomes a reality.

But what if the amerotatist who is obsessed by a desire which is unfulfilled, perhaps unfulfillable, for a female amputee? Before this can be answered we need to identify the parameters of obsessive behavior (love). Forward, a therapist who has written extensively on this topic, states (1991, p. 7):

I have discovered four conditions that help me clarify, both for myself and for my clients, whether they are struggling with obsessive love:

1. They must have a painful, all-consuming preoccupation with a real or wished-for lover.
2. They must have an insatiable longing either to possess or to be possessed by the target of their obsession.
3. Their target must have rejected them or be unavailable in some way, either physically or emotionally.
4. Their target's unavailability or rejection must drive them to behave in self-defeating ways.

Thus, availability and acceptance are two keys in the management of obsessive behavior. However, unless availability and acceptance are options early in the life of the amerotatist, he will develop other coping styles which will not be as amenable to remediation.

Information, precise and accurate, is critical as a means for encouraging both availability and acceptance. That information about amerotasis has been stifled and distorted is evident from the literature review. That amerotasis continues to be ignored was verified in Lyons, Sullivan, and Ritvo's consideration of

relationships in chronic illness and disability where the topic is not broached (1995).

#### Recommendations

Further study of amelotasis is needed. As the investigator completed this work, he became aware of at least two, possibly three, survey studies which are being developed. The apparent intent of their authors is to further analyze the feelings and interests of the men who admit to their attraction to female amputees in order to present amelotasis as an accepted variation of the mating behavior between men and women. Unfortunately these studies will simply plow old ground as they will neither sample the total population of amelotatists nor be able to compare those they do sample with normative groups.

In addition to the list of questions identified by the subjects of this study, and beyond availability and acceptance noted above, there are at least two areas that should be addressed: (a) vocational choice; and (b) the life-span progression of the attraction.

Earlier it was suggested that the attraction to amputees may have been a significant contributing factor in the vocational choices of individuals who have entered the field of rehabilitation, particularly prosthetics--the design, fabrication, and fitting of artificial limbs. This would be consistent with the altruistic feelings identified by the Dixons (1983), and would also explain why

men with this attraction might become physicians or members of other helping professions.

Earlier, also, there were allusions to the developmental aspects of the interest in female amputees. This observer has documented that most amelotatists continue to refine and redefine the object of their attraction as they obtain new information and through experience. Recognizing the nature of the attraction, and accepting it as a part of one's life, is one thing; letting that interest control life's decisions is quite another. Thus the need to look at the progression of the attraction, as well as its impact on one's life, is an essential part of maturing and developing. Strategies for directing and coping with the interest, by and for the amelotatist, must be addressed.

Acknowledging the developmental progression of amelotasis and recognizing that information is more readily available today, particularly over the Internet and on computer bulletin boards, than it was even a decade ago, the purveyors of information for and about amelotatists have a moral and ethical responsibility to inform and educate the next generation of amelotatists. However, this moral and ethical highroad will not be reached by encouraging sexual fantasies, producing more provocative video tapes, establishing for-profit dating services, holding more weekend encounters, or publishing more short stories and novellas. Nor will this highroad be reached by denying or decrying the existence of amelotasis. The highroad will be

reached when those who become aware of their attraction to female amputees at a young age are able to find positive role models and mentors to guide them in the use and development of this interest for the betterment of society, rather than personal, often selfish, ends.

Finally, in order to determine the full continuum that has been termed amelotaxis, studies involving a large sample of men should be undertaken. Such studies of amelotaxis should include the following three approaches:

1. The number of amelotaxists completing standardized evaluation instruments should be increased. The present research started with the MBTI and GZTS, however, other instruments should be considered including the MMPI and Millon's Index of Personality Styles. When more studies of this sort have been completed, data could be subjected to meta-analysis and a clearer picture of not only the attraction but also ways to deal with it could be realized.
2. The samples studied should be enlarged to include a cross-section of those who are involved with female amputees, not just those who admit their attraction to and active pursuit of female amputees. This would include prosthetists who are neither amputees nor otherwise disabled and are not following a family tradition, medical and rehabilitation professionals who limit

their practices to or focus their efforts on amputees, and husbands of amputees who married after their wives' amputations.

3. The methodology employed should include non-invasive, physiological measures which would more accurately indicate the sexual interest, desire, and appetite of the men in the samples studied.

In addition, it seems imperative to design inquiries that will differentiate among the various types of amelotasis (male, female, heterosexual, homosexual, and others) and the different sexual practices (such as bondage, sadomasochism, and pedophilia), as well as address the means of accommodating or managing, if not curing, this obsession.

As noted earlier, the attraction between amelotatist and amputee is a microcosm of male mating behavior which, if studied creatively, may shed significant light on dating/mating behavior of *Homo sapiens*.

#### Closing Thoughts

In the preceding pages the investigator has introduced and described the phenomenon which he has chosen to label amelotasis: The attraction of men to female amputees.

That certain men are irresistibly drawn to females who are missing one or more of their limbs has been clearly documented. That some men are interested in, even sexually attracted to, women who are amputees is, in and of itself, neither a new phenomenon nor necessarily a psychosocial problem. Money and Simcoe spoke directly to this issue in closing their case study report (1986):

[This] report illustrates well the longevity of the interest/ attraction, namely its persistence throughout adult life . . . An adult may cope with amelotasis by learning to live with it and capitalizing on its virtues. This solution . . . is feasible if the male is able to establish a reciprocated, limerent relationship with an amputee partner. The relationship is then a consensual one, and the interest/attraction functions in a benign and not a pathological fashion.

Therefore, the crux of the matter is not the attraction itself, but how it is managed, controlled, and focused on by the individuals involved.

Also, because amelotasis is so firmly established, and has such a strong hold on the male at a young age, the attraction apparently plays a significant part in many of his life choices, particularly sexual orientation, marriage, and vocation. These are matters that require more attention and study.

It is apparent that amelotasis has become a recognized, although poorly understood, phenomenon still associated with a number of

taboos. However, in the process of gaining this status, while permission "to do" and "to be" is given to those who are interested in establishing relationships with female amputees, there seems to be little concern about examining the responsibilities associated with this new found recognition. Therefore, it is the women, the "objects" of this fascination, who continue to be the vulnerable parties.

(Friedman, 1978, pp. 92-97)

In this era of sexual freedom and openness the key to successful, satisfying relationships seems to be individually shared self-respect. This will not occur if one of the parties is viewed as vulnerable or feels devalued, and the other "kinky." Likewise, this will not occur if one of the parties is treated as an "object" to be possessed, owned, and controlled while the other demands freedom of thought and action.

Unless or until more is known about amelotasis and amelotatists the female amputee, the larger medical community, and society in general, is left with conjecture and attitudes developed under quite different paradigms.

Guidance as to the direction of future research comes from the men themselves and the questions they posed at the end of the self-report questionnaire.

In addition, this investigator maintains that the identification of amerotatists and the continued study of their development and relationships will yield important new information about human mating behavior. Amerotatists represent a well-defined, somewhat easily identified microcosm of male/female behavior which may well lead to a revision in our thoughts about mating among *Homo sapiens*.

In closing, we must conclude that the interest in female amputees is not in and of itself a problem, a perversion, nor should it be a taboo. The problem is the way in which that interest is manifested. The words of Montgomery (1993, p. x) are most appropriate:

Let me remind you that character must follow temperament-- temperament is predisposition, character is post-disposition. In other words, character is acquired gradually as nature collides with nurture, and is built, trait by trait, on the foundation of temperament. So it is that personality comes with two faces: inborn temperament and learned character, what we are given by nature and what our life experience sculpts us into.

Nature has predisposed the interest in female amputees. Those with the interest have the choice of turning it into something of value or of detriment to themselves, the women of their interest, and society as a whole. As always, each of us has the freedom of choice. With that freedom, however, comes an awesome level of responsibility.

## Epilogue

As work on this dissertation neared completion, the investigator and his wife, who is president of the amputee support groups serving the California Inland Empire (San Bernardino and Riverside Counties), attended the 7th Annual Meeting of the Amputee Coalition of America (ACA) in Atlanta, Georgia--August 16-18, 1996. At the same time two other disability focused events were taking place in Atlanta--the 10th Quadrennial Paralympic Games and the 1996 Abilities Exposition International. Together, the three became an irresistible magnet drawing amputatists from around the world to Atlanta.

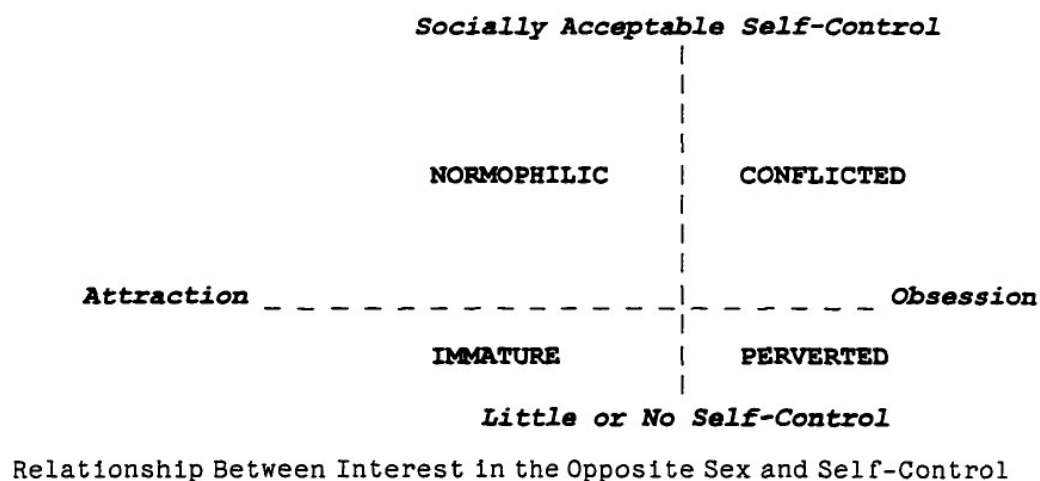
From personal knowledge or characteristic behavior, the investigator identified 25 amputatists in and about the hotel where the ACA meetings were held. More to the point, a number of the women attending the ACA meetings, who had experienced some less-than-positive encounters with some of these same amputatists, expressed their outrage with the men's presence and behavior. At least three women decided not to attend further ACA meetings and activities.

After a couple of confrontations a few of the women asked for a "Women's Only" meeting so their concerns might be aired. The meeting was held from 3:00 to 4:30 PM the last day of the annual meeting and was attended by 13 women; 12 were amputees and one whose daughter was an amputee.

Toward the end of the meeting the investigator was invited to address the group and explain amelotaxis based on the research presented in this study. In the short time available he presented the following bits of information:

1. Amelotatists do not choose to be "turned on" by thoughts of or fantasies about female amputees. The cause of the attraction is unknown.
2. The attraction to female amputees is well in place by the time the male is 10 years of age; therefore, it is a prepubescent phenomenon which may or may not have sexual overtones.
3. That the male is attracted to female amputees is not the problem; however, when the male does not behave judiciously in his "pursuit" of that attraction the amputee, and those associated with her, become uncomfortable, annoyed, and feel harassed.

He then introduced the model of interpersonal relationships presented in this work:



During the discussion which followed, the women suggested that amelotatists be banned from subsequent meetings of the Amputee Coalition of America. To this the investigator had to respond that the amelotatists he had observed during his stay in Atlanta could be divided into four groups:

1. Voyeurs, men with no other purpose in attending the ACA meeting than their desire to observe, talk to, perhaps photograph, and maybe sleep with female amputees (estimated involvement: 10-15%). Note: These are the same individuals who are referred to as "Lurkers" on the Internet--they take from without participating or contributing.

2. Spouses, men who are married to or in committed relationships with female amputees (estimated involvement: 40-50%).
3. Professionals, men who are members of the professions which serve amputee females--prosthetists, physicians, other rehabilitation practitioners, and suppliers of products which might benefit the female amputee (estimated involvement: 40-50%).
4. Amputees, male Wannabes who have succeeded in their wish to become amputees (estimated involvement: < 5%).

Some men might belong to more than one of these groups.

On the basis of this typology there is no way to ban every amputatist from meetings of the ACA.

Therefore, the women concluded that there should be at least two "Women's Only" sessions at subsequent ACA meetings: the first to address amputatist and other psychosocial aspects of disability as related to female amputees; the second to address specific prosthetic and rehabilitation related issues that are unique to the female amputee.

The "Women's Only" meeting ended with the promise that the women who attended would maintain contact during the coming year and share information as it becomes available.

Following the ACA meeting in Atlanta a number of the women called to discuss ways in which the voyeurs might be sanctioned, and the Internet was buzzing with reports of the confrontations between one of the men and a woman who was an amputee.

## References

- American Psychiatric Association (1987). Diagnostic and statistical manual of mental disorders (3rd ed., revised). Washington, DC: Author.
- American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.
- Anonymous (1912). The girl with the rosewood crutches. New York: McBride, Nast & Company.
- Baker, L. (1946). Out on a limb. New York: Whittlesey House.
- Baron, R., & Wagele, E. (1995). Are you my type, am I yours? Relationships made easy through the enneagram. New York: HarperCollins Publishers, Inc.
- Batten, M. (1992). Sexual strategies: How females choose their mates. New York: G. P. Putnam's Sons.
- Barnouw, A. J. (1947). The fantasy of Pieter Brueghel. New York: Lear.
- Benjamin H., & Masters, R. E. L. (1964). Prostitution and morality. New York: The Julian Press.
- Bradley, M. B., Green, N. M., Jones, D. E., Lynn, M., & McNeil, L. (1992). Churches and church membership in the United States: An enumeration by region, state and county based on data reported for 133 church groupings. Atlanta, GA: Glenmary Research Center.
- Brancato, L. (1994). When a man is attracted to you because you are an amputee. In E. Makas, & L. Schlesinger (Eds.). Insights and outlooks: Current trends in disability studies. Portland, ME: The Edmund S. Muskie Institute of Public Affairs.
- Branson, O. T. (1992). Hopi indian kachina dolls. Tucson, AZ: Treasure Chest Publications, Inc.

- Bullough, V. L. (1976). Sexual variance in society and history. Chicago: The University of Chicago Press.
- Buss, D. M. (1994). The evolution of desire: Strategies of human mating. New York: Basic Books.
- Champion, S. G. (1966). Racial proverbs. New York: Barnes and Noble.
- Chapman, R. L. (1977). Roget's international thesaurus (4th ed.). New York: Thomas Y. Crowell, Publishers.
- Choca, J. P., Shanley, L. A., & van Denburg, E. (1992). Interpretive guide to the Millon clinical multiaxial inventory. Washington, DC: American Psychological Association.
- Colman, A. M. (1994). Psychological research methods and statistics. New York: Longman Publishing.
- Combe, J. (1957). Jerome Bosch. Paris: Pierre Tisné; Universe Books.
- Coopersmith, S. (1967). The antecedents of self-esteem. Palo Alto, CA: Consulting Psychologists Press, Inc.
- Coopersmith, S. (1981). SEI: Self-esteem inventories. Palo Alto, CA: Consulting Psychologists Press, Inc.
- Crabtree, L. (1994). To be desired for your disability - good or bad? It's okay!, 3, (2A) 10-11.
- de Montaigne, M. (1946). On cripples. Essays (Book III, Chapter XI, pages 1398-1412). New York: The Heritage Press. (Reissue of the George B. Ives translation published in 1925).
- Dixon, D. (1983). An erotic attraction to amputees. Sexuality and Disability, 6, (1) 3-19.
- Dixon, D., & Dixon, J. K. (1983). An investigation of the erotic attraction to amputees. Paper presented to the 6th World Congress of Sexology, Washington, DC.

- Dorland's illustrated medical dictionary (25th ed.). (1974).  
Philadelphia, PA: W. B. Saunders Company.
- Duff, D. (1981). Alexandra, princess and queen. London: Sphere.
- Ellis, H. (1936). Studies in the psychology of sex: erotic symbolism  
(Volume II, Part 1). New York: Random House. (Reissue of the  
1906 ed.).
- Everaerd, W. (1983). A case of apotemnophilia: A handicap as sexual  
preference, American journal of psychotherapy, 37, (2) 285-293.
- Fauman, M. A. (1994). Study guide to DSM-IV. Washington, DC: American  
Psychiatric Press, Inc.
- Fiedler, L. (1978). Freaks: Myths and images of the secret self. New  
York: Simon and Schuster.
- Fisher, H. E. (1992). Anatomy of love: The natural history of  
monogamy, adultery, and divorce. New York: W. W. Norton and  
Company, Inc.
- Forward, S., & Buck, C. (1991). Obsessive love: When it hurts too much  
to let go. New York: Bantam Books.
- Friedman, L. W. (1978). The psychological rehabilitation of the  
amputee. Springfield, IL: Charles C. Thomas, Publisher.
- Furman, B. (1962). Progress in prosthetics. Washington, DC: US  
Government Printing Office.
- Gaylin, W., & Person, E. (Eds.) (1988). Passionate attachments:  
Thinking about love. New York: The Free Press.
- Godlewski, J., & Szalankiewicz, M. (1987). Apotemnophilia. Polish  
Journal of Psychiatry, 21, (2) 141-144.
- Gould, G. M., & Pyle, W. L. (1896). Anomalies and curiosities of  
medicine. New York: Bell Publishing Company.

- Greenleaf, B. K. (1979). Children through the ages: A history of childhood. New York: Barnes & Noble Books.
- Guilford, J. P., Guilford, J. S., & Zimmerman, W. S. (1978). The Guilford-Zimmerman temperament survey: Directions for administering, scoring, and interpreting. Orange, CA: Sheridan Psychological Services, Inc.
- Guilford, J. S., Zimmerman, W. S., & Guilford, J. P. (1976). The Guilford-Zimmerman temperament survey handbook: Twenty-five years of research and application. San Diego, CA: Edits Publishers.
- Haggard, H. W. (1989). The doctor in history. New York: Dorset Press.
- Hahn, H. (1996). Embodied differences: Achieving a positive identity. In Motion, 6, (4) 30-31.
- Haire, N. (Ed.) (1938). Sexual anomalies and perversions: Physical and psychological development, diagnosis and treatment: A summary of the works of the late professor Dr. Magnus Hirschfeld. London: Encyclopaedic Press.
- Hall, C. S., & Nordby, V. J. (1973). A primer of Jungian psychology. New York: A Mentor Book/New American Library.
- Hendrix, H. (1988). Getting the love you want: A guide for couples. New York: Henry Holt and Company, Inc.
- Hirsh, S. K., & Kummerow, J. M. (1990). Introduction to type in organizations: individual interpretive guide (2nd ed.). Palo Alto, CA: Consulting Psychologists Press, Inc.
- Ives, G. B., & Norton, G. (1946). A handbook to the essays of Michel de Montaigne. New York: The Heritage Press.

- Isaacs, S., & Michael, W. B. (1981). Handbook in research and evaluation: For education and the behavioral sciences. San Diego, CA: Edits Publishers.
- Kahn, S. S. (1981). The Kahn report on sexual preferences: What the opposite sex likes and dislikes--and why. New York: St. Martin's Press.
- Kaplan, L. J. (1991). Female perversions: The temptations of Emma Bovary. New York: Anchor Books/Doubleday.
- Keirsey, D., & Bates. M. (1978). Please understand me: Character & temperament types. Del Mar, CA: Prometheus Nemesis Book Company.
- Keirsey, D. (1987). Portraits of temperament. Del Mar, CA: Prometheus Nemesis Book Company.
- Kokoska, S., & Nevison, C. (1992). Statistical tables and formulae. New York: Springer-Verlag.
- Kummerow, J. M., & Quenk, N. L. (1992). Interpretive guide for the MBTI expanded analysis report. Palo Alto, CA: Consulting Psychologists Press, Inc.
- London, L. S. & Caprio, F. S. (1950). Sexual Deviations. Washington, DC: The Linacre Press, Inc.
- London, L. S. (1952). Transvestism - desire for crippled women, Dynamic psychiatry, volume two. New York: Corinthian Publications.
- London, L. S. (1957) Sexual deviations in the male: fourteen detailed case studies. New York: Bell Publishing Company. (Reissue of the 1937 ed.).

- Lydston, G. F. (1889). Sexual perversion, satyriasis and nymphomania, (beginning), Medical and surgical reporter, 61, (10) 253-258; (concluded), Medical and surgical reporter, 61, (11) 281-285.
- Lydston, G. F. (1892). Addresses and essays (2nd ed.). Louisville, KY: Renz & Henry.
- Lyons, R. F., Sullivan, M. J. L., & Ritvo, P. G. (1995). Relationships in chronic illness and disability. Thousand Oaks, CA: Sage Publications.
- McCord, C. P. (1963). Cork legs and iron hands: The early history of artificial limbs. Industrial Medicine and Surgery, 32, (3) 102-112.
- Mannix, D. P. (1976). We who are not as others. New York: Pocket Books.
- Masters, W. H., Johnson, V. E., & Kolodny, R. C. (1986). Masters and Johnson on sex and human loving. Boston: Little, Brown and Company.
- Mecca, A. M., Smelser, N. J., & Vasconcellos, J. (Eds.) (1989) The social importance of self-esteem. Berkeley, CA: University of California Press.
- Money, J., Jobaris, R., & Furth, G. (1977). Apotemnophilia: two cases of self-demand amputation as a paraphilia. Journal of Sex Research, 13, (2) 115-125.
- Money, J. (1977). Paraphilias. In Money, J. & Musaph, H. (Eds.), Handbook of sexology, pp. 917-928. Amsterdam, The Netherlands: Excerpta Medica.
- Money, J. (1986). Lovemaps. New York: Irvington Publishers, Inc.

- Money, J., & Simcoe, K. W. (1986). Acrotomophilia, sex and disability: new concepts and case report. Sexuality and Disability, 7, (1/2) 43-50.
- Money, J. (1990). Paraphilia in females: Fixation on amputation and lameness; two personal accounts. Journal of Psychology and Human Sexuality, 3, 165-172.
- Money, J. (1993). Sexual rapture is the stump of an amputee or self-amputation, Chapter 23 in, The adam principle: Genes, genitals, hormones, & gender: Selected readings in sexology. Buffalo, NY: Prometheus Books, pp. 305-323.
- Montgomery, S. (1993). The pygmalion project: Love and coercion among the types. Volume three: The idealist. Del Mar, CA: Prometheus Nemesis Book Company.
- Mullan, B. (1984). The mating trade. London: Routledge & Kegan Paul.
- Myers, I. B. & Davis, J. A. (1964). Relation of medical students' psychological type to their specialties twelve years later. A paper presented at the 1964 annual meeting of the American Psychological Association, Los Angeles, California, September 4-9, 1964. Princeton, NJ: Educational Testing Service.
- Myers, I. B., & McCauley, M. H. (1985). Manual: A guide to the development and use of the Myers-Briggs type indicator. Palo Alto, CA: Consulting Psychologists Press, Inc.
- Myers, I. B. (Revised by Kirby, L. K., & Myers, K. D.) (1993). Introduction to type (5th ed.). Palo Alto, CA: Consulting Psychologists Press, Inc.
- Nattress, L. W. (1993). The female amputee as an object of interest and sexual attraction. In D. Pfeiffer, S. C. Hey, & G. Kiger (Eds.),

- The disability perspective: Variations on a theme (pp. 231-245).  
Salem, OR: The Society for Disability Studies and Willamette  
University.
- Nattress, L. W. (In preparation). A model of personal and  
interpersonal development.
- Orr, H. W. (1948). Anne of Brittany. Lincoln, NE: Love Memorial  
Library, University of Nebraska.
- Pedersen, L. E. (1993). Sixteen men: Understanding masculine  
personality type. Boston: Shambhala Publications, Inc.
- Penthouse forum (1969-73). Various issues of Penthouse magazine from  
December 1969 through June 1973.
- Perman, D., & Duck, S. (Eds.) (1987). Intimate relationships:  
Development, dynamics, and deterioration. Newbury Park, CA:  
Sage Publications.
- Pike, A. L., & Nattress, L. W. (1991). The changing role of the amputee  
in the clinic team process, in Friedman, L. W. & Kraft, G. H.  
(Eds.), Physical Medicine and Rehabilitation Clinics of North  
America, 2, (2) 405-414.
- Pranzarone, G. F. (1996). Pornography: Obscene, erotic, or neutral--  
defined by lovemaps. Sexuality and Human Bonding, pp. 453-456.
- Reinisch, J. M. (1994). The Kinsey Institute new report on sex: What  
you must know to be sexually literate. New York: St. Martin's  
Paperbacks.
- Riddle, G. C. (1989). Amputees and devotees. New York: Irvington  
Publishers, Inc.
- Ripley, R. (1954). Ripley's believe it or not, published August 16,  
1954, in newspapers throughout the United States.

- Riso, D. R. (1987). Personality types: Using the enneagram for self-discovery. Boston: Houghton Mifflin Company.
- Rounds, M. F. (Ed.) (1978). The amerotatist: A statistical profile. Lawndale, CA: AMPIX.
- Saunders, D. R. (1989). MBTI expanded analysis report: Manual. Palo Alto, CA: Consulting Psychologists Press, Inc.
- Scott, T. L. (1970). A kind of loving. Cleveland, OH: The World Publishing Co.
- Spänger, E. (1928). Types of men. As quoted in Keirsey, D., & Bates. M. (1978). Please understand me: Character & temperament types. Del Mar, CA: Prometheus Nemesis Book Company.
- Stekel, W. (1930). Sexual aberrations: The phenomena of fetishism in relation to sex. New York: Horace Liveright. Reissued as two volumes in 1952 by the Liveright Publishing Company, New York.
- Sternberg, R. J., & Barnes, M. (Eds.) (1988). The psychology of love. New Haven, CT: Yale University Press.
- Stoller, R. J. (1985). Observing the erotic imagination. New Haven, CT: Yale University Press.
- Storrs, B. (1996). Caveat dater: Devotees of disability. New Mobility, 7, (28) 50-53.
- Surra, C. A. & Huston, T. L. (1987). Mate selection as a social transition in Perman, D., & Duck, S. (Eds.). Intimate relationships: Development, dynamics, and deterioration. Newbury Park, CA: Sage Publications.
- Taylor, B. (1976, March). Amputee fetishism: An exclusive journal interview with Dr. John Money of Johns Hopkins. Maryland State Medical Journal, 25, (3) 35-39.

- The amputee ideal: a quest for incompleteness. (1978, November/December). Transition.
- Tiessen, K. (Managing editor) (1996). Xth paralympic games: The official commemorative program. Oakville, ON, Canada: Disability Today Publishing Group, Inc.
- Travin, S., & Protter, B. (1993). Sexual perversion: Integrative treatment approaches for the clinician. New York: Plenum Press.
- von Krafft-Ebing, R. (1953). Psychopathia sexualis: A medico-forensic study. New York: Pioneer Publications, Inc. (Reissue of the translation of the 12th ed. published in 1939).
- von Krafft-Ebing, R. (1993). Psychopathia sexualis: A medico-legal study. Philadelphia: The Medical Bulletin Printing House. (Reissue of the translation of the 7th ed. by Charles G. Chaddock, M. D., published in 1892 by the F. A. Davis Co., Philadelphia, PA).
- Wakefield, P. L., Frank, A., & Meyers, R. W. (1977). The hobbyist: A euphemism for self-mutilation and fetishism, Bulletin of the Menninger Clinic, 41, (6) 539-552.
- Weaver, A. B. (Ed.) (1940-1968). Courage, published in Sapulpa, OK. Webster's encyclopedic unabridged dictionary of the English language. (1996). New York: Gramercy Books, a division of Random House Publishing, Inc.
- Weinrich, J. D. (1987). Sexual landscapes. New York: Charles Scribner's Sons.
- Wenig, H. G. (1979). Amputism: a little known paraphilia. Sexualmedizin, 8, 280-282.

Wilson, C. (1989). The misfits: A study of sexual outsiders. New York: Carroll & Graf Publishers, Inc.

Yates, A. (1978). Sex without shame: Encouraging the child's healthy sexual development. New York: William Morrow and Company, Inc.

Appendix A - Letter Authorizing the Collection of Data

*Fascination*

3949 West Irving Park Road  
Chicago, IL 60618

Bette Hagglund, Publisher  
(312) 583-3949

May 16, 1993

TO WHOM IT MAY CONCERN:

As Executive Director for a support group called the AMPUTEES' SERVICE ASSOCIATION in Chicago, Illinois for 30 years, I need to tell you that for as many years I have known Lee Nattress, and he has been a consultant for our organization for this period of time.

Lee helped organize the group - with a name, by-laws, constitution and a specific focus for the AMPUTEES' SERVICE ASSOCIATION.

This letter is written authorization for Lee Nattress to be a part of our upcoming meeting - to distribute questionnaires and to use the material in any manner necessary for his project.

Kindest regards,

Bette Hagglund, Ex. Director  
ASA  
3949 W Irving Park Rd  
Chicago, IL 60618

Appendix B - Information Provided Potential Participants in the Study



*LOMA LINDA UNIVERSITY*

*School of Medicine  
Department of Family Medicine*

*Loma Linda, California 92350  
(714) 824-4140  
FAX: (714) 824-4823*

## FOR YOUR INFORMATION

### INFORMED CONSENT FORM

**Research Project: Amelotasis: A Descriptive Study**

I would appreciate your cooperation in a study designed to gather information about amelotatists, men attracted to/interested in women who are without one or more of their limbs.

The information you and others provide will be used to describe amelotatists in non-clinical terms in an effort to objectively define those with this attraction and provide a baseline to assist in establishing programs for the early identification and counseling of others with this interest.

The information obtained from participants in this study will be kept in strictest confidence, within the limits of the law. Your identity will not be known to anyone except the staff who are working on this study and you will use a coded ID on the forms you complete.

If you agree to participate in this study you will be asked to complete the following four instruments:

1. A self-report questionnaire developed specifically for this study.
2. The Myers-Briggs Type Indicator used extensively in business and industry for leadership development and team building.
3. The Guilford-Zimmerman Temperament Survey, a widely used counseling instrument.
4. The Coopersmith Inventory (Adult Form) which measures attitudes toward self in social, academic, family, and personal areas of experience.

You should be able to complete these instruments in 2½ to 3 hours, but you will not be required to complete all four instruments during one sitting.

*A SEVENTH-DAY ADVENTIST HEALTH SCIENCES INSTITUTION*

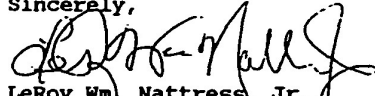
INFORMED CONSENT FORM - Amelotasis: A Descriptive Study Page 2

Later, after completing all four of these instruments, you will be given a summary of the findings from this study, as well as your scores or ratings. In addition, the staff will be available, by phone, to discuss your results with you if you so desire.

Please be assured that your participation in this study is totally voluntary. If you enter the study and decide not to complete all four of the instruments noted above, there will be no penalty to you. Likewise, there will be no cost to you or compensation for you if you participate in this study.

Thank you for considering this request for your participation in this study.

Sincerely,



LeRoy Wm. Nattress, Jr.  
Assistant Professor and Director  
Office of Education and Research

- / - / - / -

I have read the information provided to me about this study and have listened to the verbal explanation given by the investigator. My questions concerning this study have been answered to my satisfaction. I understand that my participation in this study is completely voluntary. My signature below indicates my consent to participate and willingness to complete the four instruments described above.

## FOR YOUR INFORMATION

Signature \_\_\_\_\_

Date \_\_\_\_\_

LLU Project ID #93076

LN:lb

Appendix C - The Consent Form and Personal Information Form



*LOMA LINDA UNIVERSITY*

*School of Medicine  
Department of Family Medicine*

*Loma Linda, California 92350  
(714) 824-4140  
FAX: (714) 824-4823*

**INFORMED CONSENT FORM**

**Research Project: Amelotasis: A Descriptive Study**

I would appreciate your cooperation in a study designed to gather information about amelotatists, men attracted to/interested in women who are without one or more of their limbs.

The information you and others provide will be used to describe amelotatists in non-clinical terms in an effort to objectively define those with this attraction and provide a baseline to assist in establishing programs for the early identification and counseling of others with this interest.

The information obtained from participants in this study will be kept in strictest confidence, within the limits of the law. Your identity will not be known to anyone except the staff who are working on this study and you will use a coded ID on the forms you complete.

If you agree to participate in this study you will be asked to complete the following four instruments:

1. A self-report questionnaire developed specifically for this study.
2. The Myers-Briggs Type Indicator used extensively in business and industry for leadership development and team building.
3. The Guilford-Zimmerman Temperament Survey, a widely used counseling instrument.
4. The Coopersmith Inventory (Adult Form) which measures attitudes toward self in social, academic, family, and personal areas of experience.

You should be able to complete these instruments in 2½ to 3 hours, but you will not be required to complete all four instruments during one sitting.

*A SEVENTH-DAY ADVENTIST HEALTH SCIENCES INSTITUTION*

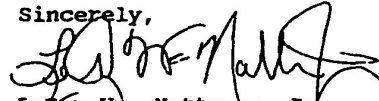
INFORMED CONSENT FORM - Amelotasis: A Descriptive Study Page 2

Later, after completing all four of these instruments, you will be given a summary of the findings from this study, as well as your scores or ratings. In addition, the staff will be available, by phone, to discuss your results with you if you so desire.

Please be assured that your participation in this study is totally voluntary. If you enter the study and decide not to complete all four of the instruments noted above, there will be no penalty to you. Likewise, there will be no cost to you or compensation for you if you participate in this study.

Thank you for considering this request for your participation in this study.

Sincerely,



LeRoy Wm. Mattress, Jr.  
Assistant Professor and Director  
Office of Education and Research

- / - / - / -

I have read the information provided to me about this study and have listened to the verbal explanation given by the investigator. My questions concerning this study have been answered to my satisfaction. I understand that my participation in this study is completely voluntary. My signature below indicates my consent to participate and willingness to complete the four instruments described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

LLU Project ID #93076

LN:lb

I have agreed to participate in the research project entitled:

**AMELOTASIS: A DESCRIPTIVE STUDY**

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_

Phone (Evenings): \_\_\_\_\_

If asked, I agree to be interviewed by the researcher?      YES    NO

LN:1b - 5/28/93

Appendix D - Identification and Instrument Control Sheets

AMT STUDY IDENTIFICATION CODES

1.	C	X	B	Q	QUE	MBTI	GZTS	CI/A
2.	C	H	C	F	QUE	MBTI	GZTS	CI/A
3.	C	Y	B	R	QUE	MBTI	GZTS	CI/A
4.	C	O	D	B	QUE	MBTI	GZTS	CI/A
5.	C	Z	P	D	QUE	MBTI	GZTS	CI/A
6.	C	X	D	R	QUE	MBTI	GZTS	CI/A
7.	C	H	F	G	QUE	MBTI	GZTS	CI/A
8.	C	Y	G	Y	QUE	MBTI	GZTS	CI/A
9.	C	O	F	F	QUE	MBTI	GZTS	CI/A
10.	C	Z	Q	J	QUE	MBTI	GZTS	CI/A
11.	C	X	G	S	QUE	MBTI	GZTS	CI/A
12.	C	H	H	H	QUE	MBTI	GZTS	CI/A
13.	C	Y	K	T	QUE	MBTI	GZTS	CI/A
14.	C	O	G	G	QUE	MBTI	GZTS	CI/A
15.	C	Z	R	M	QUE	MBTI	GZTS	CI/A
16.	C	X	J	T	QUE	MBTI	GZTS	CI/A
17.	C	H	L	J	QUE	MBTI	GZTS	CI/A
18.	C	Y	Q	V	QUE	MBTI	GZTS	CI/A
19.	C	O	H	L	QUE	MBTI	GZTS	CI/A
20.	C	Z	S	S	QUE	MBTI	GZTS	CI/A
21.	C	X	K	V	QUE	MBTI	GZTS	CI/A
22.	C	H	N	K	QUE	MBTI	GZTS	CI/A
23.	C	Y	V	W	QUE	MBTI	GZTS	CI/A
24.	C	O	J	K	QUE	MBTI	GZTS	CI/A
25.	C	Z	T	Z	QUE	MBTI	GZTS	CI/A
26.	C	X	M	W	QUE	MBTI	GZTS	CI/A
27.	C	H	P	L	QUE	MBTI	GZTS	CI/A
28.	C	Y	J	F	QUE	MBTI	GZTS	CI/A
29.	C	O	K	P	QUE	MBTI	GZTS	CI/A
30.	C	Z	V	Y	QUE	MBTI	GZTS	CI/A
31.	C	X	Q	Z	QUE	MBTI	GZTS	CI/A
32.	C	H	R	Y	QUE	MBTI	GZTS	CI/A
33.	C	Y	K	L	QUE	MBTI	GZTS	CI/A
34.	C	O	L	Q	QUE	MBTI	GZTS	CI/A
35.	C	Z	W	H	QUE	MBTI	GZTS	CI/A
36.	C	X	S	B	QUE	MBTI	GZTS	CI/A
37.	C	H	T	N	QUE	MBTI	GZTS	CI/A
38.	C	Y	L	P	QUE	MBTI	GZTS	CI/A
39.	C	O	M	T	QUE	MBTI	GZTS	CI/A
40.	C	Z	Z	N	QUE	MBTI	GZTS	CI/A
41.	C	X	V	C	QUE	MBTI	GZTS	CI/A
42.	C	H	W	P	QUE	MBTI	GZTS	CI/A
43.	C	Y	M	Y	QUE	MBTI	GZTS	CI/A
44.	C	O	N	V	QUE	MBTI	GZTS	CI/A
45.	C	Z	B	Y	QUE	MBTI	GZTS	CI/A
46.	C	X	Z	D	QUE	MBTI	GZTS	CI/A
47.	C	H	X	Q	QUE	MBTI	GZTS	CI/A
48.	C	Y	N	X	QUE	MBTI	GZTS	CI/A
49.	C	O	P	X	QUE	MBTI	GZTS	CI/A
50.	C	Z	C	W	QUE	MBTI	GZTS	CI/A

LN:lb - 5/15/93

AMT STUDY IDENTIFICATION CODES

51.	H	X	B	Q	QUE	MBTI	GZTS	CI/A
52.	H	H	C	F	QUE	MBTI	GZTI	CI/A
53.	H	Y	B	R	QUE	MBTI	GZTI	CI/A
54.	H	O	D	B	QUE	MBTI	GZTI	CI/A
55.	H	Z	P	D	QUE	MBTI	GZTI	CI/A
56.	H	X	D	R	QUE	MBTI	GZTI	CI/A
57.	H	H	F	G	QUE	MBTI	GZTI	CI/A
58.	H	Y	G	Y	QUE	MBTI	GZTI	CI/A
59.	H	O	F	F	QUE	MBTI	GZTI	CI/A
60.	H	Z	Q	J	QUE	MBTI	GZTI	CI/A
61.	H	X	G	S	QUE	MBTI	GZTI	CI/A
62.	H	H	H	H	QUE	MBTI	GZTI	CI/A
63.	H	Y	K	T	QUE	MBTI	GZTI	CI/A
64.	H	O	G	G	QUE	MBTI	GZTI	CI/A
65.	H	Z	R	M	QUE	MBTI	GZTI	CI/A
66.	H	X	J	T	QUE	MBTI	GZTI	CI/A
67.	H	H	L	J	QUE	MBTI	GZTI	CI/A
68.	H	Y	Q	V	QUE	MBTI	GZTI	CI/A
69.	H	O	H	L	QUE	MBTI	GZTI	CI/A
70.	H	Z	S	S	QUE	MBTI	GZTI	CI/A
71.	H	X	K	V	QUE	MBTI	GZTI	CI/A
72.	H	H	N	K	QUE	MBTI	GZTI	CI/A
73.	H	Y	V	W	QUE	MBTI	GZTI	CI/A
74.	H	O	J	K	QUE	MBTI	GZTI	CI/A
75.	H	Z	T	Z	QUE	MBTI	GZTI	CI/A
76.	H	X	M	W	QUE	MBTI	GZTI	CI/A
77.	H	H	P	L	QUE	MBTI	GZTI	CI/A
78.	H	Y	J	F	QUE	MBTI	GZTI	CI/A
79.	H	O	K	P	QUE	MBTI	GZTI	CI/A
80.	H	Z	V	Y	QUE	MBTI	GZTI	CI/A
81.	H	X	Q	Z	QUE	MBTI	GZTI	CI/A
82.	H	H	R	Y	QUE	MBTI	GZTI	CI/A
83.	H	Y	K	L	QUE	MBTI	GZTI	CI/A
84.	H	O	L	Q	QUE	MBTI	GZTI	CI/A
85.	H	Z	W	H	QUE	MBTI	GZTI	CI/A
86.	H	X	S	B	QUE	MBTI	GZTI	CI/A
87.	H	H	T	N	QUE	MBTI	GZTI	CI/A
88.	H	Y	L	P	QUE	MBTI	GZTI	CI/A
89.	H	O	M	T	QUE	MBTI	GZTI	CI/A
90.	H	Z	Z	N	QUE	MBTI	GZTI	CI/A
91.	H	X	V	C	QUE	MBTI	GZTI	CI/A
92.	H	H	W	P	QUE	MBTI	GZTI	CI/A
93.	H	Y	M	Y	QUE	MBTI	GZTI	CI/A
94.	H	O	N	V	QUE	MBTI	GZTI	CI/A
95.	H	Z	B	Y	QUE	MBTI	GZTI	CI/A
96.	H	X	Z	D	QUE	MBTI	GZTI	CI/A
97.	H	H	X	Q	QUE	MBTI	GZTI	CI/A
98.	H	Y	N	X	QUE	MBTI	GZTI	CI/A
99.	H	O	P	X	QUE	MBTI	GZTI	CI/A
00.	H	Z	C	W	QUE	MBTI	GZTI	CI/A

LN:1b - 5/15/93

Appendix E - Loma Linda University IRB Approvals



*LOMA LINDA UNIVERSITY*

Office of Sponsored Research

May 26th, 1993

Loma Linda, California 92350  
(909) 824-4531  
FAX: (909) 824-4859

LeRoy Wm. Nattress, M.A.  
Department of Family Medicine  
School of Medicine  
Loma Linda University

Dear Mr. Nattress:

LLU Project ID# 93076

Your proposal and consent form for a study entitled "Amelotasis: Men Attracted to Women Who Are Amputees - A Descriptive Study" were reviewed administratively on behalf of the Institutional Review Board of Loma Linda University on May 26th, 1993.

The actions of the review are as follows:


The subjects are at no risk.  
The protocol is approved from May 26th, 1993 to May 25th, 1994.

If there are modifications to the proposed research protocol or consent form, or problems arising from the study, please notify the Board in writing. If you have any questions, please feel free to contact us.

You are required to provide a progress report on this study in one year indicating the number of subjects enrolled.

Best wishes for your success in this project.

Sincerely yours,

  
G. William Saukel, M.D.  
Chairman  
Institutional Review Board

/ n

*A SEVENTH-DAY ADVENTIST HEALTH SCIENCES INSTITUTION*



*LOMA LINDA UNIVERSITY*

*Office of Sponsored Research*

June 9, 1994

*Loma Linda, California 92350*

*(909) 824-4531*

*FAX: (909) 478-4131*

LeRoy Wm. Nattress, M.A.  
 Department of Family Medicine  
 School of Medicine  
 Loma Linda University

Dear Mr. Nattress:

LLU Project ID#93076

Your request for an extension on your protocol entitled "Amelotasis: Men Attracted to Women Who Are Amputees - A Descriptive Study" was reviewed by the Institutional Review Board of Loma Linda University at its regular meeting held on June 8, 1994.


The actions of the review are as follows:

The subjects are at no risk.

The protocol is approved from May 26, 1994 to May 25, 1995.

Thank you for your cooperation in following up on our shared responsibility for the ethical use of human subjects in research.

Sincerely yours,

  
 G. William Saukel, M.D.  
 Chairman  
 Institutional Review Board

4



*LOMA LINDA UNIVERSITY*

*Office of Sponsored Research*

*Loma Linda, California 92350  
(909) 824-4531  
FAX: (909) 478-4131*

May 11, 1995

LeRoy Wm. Nattress, M.A.  
Department of Family Medicine  
School of Medicine  
Loma Linda University

Dear Mr. Nattress:

LLU Project #93076

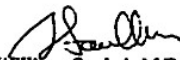
Your request for an extension on your protocol entitled "Amelotasis: Men Attracted to Women Who Are Amputees - A Descriptive Study" was reviewed by the Institutional Review Board of Loma Linda University at its regular meeting held on May 10, 1995.

The actions of the review are as follows:

The subjects are at no risk.  
The protocol is approved from May 26, 1995 to May 25, 1996.

Thank you for your cooperation in following up on our shared responsibility for the ethical use of human subjects in research.

Sincerely yours,

  
G. William Saukel, M.D.  
Chairman  
Institutional Review Board

/s/

*A SEVENTH-DAY ADVENTIST HEALTH SCIENCES INSTITUTION*

**INSTITUTIONAL REVIEW BOARD****OSR # 93076****Extension Requested - Approval Notice**

OFFICE OF SPONSORED RESEARCH • 11188 Anderson Street • Loma Linda, CA 92350  
 (909) 824-4531 (voice) • (909) 478-4131 (fax)

To: **LeRoy W. Nattress Jr., MA**  
 Department: **Family Medicine**  
 Protocol: **Amelotasis: Men Attracted to Women Who Are Amputees - A Descriptive Study**  
 Date: **May 22, 1996**

At the regularly scheduled meeting of the Institutional Review Board on **05/22/1996**, your request to extend the approval period for the protocol indicated above was reviewed. The action of the IRB is as follows:

Extension request: **Approved.**  
 Risk to research subjects: **None**  
 Approval period begins **05/26/1996** and ends **05/25/1997.**

**Consent Form**

If this study was approved on the condition that a consent form is required AND subjects are still being enrolled, a clean master of the consent form needs to be provided for the purpose of obtaining the IRB authorized stamp showing the new project period dates. This will become your OFFICIAL consent form for the dates specified and should be used as the new master for making copies to give prospective

- Please provide a clean consent form for an updated authorized stamp.  
 Master consent form with up-dated authorized stamp is enclosed.  
 Consent form not required.

**IRB Communications**

Please continue to notify the IRB in writing of any modifications or adverse events relating to the approved research protocol. Your assistance in providing the PI's name and the protocol's OSR # on all communications with the IRB about this project will expedite necessary communications.

Thank you for your cooperation in LLU's shared responsibility for the ethical use of human subjects in research.

Signature of IRB chair:  Date: 5/22/96

The Institutional Review Board holds MPA No. M-1295 with the U.S. Office for Protection from Research Risks for these affiliated institutions: Loma Linda University, Loma Linda University Medical Center, Loma Linda University Children's Hospital, Loma Linda University Faculty Medical Group, Loma Linda University Community Medical Center, Loma Linda University Behavioral Medicine Center

**Administrative Contact:**  
 Ian M. Fraser, PhD, Vice President  
 Academic and Research Affairs  
 (909) 824-4542

**IRB Chair:**  
 G. William Saukel, M.D.  
 Department of Pathology  
 (909) 824-4794

**Executive Secretary:**  
 Linda G. Halstead, M.A., Assoc. Director  
 Office of Sponsored Research  
 (909) 824-4531, email lhalstead@ccmail.llu.edu

Appendix F - Information about the Coopersmith Inventory

Dr. Stanley Coopersmith devoted much of his professional life to studying the influence of self-esteem on children's school performance. (Coopersmith, 1967) Out of this work he developed three inventories: (a) The School Form (consisting of 50 items); originally referred to as Form A or the Long Form; (b) The School Short Form; originally referred to as Form B or the Short Form (the first 25 items of Form A); and (c) The Adult Form; originally referred to as Form C.

The major premise of his work is well summarized in the following paragraph (Coopersmith, 1981, p. 1):

Self-esteem is a set of attitudes and beliefs that a person brings with him- or herself when facing the world. It includes beliefs as to whether her or she can expect success or failure, how much effort should be put forth, whether failure at a task will hurt, and whether he or she will become more capable as a result of different experiences. In psychological terms, self-esteem provides a mental set that prepares the person to respond according to expectations of success, acceptance, and personal strength.

In addition, Coopersmith maintained that although a person's self-esteem appears to be a stable characteristic, momentary . . . changes can and do occur. (Coopersmith, 1981, p. 3)

The Coopersmith Inventory for Adults was designed for use with persons sixteen years old and older. It is made up of twenty-five items adapted from the School Short Form, that is

The language and situations referred to in the items were modified to make them more meaningful to persons whose lives are not as closely bound to parents and school as children's. (Coopersmith, 1981, p. 6)

Although the inventory is administered as an untimed instrument, most adults are able to complete it in ten minutes or less.

In defining self-esteem as measured by the inventory, Coopersmith states

the term Self-esteem refers to the evaluation a person makes, and customarily maintains, of him- or herself; that is, overall self-esteem is an expression of approval or disapproval, indicating the extent to which a person believes him- or herself competent, successful, significant, and worthy. Self-esteem is a personal judgement of worthiness expressed in the attitudes a person holds toward the self.  
(Coopersmith, 1981, pp. 1-2)

Appendix G - Information about the Myers-Briggs Type Inventory

The sixteen personality types measured by the Myers-Briggs Type Inventory are shown below. The name applied to each type has been taken from Keirsey and Bates: (1978, pp.70-78)

ISTJ TRUSTEE	ISFJ CONSERVATOR	INFJ Researcher	INTJ SCIENTIST
ISTP ARTISAN	ISFP ARTIST	INFP QUESTOR	INTP ARCHITECT
ESTP PROMOTOR	ESFP ENTERTAINER	ENFP JOURNALIST	ENTP INVENTOR
ESTJ ADMINISTRATOR	ESFJ VENDOR	ENFJ PEDAGOGUE	ENTJ FIELD MARSHAL

The characteristics of the four bipolar scales measured by the MBTI are: (Hirsch and Kummerow, 1990, pp. 4)

<i>Energizing</i>	E = Extroversion Preference for drawing energy from the outside world of people, activities, or things	I = Introversion Preference for drawing energy from one's internal world of ideas, emotions, or impressions
<i>Attending</i>	S = Sensing Preference for taking in information through the five senses and noticing what is actual	N = Intuition Preference for taking in information through a sixth sense and noticing what might be
<i>Deciding</i>	T = Thinking Preference for organizing and structuring information to decide in a logical, objective way	F = Feeling Preference for organizing and structuring information to decide in a personal, value-oriented way
<i>Living</i>	J = Judgement Preference for living a planned and organized life	P = Perception Preference for living a spontaneous and flexible life

The scales can be characterized by the following words and phrases:

(Keirsey and Bates, 1978, pp. 25-26)

E (75% of population)                      versus                      I (25% of population)

Sociability . . . . .	Territoriality
Interaction . . . . .	Concentration
External . . . . .	Internal
Breadth . . . . .	Depth
Extensive . . . . .	Intensive
Multiplicity of relationships . . . . .	Limited relationships
Expenditure of energies . . . . .	Conservation of energies
Interest in external events . . . . .	Interest in internal reaction

S (75% of population)                      versus                      N (25% of population)

Experience . . . . .	Hunches
Past . . . . .	Future
Realistic . . . . .	Speculative
Perspiration . . . . .	Inspiration
Actual . . . . .	Possible
Down-to-earth . . . . .	Head-in-clouds
Utility . . . . .	Fantasy
Fact . . . . .	Fiction
Practicality . . . . .	Ingenuity
Sensible . . . . .	Imaginative

T (50% of population)                      versus                      F (50% of population)

Objective . . . . .	Subjective
Principles . . . . .	Values
Policy . . . . .	Social values
Laws . . . . .	Extenuating circumstances
Criterion . . . . .	Intimacy
Firmness . . . . .	Persuasion
Impersonal . . . . .	Personal
Justice . . . . .	Humane
Categories . . . . .	Harmony
Standards . . . . .	Good or bad
Critique . . . . .	Appreciate
Analysis . . . . .	Sympathy
Allocation . . . . .	Devotion

<u>J (50% of population)</u>	versus	<u>P (50% of population)</u>
Settled . . . . .		Pending
Decided . . . . .		Gather more data
Fixed . . . . .		Flexible
Plan ahead . . . . .		Adapt as you go
Run one's life . . . . .		Let life happen
Closure . . . . .		Open options
Decision-making . . . . .		Treasure hunting
Planned . . . . .		Open ended
Completed . . . . .		Emergent
Decisive . . . . .		Tentative
Wrap it up . . . . .		Something will turn up
Urgency . . . . .		There's plenty of time
Deadline! . . . . .		What deadline?
Get the show on the road . . . . .		Let's wait and see

- Reprinted by permission of D. Keirsey, INTJ Books, Inc., Del Mar, CA

## CHARACTERISTICS FREQUENTLY ASSOCIATED WITH EACH MBTI TYPE

Sensing Types		Intuitive Types	
<p><b>ISTJ</b> - Serious, quiet, earns success by concentration and thoroughness. Practical, orderly, matter-of-fact, logical, realistic, and dependable. Sees to it that everything is well organized. Takes responsibility. Makes up their mind as to what should be accomplished and works toward it steadily, regardless of protests or distractions.</p>	<p><b>ISFJ</b> - Quiet, friendly, responsible, and conscientious. Works devotedly to meet obligations. Lends stability to any project or group. Thorough, painstaking, accurate. Interests are usually not technical. Can be patient with necessary details. Loyal, considerate, perceptive, concerned with how other people feel.</p>	<p><b>INFJ</b> - Succeeds by perseverance, originality, and desire to do whatever is needed or wanted. Puts best efforts into his/her work. Quietly forceful, conscientious, concerned for others. Respected for his/her firm principles. Likely to be honored and followed for clear vision as to how best to serve the common good.</p>	<p><b>INTJ</b> - Has original mind and great drive for own ideas and purposes. Has long-range vision and quickly finds meaningful patterns in external events. In fields found appealing, has a fine power to organize a job and carry it through. Skeptical, critical, independent, determined, with high standards of competence and performance.</p>
<p><b>ISTP</b> - Cool onlooker—quiet, reserved, observing and analyzing life with detached curiosity and unexpected flashes of original humor. Usually interested in cause and effect, how and why mechanical things work, and in organizing facts using logical principles. Excels at getting to the core of a practical problem and finding the solution.</p>	<p><b>ISFP</b> - Retiring, quietly friendly, sensitive, kind, modest about his/her abilities. Shuns disagreements, does not force personal opinions or values on others. Usually does not care to lead but is often a loyal follower. Often relaxed about getting things done because of enjoying the present moment and not wanting to spoil it by undue haste or exertion.</p>	<p><b>INFP</b> - Quiet observer, idealistic, loyal. Important that outer life be congruent with inner values. Curious, quick to see possibilities, often serves as catalysts to implement ideas. Adaptable, flexible, and accepting unless a value is threatened. Wants to understand people and ways of fulfilling human potential. Little concern with possessions or surroundings.</p>	<p><b>INTP</b> - Quiet and reserved. Especially enjoys theoretical or scientific pursuits. Likes to solve problems with logic and analysis. Interested mainly in ideas, with little liking for parties and small talk. Tends to have sharply defined interests. Needs a career where some strong interest can be used and useful.</p>
<p><b>ESTP</b> - Good at on-the-spot problem solving. Likes action, enjoys whatever comes along. Tends to like mechanical things and sports, with friends on the side. Adaptable, tolerant, pragmatic; focused on getting results. Dislikes long explanations. Is best with real things that can be worked, handled, taken apart, or put together.</p>	<p><b>ESFP</b> - Outgoing, accepting, friendly, enjoys everything and makes things fun for others by his/her enjoyment. Likes action and making things happen. Knows what's going on and joins in eagerly. Finds remembering facts easier than mastering theories. Is best in situations that need sound common sense and practical ability with people.</p>	<p><b>ENFP</b> - Warmly enthusiastic, high-spirited, ingenious, imaginative. Able to do almost anything that interests him/her. Quick with a solution for any difficulty and ready to help anyone with a problem. Often relies on ability to improvise instead of preparing in advance. Can usually find compelling reasons for whatever he/she wants.</p>	<p><b>ENTP</b> - Quick, ingenious, good at many things. Stimulating company, alert and outspoken. May argue for fun on either side of a question. Resourceful in solving new and challenging problems, but may neglect routine assignments. Apt to turn to one new interest after another. Skillful in finding logical reasons for what he/she wants.</p>
<p><b>ESTJ</b> - Practical, realistic, matter-of-fact, with a natural head for business or mechanics. Not interested in abstract theories; wants learning to have direct and immediate application. Likes to organize and run activities. Is often good at administration; is decisive, quickly moves to implement decisions; takes care of routine details.</p>	<p><b>ESFJ</b> - Warm-hearted, talkative, popular, conscientious, a born cooperator, and active committee member. Needs harmony and may be good at creating it. Always doing something nice for someone. Works best with encouragement and praise. Main interest is in things that directly and visibly affect people's lives</p>	<p><b>ENFJ</b> - Responsive and responsible. Feels real concern for what others think or want, and tries to handle things with due regard for the feelings of others. Can present a proposal or lead a group discussion with ease and tact. Sociable, popular, sympathetic. Responsive to praise and criticism. Likes to facilitate others and enable them to achieve their potential.</p>	<p><b>ENTJ</b> - Frank, decisive, a leader in activities. Develops and implements comprehensive systems to solve organizational problems. Good in anything that requires reasoning and intelligent talk, such as public speaking. Is usually well informed and enjoys adding to his/her fund of knowledge.</p>

Rewritten in the singular based on information provided by Consulting Psychologists Press, Inc., to those who complete the MBTI

Appendix H - Keirsey's Description of Temperament Types

**THE ARTISAN TEMPERAMENT (SP):**

Abilities. The thirty to forty percent among us of Artisan temperament have an instinct for thematic variation, learn operational techniques avidly and easily, can become tactical leaders, and tend to speak descriptively and colorfully of the concrete world about them.

Interests. Artisan types search for new adventures, hunger for functioning, want to have pleasure every day, trust their impulses implicitly, aspire to virtuosity, but are too optimistic in expectation, and too cynical in retrospection.

Self-Image. They personify themselves as sophisticated, are proud of their competitiveness, respect themselves in the degree they are daring, and feel confident of themselves in the degree they can impress others.

Social Relationships. In their family interactions the Artisans are egalitarian, providing entertainment for their mates, free play for their children, and a variety of indulgences for themselves.

Four Kinds of Artisans: The *operator* kinds are natural *promoters* and *crafters*, while the *player* kinds are natural *performers* and *composers*.

THE GUARDIAN TEMPERAMENT (SJ):

Abilities, The forty to forty-five percent among us of Guardian temperament have an instinct for maintaining standards, earn manners and morals of their membership groups quickly and dutifully, can become logistical leaders, and tend to speak quantitatively and exactly of the concrete world about them.

Interests. Guardian types search for increasing security, hunger for rite and ceremony, wish for some services each day, trust authority implicitly, aspire to honor and dignity, but are too pessimistic in expectation and too fatalistic in retrospection.

Self-Image: They personify themselves as prosperous and self-supporting, are proud of their accountability, respect themselves in the degree they are staunch and steadfast, and are confident of themselves in the degree they are members in good standing.

Social Relationships. In their family interactions they are hierarchical, wanting respectability in their mates, conformity in their children, and self-sacrifice in themselves.

Four Kinds of Guardians. The *monitor* kinds are natural *supervisors* and *inspectors*, while the *conservator* kinds are natural *providers* and *protectors*.

## THE RATIONAL TEMPERAMENT (NT):

Abilities. The six or seven percent among us of Rational temperament have an instinct for systemic analysis, learn technology with ever increasing zeal, sometimes become strategic leaders, and often speak categorically and definitively of the abstract world of their imagination.

Interests. Rational types search for evidence for their theories, hunger for achievement, wish to grapple with puzzles and enigmas, trust logic and reason implicitly, aspire to ingenuity, but are too skeptical in expectation and too solipsistic in retrospection.

Self-Image. They personify themselves as productive, are proud of their competencies, respect themselves in the degree they are autonomous, and feel confident of themselves in the degree they are strong willed.

Social Relationships. In their family interactions they are libertarian, providing enlightenment for their mates, learning options for their children, and for themselves continuous self-improvement.

Four Kinds of Rationals. The *organizer* kinds are natural *field marshals* and *planners*, while the *engineer* kinds are natural *prototypers* and *architects*.

## THE IDEALIST TEMPERAMENT (NF):

Abilities. The eight or nine percent among of Idealist temperament have an instinct for interpersonal integration, learn ethics with ever increasing zeal, sometimes become diplomatic leaders, and often speak interpretively and metaphorically of the abstract world of their imagination.

Interests. Idealist types search for their unique identity, hunger for deep and meaningful relationships, wish for a little romance each day, trust their intuitive feelings implicitly, aspire to profundity, but are too credulous in expectation and too mystical in retrospection.

Self-Image. They tend to personify themselves as altruistic, are proud of their authenticity, respect themselves in the degree they are benevolent, and feel confident of themselves in the degree they are empathic.

Social Relationships. In their family interactions they strive for mutuality, provide spiritual intimacy for their mates, opportunity for fantasy for their children, and for themselves continuous self-renewal.

Four Kinds of Idealists. The *mentor* kinds are natural *teachers* and *counselors* while the *advocate* kinds are natural *revealers* and *conciliators*.

- Reprinted by permission of D. Keirsey, INTJ Books, Inc., Del Mar, CA

Appendix I - Information About the Guilford-Zimmerman Temperament  
Survey

The GZTS is designed for use with normals. Scores attained are converted to C scores which are derived from the profile chart. Only when C scores are extremely low is a serious problem in adjustment suspected. (Guilford et al., 1978, p. 15)

The scores derived from the GZTS are plotted on the following ten scales: (Guilford et al., 1978, pp. 4-5)

1. General Activity (G): A high score on G indicates strong drive, energy, and much physical activity. The high scorer does everything faster than other people do. He feels less need for rest and rarely becomes fatigued. G can also be thought of as a catalyst for other traits in the sense that the high-G individual is more likely to exhibit external evidence of his other characteristics. . . . If G is low, the individual does almost everything slowly and deliberately, pausing often to rest. At the extreme he is lethargic and sedentary and probably puts off doing anything he can avoid doing. (Guilford et al., 1978, p. 15)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Rapid pace of activities	vs Slow and deliberate pace . . . . .	6
Energy; vitality	vs Fatiguability . . . . .	6
Keeping in motion	vs Pausing for rest . . . . .	4
Production; efficiency	vs Low production; inefficiency . . . . .	4
Liking for speed	vs Liking for slow pace . . . . .	3
Hurrying	vs Taking time . . . . .	2
Quickness of action	vs Slowness of action . . . . .	2
Enthusiasm; liveliness . . . . .		2

2. Restraint (R): A high score on R is generally associated with emotional maturity, responsibility, self-discipline, organization, seriousness, and caution. For this reason, the high-R [individual] does well in academic pursuits and if not too self-restrained, should have a much easier time achieving general success in life than his more impulsive, irresponsible, low-R intellectual counterpart. . . . The low-R person can be a delightful company if one is not in a position to depend on him. He is spontaneous and so flexible that he can change his mind on a whim. This can be an advantage in occupations where scheduling is irrelevant and the ability to shift plans in midstream is helpful, as in some sales jobs. (Guilford et al., 1978, p. 15)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Serious-mindedness . . . . .		8
	Happy-go-lucky; carefree . . . . .	5
Deliberate	vs Impulsive . . . . .	5
	Excitement-loving . . . . .	5
Persistent effort . . . . .		3
Self-control . . . . .		3

3. Ascendance (A): The A scale describes the old concept of ascendance-submission, or dominance. Those with extremely high scores on A are sometimes insecure personalities who must maintain tight control over people and things in the environment. The high-A person may not necessarily show this dominance in an obvious way but may dominate by covert manipulation rather than by overt aggression (Guilford et al., 1978, pp. 15-16)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Self defense	vs Submissiveness . . . . .	9
Leadership habits	vs Habits of following . . . . .	7
Speaking with individuals	vs Hesitation to speaking . . . . .	5
Speaking in public	vs Hesitation to speaking . . . . .	2
Persuading others . . . . .		2
Being conspicuous	vs Avoiding conspicuousness . . . . .	2
Bluffing . . . . .		2

4. Sociability (S): S is synonymous with gregariousness. High-S individuals need to be with other people—not just in their company, but in interaction with them. Low-S individuals can take people or leave them alone, generally choosing the latter. If a person scores at either extreme on the S scale, problems can be expected. The extremely sociable person has a great deal of difficulty doing things that must be done alone, such as studying. There is evidence that S is negatively related to academic achievement and that students high in this trait need to learn in groups. . . . [Also] there is evidence that those higher in S are more attracted to person-oriented occupations while low-S individuals are more likely to choose occupations that center around ideas or things. (Guilford et al., 1978, p. 16)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Having many friends and acquaintances	vs Few friends and acquaintances . . . . .	9
Entering into conversations	vs Refraining from conversations . . . . .	6
Liking social activities	vs Disliking social activities . . . . .	5
Seeking social contacts	vs Avoiding social contacts . . . . .	5
	Shyness . . . . .	3
Seeking limelight	vs Avoiding limelight . . . . .	2

5. Emotional Stability (E): It would seem that the person who scores high in E is marked by stability in the sense of being consistent in behavior and feelings. If very high, he probably does not consider emotions to be very important and may be unresponsive to situations that would trigger an emotional reaction in most people. He reacts more to stimuli from within himself than to his environment. . . . The E scale is the one most frequently falsified in the upward direction when the examinee wishes to create a good impression. The low-E person may also be a falsifier but in the downward direction if the context of testing is one in which a cry for help might be in order . . . . The major characteristic of the low-E person is probably depression combined with mood swings and anxiety. Scores on E often parallel scores on Objectivity (O); the two are substantially correlated. (Guilford et al., 1978, p. 16)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Evenness of moods, interests, energy, etc.	vs Fluctuation of moods, interests energy, etc. . . . .	7
Optimism; cheerfulness	vs Pessimism; gloominess . . . . .	7
	Perseveration of ideas and moods . . . . .	6
	Daydreaming . . . . .	3
Composure	vs Excitability . . . . .	2
Feeling in good health	vs Feeling in ill health . . . . .	2
	Feelings of guilt, loneliness or worry. . . . .	3

6. Objectivity (O): The O continuum ranges from the cold fish, perfectly emotionally detached, high-O person to the very thin-skinned, hypersensitive person who cannot tolerate criticism and who suspects that others may be attempting to do him harm. People who score very high on O are capable of perceiving themselves and others with a great deal of objectivity but there is an accompanying inability to be empathetic. . . . The very low-O person has a great deal of difficulty in his interpersonal relationships because he is so self-centered that he thinks everything that goes on in the world is related to him, usually in some way that will hurt him. (Guilford et al., 1978, p. 16)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Being thick skinned	vs Hypersensitiveness . . . . .	10
	Egoism; self-centeredness . . . . .	8
	Suspiciousness; fancying of hostility. . . . .	6
	Having ideas of reference . . . . .	4
	Getting into trouble . . . . .	2

7. Friendliness (F): F is almost a reversed hostility scale. Those scoring at the high end are friendly, puppy dog personalities. They have difficulty understanding why anyone would be angry at them and are bewildered when others do not return their affections. They have a desire to please others and to be liked. They believe in turning the other cheek and do not retaliate when hurt. . . . At the other end of the continuum are the very hostile individuals. Low-F persons are often ready to fight at the slightest suggestion of antagonism on the part of another person. They resent any imposition and trust no one. It is impossible to take advantage of them because they are on the alert for anyone trying to dominate them and they are ready to resist, forcefully if necessary. (Guilford et al., 1978, pp. 16-17)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Toleration of hostile action	vs Belligerence; readiness to fight . . . . .	9
	Hostility, resentment . . . . .	7
	Desire to dominate . . . . .	5
Acceptance of domination	vs Resistance to domination . . . . .	5
Respect for others	vs Contempt for others . . . . .	2

8. Thoughtfulness (T) The high-T individual tends to observe, analyze, philosophize, meditate, and reflect. He is a persistent asker of questions because he needs to understand everything. Carried to the extreme, this can become obsessive and very high T scores should lead to further questioning. In the moderate-to-high range, T is predictive of academic success to some extent and is typical of the dedicated research worker. . . . A low-T person, on the other hand, is not pathological but those low in T are poor observers of themselves or of others because they are too busy interacting with their environment. They are probably lacking in tact and certainly would not do well in any endeavor that required planning or evaluating things. (Guilford et al., 1978, p. 17)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Reflectiveness; meditateness . . . . .		8
Observing of behavior in others . . . . .		6
Interest in thinking	vs Interested in overt activity . . . . .	5
Philosophically inclined . . . . .		4
Observing of self . . . . .		4
Mental poise	vs Mental disconcertedness . . . . .	3

9. Personal Relations (P): O all the GZTS scales, this one has consistently correlated highest with criteria involving human relations. It seems to represent the core of getting along with others. A high score means tolerance and understanding of other people and acceptance of their human failings and weaknesses. The high-P person does not criticize other people, is not suspicious of them and does not indulge in self pity. . . . The low-P person, on the other hand, thinks that the only decent people in the world are those just like himself and he doubts that anyone lives up to his rigid standards. He is conservative, intolerant, cynical, and if he is social he may be too outspoken about his opinions and thus antagonizes others. He has no faith in social institutions, either. This is one scale on which one with a good personality could hardly score too high. (Guilford et al., 1978, p. 17)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Tolerance of people habits . . . . .	vs Hypercriticalness of people; faultfinding	13
Faith in social institutions	vs Criticalness of institutions . . . . .	8
	Suspiciousness of others . . . . .	6
	Self pity . . . . .	3

10. Masculinity/Femininity (M or M/F): A high score on M indicates that the person behaves in ways characteristic of men and that he is likely, therefore, to be better understood by and is more acceptable to other men. If the score is very high, it may mean that the person is unsympathetic and callous. On the other hand, he may be attempting to compensate for some feminine tendencies or for feelings of weakness in traits other than M. . . . It is important to note that despite the fact that the M scale differentiates between men and women so well, the differentiation has little or nothing to do with orientation toward others of the same or opposite sex. (Guilford et al., 1978, p. 17)

POSITIVE QUALITIES	NEGATIVE QUALITIES	# of Items
Interest in masculine activities and vocations	vs Interest in feminine activities and vocations . . . . .	7
Not easily disgusted	vs Easily disgusted . . . . .	5
Hardboiled	vs Sympathetic . . . . .	4
Resistant to fear	vs Fearful . . . . .	3
	Romantic interests . . . . .	3
Inhibits emotional expressions	vs Emotional expressiveness . . . . .	3
Little interest in clothes and styles	vs Much interest in clothes and styles . . . . .	2
	Dislike of vermin . . . . .	2

## Higher-Order Factors:

there are those who may want to consider using composite scores, representing more general dimensions of personality. The following conversion formulas are provided to obtain second-order-trait scores for SA [Social Behavior], IE [Introversion Behavior], Eo [Emotional Behavior], and Pa [Cooperative Behavior], C scores being entered into the equations:

$$SA = .55 A + .55 S - .6$$

$$IE = .59 R + .59 T - .9$$

$$Eo = .76 E + .32 O - .4$$

$$Pa = .71 F + .47 P - 1.4$$

The results should be rounded to whole numbers, which will thus approximate C scores. C-scale scores are based on a scale the mean of which is 5 and the standard deviation of which is 2. (Guilford et al., 1976, p. 69)

Because the GZTS was developed by a team of psychometricians, who were also personality theorists, it has been subjected to extensive tests of its reliability and validity. Reliability coefficients representing both internal consistency and test-retest stability are high. (Guilford, 1976, pp. 9-12) Validity coefficients, including construct, concurrent (convergent), and discriminant validity are respectable. (Guilford, 1978, pp. 9-11)

Appendix J - The Questionnaire

**AMELOTASIS: A DESCRIPTIVE STUDY**

**QUESTIONNAIRE**

ID: \_\_\_\_\_

Birth Date:   /  /   Place of Birth: \_\_\_\_\_  
CITY STATE COUNTRY

Religious affiliation: \_\_\_\_\_

Do you consider yourself to be a religious (spiritual) person? ..... YES NO

Of the following five statements, mark the one that best describes you:

- \_\_\_ 1. I have always been intrigued by female amputees.
- \_\_\_ 2. My curiosity about female amputees developed as a child.
- \_\_\_ 3. My attraction to female amputees developed as a teenager.
- \_\_\_ 4. My interest in female amputees developed as a young adult.
- \_\_\_ 5. My fascination for female amputees developed later in life.

Was there a specific event that "triggered" your interest in amputees? ..... YES NO

If YES, briefly describe that event. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How old were you when that event occurred? \_\_\_\_\_

How old were you when you learned that others shared your interest in amputees? \_\_\_\_\_

Thinking of your Mother; list five words that describe her: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Indicate her involvement in your early life from 1 (little) to 5 (great).

Birth to age two:	1 2 3 4 5	Ages three to eight:	1 2 3 4 5
Ages nine to twelve:	1 2 3 4 5	Ages thirteen to 18:	1 2 3 4 5

Thinking of your Father; list five words that describe him: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Indicate his involvement in your early life from 1 (little) to 5 (great).

Birth to age two:	1 2 3 4 5	Ages three to eight:	1 2 3 4 5
Ages nine to twelve:	1 2 3 4 5	Ages thirteen to 18:	1 2 3 4 5

**AMELOTASIS: A Descriptive Study - Questionnaire**

**Page 2**

Have you dated an amputee? ..... YES NO

If YES, briefly describe your first experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If married, is your spouse an amputee? YES NO Otherwise disabled? ..... YES NO

If YES, describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had sexual fantasies which involve amputees? ..... YES NO

Have you had sex with an amputee? ..... YES NO

Have you been married to, or lived with, an amputee? ..... YES NO

My wife (significant other) is aware of my interest in amputees? ..... YES NO

If YES, how does she contribute to, participate in, your interest? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What problems have you encountered because of your interest in amputees? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has been your most positive (memorable) experience involving an amputee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMELOTASIS: A Descriptive Study - Questionnaire**

Describe your amputee "ideal" \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate your agreement with the following statements by circling "YES" or "NO." We recognize that some of the choices may be difficult but urge you to answer "YES" or "NO" to each statement.

- I am often bothered by my interest in/attraction to female amputees ..... YES NO
- I enjoy being in the company of female amputees ..... YES NO
- Female amputees are an important part of my fantasy life ..... YES NO
- I believe female amputees are very courageous; should be admired ..... YES NO
- I enjoy wearing feminine clothing and makeup ..... YES NO
- If I see a female amputee at a shopping mall I will follow her ..... YES NO
- My mother would accept my attraction to female amputees ..... YES NO
- I feel a strong need to "help" females amputees ..... YES NO
- I attend amputee sports events ..... YES NO
- I would rather see videos of female amputees than date an amputee ..... YES NO
- I would like to be an amputee ..... YES NO
- The female amputee of my dreams "belongs" to someone else ..... YES NO
- I have taken pictures of female amputees without their knowledge ..... YES NO
- My father would accept my attraction to female amputees ..... YES NO
- My interest in female amputees is frustrating ..... YES NO
- I collect pictures of female amputees ..... YES NO
- I will never meet the female amputee of my dreams ..... YES NO
- I have pretended to be an amputee ..... YES NO
- My professional/business associates know of my interest in female amputees ..... YES NO
- I feel sorry for anyone who is an amputee, particularly a female ..... YES NO
- I have accepted my attraction to female amputees as part of my life ..... YES NO
- If I see a female amputee in a store I will try to talk to her ..... YES NO
- I wish I were not interested in/attracted to female amputees ..... YES NO
- I am, or would like to be, married to a female amputee ..... YES NO
- I spend too much time pursuing my interest in female amputees ..... YES NO
- My interest in female amputees is exhilarating ..... YES NO

What questions would you like to have answered or addressed in future research? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appendix K - Three Interpretations of the MBTI for Amelotatists

Keirsey's Narrative Interpretation of the Myers-Briggs Type  
Inventory for Amelotatists

INTPs exhibit the greatest precision in thought and language of all the types; they tend to see distinctions and inconsistencies in thought and language instantaneously. The one word which captures the unique style of INTPs is *architect*—the architect of ideas and systems as well as the architect of edifices. This type is found in only 1 percent of the population and therefore is not encountered as frequently as some of the other types.

INTPs detect contradictions in statements no matter how distant in space or time the contradictory statements were produced. The intellectual scanning of INTPs has a principled quality; that is, INTPs search for whatever is relevant and pertinent to the issue at hand. Consequently, INTPs can concentrate better than any other type.

Authority derived from office, position, or wide acceptance does not impress INTPs. Only statements that are logical and coherent carry weight. External authority per se is irrelevant. INTPs abhor redundancy and incoherence. Possessing a desire to understand the universe, and INTP is constantly looking for natural law. Curiosity concerning these keys to the universe is a driving force in this type.

INTPs prize intelligence in themselves and in others, but can become intellectual dilettantes as a result of their need to amass

ideas, principles, or understanding of behavior. And once they know something, it is remembered. INTPs can become obsessed with analysis. Once caught up in a thought process, that thought process seems to have a will of its own for INTPs, and they persevere until the issue is comprehended in all its complexity. They can be intellectual snobs and may show impatience at times with others less endowed intellectually. This quality, INTPs find, generates hostility and defensive behaviors on the part of others, who may describe an INTP as arrogant.

For INTPs, the world exists primarily to be understood. Reality is trivial, a mere arena for proving ideas. It is essential that the universe is understood and that whatever is stated about the universe is stated correctly, with coherence and without redundancy. This is the INTPs final purpose. It matters not whether others understand or accept his or her truths.

The INTP is the logician, the mathematician, the philosopher, the scientist; any pursuit requiring architecture of ideas intrigues this type. INTPs should not, however, be asked to work out the implementation or application of their models of the real world. The INTP is the architect of a system and leaves it to others to be the builder and the applicator. Very often, therefore, the INTP's work is not credited to him or her. The builder and the applier gains fame and fortune, while the INTP's name remains obscure. Appreciation of the

INTP's theoretical work frequently comes posthumously—or the work may never be removed from library shelves at all and thus lost.

INTPs tend not to be investigators or to go into sales work. They are, however, often excellent teachers, particularly for advanced students, although INTPs do not always enjoy much popularity, for they can be hard taskmasters. They are not good at clerical tasks and are impatient with routine details. They prefer to work quietly, without interruption, and often alone. If an organization is to use the talents of an INTP appropriately, the INTP must be given an efficient support staff who can capture ideas as they emerge and before the INTP loses interest and turns to another idea.

INTPs take their mating relationship seriously and usually are faithful and devoted—albeit preoccupied at times. They are not likely to welcome constant social activity or disorganization in the home. In all probability, the mate of an INTP will initiate and manage the social life. If left to his or her own devices, the INTP mate will retreat into the world of books and emerge only when physical needs become imperative. INTPs are, however, willing, compliant, and easy to live with, although somewhat forgetful of appointments, anniversaries, and the rituals of daily living—unless reminded. They may have difficulty expressing their emotions verbally, and the mate of an INTP may believe that he/she is somewhat taken for granted. As a parent, the INTP is devoted; they enjoy children, and are serious about

their upbringing. The home of INTP parent is usually calm, low-key in discipline, but well run and ordered.

INTPs deal with the environment primarily through intuition, and their strongest quality, the thinking function, remains relatively hidden except in close associations. Therefore, INTPs are often misunderstood, seen as difficult to know, and seldom perceived at their true level of competency. They are inclined to be shy except when with close friends, and their reserve is difficult to penetrate. They are very adaptable until one of their principles is violated. Then INTPs are not adaptable at all! They may have difficulty in being understood by others because they tend to think in a complicated fashion and want to be precise, never redundant in their communications. Because their feeling qualities may be underdeveloped, they may be insensitive to the wants and wishes of others, often quite unaware of these wants and wishes. (Keirsey and Bates, 1978, pp. 186-188)

- Reprinted by permission of D. Keirsey, INTJ Books, Inc., Del Mar, CA

## Pedersen's INTP Prototype (5%)

## Thinking - Intuition - Sensation - Feeling

The INTP is the most intellectually impressive of all of the types. Like the proverbial absent-minded professor, he is independent and self-determined, with an extraordinary grasp of both thought and language.

Intellectually, the INTPs are curious, logical, creative, and original thinkers whose *raison d'être* seems to be to organize thoughts and concepts. Because their approach is speculative and theoretical, they leave the organization of the outside world of activities and people to others. They enjoy the examination of universal truths and principles. Their cognitive style is marked by ingenuity, cleverness, and logical purity. As nonconformist thinkers, they enjoy discussing and solving complex problems, building conceptual models, and developing unusual and complex ideas. Unlike STs, NTs are oriented to principles rather than facts. They place a strong value on education and are relentless, lifelong learners.

Since extroverted feeling is likely to be their most underdeveloped function, they often appear to be emotionally reserved, if not detached. They are often indifferent to others' opinions. They abhor small talk and may appear indifferent to all but

those who know them well. Because of this, INTPs are often emotionally aloof and skeptical. They are not infrequently loners.

Professionally, INTPs require work that provides a constant challenge to their creative intellects. Once they have demonstrated to themselves that they have mastered a concept, they proceed to the next challenge. Any project can be challenging to them if it involves an intellectual process. Compared to most of the ST Thinkers, INTPs focus on intellectual processes themselves, rather than on the results or outcomes of those processes.

In their work, INTPs may not have an easy time getting along with others because their intellectual expansiveness requires a lot of tolerance from others and a lot of freedom for themselves. They are intellectually challenging to others and put little stock in established opinions.

They dislike hierarchy, often ignore routine, and dislike the ordinary, especially standard operating procedures. Their best performance occurs in a flexible, unstructured environment in which they can set their own pace and goals. They are some of the most self-determined of all types of men. They are self-directed, self-correcting, and pride themselves on self-mastery. Their personal sense of competency comes from a successful search for conceptually

perfect, flawless solutions, in short, in achieving intellectual perfection.

As fathers, INTPs are commonly patient and accepting. Of paramount importance to them is fostering the growth of their children's intellectual independence. The INTP father doesn't demand or impose but rather *proposes* alternatives for their children. Because of his live-and-let-live attitude, he can sometimes seem passive, indirect, and preoccupied. He pursues hobbies with the same determination as work. Any intellectual process, whether in work or pastime, involves his total concentration and attention.

On the downside, INTPs can be their own worst, faultfinding critics. To others, they may appear to care more about the nature of their projects than they do about people. Without intellectual restraint, they may become so caught in objective analysis that they lose the trees for the forest.

The INTP's need for time alone, quiet, and inner activities may become more important than people. If he fails to find the necessary outlets for his conceptual abilities, he may become cynical or depressed. He may become an irksome, solitary taskmaster who loses sight of the personal dimension of his work.

By overemphasizing his intellectual life, the INTP may fail to develop social skills and family relationships. And without adequate emotional satisfaction and satisfactory relationships he can become overly sentimental, hypersensitive, and overreactive.

FREQUENT OCCUPATIONS OF INTPs:

Professor of mathematics,  
science, economics,  
or philosophy  
Researcher  
University professor  
Biologist  
Chemist

Computer programmer  
Computer systems analyst  
Lawyer  
Photographer  
Psychologist  
Surveyor  
Writer

(Pedersen, 1993, pp. 106-108)

Consulting Psychologists Press, Inc. Description of INTP

### At Their Best

People with INTP preferences are independent problem-solvers who excel at providing a detached, concise analysis of an idea or situation. They ask the hard questions, challenging others and themselves to find new logical approaches.

### Characteristics of INTPs

INTPs use their Thinking primarily internally to find or develop underlying principles and logical structures for understanding and explaining the world. They approach almost everything with skepticism, form their own opinions and standards, and apply these standards rigorously to themselves. They highly value intelligence and competence. INTPs are likely to be

- logical, analytical, and objectively critical
- intensely curious about ideas and theories

INTPs see possibilities beyond the present and obvious. They love to theorize and discuss abstractions. INTPs are usually

- mentally quick, insightful, and ingenious
- intensely curious about ideas and theories

INTPs quickly see inconsistencies and illogicality and enjoy taking apart and reworking ideas. They naturally build complex theoretical systems to explain the realities they see. They find it

difficult to work on routine things, but bring great energy, intensity, and focus to researching or analyzing a problem that arouses their curiosity.

#### How Others May See Them

INTPs are usually quiet and reserved though they can be talkative in areas where they are especially knowledgeable. Unless their work requires action, they are more interested in the challenge of finding solutions than in putting solutions to practical use. They prefer not to organize people or situations.

INTPs are tolerant of a wide range of behavior, arguing and raising issues only when they believe it is reasonable to do so. This flexibility disappears, however, when their ruling principles are challenged; then they stop adapting.

INTPs prize precision in communication and dislike redundancy or stating the obvious. They want to state the exact truth, but may make it so complex that others have difficulty understanding. Others usually see INTPs as

- quiet, contained, calm, and detached observers
- independent, valuing autonomy

### Potential Areas for Growth

Sometimes life circumstances have not supported INTPs in the development and expression of their Intuitive and Thinking preferences.

- If they've not developed their Intuition, INTPs may have no reliable way for taking in information and be immersed in their internal logical systems. Then they find it difficult to communicate or actualize their ideas.
- If they've not developed their Thinking, they may go from insight to insight, never analyzing them with a critical eye or integrating them into a whole.

If INTPs do not find a place where they can use their gifts and be appreciated for their contributions, they usually feel frustrated and may

- become cynical and negative,
- be sarcastic and destructively critical,
- isolate themselves and put off action, and
- engage in verbal sparring and arguments.

It is natural for INTPs to give less attention to their non-preferred Feeling and Sensing parts. If they neglect these too much, however, they may

- be insensitive to the needs of others for information and emotional connection,

- decide something they or others value is not important because it's "not logical,"
- fail to consider the impact of their ideas on people, and
- be impractical--forgetting details such as appropriate dress, paying bills, physical needs.

Under great stress, INTPs may erupt outwardly in inappropriate displays of emotion. The resulting explosive anger or hurt tearfulness is quite unnerving to others and embarrassing to the usually calm and controlled INTP. (Myers, 1993, p. 17)

Appendix L - Interpretation of the MBTI-EAR for Amelotatists

## EXTROVERSION/INTROVERSION

Preference Score: 3 Introversion

The sample of amelotatists approximated the mid-point of the distributions of the norm group for all five of the subscales.

Scale	Score	Explanation
Gregarious/Intimate	5.02	Middle scorers' comfort level with strangers depends on the situation, though some are comfortably outgoing and sociable, and others reserved and inhibited. They may not want the intensity of intimate relationships favored by Intimate people. They are comfortable with moderately superficial relationships. (Kummerow & Quenk, 1992, p. 12)
Enthusiastic/Quiet	5.22	There is a back and forth quality to the characteristics Midscoreers show which may seem unpredictable to others. Some Midscoreers seem energetic, enthusiastic, and outgoing, while others seem more mild-mannered and reserved. Some confuse people by being charming and accommodating some of the time and intrusive and bossy at other times. (Kummerow & Quenk, 1992, p. 13)
Initiator/Receptor	5.24	Midscoreers feel comfortable initiating things in social situations with people they know. They are often seen in these settings as socially at ease. In general, they are not likely to be perceived as shy or timid. One Midscoreer preferred that others make the social introductions, but if no one took that role, easily stepped in and completed the social amenities. [He] has the skills to do so, but not the strong desire to use those skills continually. (Kummerow & Quenk, 1992, pp. 13-14)
Expressive/Contained	4.98	Middle scorers, especially those scoring on the Extroverted side of the EI subscales, give the impression of readily confiding in others, but they may in fact reveal little about themselves. Their genuine interest in others encourages the impression that they discuss their feelings easily, but they may keep much of

their personal lives contained and private. They may talk of many things but, when one listens closely, rarely does one hear of their personal feelings. (Kummerow & Quenk, 1992, p. 14)

Auditory/Visual	4.44	Middle scorers prefer an Auditory or Visual approach depending on the kind of information involved. Many prefer reading and writing to deal with intellectual material, and talking and listening when personal issues are involved. They are likely to appreciate both a good lecture and a good book. They find they remember a lecture in more depth if they have also taken notes. Thus they are combining an auditory and a visual approach. (Kummerow & Quenk, 1992, p. 15)
-----------------	------	---

## SENSING/INTUITIVE

Preference Score: 8 Intuitive

The sample of amelotatists clearly leans toward the Intuition side of the scale.

Scale	Score	Explanation
Concrete/Abstract	5.60	Middle scorers, especially Intuitives, like to have facts as a way of staying grounded. One Intuitive has to know the facts behind a theory, so he can discuss it intelligently. Others enjoy an abstract approach up to a point, and then need data to reassure them that matters are not completely out of hand. Sometimes Midscorers get stuck on (or obsessed with) a fact of detail and have difficulty opening up to the larger context. (Kummerow & Quenk, 1992, p. 15)
Realistic /Imaginative	7.32	Imaginative people minimize reality and like ingenuity for its own sake. They believe innovations are good in and of themselves. They want to experience the novel and the different. They are resourceful in dealing with new and unusual experiences, and they prefer not to do things the same way twice. They often enjoy

word games and humor based on nuance.  
(Kummerow & Quenk, 1992, p. 16)

- |                              |      |   |
|------------------------------|------|---|
| Pragmatic<br>/Intellectual   | 6.22 | Intellectual individuals focus on the role of the scholar and the life of the mind. They like acquiring new knowledge for its own sake. They value mental virtuosity and tend to score well on IQ tests. They focus on the idea, not application and prefer to start with the theory. A practical use for the ideas may be an afterthought. Ideas, not material objects, are what's important to them. (Kummerow & Quenk, 1992, p. 16)  |
| Experiential<br>/Theoretical | 6.62 | Theoretical people trust theory and believe theory has a reality of its own. They like to invent new theories, even more than apply their "old" ones. They like newness and are likely to suggest a theory to explain any new facts or events. Things do not happen in isolation for them, but rather fit into a pattern or theory. They are more future oriented than Experiential people, and they like to deal with the intangible. (Kummerow & Quenk, 1992, p. 16)  |
| Traditional/Original         | 7.16 | Original people place a high value on uniqueness and need to demonstrate their originality. They value cleverness and inventiveness, and they seek out ingenious, adventurous, enterprising people. They like to take the initiative in showing others how original they can be. They would rather figure out their own ways of doing things than read the directions. (They don't like it that the MBTI has only 16 types; they want to invent something else using the MBTI as a base.) (Kummerow & Quenk, 1992, p. 17) |

THINKING/FEELING

Preference Score: 12 Thinking

The sample of amateur statisticians demonstrated a mixed picture on this dimension, however, the Thinking subscales were more pronounced than the Feeling subscales. This is consistent with the high number of NTs (Intuitive Thinkers) in the sample.

Scale	Score	Explanation
Critical/Accepting	6.60	Accepting people focus on the good in things. They like to praise and forgive and are kind and tolerant toward others. They expect others to respond with the same kindness. They believe a "win-win" situation is possible. At the extreme they may be "Pollyannish." They can set themselves up for great disappointment when they have been so busy organizing a "win-win" situation that they have not considered the possibility that they could lose. (Kummerow & Quenk, 1992, p. 18)
Tough/Tender	6.40	Tender individuals want people to like them. They use gentleness, affection, and what some would call "honey" to achieve their objectives. They see that there are two mutually contradictory sides and that one can't always reach a purely rational decision. They see lots of ways to come to an agreement, and they don't believe they have to provide "the answer." They want everyone to look good and feel good about the end result. They'll give the benefit of the doubt to others. They are often seen as warm. The term "feminine" is often associated with this pole. (Kummerow & Quenk, 1992, p. 18)
Questioning /Accommodating	2.64	Questioning people are intellectually independent. They like to think for themselves even though their conclusions may be very different from those of others. They like to come up with new ideas, and clarify and verify what others are talking about. They like the preciseness of their questions and their ability to zero in on discrepancies. They may not trust their conclusions until all the questions have been asked, and they are tenacious in doing so. Not to question something, even though it may already be right, does not occur to them. (Kummerow & Quenk, 1992, p. 19)
Logical/Affective	5.30	Middle scorers are more similar to those who are Affective people than to those scoring at the logical end of the dimension. Some may experience tension over decision making. They want to

consider logical consequences, but they can't put aside their concern for others' feelings. Their respect for a dispassionate approach may not be strong enough to counteract their distaste for "cold" logic. (Kummerow & Quenk, 1992, p. 20)

Reasonable /Compassionate	3.25	Reasonable people make effective use of sequential reasoning and are impartial observers of a situation. They are confident and clear about their decisions and objectives. They live their lives logically with premises leading to conclusions. They are objective and analytical in viewing situations. (Kummerow & Quenk, 1992, p. 20)
------------------------------	------	--

#### JUDGEMENT/PERCEPTION

Preference Score: 2 Perception

The sample of amelotatists leaned slightly toward the Perception side of the scale. Therefore, Myers would identify the group as P, while Keirsey would likely assign an X signifying an unclear or mixed preference.

Scale	Score	Explanation
Stress Avider /Poly-active	5.88	Middle scorers seem to compromise the two extreme approaches. They need a certain degree of pressure for motivation, but not the flow of adrenaline preferred by Poly-active individuals. They find it hard to get started on a task too much in advance of a deadline. They work best when the deadline is close enough to cause some anxiety. . . . Midscorers are usually seen as efficient and responsible, but also as having the ability to be flexible. (Kummerow & Quenk, 1992, p. 21)
Systematic/Casual	5.18	For moderate scorers, a general plan with some contingencies is helpful, but too much detail can be inhibiting. (Kummerow & Quenk, 1992, p. 22)

Scheduled /Spontaneous	5.46	A moderate amount of routine is welcomed by Midscorers. It provides just enough predictability while allowing them the freedom to respond to unexpected opportunities. Routine is often helpful in certain areas of their lives and onerous in others; work and home may be the defining criteria in this case. (Kummerow & Quenk, 1992, p. 22)
Planful/Open-ended	4.66	As with other JP subscales, work versus home may determine how Midscorers behave. They can be open and adaptable, as well as planful and persevering. For some, long-range plans are useful at work, but non-work situations are lived in the present moment. Others like to plan for important goals, like a child's education, but are flexible in their everyday lives. Some may be uneasy living in the here and now, and they wonder at times whether their inattention to long-range goals is unwise. (Kummerow & Quenk, 1992, p. 22)
Methodical/Emergent	4.14	Midscorers on this subscale present a mixed bag; some may be flexible, impatient, and somewhat scattered, while others are seen as responsible and efficient. They may show combinations of these qualities some of the time or in some situations. Some Midscorers like detailed plans when they are in an unfamiliar situation, but are comfortable without a plan when they are quite sure of themselves. (Kummerow & Quenk, 1992, p. 23)

The average scores on the 20 subscales of the MBTI-EAR for this sample of ametotatists were considered mid-range between 4.0 and 6.0; moderate between 2.0 and 3.9 or 6.1 and 8.0; extreme between 0 and 1.9 or 8.1 and 10.0. As expected, based on the "regression toward the mean" concept discussed in the body of this work, there were no extreme average subscale scores. When a group has several middle scores on a dimension it is difficult to attribute characteristics to any one subscale.

**Appendix M - Interpretation of the GZTS for Amelotatists**

A Narrative Interpretation of the  
Guilford Zimmerman Temperament Survey for Amelotatists

Comments on the Profile of the 10 Traits:

The following interpretation is based on the extensive research literature on the GZTS and on descriptions of actual behavior. The statements in the interpretation, however, are generalizations based on correlations between scale scores and behavior. These statements, along with other sources of information about the client, should form the basis for hypotheses to be tested by the counselor.

None of the following narrative descriptions is expected to be completely accurate for any one individual. They describe characteristics found in people with certain score patterns. Thus, some of the descriptions that follow may be precise while others may be less accurate. We suggest that the counselor work with the client to identify the best fitting descriptions and note those behavior patterns the client is comfortable with and those, if any, he might wish to change.

In addition, the client's mood, health, motivation, and interpretation of the questions can all influence test scores. It is not recommended that the GZTS be used as the only means of evaluation. However, it can be assumed that the further away the score is from the mean, the more likely it is that the narrative paragraphs will provide accurate descriptions. Extreme scores are useful as points of departure in the counseling situation in that the counselor has a better idea as to the probable nature and intensity of the client's attributes.

General Activity (G)

The scale reflects the amount of energy put into everything a person does. The G score may intensify a person's other traits; for example, if a person's general level of activity is high, his or her other GZTS traits become more pronounced. Any interpretation of this score should take into account age. In general, the higher the age the lower the G score.

High Scores: driven, energetic, physically active  
 Low Scores: slow, deliberate, sedentary

Moderate Score: (Standard Score of 5)

Amelotatists are fairly energetic and have an average interest in physical activity. They agreed with an average number of statements such as: You start to work on a new project with a great deal of enthusiasm. They disagreed with an average number of statements such as: You often wonder where others get all the excess energy they seem to have.

#### Restraint (R)

The R scale is an indicator of overall emotional maturity. R scores tend to increase with age. Since the R score measures the ability to stick to a routine, it is very useful in counseling and working with students. For example, most students need a fair amount of restraint to be a success in a college academic program; the higher the academic level, the more restraint is needed.

High Scores: emotionally mature, responsible, organized  
 Low Scores: spontaneous, flexible, not dependable

Moderate Score: (Standard Score of 5)

Amelotatists are average in self-restraint, take things as seriously as most people, and may act impulsively on occasion. Most of the time, they act as inhibited as most people. They agreed with an average number of statements such as: You are inclined to think things over before you act. They disagreed with an average number of statements such as: You believe in the idea that we should 'eat, drink, and be merry, for tomorrow we die.' When it comes to assuming responsibility, they may be trusted with as much as the average person.

#### Ascendance (A)

The A scale describes the poles of ascendance (or dominance) and submission. Ascendance is relative; the need for it varies according to the personality of those with whom one interacts and the extent of face-to-face contact.

High Scores: authoritative, controlling  
 Low Scores: submissive, avoids responsibility

Moderate Score: (Standard Score of 6)

Amelotatists are average in social boldness and are assertive as often as most people. They agreed with an average number of statements such as: You have more than once taken the lead in organizing a project or a group of some kind. They disagreed with an average number of statements such as: You are satisfied to let someone else take the lead in group activities.

In social interaction, he usually plays neither a dominant nor a submissive role. He is probably equally inclined to lead or follow but may exhibit sufficient self-assertiveness to supervise or manage others.

#### Sociability (S)

The S scale reflects gregariousness or the desire to socialize.

High Scores: outgoing, loves interactions with people  
 Low Scores: introverted, prefers to be alone

Low Score: (Standard Score of 4)

Amelotatists score slightly below average in sociability, do not enjoy being surrounded by other people, are inclined to be loners, and cannot tolerate much interaction. They do not often initiate conversations with strangers and may get uneasy when among a lot of people. They do not have much need for friends and acquaintances. They agreed with statements such as: You have difficulty in making new friends. They would not enjoy personal-growth groups or groups in which there was too much self-disclosure. Ideal occupations for them would include occupations that center around ideas or things, such as accounting or forestry.

### Emotional Stability (E)

The E scale measures stability or consistency of mood without judging whether that stability is good or bad, healthy or unhealthy. It can reflect how stable any pattern of traits from the GZTS or other tests will be and whether those characteristics will stay consistent or whether they will fluctuate. The E scale is frequently falsified in the upward direction when the examinee wishes to create a good impression.

High Scores: consistent in behavior and feelings,  
responds to internal stimuli

Low Scores: anxious, depressed, has mood swings

Low Score: (Standard Score of 4)

Amelotatists score slightly below average in emotional stability and thus would probably not be described as even-tempered persons. They are somewhat more of a pessimist than an optimist and are probably not very happy most of the time. They agreed with statements such as: You have frequent ups and downs in mood, sometimes with and sometimes without apparent cause. They would probably have difficulty in situations that involve prolonged tension or stress. They may be trying to bias their results in a downward direction, especially if the context of testing is one in which a cry for help might be in order.

### Objectivity (O)

The O scale measures the extent to which a person involves him or herself in a situation.

High Scores: emotionally detached, objective

Low Scores: hypersensitive, self-centered

Low Score: (Standard Score of 4)

Amelotatists score slightly below average in the ability to view things objectively. They are thin-skinned and may sometimes take things too personally. They agreed with statements such as: People talk about you behind your back. When criticized, they tend to react somewhat defensively. They respond poorly to criticism and intensely

to rejection or to other events that even remotely imply personal meaning. They may even imagine criticisms, slights, or rejections. They may have a slight tendency to be suspicious of the motives of other people.

Configural Analysis: O (4) and F (4)

His reaction to imagined slights may be hostile.

#### Friendliness (F)

The F scale measures affinity towards other people.

High Scores: friendly, wants to please and be liked

Low Scores: hostile, resents impositions, antagonistic

Low Score: (Standard Score of 4)

Amelotatists score slightly below average in friendliness and probably feel hostile toward others slightly more often than most people. They may be able to feign friendliness but may not have many friends. They agreed with statements such as: You see to it that people do not take advantage of you. They are inclined to get into arguments or fights, may not put up with belligerence from other people, and may be ready to fight at the suggestion of antagonism on the part of another person. They probably resent imposition, trust few people, and may be suspicious of people's motives. It is not that others will take advantage of or dominate them; they are alert to such efforts and are ready to resist forcefully if necessary. This characteristic is sometimes related to financial success in insurance sales and is helpful in supervisory positions where managers cannot be too friendly.

Configural Analysis: F (4) and O (4) and E (4) and P (3)

He may need professional help.

#### Thoughtfulness (T)

The T scale reflects the degree to which a person tends to think about or contemplate things or ideas.

High Scores: analytical, reflective, inquisitive

Low Scores: poor observers of themselves or of others

Moderate Score: (Standard Score of 6)

Amelotatists probably spend an average amount of time in self-analysis and observation of others. They agreed with an average number of statements such as: You enjoy analyzing your own thoughts and feelings. They disagreed with an average number of statements such as: You are usually too busy to spend time in reflective thought.

Moderate scores on this scale are predictive of academic success to some extent and are typical of the dedicated researcher. He would probably enjoy assignments that require the application of intensive thinking, planning, or analysis.

Personal Relationships (P)

The P scale is most closely associated with criteria involving human relations. It represents the ability to get along with others.

High Scores: tolerant, understanding, accepting of others  
 Low Scores: conservative, cynical, critical

Low Score: (Standard Score of 3)

Amelotatists tend to be conservative, critical, cynical, and intolerant some of the time. They agreed with statements such as: Most people are out to get more than they give. Those who score low on this scale think that the only decent people in the world are those just like themselves, and they doubt that anyone lives up to their rigid standards. They may overemphasize their opinions, antagonize others, and have some difficulty with interpersonal relations. Their faith in mankind and institutions are lower than average. People with scores like this are sometimes found in extremely conservative groups (such as, fundamentalist religious groups). They probably should not be recommended for supervisory positions where they will have to get along well with others.

Masculinity/Femininity (M/F)

The M scale measures the acceptance of the traditional social-cultural attitudes toward masculinity and femininity. The scale is composed of

items that reflect typically masculine versus typically feminine interests, fears, emotional reactions, expression of emotions, and general tough- versus tender-minded attitudes. The differentiation of the scale between sexes has little or nothing to do with orientation toward others of the same or opposite sex. Scoring somewhat low on one's respective M scale does not necessarily indicate a problem. As our culture becomes more sensitive to the unisex concept, males and females will probably appear more and more alike on this dimension.

High Scores:       behaves in ways traditionally more  
                          characteristic of men  
Low Scores:        behaves in ways traditionally more  
                          characteristic of women

Low Score:         (Standard Score of 4)

Amelotatists score slightly below average in masculine interests and attitudes as defined by the traditional social stereotype. Compared to most men, they are slightly more sensitive and sympathetic, and it may be relatively easy to arouse feelings of disgust in them. They agreed with statements such as: The sight of blood frightens you. They would probably be comfortable working primarily with women. The counselor must be fairly careful not to imply that there is anything wrong with a client who scores somewhat low on this scale; instead, the positive aspects should be emphasized.

- Based on the interpretation of the GZTS profiles prepared by Consulting Psychologists Press, Inc., for each person completing the instrument.

CURRICULUM VITA

**LeRoy Wm. Nattress, Jr.**

6451 Cedar Avenue  
 P.O. Box 250  
 Angelus Oaks, CA 92305  
 (909) 794-1179

**EDUCATION**

Walden University, Minneapolis, MN (1988-1996) Major: Human Services	Ph.D. (November 1996)
American University, Washington, DC (1959-1968) Major: Adult Education	a.b.d.
University of California, Los Angeles, CA (1954-1959) Major: Educational Counseling and Guidance	M.A. (August 1957)
Hope College, Holland, MI (1950-1954) Major: Psychology/Biology	B.A. (June 1954)

**EMPLOYMENT**

Loma Linda University School of Medicine, Loma Linda, CA  
 Assistant Professor and Director, Office of Education and Research,  
 Department of Family Medicine (1991-present)  
 Special Assistant to the Dean for Educational Affairs (1994-present)

Consultant/Independent Contractor, Washington, DC, and New York, NY (1978-1991)

President, Natresources, Inc., Chicago, IL (1969-1978)

Director, Office of Education and Evaluation, American Board of  
 Orthopaedic Surgery, Chicago, IL (1966-1969)

Executive Director, American Board for Certification in Orthotics and  
 Prosthetics, Washington, DC (1960-1966)

Instructor/Coordinator, Prosthetic Education Program, Department of  
 Orthopaedic Surgery, UCLA School of Medicine, Los Angeles, CA  
 (1956-1959)

## HONORS AND AWARDS

- 1991 Whitney M. Young Service Award presented by the National Council, Boy Scouts of America
- 1988 Vigil Honor, Man-A-Hattan Lodge, Order of the Arrow, Greater New York Councils, Boy Scouts of America
- 1984 God and Service Award presented by the Commission for Church and Youth Agency Relationships.
- 1984 Bronze Pelican Award presented by the Catholic Youth Organization of the Archdiocese of New York
- 1964 Silver Beaver Award presented by the National Capital Area Council, Boy Scouts of America
- 1960 Sir Geoffrey Peto Memorial Award presented by the International Society for the Rehabilitation of the Disabled
- 1952 Eagle Scout Award presented by the National Council, Boy Scouts of America

## COMMUNITY ACTIVITIES (Current):

Executive Director, Inland Empire Family Medicine Residency Program Exchange, Loma Linda, CA

Member, PT/OT Curriculum Advisory Committee, LLU School of Allied Health Professions, Loma Linda, CA

Western Regional Representative, National Association of Presbyterian Scouters, St. Louis, MO

Vice President for Membership/Relationships, California Inland Empire Council, Boy Scouts of America, Redlands, CA

Chair, Blue Ribbon Committee (Strategic Planning Committee), California Inland Empire Council, Boy Scouts of America, Redlands, CA

Member, Collectors Club, Southwest Museum, Los Angeles, CA

Secretary/Treasurer, Amputees Are Able (The amputee support groups serving the California Inland Empire) and Editor of the Amputees Are Able Newsletter, Angelus Oaks, CA

**PROFESSIONAL MEMBERSHIPS (Current):**

Member, Association of American Medical Colleges

Member, Program Committee, Group on Educational Affairs (Western Region)

Member, New York Academy of Sciences

Member, Society of Teachers of Family Medicine

Member, Group on Use of Standardized Patients

Member, Group on Patients With Disabilities

Member, Group on Faculty Development

Member, Society of General Internal Medicine

Member, Congress of Rehabilitation Medicine

Member, American Psychological Association

Member, Division 22, Rehabilitation Psychology

Member, Society for Disability Studies

Member, Amputee Coalition of America

**PUBLICATIONS (Recent):**

Nattress, L. W. (1996). Family medicine update. Alumni Journal, Loma Linda University School of Medicine, 67, 3, p. 28.

Nattress, L. W. (1994). The impact of major limb loss on marriage. In E. Makas, & L. Schlesinger (Eds.), Insights and outlooks: Current trends in disability studies. Portland, ME: The Edmund S. Muskie Institute of Public Affairs.

Nattress, L. W. (1993). The female amputee as an object of interest and sexual attraction. In D. Pfeiffer, S. C. Hey, & G. Kiger (Eds.), The disability perspective: Variations on a theme (pp. 231-245). Salem, OR: The Society for Disability Studies and Willamette University.

Nattress, L. W. (1991). In-training examinations. Academic Medicine, 66, 1, p.24.

Pike, A. L., and Nattress, L. W. (1991). The changing role of the amputee in the clinic team process, in L. W. Friedman, and G. H. Kraft (Eds.), Physical medicine and rehabilitation clinics of north America, 2, 2, 405-414.

**PRESENTATIONS (Recent):**

**Evaluating Student Competence**, LLU/IFAC Faculty Development Workshop, September 14, 1994, Loma Linda, CA

**The Americans With Disabilities Act - A Report Card**, San Bernardino County Department of Aging and Adult Services Conference, September 24, 1994, Ontario, CA. (With Cindi Jones, Editor, *Mainstream*)

**Primary Care for the Disabled**, Society for Teachers of Family Medicine, Western Regional Meeting, October 8, 1994, Bellevue, WA.

**Evaluating Student Competence**, LLU School of Allied Health, Physical Therapy Doctoral Program, October 18, 1994, Loma Linda, CA

**Disability: A Family Matter**, (Poster Presentation), Society for Teachers of Family Medicine, PreDoctoral Conference, January 26-29, 1995, Charleston, SC. (With Lynn Brancato)

**Addressing Teen Violence**, Walden University, Regional Intensive Seminar, February 5, 1995, Pomona, CA.

**COPC: Community Oriented Primary Care**, Annual Post-Graduate Conference, LLUSM, March 3, 1995, Loma Linda, CA.

**Primary Care for Persons with Disabilities**, Annual Post-Graduate Conference, LLUSM, March 7, 1995, Loma Linda, CA. (With Lynn Brancato)

**RESEARCH: Why, Who, What, How, and Where to Find Resources!** California State Hospice Association, March 28, 1995, Pasadena, CA. (With Linda Halstead, Associate Director, Office of Sponsored Research, Loma Linda University)

**Evaluating Students in Problem-Based Learning Programs: A Work in Progress**, Society for Teachers of Family Medicine, May 9, 1995, New Orleans, LA

**Test Taking Strategies - Preparing for Boards**, Family Practice Residency Program, Long Beach Memorial Hospital, June 19, 1995, Long Beach, CA.

**Managed Care and the Child Amputee**, A Touch of Love (support group for child amputees and their families), January 20, 1996, Huntington Beach, CA

**The Amputee and Health Care Reform**, Prosthetics/Orthotics Forum, April 5, 1996, LLU Department of Rehabilitation Medicine, Loma Linda, CA.

**The Impact of Disability on the Family**, Interdisciplinary Service-Learning Conference, SACHS-Norton, April 10, 1996, Loma Linda, CA (with Lynn Brancato)

**Chartered Partner Representative Training**, California Inland Empire Council, Boy Scouts of America, April 13, 1996, Redlands, CA

**Evaluating Professional Competence, Faculty Development Conference, LLU Department of Social Work, April 22, 1996, Loma Linda, CA**

**Meeting the Needs of Amputees in Southern California, In-Service Conference for Nurse/Social Work Case Managers, FHP, May 15, 1996, Riverside, CA (with Lynn Brancato)**

**Meeting the Needs of Amputees in the California Inland Empire, In-Service Conference for Nurse Case Managers, Parkview Hospital, June 19, 1996, Riverside, CA (with Lynn Brancato)**