



Looking for blindness: first-hand accounts of people with BID

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Abstract

The label *Body Integrity Dysphoria* (BID) refers to a heterogeneous class of conditions whose sufferers desire a particular type of physical impairment. Variants of the desire for disability share the experiential “friction” elicited by the mismatch between the physical body and the subjective body. Perceived from childhood, body integrity dysphoria intensifies progressively throughout life, often leading sufferers to simulate disability and attempt to engage in self-injury. The contemporary scientific community agrees on the assumption that BID is a complex phenomenon that involves biological, social, and psychological dimensions. The present work aims to provide a preliminary qualitative overview of the desire for permanent visual impairment through novel descriptions from a recent narrative interview we conducted. The desire for blindness appears to be extremely rare. To date, there have been very few studies investigating this phenomenon. Despite these limitations, this paper aims to describe the subjective aspect of visual dysphoria, considering its similarities and differences with other variants grouped under the label of BID.

Keywords Body Integrity Dysphoria · Desire for disability · Visual impairment · Narrative interview · Embodied subjectivity

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1 Introduction

The label *Body Integrity Dysphoria* (BID) refers to a heterogeneous class of disorders whose sufferers desire a particular type of physical impairment.¹ The scientific literature shows that people with BID do not develop delusions about the desired disability and that their bodies appear to be healthy (Brugger et al., 2013).

The most prevalent variant of BID is the desire for leg amputation (McGeoch et al., 2011; Ramachandran and McGeoch, 2007), which has been investigated over the past decade using modern neuroscientific and neuropsychological techniques; the results have shown recurrent evidence of structural and functional brain abnormalities in people who desire amputation (Fornaro et al., 2021; Gandola et al., 2021; Hänggi et al., 2017; Saetta et al., 2020, 2022). Less common are the desires for paralysis (Giummarra et al., 2012) or arm amputation (Riordan & Appleby, 1994; Schlozman, 1998; Sorene et al., 2006), and even less common are those involving sensory deprivation, such as the desire for blindness (Gutschke et al., 2017) or deafness (Veale, 2006). These manifestations of body dysphoria share the experiential “friction” elicited by the fact that the structural and functional integrity of the physical body does not match the subjectively felt corporeality (First, 2005).

Currently, it is not yet possible to compare BID variants from a neurobiological perspective, as neuroimaging research has mainly focused on the desire for amputation (Capodici et al., 2022; Saetta et al., 2020, 2022). However, it is possible to recognize the presence of some recurrent features that characterize the experience of these people, regardless of the desired body configuration (Blom et al., 2012; Capodici, 2020).

This short paper aims to provide a preliminary qualitative overview of the desire for permanent visual impairment through novel descriptions reported by individuals with this specific BID variant. To our knowledge, only one scientific research focused exclusively on the desire for blindness, involving five participants (Gutschke et al., 2017). The hypothesis and results of the mentioned study will be addressed in detail in the next sections.

All the first-person descriptions included in this paper are part of a narrative interview we conducted with a sample of sixty-six subjects with BID (Pennisi and Capodici, 2021). Of these, only five participants expressed a desire for blindness. However, only four of them provided adequate descriptive responses about their condition. For this reason, we only included their contribution to frame this discussion.

Although this sample is extremely small, it must be considered that the desire for blindness is a very rare condition among a varied population of uncommon body integrity conflicts. Even considering the above limitations, this work aims to describe the first-person perspective of individuals who experience a long-lasting desire to lose their vision, a sense that human beings feel functionally and emotionally essential (Brook, 2002; Madary, 2016; McClamrock, 2013).

¹ ICD-11—Mortality and morbidity statistics (World Health Organization) <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/256572629>

Participants in our study were recruited online by sharing the study within BID communities hosted on different social networks. Our narrative interview consists of open-ended questions designed to investigate different levels of the lived experience in people with BID. These questions cover the onset of disability desire, perceptions of body dysphoria, characteristics of the unwanted part, use and fascination towards prostheses and medical devices, self-damage, and social relationships. The only closed-ended question requires participants to express a preference between acquiring a physical disability and a hypothetical rehabilitation treatment. Most of these topics will run through this proposal, accompanied by responses from our participants.

Our analysis will start from childhood narratives, describing early feelings of bodily discrepancy and recurrent behaviors that people who desire blindness enact to cope with body dysphoria. We will adopt the distinction between ‘presence’ and ‘function’ to investigate the desired body configuration in the blindness variant of BID. Then, we will discuss Gutschke and colleagues’ (Gutschke et al., 2017) hypothesis, which suggests that the desire for blindness might be related to an impairment of visual process that, inducing visual stress in daily activities, would trigger the desire to lose vision. This hypothesis will be addressed in more detail and concerted with the descriptions provided by the participants in our study. Finally, we will describe how the mismatch between the physical body and the subjective body can lead to processes of hyper-objectification of the body that, maintained over time, could amplify body dysphoria.

Together with first-hand accounts provided by participants in our research (Pennisi and Capodici, 2021), the following discussion generally relies on descriptions shared by the BID community in online interactional spaces. Despite the aforementioned limitations, this paper aims to delineate a preliminary analysis of the desire to become blind, considering the similarities and differences with other variants grouped under the label of Body Integrity Dysphoria.

Participants in our study (Pennisi and Capodici, 2021) provided their informed consent and agreed to participate in the research. The study was authorized by the Ethics Committee of the Department of Cognitive Sciences, Psychology, Education and Cultural Studies, University of Messina.

2 Enjoying the world in pitch-black

To date, it’s not possible to determine the frequency of the desire for blindness. The four individuals with this variant included in this study responded from North America, South America, Oceania, and Europe. One participant was female, one was male, and two selected ‘Other’, presumably identifying themselves as transgender or non-binary persons.² While three of these participants were between 20 and 30 years old at the time of their participation in the study, one was 60 years old.

² In future studies, we plan to focus more specifically on the ‘Sex’ and ‘Gender Identity’ categories to provide a clearer description of sample characteristics.

Consistent with other forms of BID (First, 2005), people who desire to become blind report an early onset of discomfort and alienation toward their visual functionality (Gutschke et al., 2017). Our participants described the onset of ‘visual dysphoria’ as occurring between early childhood and early adolescence (in the range of 4–5 years old to 13 years old): “It seems I have always had it. It must have started early in my childhood, before my age of 5”.

The childhood memories of people who desire to become blind seem to be similar to the memories of those who desire other disabilities. For example, people with amputation desire report that the theme of amputation has solicited their attention since childhood, leading them to simulate, in the form of play, the role of an amputee (using crutches and wheelchairs or other methods) (Pennisi and Capodici, 2021). Disability simulations are often maintained throughout life, as disability desire appears to become progressively more intense. However, simulation behaviors seem to lose their palliative effect over time (Aner et al., 2018).

Similarly, people with the blindness variant of BID describe childhood feelings and behaviors that intensify throughout the existence, such as objectification of body dysphoria (in terms of thoughts and fantasies), disability simulation behaviors, fascination towards disabilities, and self-injurious acts: “When I was around 5 years old, I was not aware of it but there were signs. I thought it was just normal, but now that I recall, I used to scratch my left eye with scissors, and since I was around 12 I drew myself without it”.

Regardless of variant specificity, another frequent experience reported by people with BID is childhood exposure to physical disabilities (Everaerd, 1983; Money et al., 1977). Many people with BID associate these encounters with the onset of body dysphoria. This frequent narrative led researchers to provide hypotheses around the domains of empathy (Aoyama et al., 2012), the need for love and attention (Bruno, 1997), the involvement of the mirror system (Freedberg and Pennisi, 2020; Saetta et al., 2022) and, from a phenomenological perspective, the merleau-pontyanian notion of sexual schema (De Preester, 2013). In the study by Gutschke and colleagues (Gutschke et al., 2017), three out of five participants with a desire for visual impairment identified encounters with blind people as the event which triggered the awareness of a mismatch with their intact optical domain. In our study, no participants reported such a trigger event.

As is often observed in other forms of BID (Blom et al., 2017; De Preester, 2013), feelings of sexual arousal toward people who have the desired impairment may also be present in the desire for blindness: “I find women with ‘my disability’ very attractive”. However, studies in this regard are still at an early stage, and, as suggested by Gutschke and colleagues (Gutschke et al., 2017), the sexual component may not necessarily be as significant as in other forms of BID.

In our narrative interview (Pennisi and Capodici, 2021), we asked the sixty-six participants with heterogeneous disability desires to indicate whether their body dysphoria was more related to the ‘presence’ or ‘function’ of the body part. This distinction may be useful, for example, in investigating any differences between the desire for amputation and the desire for paralysis. Indeed, while amputation desire seems to relate to the perception of the physical presence of the part, paralysis desire seems to relate to impediments in the generation and vigilance of movements. We

have discussed this differentiation elsewhere (Capodici et al., 2022), adopting the phenomenological distinction between body schema and body image (de Vignemont, 2010; Gallagher, 2005).

Distinguishing between ‘presence’ and ‘function’ can also be useful for the variant related to blindness. Of the four participants with the blindness variant included in this study, two of them mentioned that the dysphoria was definitely related to functionality, one participant linked the desire to iritis, and another to the presence of the eye. More specifically, three out of the four participants stated—regardless of whether theirs is an issue of presence or function—that the core of their body dysphoria is only one eye.

Beyond our study, it appears that the desire for blindness can involve one or both eyes, partial or total loss of sight, preservation of the visual organ or, conversely, eye enucleation or trauma. Furthermore, it seems that in some cases, desire can go beyond the sensory component, extending to body image and physical appearance: “My eyes should be misaligned, weak, hidden behind the thick lenses. I should hold a white cane in my hand”; “My body image is a severely visually impaired man. I want and need to wear very strong glasses and use a white cane”.

While the form of desire can vary, all manifestations of visual integrity dysphoria are characterized by a need for visual deprivation: “I know that in my specific case, what I feel that I want is not having the eye there. But not being able to see through it, as I wear eyepatches sometimes, eases my anxiety and makes me feel incredibly comfortable”.

As mentioned above, people with BID derive temporary relief from simulating the desired physical condition, using medical devices and other strategies to cope with body dysphoria. For example, people desiring amputation often simulate the stump by fixing the leg backward and excluding the limb from the perceptual and motor field (Giummarra et al., 2011; Saetta et al., 2022), while those desiring paralysis frequently simulate the desired disability by using wheelchairs or staying still (Capodici, 2020; Giummarra et al., 2012).

Like other BID variants, people who desire blindness experience short-term positive feelings by simulating visual impairments: “[Simulating] is a big relief, it makes me feel more whole”. The methods for inducing temporary blindness and simulating the condition include placing a patch over the eye, wearing opaque or black contact lenses, fitting an ocular prosthesis, wearing sunglasses, and using mobility sticks. These people also find relief by simply staying in a pitch-black environment or enjoying movies through audio-described performances.

Furthermore, as in other BID variants (Wieseler, 2018), disability simulation can also present an intersubjective connotation: “I pretend quite often. I want other people see me when I go pretending”. It also appears that, like other people with BID (Capodici, 2020), individuals who aspire to blindness manifest fascination with objects and devices related to the desired disability, as referred by a participant in our study: “I love glasses, especially strong glasses. They turn me on”.

However, in our study, all the participants reported accompanying feelings of frustration with simulated blindness. These included negative thoughts about their own unusual experience (“It’s comforting but also depressing. It makes me feel more comfortable in my body but also reaffirms how strange I feel compared to

those around me”), physical discomfort (“It’s a relief for me, but also frustrating because I often get irritated skin from using self-adhesive patches”), and feelings of self-perceived inauthenticity and being negatively judged by others (“I feel uncomfortable using vision related mobility aids like the white cane since I feel guilty and know I’m pretending”).

Finally, all participants in our study reported that the desire always remained stable throughout their lives but became progressively more intense. Only one of them expressed uncertainty about the desired visual configuration: “I’ve gone back and forth between wanting to be blind in just one eye or completely blind”. In general, the descriptions of people who desire to become blind overlap with those provided by people suffering from other variants, particularly with regard to what the literature on BID recognizes as a sense of body ‘overcompleteness’ (First, 2005).

3 When seeing is too much

The recent study by Gutschke et al. (2017) discusses the possibility that the blindness variant of BID may result from permanent impairment of the visual process, which would compromise visual experience through constant sensory overload in daily activities. To support this perspective, the authors mention that congenital ophthalmic disease and acquired brain or peripheral damage could lead to a range of alterations in visual perception, which may include hypersensitivity to stimuli such as light and dark, contrasts, writing and reading activities, and other visual abnormalities.

In people who desire to become blind, visual stress may elicit dysphoria and a desire to ‘mute’ vision. To investigate this hypothesis, Gutschke and colleagues (Gutschke et al., 2017) developed a questionnaire measuring visual stress in people’s daily lives, comparing the results of people who desire blindness with a control group. As with the present study, their sample was limited; however, the findings seemed to confirm their assumptions about higher visual overload in people who desire to become blind. For Gutschke and colleagues (Gutschke et al., 2017), this finding might suggest that this rare condition has a biological origin and could explain the relief that results from removing visual disturbances by simulating blindness. The description of one participant in our study seems to support the above hypothesis: “[Vision] feels sort of toxic in a way. All the visual input in that eye feels way too sharp and bright, on top of being significantly weaker than my right eye due to amblyopia. I feel a lot more comfortable with it covered or closed”.

Moreover, in both our study and the study of Gutschke and colleagues (Gutschke et al., 2017), many people desiring blindness reported visual disorders or prior damage. One of our participants correlated the onset of BID with the appearance of physical symptoms: “Around 11 years old. I think it’s also when I started getting iritis in that eye”. As Gutschke and colleagues also point out, this occurrence is in line with the broader literature on bodily integrity conflicts, as some people who desire amputation link the onset of body dysphoria to childhood injuries.

Although less frequently debated in the scientific literature on BID, the somatic trauma hypothesis is interesting when considering some similarities to *Complex Regional Pain Syndrome* (CRPS) and the amputation variant. CRPS sufferers experience chronic pain and hypersensitivity in a limb, usually following an injury. It seems that there is no correlation between the amount of pain experienced and the extent of the triggering event. Symptoms include temperature changes in the affected area, painful sensations, swelling, burns, and even loss of the sense of body ownership (Moseley et al., 2012). Although BID does not induce physical pain as in CRPS, we find it interesting to note that some people who desire amputation report prior fractures or other impediments in their limbs (First, 2005; Money et al., 1977) and that some of them correlate dysphoria directly to trauma (Müller, 2009). These reports are uncommon but – consistent with Gutschke and colleagues' (Gutschke et al., 2017) hypothesis – it is possible to speculate that similar processes might also occur in the desire for blindness as a result of prior injuries or disturbances.

In other words, it cannot be excluded that the visual experience of these people may be affected by impairment of visual processing: “To start, it’s my left eye. I have gotten it checked, because it has spots that don’t let me see properly with no apparent cause. I also feel it way less than my other right, somewhat numb”. However, at present, there is insufficient evidence to assume a biological origin of the desire for blindness. The results provided by Gutschke and colleagues (Gutschke et al., 2017) may be an interesting starting point for investigating this condition, as their hypothesis would explain what triggers the desire for blindness and the relief resulting from visual deprivation.

Nevertheless, it should be noted that not everyone who desires to become blind reports perceptual differences or physical impairments in their visual domain. A participant in our study—whose desire focuses only on one eye—wrote: “Visually and physically it feels the same as the other eye to me. Emotionally it feels like a burden”.

Despite the limited resources currently available, in the next section we aim to delve into the first-person perspectives of people who experience visual dysphoria.

4 Visual dysphoria as experiential itch

Over time, the scientific community has adopted different nomenclatures to refer to the desire for disability, especially concerning the variant of lower limb amputation. The desire for disability has been termed as “Apotemnophilia” (Money et al., 1977), “Factitious disability disorder” (Bruno, 1997), “Amputee Identity Disorder” (Furth & Smith, 2002), “Body Integrity Identity Disorder” (First, 2005), and “Xenomelia” (McGeoch et al., 2011). This terminological variety gives a measure of the different approaches employed to study these complex conditions (Sedda & Bottini, 2014).

Recently, the label of “Body Integrity Dysphoria” listed in the ICD-11 emphasized the *dysphoria* experienced by sufferers, defining BID as a condition characterized by “an intense and persistent desire to become physically disabled in a

significant way (...) accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration”.³

Perceived from childhood, the mismatch between the physical body and the subjective body often leads to the so-called “born in the wrong body” narrative (Davis, 2012). In our study, we asked participants desiring blindness what it is like to live with this experiential distress: “Like living in a wrong body. As if something has been missing for all my life. Sometimes it is torturing, other times just unpleasant. I have been hiding it and it is not very pleasant, too. Life with a secret I can tell about only to a few ‘brothers and sisters’ on the Internet”.

All the participants in our study described a long-standing mind/body hiatus that persistently affects their lived experience. While some were stricter with themselves about the morality of appeasing this need (“It feels like a constant struggle between two different sides of my brain. I know that wanting to be disabled is kind of morally wrong, but I feel incomplete with this lack of bodily integrity”), others pointed to not pathologizing their condition, except in terms of the suffering they were going through (“I would consider it a disorder to the extent of making you feel something is wrong, but aside from that, the only part of it I would actually consider a disorder, just like with being transgender, is the dysphoria”).

Suspending judgment on the causes underlying this condition, it is possible to appreciate how people who desire blindness are aware that their desire for disability diverges from common-sense and ordinary experience. Talking about one of their eyes, a participant in our study stated: “I would explain it as in, I know is there, I know it works, I know it should be there in a normal case. But it would be just so much better if it wasn’t. Not having it would feel like a permanent relief”. In addition, people who desire to become blind do not develop delusions about blindness and demonstrate preserved self-ownership and agency toward their visual system: “My eye definitely belongs to me. It’s a part of my body that I grew up with and lived in my whole life. Still, my eye is like a cancer”.

Although people with BID do not suffer from psychosis, the metaphor ‘watching the own eye watching’ used in phenomenology to describe the noetic experience in schizophrenia (Stanghellini, 2006) can be useful to examine the desire for blindness. In a certain sense, people who desire blindness are strongly involved in their process of perception. This feature is not limited only to the desire for blindness. All the various forms of BID are characterized by a persistent attention directed toward their body configuration or functioning (Saetta et al., 2022). For example, people who desire paralysis constantly feel disturbed by the functionality of their bodies, expressing discomfort related to the processes of generating, monitoring, and executing movements (Capodici et al., 2022; Giummarra et al., 2012). Motor experience does not seem to be lived directly and implicitly; on the contrary, people with a desire for paralysis report that movements regularly call for their attention (Capodici, 2020). As for the desire for blindness, participants in our study described

³ ICD-11—Mortality and morbidity statistics (World Health Organization) <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/256572629>

experiencing vision as a “burden”, perceiving defective visual spots, and feeling their eyes as “numb”.

In a sense, people with BID are hyper-aware of their body parts or functions. To further clarify this point, it may be useful to refer to the phenomenological distinction between the subjectively lived body (“Leib”) and the objective or ‘physical’ body (“Körper”) (Husserl, 1931). A person with BID perceives her subjective body as “ultra-complete” (First, 2005), while her objective body does not present obvious physical damage or dysfunction.

Phenomenologists have described embodied subjectivity as an integrated bilaterality consisting of a pre-reflective perceiving body through which the world is experienced (*the body-as-subject*) and an objectifying perspective on the body and bodily processes (*the body-as-object*) (Legrand, 2006, 2007; Merleau-Ponty, 1945, 1964; Sartre, 1943). Here, it should be noted that, for people with BID, undesired body parts or functions systematically become intentional objects of consciousness.

The scientific literature already discussed how, in some psychopathological conditions, increased self-objectification processes can lead to hyper-reflexivity (Ciaunica et al., 2021; Fuchs, 2005; Pennisi et al., 2004; Pennisi and Gallagher, 2021; Sass et al., 2013). As already described, the desire for disability appears to intensify progressively throughout the existence. So, it cannot be excluded that the hyper-objectification of the mismatch between the physical body and the subjective body could contribute to increase and intensify the perceived body dysphoria (Capodici, 2020; Capodici et al., 2022; Freedberg and Pennisi, 2020). Not by chance, the scientific literature has compared BID to *Obsessive–Compulsive Disorder* (OCD) precisely because of the persistence of thoughts and attentions focusing on the desired disability (Link & Kasten, 2015; Saetta et al., 2022). In this view, compulsions coincide with simulations of disability enacted to cope with persistent and intrusive thoughts related to bodily dissonance (Blom et al., 2012; Braam et al., 2006).

Moreover, as with other forms of BID (Giummarra et al., 2011; Hänggi et al., 2016), the possibility that the recurrent simulation of blindness will produce adverse effects on visual processing cannot be excluded.

Browsing the online spaces shared by the BID community supports the observation that during periods of more acute dysphoria, sufferers may resort to attempts to self-injure in order to correct their body configuration according to their subjectively felt corporeality. Among the methods for damaging the eyes and eyesight, the most common are chemical (alkali or acid) burns, exposure to lasers or sunlight, infections caused by excessive use of contact lenses, the continued use of glasses for severe myopia, and self-inflicted damage with tools such as pliers and scissors. Whereas in the study by Gutschke and colleagues (Gutschke et al., 2017), no participants reported invasive attempts to damage their visual systems (except to stare at the sun), in our study, two participants reported doing so: “I’ve tried putting excess pressure on my eyeball, but I have a low pain threshold and can’t do it for a long time”; “I have hurted my eye in multiple ways, from using drops of chlorine to cutting my eyelids”.

Finally, a case that has been the focus of great public debate (Dias, 2015; Sims, 2015) concerns that of a woman with BID who, in achieving blindness, reported no regrets about the loss of her sight, as has also been observed in people who successfully carry out their own amputations (Noll & Kasten, 2014). For many of these

individuals, desire is not limited to a material matter. Rather, these people assert that their dysphoria comes from an internal sense that relates to their own identity (First, 2005). Therefore, from their perspective, achieving the desired corporeality would mean restoring their true selves.

In the phenomenological field, Wieseler (2018) argued that people with BID do not simply seek a physical impairment but rather a shift in their being in the world. The author described the ableist bias that permeates the scientific literature on BID and the possibility that people with BID may not have a proper understanding of what it is like to live with a disability in an ableist society (*Ibid.*, 95). However, as mentioned above, people with BID who have obtained disability show no regrets about the irreversible choice, telling of an overall improvement in their existence, both individually and socially (Noll & Kasten, 2014; Smith, 2004).

Moreover, when we asked our participants whether incurring another disability would ‘satisfy’ their desire, none of them responded affirmatively. Finally, when we asked whether they would prefer to obtain their desired disability or rehabilitate their condition through treatment, three out of four participants included in this study confirmed their preference to become blind.

To date, the demand for surgery, as well as the resulting socioeconomic and personal implications of an acquired disability, are inevitably the subject of heated ethical and philosophical debate (Barrow & Oyeboode, 2019; Bayne & Levy, 2005; Müller, 2009; Patrone, 2009; Ryan, 2009; Wieseler, 2018).

5 Conclusions

People with the blindness variant of BID who participated in our study described an enduring desire to acquire a specific physical disability. Although the sample of our research was limited and it was not possible to subject participants to psychodiagnostic tests and more robust procedures, the aim of this preliminary study was to describe various features that characterize these modes of existence.

We first explored some characteristics common to all forms of BID, focusing on the experience of people who desire to become blind. Next, we discussed the visual system impairment/overload hypothesis (Gutschke et al., 2017) and finally attempted to describe the subjective perspectives of people who desire blindness.

As with other forms of BID (Blom et al., 2012), psychological suffering and daily frustration are common themes among the accounts of people who desire to become blind. The scientific literature on BID variants shows that psychotherapeutic interventions do not seem to blunt disability desire (Blom et al., 2012; Thiel et al., 2011). On the contrary, two participants in our study (Pennisi and Capodici, 2021) reported that their psychologists minimized their distress or did not have much knowledge of BID: “It was taken as quite a rare thing and my therapist was not qualified to help me with it”; “I once told a psychologist, many years ago, but she couldn’t see it as a problem. I think she was not prepared for my problem”.

Answers such as the above encourage new investigations to be conducted into this peculiar phenomenon. Future studies could test Gutschke and colleagues’ (Gutschke et al., 2017) hypothesis by investigating potential biological impairments that could

generate visual overload, triggering the desire to become blind. From a phenomenological perspective, visual overload would inevitably affect experiential transparency, making the visual process an intentional object of consciousness. As discussed in the previous section, an increase in body-objectification could lead to processes of hyper-reflexivity, which, in turn, could exacerbate body dysphoria. For these reasons, Gutschke and colleagues' (Gutschke et al., 2017) hypothesis could be an interesting starting point for further research, although the rarity of the blindness variant of BID makes it difficult to construct protocols involving the physical presence of participants.

However, many philosophical, neurological, and psychological insights have yet to be explored. For example, the ICD-11⁴ mentions an oscillating pattern in the impact of thoughts about body dysphoria on the daily experiences of people with BID variants. In our study, one participant with the variant of blindness described the recurrence of ruminations about the desired disability, writing that the thoughts "come in waves of varying intensity every few months".

The scientific community agrees on the assumption that BID variants are complex phenomena which necessitates interdisciplinary studies (Brugger et al., 2016; Pennisi, 2021). Indeed, there are several biological, social, and psychological aspects that can't be overlooked (Brugger & Lenggenhager, 2014; De Preester, 2013; Freedberg and Pennisi, 2020). Among these, the emotional domain might be prominent when considered in relation to the variant of blindness, in which permanent visual impairment would inhibit one of the main perceptual accesses to the world.

In this work, we sought to gain an insight into the desire for blindness in order to expand the existing knowledge about these modes of existence. Given the reduced size of the sample, the trends reported in this study do not assume statistical value. Nevertheless, we argue that investigating phenomena such as BID variants can be of great interest within the realm of body awareness studies.

Author contributions All authors contributed to the study conception and design. Material preparation and analysis were performed by Alessandro Capodici and Giovanni Pennisi. The first draft of the manuscript was written by Alessandro Capodici and reviewed by Antonino Pennisi. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Data Availability The datasets analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Informed consent was obtained from all participants before the start of the study according to procedures approved by the Ethics Committee of the Department of Cognitive Sciences, Psychology, Education and Cultural Studies (COSPECS), University of Messina, Italy (register number COSPECS_06_2020). The study was conducted in accordance with the Declaration of Helsinki.

Competing interests The authors have no financial or non-financial interests to disclose.

Data transparency All data support the published claims and comply with field standards.

⁴ WHO-FIC: <https://icd.who.int/dev11/l-m/en#/http://id.who.int/icd/entity/256572629>

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