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Prerequisites for the emergence of the “transabled” community and possible consequences

Atanas Genchev, Ekaterina Tomova, Simeon Sapundzhiev

Abstract. *The paper presents a brief analysis of the content and basis of the emergence of the new term “transableism”. It states the preconditions for the emergence and establishment of a new social group of transabled people. At a theoretical level, possible consequences for society are outlined in three areas: political, psychological, and socio-economic. An empirical study has also been conducted by applying the content analysis method to reveal the existing conditions in 22 normative and sub-normative documents of Bulgaria for the realization of the socio-economic consequences of the emergence and development of the transabled community. An inquiry in the form of an open-ended survey was conducted with the main state administrations at the national level (Ministry of Labor and Social Policy, Ministry of Health, and National Expert Medical Commission) concerning the social and health insurance rights of people who deliberately self-harm their health. The results show that normative conditions for the development of socio-economic consequences, exist and the causes of disability hardly play a role regarding the access to social and health insurance rights of people with disabilities, including those who deliberately self-impair.*

Keywords: *transableism, body integrity identity disorder, political, psychological, and socio-economic consequences.*

Introduction

In the public domain, the topic of transableism is mainly popularised by various media publications. Headlines such as, "From Transgender to 'Transabled': Now people are 'choosing' to identify as handicapped" (Reilly, D., 2023) or "Understanding the rare condition that makes people want to amputate their own limbs" (Prior, R., 2020) were rotated in the news exchanges of some of the largest overseas media outlets. Russian media has also covered the subject this year, for example with the headline: “Transabled individuals: why physically healthy people deliberately disable themselves” (Kazakov, A., 2023) and others.

These publications also cite a number of striking real cases of "representatives" of the transabled group, such as Yorund Victoria Alme, a 53-year-old transgender person "who identifies as disabled and uses a wheelchair" (Reilly, D., 2023), Jewell Shipping, a young woman who decided to blind herself using sewer pipe cleaning fluid (Kazakov, A., 2023), Chloe Jennings-White—a woman who "dreamed of a car accident that would cause her spine

to break and thus leave her paralyzed from the waist down" (ibid), and others. Similar real-life cases are featured in the documentary "Whole," directed by Melody Gilbert (Koehler, R., 2003). The film explores the stories of several people who wanted to acquire a disability and inflicted it on themselves. Also featured are interviews with psychiatrists who provide information about possible reasons that determine the desire to self-impair. The discussions with the loved ones of those affected are also helpful, clarifying the consequences—for the person, their friends, and family. An interesting fact is that the film is from 2003, when the subject was not yet prevalent, which points to a discussion about the role of this type of media in raising public awareness regarding various issues.

In addition to the media interest, this phenomenon is also discussed among professional circles of psychologists, psychiatrists, and other medical specialists and researchers. According to some authors, an existing mental illness is at the root of transableism (Bayne, T. and Levy, N., 2005; see also Müller, S., 2009).

This condition is defined as a disorder of body integrity identity, which, in summary, is an individual's distorted perception of his or her own body. As S. Müller (2009) (Institute for History, Theory, and Ethics of Medicine, RWTH Aachen University, Medical Faculty) mentions, sufferers describe it as the feeling "that a particular limb does not belong to them, and that they feel ‘over complete’ and want to have the alien limb amputated" (ibid: 36). Dr. M. Siegel, a clinical professor of medicine and practicing therapist at NYU Langone Medical Center points out that "we deal with Munchausen and Munchausen by proxy, where patients can be quite convincing about illnesses they don't really have—and we need to be on the lookout for this" (Reilly, D., 2023). Based on the symptomatology described in the International Statistical Classification of Diseases and Related Health Problems [ICD-10], the basis of transableism can also be referred to as "Factitious disorder" under code F68.1, which is further described as "the deliberate induction or simulation of symptoms or disabilities, whether somatic or psychological" (World Health Organization [WHO], 2003: 429). In the new 11th version of the ICD, it is coded as 6D50 with a slightly different name "Factitious

disorder imposed on self" (WHO, 2023). The 10th version classification also states that "the motivation is unclear and probably deeply internally conditioned, with the aim of adopting the role of the ill person" (WHO, 2003: 429). It is also worth mentioning here that the new version of the ICD has not yet entered into force in Bulgaria, and statistics on individuals with this symptomatology are not available. The most recent statistics encountered among the sources consulted are for a relatively small number worldwide, where "about 200 cases of BID recorded in the medical literature" are cited (Prior, R., 2020).

A basic postulate in social psychology is that there is no such phenomenon as unmotivated behaviour. But what are the motives that prompt persons with transableism to deprive themselves of their health? Most often, individuals diagnosed with F68.1 also exhibit features of other marked personality abnormalities. From this point of view, transableism can also be seen as a kind of psychiatric disorder, compiling some elements from the group of somatoform disorders (ICD-10, 2008).

From another point of view, transableism also contains elements of a personality disorder. Personality disorders are defined as conditions comprising "deep-seated and enduring patterns of behaviour that emerge in childhood or adolescence and persist into adulthood" (Petrov, D., 2016: 142). Every behaviour, even dysfunctional ones, fulfills a certain adaptive role. It might be assumed that the subject's conscious and deliberate acquisition of self-harm is a rigid, disadaptive model of the self (ibid: 143). The reason for this could be problems that occurred in developmental stages (childhood or adolescence), years of failed relationships with others, failed intimate relationships, or disrupted attachment.

A classic theory providing an explanation of the theory of motivated behaviour is the so-called "Reinforcement Theory". It identifies three key components—"stimulus, response, and reward" (Larsen, K., K. Krumov, 2010: 380-381). The stimulus is an external variable. In the case of transableism, it is most likely the desire to achieve the status of a person with a disability. The "reward", in turn, may be in the form of the preferences and advantages (financial, emotional, social, etc.) that disability status provides. It is the "reward" that is the

"reinforcement" for the appropriate "reaction" in this case - permanent self-impairment. It is the self-impairment that is being sought, it is the benefit. The motive is also a kind of projection of the outcome, which in turn is an expected, predictable, and significant value. That is, the subject justifies the means of achieving that significant outcome. When the outcome is so considerable and valuable in the mind of the subject, the likelihood of the self-injurious behaviour being realized is enormous and substantial.

Various other explanations for the origins and causes of desires for limb amputation and self-impairment are presented in the scientific literature (Bruno, R. L., 1997; see also First, M. B., 2004; Sorene, E. D., Heras-Palou, C., and Burke, F. D., 2006; Money, J., Jobaris, R., and Furth. G. M. 1977). However, we will not explore them all since the focus of the present study is directed towards the social and societal prerequisites for the emergence of the transabled community and the consequences thereof.

Essence of the term "transableism". Preconditions and consequences of the formation of a new community—that of transabled people.

The new concept of transableism derives from the term wannabe and "refers to those who want/need to have a physical impairment" (Davis, 2012; see Taylor, A., 2019, The Complicated Issue of Transableism) and the prefix trans. It can be stated that it masks the illness and conveys a sense of advocacy and liberalization in the patient's choice of type and method of treatment. In addition to the current cases mentioned above, there are also many precedents in the medical practice, with the complicity of medics in amputations of healthy limbs and thus a de facto transition to transableism. Such is an example from the late 1990s—of the Scottish surgeon Robert Smith, who performed elective above-knee amputations on two people (Müller, S., 2009). Even though this doctor has been sanctioned, discussions on this medico-social and especially ethical issue continue. For instance, philosophers T., Bayne and N., Levy, (2005) believe "that surgeons should accede to the requests, at least of those patients who they (or a competent authority) judge are likely to take matters into their own hands" (ibid, 2005: 79), drawing analogies to the possibility of

rejecting life-saving treatments or doing plastic interventions consistent with societal ideals. Others, such as medical ethicists and philosophers Arthur Caplan, Josephine Johnston, Carl, Elliott, "argue vehemently against elective amputations" (Müller, S., 2009: 40).

Concurrent with these disputes, the social model of disability as an alternative to the medical model is emerging on the terrain of medical ethics. It expands the understanding of disability—for example, "the word 'physical' is now often excluded from this definition to include people with learning disabilities or former psychiatric patients" (French, S. & Swain, J., 2002/2008: 427).

S., French and J., Swain (2008) highlight the importance of the social model in the following aspects, "...recognizes the social origins of disability in a society adapted by and for people without disabilities..."; "...supports the personal and political empowerment of people with disabilities..."; "...is born out of the collective experience of people with disabilities..." (ibid, 2002/2008: 427). The social model protects people with disabilities from the oppression of narrow understandings of specialists and unsuitable environmental conditions. Therefore, the emergence and development of this model cannot and should not be identified with the new phenomenon of transabled individuals, but it can be used as a tool or justification for the development of such a community.

Outside the professional realm of purely medical and ethical controversies, transableism has the potential to become another tendency with two potential risks. On the one hand, social tensions could rise along the lines of opposing and defending transableism (it could be yet another new divide in society), and on the other hand, it could set another precedent of blurring the boundaries between health and illness, which could negatively affect the perception of both the general public and the specialists regarding mental illness prevention and treatment.

Although there are not many cases, and we are currently relatively far from the formation of a large community of transabled people, there is a danger that the technology of the Overton Window will be triggered. In this sense and at the present time, it can be

determined that the first shift of the window from the "unthinkable" to the "radical" stage is taking place (Havrenko, E.). Other prerequisites for the development of this idea, applied to the next new community—of transabled people— are:

- the existence of precedents of doctors performing amputation treatments (the example of the surgeon Robert Smith above) or giving advice (the example of Jewell Shipping);
- media interest;
- the presence of other already successful precedents such as the transgender community;
- attraction of new members by the privileges of the “new status”;
- replacement of medical terms with others, diluting their content and being socially acceptable (Genchev, A. & Sapundzhiev, S., 2023);
- the extension of liberalism into all spheres of human activity and relationships and, in this regard, the elevation of individual choice to absolutism.

Based on the literature reviewed and the analysis, several possible consequences of the development of transabled people as a new social group can be predicted in three main directions.

Psychological direction

- Personality degradation and a false sense of expanded opportunities for easy and rapid self-realization of the personality.
- Nurturing the idea of the divine personality.
- Deterioration of mental health of both those suffering from body integrity identity disorder and those with borderline disorders or people with unstable thinking and behaviour (ibid).

Political direction

- "Creating a pseudo-ideological base for the emergence and development of new social movements and NGOs with dependent members to exert public pressure or political participation;
- Establishing support groups and claiming empowerment for transabled individuals" (ibid, p. 277).

Socio-economic direction

- Diversion of financial, human, and material resources from those allocated for treatment, rehabilitation, and social support of all patients to the new community;
- Hindering the socio-economic status of other members of the families in which the transabled person lives;
- Negative effect on the whole group of disabled people (rejection, aggressiveness);
- The need to expand social services and placements to cover new cases;
- Expansion of the business niche for medical interventions, rehabilitation, medication and medical devices;
- Overall increase in spending in national and local budgets for treatment, support, and social assistance.
- Reduction of economic activity and, respectively, its results (ibid).

A consequence of all elements mentioned above is the deterioration of social factors that "play a crucial role in the causation of mental illness, in the course of coping with illness, and in treatment and care outcomes" (Huxley, P., 2008: 80), which can generate the appearance of new transabled individuals, or, in other words, the circle will be closed.

As the transabled group may be difficult to identify given its recent formation globally and the lack of statistics in this country, the implications in political and psychological making are difficult to explore at this stage. Therefore, this paper will examine the existing conditions in the Bulgarian legal framework for the realization of the socio-economic consequences of the emergence and development of transableism. This particular topic has not been studied before in the Bulgarian context, and there is a shortage of such studies, specifically focused

on the legal framework regarding transableism, in the global scientific literature.

Materials and methods

In the present study, the **object** of research are normative and sub-normative documents in the field of social assistance, and social and health insurance in Bulgaria. The **subject** is the conditions (existence of norms, introduction of deliberate self-impairment) in the normative framework of Bulgaria for the realization of the socio-economic consequences of the emergence and development of transableism. The study aims to investigate whether the treatment of people who have intentionally caused their disabilities is different in terms of their social and social-health insurance rights to financial support. The aim will be achieved by carrying out the following **tasks**:

- to examine the standpoints of the Ministry of Labour and Social Policy (MLSP), Ministry of Health (MoH), National Expert Medical Commission (NEMC);
- to establish the presence/absence of a norm for different access to social benefits based on the cause of the disability (intentionally caused);
- to establish the presence/absence of a norm for different access to social insurance benefits and allowances based on the cause of the disability (intentionally caused);
- to establish the presence/absence of access to health insurance benefits based on the cause of the disability (intentionally caused).

The **hypothesis** consists in the assertion that the regulation of financial assistance in case of intentional self-impairment is absent or insufficiently covered in the legal framework of social and social-health insurance legislation, and the treatment of people who deliberately self-impair is equal to others, whose disability has occurred for objective reasons.

The following research methods were used: a survey conducted via email and content analysis. The questionnaire was author-designed and consisted of the following open-ended questions:

- How is self-inflicted disability treated—is it examined by the medical examination bodies, and if "yes" does this occur under the general procedure or is there another procedure, and is a medical document (TEMC ED[1]/ NEMC) issued in this regard?
- Is such a person entitled to social assistance, disability pension, and other support, specific to persons with disabilities?
- Can and how would self-inflicted disability be established and is such a person submitted to psychiatric evaluation or law enforcement?

The questionnaire was officially sent during the period May-July 2023 to the MLSP, the Ministry of Health and the NEMC, which are the main state administrations at national level for the development of social assistance and health care policies in Bulgaria. The first two institutions have inspectorates that have control functions, while the NEMC, by functional characteristic, has control and methodological functions. Their high expertise and functional focus were the criteria based on which they were chosen for participation in the study.

The content analysis was conducted during the period October-November 2023 on normative and sub-normative documents with the latest amendments and additions until 01.11.2023. The following 22 are covered: Social Security Code (SSC), Labour Code (LC), Child Protection Act (CPA), Family Allowances for Children Act (FACA), Social Assistance Act (SAA), Social Services Act (SSA), The Persons with Disabilities Act (PDA), Health Act (HA), Health Insurance Act (HIA), Rules for Implementation of the Child Protection Act (RICPA), Regulations for the Implementation of the Family Allowances for Children Act (RIFACA), Regulations for Application of the Social Assistance Act (RASAA), Regulations for Implementation of the Social Services Act (RISSA), Ordinance 1 of 13. 02.2007 r. on the use and payment of cash benefits for preventive care and rehabilitation (OUPCBPCR), Ordinance on cash benefits and allowances from the state social insurance (OCBASSI), Ordinance on pensions and social insurance (OPSI), Regulations for the implementation of The Persons with Disabilities Act (RIPDA), Regulation No. RD-07-5 of 16.05.2008 on the Conditions and

[1] Expert decision of the Territorial expert medical commission (ED of TEMC)

Procedures for Granting Targeted Heating Assistance (RCPGTHA), Regulation on the Implementation of the Right of Access to Medical Care (RIRAMC), Ordinance No. 8 of 03.11.2016 on Preventive Examinations and Dispensary Care (OPEDC), Regulation on Medical Expertise (RME), Methodology for Performing Individual Assessment of Support Needs for Persons with Disabilities (MPIASNPD).

In the applied content analysis procedure, the value of appearance or non-appearance of a norm in the studied normative and sub-normative documents in terms of intentional impairment, self-inflicted impairment, and self-impairment is selected. These are the most common terms in the normative framework and in various literary sources concerning the problems of the causes and ways of occurrence of injuries in a subjective context. The terms used are largely accepted as synonyms in the present study, and deliberate self-impairment is taken as the operative term, as it includes the type and manner of infliction.

For the purpose of the content analysis, the following categories are derived: 1. Social assistance in case of deliberate health impairment; 2. Social insurance compensation and assistance in case of deliberate health impairment; 3. Health insurance rights in case of deliberate health impairment; and respectively the units of record: deliberate impairment, deliberately harm/harmed, self-inflicted impairment, self-impairment, harm to one's own health, culpable (for the impairment), causes (for the impairment).

Results and discussions

Following are highlights and comments from the responses received from the three state administrations.

Reply from the MLSP

> "Persons with disabilities may exercise their rights only after they have been certified by the medical examination authorities in the Republic of Bulgaria..." and "... that all persons with disabilities who meet the conditions prescribed by the law may receive the appropriate support to which they are entitled by law..." (personal communication, № ID:18xx /31.05.2023 https://www.mlsp.government.bg /vprosi-i-otgovori-po-kategorii)

The reply further refers to the Ministry of Health for more information on the activities and functioning of the medical expertise bodies.

The reply from the Ministry of Health specifies, along with the identification of the main bodies and normative documents on medical expertise, that:

> "...The type and degree of the disability/the degree of the permanently reduced working capacity shall be determined by the bodies of the medical expertise—TEMC/NEMC on the basis of submitted medical documentation, objectifying the degree of the disability and functional deficit of the diseased organ and/or system. The specific disease and the stage of its development are assessed individually by TEMC experts for each case. The circumstances under which the person's disability occurred are not among the criteria for determining the type and degree of disability. The nature of the impairment itself, the degree of severity, and, above all, the possibility of progression over time are essential. The identification of a disease, the mechanism of its occurrence, and the nature of the disease impact, including mental disorders, as a part of the diagnostic and therapeutic activity, is carried out by medical specialists..." (P., personal communication, № 94-16xx/ 30.06.2023).

There is even more specificity in the NEMC's response, where it states that:

> "According to Article 11, paragraph 1, item 1 of the Regulation on Medical Expertise (RME), a sick note shall also be issued in case of intentional damage to health for the purpose of obtaining leave or compensation. The NEMC shall only rule on an appeal against an expert decision /ED/ of the TEMC regarding the degree of permanently reduced working capacity in percentage terms, in accordance with Article 61, paragraph 1, item 1 of the RME, where a functional deficit of the organ concerned has been established. The legislator does not distinguish this type of disability from other disabilities in relation to medical expertise. Where the self-impairment endangers the life of the person and there is a suicidal risk, a psychiatric examination should be performed, assessing the need for psychiatric treatment, including in a compulsory manner. It is not within the competence of the NEMC to provide an opinion on how the type of disability should be investigated—whether it is an act of self-impairment or the result of objective causes beyond the person's control" (A., personal communication № 56xx/08.06.2023).

It is evident from all three responses that no specific mechanism has been established for the detection of intentional or self-inflicted impairment. Disability is primarily considered in ascertaining its extent and type (referring to the disease, not the manner of occurrence). In all three responses, there are no stated grounds or principles for limiting eligibility for social assistance or other types of assistance to people who intentionally harm their health. There is also no reference to a specific monitoring body that has a duty to investigate the causes of the disability. The NEMC's response alludes to the possibility of applying psychiatric treatment in the presence of symptomatology threatening the life and health of individuals as a consequence of self-impairment, or, in other words, this condition is now perceived as a mental illness that needs to be treated.

The results of the content analysis of the normative and sub-normative documents included in the study are presented in a constructed matrix in Table 1.

Table 1. Matrix presenting results of content analysis

Category 1. Social assistance in case of deliberate health impairment		
Normative/ sub-normative document	Presence/absence of a norm for different access	Unit of record (occurrence/non-occurrence)
Absolute frequency	0	0
Category 2. Social insurance compensation and assistance in case of deliberate health impairment		
Absolute frequency	5	5
КСО	Art. 46. (1) Cash compensation for temporary incapacity for work shall not be paid to insured persons who:	Art. 46. (1). (1) *deliberately impair* their health in order to receive leave or compensation.
	Art. 55. (3) There has not been an occupational accident...,	Art. 55. (3) ...when the victim has *deliberately impaired his/her health*
	Art. 99. The order entered into force under Art. 98 may be amended or revoked by the authority that issued it: 2. at the initiative of the authority - when it is established that:	Art. 99 (1). (2). (b) the disability for which the pension is granted is *caused intentionally by the person* or is the result of an intentional crime committed by the person;
КТ	Art. 201. (1) The employer shall not be liable under the preceding Article..., (2) The employer's liability may be reduced if the injured person contributed to the occupational accident through gross negligence.	Art. 201. (1) ...if the injured person *caused the injury deliberately.*
	Recourse claim Art. 202. For the compensation paid to the injured party or his/her heirs, the employer shall be entitled to a claim against...	Art. 202 ... *culpable employees* in accordance with the rules of section II of this chapter.
Category 3. Health insurance rights in case of deliberate health impairment		
Absolute frequency	4	3
ЗЗО	Art. 111. (1) The funds paid by the NHIF[2] for treatment... ...shall be reimbursed to the NHIF by the causer together with statutory interest and the costs of	Article 111. (1) ...in case of *harm to one's own health or the health of others* in the case of intentional offence, as well as in the case of damage to the health of other persons, committed in a

[2] National Health Insurance Fund (https://www.nhif.bg/en)

	reimbursement.	state of intoxication or use of narcotic drugs or narcotic substances...
33	Art. 85. The patient shall be provided with healthcare regardless of his/her...	Art. 85...age, sex, origin, language, national, racial origin or political affiliation, education, beliefs, cultural level, sexual orientation, personal, social, or material status, *disability and type and cause of illness.*
HME	Art. (1) A sick note shall also be issued in the following cases:	Art. 11. (1). (1) *deliberate impairment* of health in order to obtain leave or compensation;
	Section IX Mental disorders of persons under 16	1.2.2. with behavioural disorders - 80% (presence of aggression, *self-impairment*, or hyperactivity), lifelong, with the help of others.

In the majority of the analysed normative and sub-normative documents (17 items), not a single unit of record was identified. Units of record are detected in only 5 of the documents, and in some cases, there is more than one unit of record.

Under Category 1 there are no registered units of record, i.e. deliberate self-impairment is not considered at all in the field of social assistance. Under categories 2 and 3, 5 and 3 units of record are recorded respectively and a total of 8 norms regulating restrictions or different treatment in cases of intentional self-impairment have been established. It can be summarized that the mode of occurrence of the disability is poorly covered in social legislation.

Conclusions

Based on the results obtained from the empirical study, the following summaries can be drawn:

- There is no direct difference in the treatment and health insurance rights of the two groups (for people whose illness/disability occurred due to objective causes and intentionally/self-inflicted ones);
- The treatment is also the same in relation to the issuance of medical documents, sick leave eligibility, and in general in their inclusion in the group of people with disabilities.
- Differences are mainly made in terms of employment law during and in relation to the employment activity (performance of work duties and responsibilities) of employees, where reference is made to causes of disability, one of which is deliberate impairment (self-impairment may also be included here). In these cases, a limitation is made on the rights to benefits and pensions for those who intentionally caused their disability;
- Based on the considered range of normative and sub-normative documents, it can be concluded that the social security legislation could be specified to a greater degree and in more cases (especially in the case of the occurrence of permanent disability in general illness) regarding the causes, consequences, and ways of establishing intentional impairment of health. In this manner, a safeguard mechanism would be ensured for the social expenditure budget. This would also have the preventive effect of making people more responsible for their own health or reducing the preconditions for deliberate impairment with the intention to receive social payments.

The derived hypothesis is largely confirmed with some exceptions mainly concerning labour law. It can be concluded that the normative conditions for the development of socio-economic consequences exist, and the problem of neglecting to identify the causes of health impairment is a prerequisite for increased welfare costs and a fertile ground for the development of the transabled community.

Author Contributions

A. G. conceived of the idea, determined, and verified the research methods, managed the data collection, reviewed, and edited the final version of the manuscript. S.S. and E. T.

conducted and participated in a theoretical analysis of the problem. E.T. translated and edited the final version of the manuscript. A. G. participated in the data collection and the discussion of the results. All authors have read and agreed to the published version of the manuscript.

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Information about the authors:

Atanas Genchev
Sofia University "St. Kliment Ohridski"
Faculty of Pedagogy
Contacts: atanas.genchev@fp.uni-sofia.bg

Ekaterina Tomova
Sofia University "St. Kliment Ohridski"
Faculty of Pedagogy
Contacts: eztomova@uni-sofia.bg

Simeon Sapundzhiev
Sofia University "St. Kliment Ohridski"
Faculty of Pedagogy
Contacts: s.sapundjiev@fp.uni-sofia.bg