Abstract
The body image with respect to physical disability has long been a woefully under-theorized area of scholarship. The literature that does attend to the body image in cases of physical abnormality or functional impairment regularly offer poorly articulated or problematic definitions of the concept, effectively undermining its historic analytic scope and depth. Here, I revisit the epistemic roots of the body image while also engaging the rich contemporary literature from a body studies perspective in order to situate the narratives of amputees about the relationship between dismemberment, prosthetization, phantom limb syndrome, and body image. Stories about living with artificial, fleshy, phantomed, and residual limbs unquestionably reveal a number of peculiarities unique to amputees. However, they also offer a distinctively productive ingress into the analytic utility of a ‘re-visioned’ conceptualization of the body image more broadly speaking. Indeed, the body image can function as a robust investigative tool for exploring the intersubjective, processual, and relational features of embodiment and corporeality.

Keywords
amputation, body image, phantom limb, prostheses

Throughout most of the 20th century, much of the American medical literature was quite clear about lived-dismemberment: if an appendage was lost to disease or injury, an amputee expectedly ‘refuse[d] to accept reality or compromise with it. He [was] compelled to maintain his former image’ (Gangale, 1968: 426) because of ‘a psychological reaction to deficiency or incompleteness’ (Hoover, 1964: 47) and consequently, his all-but inevitable phantom limb would manifest by way of ‘the
reactivation of a given perceptive pattern’ (Hoffman, 1954: 264) – one that was unavoidably ‘produced by the body image’ (Melzack et al., 1997: 1618). In fact, the *body image* has long been vital to modern medical understandings of embodied amputation, and consequently has persisted as a central thread within the preeminent ‘ghost stories’ told by researchers and practitioners about these seemingly otherworldly phenomena (Crawford, 2014).

And yet at the turn of the 21st century, as Taleporos and McCabe (2002) aptly argued, the body image with respect to physical disability was a woefully under-theorized area of scholarship. Indeed, severed from its epistemic moorings, the body image was commonly analytically unsophisticated, ill-defined, and narrowly conceptualized, especially in the psychological and (bio)medical literatures within which the concept was widely invoked. The work that did attend to the body image in cases of disfigurement or dysfunction regularly focused on stigmatization or the process whereby ‘strangers’ made attributions about people with disabilities based on the perceived extent of functional impairment or physical abnormality including assertions that they were ‘unattractive, impotent, asexual, receiving welfare payments . . . of lower intelligence’ (Taleporos and McCabe, 2002: 972), or more bluntly, ‘less acceptable human being[s]’ (Breakey, 1997: 59). Of course, many of these ‘assertions’ had no direct bearing on the body whatsoever. More noteworthy, however, was the fact that these references were also serious distortions of the fundamentally *intersubjective* nature of the concept. One’s body image manifests in relation to and by means of a co-constitutive and ever-dynamic process with others and objects, and as such, is characterized by an essential mutuality and openness – a ‘reversible fabric’ in Williams and Bendelow’s (1998: 53) terms – that is far from reducible to vehement and uncontested stigmatization.

Amputees and other people with disabilities were also regularly depicted in the literature as inciting fear in the ‘able-bodied’, resulting in a process of ‘other-ing’ that presumably led to deeply deleterious effects on the body image. Those who were shamed by fearful or ignorant others came to disparage their own bodies engendering what was referred to as *body image distortion* or disturbance, a state that could in turn cause serious degradation of the ego, personality, identity, or self-concept (see, for example, Drench, 1994). Thus, when
distorted through stigmatization and other-ing, the body image had a corrosive effect on one’s emotional state, as well as a more lasting, consequential, and injurious effect on one’s overall self-concept. Accordingly, people with disabilities were often represented as incapable of active resistance to or negotiation with shaming, powerless against the purportedly inevitable indignity exacted by such callous judgments. This was a presupposition that discounted the essential *processual* nature of the body image, or the fact that the body image is a process or practice of ‘becoming’ rather than a state of being (Sobchack, 2010). In other words, it is neither simply over-determined vis-à-vis the idiosyncratic features of the physical or biologic body nor is it the causal product of a particular social context or milieu.

Other scholars argued that people with disabilities were responsible for the condemnatory attitudes of others, and as such, were to blame for their own body image distortions; if people who were disfigured or functionally impaired did not react poorly to their losses, others would have little reason to judge. For example, in terms of dismemberment, Breakey (1997: 59) wrote: ‘Fearing rejection, new amputees may view themselves as revolting and project these feelings onto relatives and friends’. It was the perception of oneself as awful or even repulsive that purportedly provoked fear, judgment, and intuitive, instinctive, or calculated other-ing by strangers, family, and friends. Thus, when the body image was not reduced to a mere reflection of the attributions of others, it was a product of what people with disabilities projected onto others, irrespective of the tenacity of those judgments and importantly, irrespective of the ‘materiality’ of their own physical body – a conceptual move that patently neglected the fundamentally *relational* quintessence of the body image. For example, amputees have demonstrated that the body image is more fruitfully understood as an ‘accomplishment’ that can entail lived ‘integration’ and embodied ‘negotiation’ with the fake and the fantastic, with ghosts and machines. Moreover, what is physically absent and what is ostensibly artificial can be – and often are – more experientially present or embodied than birthed, intact, or residual limbs (Sobchack, 2010).

Exemplars of the analytically unsophisticated body image were also frequently conflated with other ‘structures’ or processes that were equally as amorphous and ambiguous (Gallagher, 2005). For
example, Mayer et al. (2008: 364) argued that *body awareness* was the ‘conceptualization of body image, its conceptual realization which is based on the experience coming from our body and on the evaluation of the information received from different sources’. Regarded as the very basis of personality, body awareness was understood to be the source of and resource for behavior whether it arose from conscious or unconscious impulses. Unquestionably, the vagueness and empty utility of the body image was exaggerated when juxtaposed to equally elusive concepts like body awareness.

Again and again, the (bio)medical and psychological literatures offer poorly articulated, thin, confused, ambiguous, or otherwise problematic definitions or descriptions that seemed to give nothing concrete aside from the (further) popularization the term, even when attending to issues such as neurologic disorders including phantom limb syndrome, body image distortion with respect to eating and weight disorders such as anorexia or obesity, body dysmorphic disorders or imagined deficiency and defect, or the effects of media imaging and other cultural representations on the body ideal and body image dissatisfaction. In fact, Gallagher (2005: 18 original emphasis) referred to the conceptual confusion, ambiguity, and lack of clarity that characterized the body image as ‘an aporia that would inspire any philosopher’. The concept became increasingly unrefined at least in part because ‘the body image has become established in the lexicon of pop-psychology’ (Kelly and Field, 1997: 360). Consequently, the once robust concept became pedestrian and definitions like the following were typical: ‘Body image is the integration of how one actually looks with how one thinks one looks’ (Yuen and Hanson, 2002: 289, emphasis added).

Here, I revisit the epistemic roots of the body image while also engaging the rich contemporary literature on embodiment and corporeality from a body studies perspective in order to situate the narratives of amputees about the relationship between dismemberment, prosthetization, phantom limb syndrome, and body image. Stories about living with artificial, fleshy, phantomed, and residual limbs unquestionably reveal a number of peculiarities unique to amputees. However, they also offer a distinctively productive ingress into the analytic utility of a ‘re-visioned’ conceptualization of the body image more broadly speaking. As Clarke and Olesen (1999) propose, re-visioning is the process of rethinking conceptual foundations by...
letting go of the rigidity often indicative of what we ‘have seen in
order to construct new perceptions’. It entails at once premising
afresh, embracing cross-disciplinary pathways, pursuing complexity
and multiplicity, as well as a serious and sustained reflection on the-
oretical origins. In other words, re-visioning is the process of piecing
together multiple perspectives or points of view, of looking simulta-
neously toward both the past and possible futures, in an effort
toward both preservation and generative renewal. Hence, I suggest
that vis-à-vis the narratives of amputees, the body image – reclaimed
and reimagined – can function as a robust analytic tool for fleshing
out the intersubjective, relational, and processual aspects of embodi-
ment and corporeality.

Situated at the intersection of science, technology, and medicine
studies, the sociology of health and illness, body studies, and disabil-
ity studies, this work is part of a larger study that chronicles the rela-
tionship between dismemberment and prosthetization in the context
of the modernization of amputation. Here, I rely on in-depth, semi-
structured interviews with 30 upper- and lower-limb traumatic and
surgical amputees from across the United States obtained from a soli-
citation posted on the Amputee Coalition of America (ACA) website
and conducted during 2009 and 2010, the data from which was ana-
lyzed using grounded theory. Twenty-two of the interviewees were
men and all were between the ages of 28 and 63 years. The time since
amputation ranged from 2 to 31 years and the age at amputation ran-
ged from 5 to 52 years.

A short history of the body image/scheme
The concept of the body image – hopelessly conflated in the (bio)me-
dical and psychological literatures with the terms body scheme, body
scheme (Gallagher, 2005), and the plural bodily schemata – has had a
‘long and illustrious history’, most notably within the fields of psy-
chology and neurophysiology (Grosz, 1994: 62). Early references
to the body image include those found in the works of Ambroise Paré
and René Descartes among others, but the first modern and ‘techni-
cally rigorous’ elaboration was provided by the neurologists Sir
Henry Head and Gordon Morgan Holmes (Grosz, 1994: 65). Head
and Holmes (1911: 188) advanced a neurophysiologic substrate of
the body characterized as a ‘postural model of ourselves’, a model
of the physical body manifest from kinesthetic, postural, sensorial, and visual stimuli. Located in the cortex, it was a preconscious formation or structure that functioned as a record of sensorial and kinesthetic histories and thus, was foremost experientially fashioned and intrinsically plastic (Weiss, 1999). It was thought to be constantly modulated through experience and endowed with the ‘power of projection’ such that the pen could become an extension of the hand, and ‘a woman’s power of localization [could] extend to the feather in her hat’ (Head and Holmes, 1911: 118).

The body image began to fracture by circa 1930 with the work of Paul Schilder (1886–1940), an Austrian neurologist and psychoanalyst who psychologized the concept. Schilder (1935) advanced a synesthetic model of the body image as a composite of socio-cultural and interpersonal experiences, attitudes, and investments that were mediated by temperament, personality, emotion, and – in a Freudian sense – one’s libidinal attitude toward the body, its visual and visualized aesthetic, its performance, and its functionality or capacities. From this perspective, the body image was not foundationally ecological in a Headian sense but rather foundationally intersubjective in that interaction with others influenced self-judgments about the body (Weiss, 1999).

By mid-20th century, Maurice Merleau-Ponty (1908–1961), the French phenomenological philosopher, imported the body image into philosophical debate. For Merleau-Ponty, the body image, like the physical body, was active in a world of objects and others. It was not that embodied or corporeal experiences were simply ‘remembered’ by the body, but rather were of-the-body. He wrote: “‘Body scheme’ [is] . . . a total awareness of my posture in the intersensory world. . . . The body schema is finally a way of stating that my body is in-the-world’ (Merleau-Ponty, 1962: 113–15). As such, the body image or scheme was not in any straightforward sense a manifestation of conscious thought or reflection because ‘man’ is a body via embodiment and in relation to his situation – to being socially situated.

Over the latter half of the 20th century and into the 21st, scholars from body studies and disability studies began advancing radically new ways of conceptualizing the body, embodiment, corporeality, the viscera, flesh, and the like. Concepts such as ‘assemblage, flow, turbulence, emergence, becoming, compossibility, relationality . . . [and] temporality’ (Blackman and Venn, 2010: 7, 8), hybridity and
excess (Garland-Thomas, 1996), the inversion of interiority and exteriority (Grosz, 1994), multiplicities and marginalities (Clarke and Olesen, 1999), and many others surfaced and circulated. Thus, starting with the narratives of amputees and borrowing from the contemporary literature on body studies, while also judiciously appropriating some of the insights from Head, Schilder, and Merleau-Ponty, a much more nuanced, multifaceted, and ultimately fruitful conception of the body image is exposed. Without question, the body image is a great deal more than an ‘objective’ snapshot of the discrete, private, and ‘real’ biologic body uncomfortably juxtaposed to exaggerated ‘beliefs’ and emotions derived from unrealistic ‘social norms’ and societal expectations.

The body image re-visioned

Rather than foundationally private, the body image – like the physical body – is intersubjectively accomplished or, in Blackman and Venn’s (2010: 10) terms, characterized by ‘co-enactment, co-emergence and co-evolution’ and as such, is a collective moral, practical, and technological achievement, one that is central to our understanding of ‘corporality in [its] most general outlines, and in [its] most extreme forms’ (Grosz, 1996: 56). Amputees, for example, describe the process of moving from ‘passing’ to ‘rejecting-the-real’ as achieved through the arduous work of grappling with the normative. Initially, many amputees are concerned with passing, with retaining a sense of ‘me-ness’ and with hiding ‘offensive’ features of the dismembered body through prosthetization. Later, however, amputees frequently reject ‘the real’ and embrace ‘distinction’ by becoming purposively and overtly ‘cyborg’. Importantly, as we shall see, both passing and rejecting-the-real are only accomplished ‘in practice’ with others.

As an intersubjective accomplishment, as decidedly not singular, static, or bounded, the body image is also appropriately understood as processual in nature because bodies themselves are ‘always thoroughly entangled processes and importantly, defined by their capacities to affect and be affected’ (Blackman and Venn, 2010: 9). Appreciating the body-as-process – the body as ‘more-than-one’ – invites us to consider how the body image develops in relation to institutionalized and other attempts at reification and the reduction
of the body to pure ‘dumb matter’ (Blackman and Venn, 2010: 8, 9), as well as to the elaboration of its materiality and social substance. Indeed, amputees describe the process of ‘becoming public’ rather than going or being public and ‘becoming undifferentiated’ from their prostheses as fundamental facets of acceptance and recovery and as central to living with artificial, fleshy, phantomed, and residual limbs.

Moreover, because the body is foundational relationally, the body image vis-à-vis embodiment is manifest in interaction, by way of its sociality. Accordingly, it is the interactions that bodies have with others, as well as with objects, that are constitutive of the body image. For example, when prostheses are of-the-body – typically through coinciding or the merger of artificial and phantom limbs – a vital integrity is often restored. In this sense, the experience of bodily wholeness need not imply a coherent ‘birthed’ body and may incorporate the artificial as well as the immaterial. Certainly, ‘bodily integrity’ can be lost and regained in numerous ways (Slatman and Widdershoven, 2010). Perhaps more to the point, however, these kinds of relations are fundamentally ‘natural’. As Rabinow (1996: 108) argues, ‘Nature’s malleability offers an “invitation” to the artificial. . . . Once understood in this way, the only natural thing for man to do would be to facilitate, encourage, accelerate its unfurling’. Amputees, for instance, describe the practice of ‘lived synthesis’ with a prosthesis as integral to ‘relating’ to the artificial, and in fact, this type of synthesis has long been lauded by clinicians, researchers, scholars, and amputees alike (Crawford, 2014). For example, Murray (2004: 963, 964) argued that we ‘need to sufficiently motivate potential prosthesis users in the period between an experience of prosthesis use as unnatural and wieldy [sic] to one of pre-reflective, natural use . . . [that] withdraws into the sensorium of the body’.

Dismemberment and passing

In addition to the myriad psychological, social, economic, and other challenges associated with dismemberment and prosthetization, amputation exacts profound demands on and changes to the physical body and thus, to the body image. Upper-limb amputees who elect to use prostheses often must decide between a visually provocative but highly functional terminal device such as a metal hook and the
cumbersome deadweight of a passive cosmetic glove made of RealSkin™ and embellished with fingernails, knuckles, and even veins. Likewise, lower-limb amputees must choose between what IG called ‘the straight goods’, an artificial appendage with its component parts and internal mechanics exposed, or a realistic imitation with a foam cover sometimes tinted to the perfect color of skin. All too often, however, life-like prostheses are acutely disappointing replicas of fleshy limbs because despite their natural look and impressive artistry, they ultimately fail at fooling. Nevertheless, when confronted with the alien process of choosing a knee, ankle, foot, or hand for the first time, persuasive substitutes that faithfully resemble human limbs and digits are commonly preferred over their high-tech and futuristic counterparts because they enable amputees to stave off disturbing feelings of self-estrangement. This is in part because prostheses hide, at least from oneself, the loss of what WS called ‘me-ness’.

*WS*: My hand and wrist were gone. Early on I realized that I wasn’t really me any more. That was strange. Actually, that’s still going on. I feel like I’ve been freefalling and you look at that arm and you go, ‘Wow!’ It’s better for me if I don’t look at it. So, I like to wear my prosthetic arm. It covers it up. I think I’m still the same person but then I realize that I may not be. I’ve lost my me-ness. My wife moved out because she couldn’t look at me and think that I was the same person. Okay, but that was her. Right? At first, I felt that I was still me; this is just an arm thing. Then, I realized that that’s actually not true.

As WS expressed, even though his amputation was ‘just an arm thing’, it still caused a vital transformation of his body image because of how consequential the loss of his hand was for his relations with others. In fact, it was the reactions of his wife, friends, family, and strangers that were the impetus behind his feelings of self-estrangement; the loss of integrity, the loss of ‘me-ness’ – just like the formation, maturation, evolution, and renewal of ‘me-ness’ – is always intersubjectively accomplished (Slatman and Widdershoven, 2010). ‘Freefalling’ is what happens when the body image is challenged by others’ claims about the direct and intimate relationship between the body and personhood, especially when their claims are paired with such significant and realized effects. Indeed, given that his wife could not think of him as the same person after his
amputation, others’ claims seem to be much more than claims; they seem to be truth.

BT also acknowledged an elemental transformation of his body image and sense of personhood immediately after the surgical amputation of his right arm. The operation left him feeling reduced to his loss or, more specifically, to the stump that remained. He said:

I do feel like I’m a different person. My appearance has changed, my way of doing things has changed, and the way people relate to me is different. I feel like I’m a stump with a person attached. Sometimes there’s stuff that I have to get over before I can move on to being a human being.

His amputation meant not only a compromised identity or sense of ‘me-ness’, but his very humanity became fragile and open to negotiation. And, despite feeling – ‘like most people do’ – that his body was ‘simply in need of modification’ and that ‘lots of people’s bodies are differently shaped’, he wore his prosthesis 15 hours a day in order to ‘pass’.

Offensive corporeality

The impulse to pass has its origin in circumventing an objectionable ‘freefall,’ but it also enables amputees to hide what are perceived to be offensive features of the body, the kind that precluded JM from looking in the mirror without her prosthesis. She was emphatic when she said, ‘I don’t do the standing in front of the mirror waving it around kinda thing’. Similarly, JO admitted:

I don’t like seeing myself in the mirror if I don’t have my leg on. I remember thinking one time how sorry I looked; I looked like a wet dog so to speak, one that had been run over by a truck, and I didn’t like it.

Prosthesis can effectively mask what are regarded by some amputees as unsightly or even ‘hideous’ features including: excessive scarring, uneven shape, loose skin, open wounds, or atrophied muscle. Because of what he thought of as extreme scarring DV fantasized: ‘It would all be alright if I didn’t have to take it [prosthesis] off. That would be great’. For PC, his artificial limb hid what he considered to be an atypical ‘stump-less’ amputation; his hip disarticulation (amputation through the hip joint) left him apprehensive...
about exposing his body even to those he was closest to and most intimate with.

PC: Even when I got older and started dating and became sexually active, I kept it on. I didn’t take it off to have intercourse for the first time until I was probably 19. Even though everybody knew, I still was very apprehensive. If I got out of the shower and I was dating and she happened to be there, I would either put the leg on in the bathroom before I even came out, or I would wrap a towel around me and get to the bed or sit down real quick. And then, I would put it on after they left or when they went to the bathroom.

JO, who lost his right leg and some of his left foot to frostbite and gangrene after being caught in a blizzard, preferred his prosthetic right foot to his ‘really ugly’ left foot. In his assessment, silicone toes are far superior to ‘offensive blobs’ that do not approximate feet with attractive and ‘comforting’ digits.

JO: As far as my foot goes, it doesn’t look like a foot. They took a piece of muscle tissue and put a skin graft over it so that I could use it. But it’s not a foot, and I find it pretty ugly, really ugly. I remember one of the first times back to the gym, I went into the hot tub. I have a prosthetic that I can wear in water and it’s got a foot with toes. I remember reclining in the hot tub and your feet float up. The toes of the [prosthetic] limb poked out of the water, and I remember having a comforting feeling over seeing those toes. My other side, the left side came up, and there are no toes. It’s this big, offensive blob, and I remember having sort of the exact opposite reaction.

Perhaps ironically, it was JO’s present right foot rather than his absent left foot that was the source of his jealousy. He said, ‘Feet say a lot about a person, how well they take care of them, the shoes they wear. If I’m in traffic and someone has their feet stuck out the window or up on the dash, that can really set me off into a fit of jealousy’. Prostheses are a means of covering up what is considered ugly, offensive, or even utterly loathsome, but they also effectively disguised what JM referred to as the ‘un-whole person’.

JM: If you look at how people look at bodies as being the person, then I am just part of a person. I am an un-whole person. If you only think in terms of the body – I am my body, I am what I see in the mirror – if you go on the premise of the external image as being the whole
person, then if you lose part of that, you’re no longer whole. Without my prosthesis, I am less of a person, part of a person.

At least in the beginning, passing as normal or fooling others through prosthetization is a primary concern for many amputees; later on, prostheses develop the unique capacity not only to assuage feelings of self-estrangement but also to fundamentally restore, ‘reconstruct’, or even entirely ‘transform’ dismembered bodies. When they become sufficiently incorporated or embodied, prostheses do not just provide a respite from difference or abnormality. They are not simply a distraction for others and/or oneself, but rather they make over the body through ‘distinction’. In DV’s terms, ‘A prosthesis makes you feel normal. It makes you normal, even better, because you’re not seen as different, just distinct’. Amputees frequently characterize prosthetization as tantamount to rebirth and to becoming ‘better’, enhanced, or even morally endowed. When JO was not wearing his prosthesis, he had ‘this strange feeling’; he said, ‘People were looking at me in a way that I had done something wrong, like I was guilty. But, I was forgiven when I had my leg. With it, I’m innocent’.

Rejecting the real

Despite their initial desire for or even preoccupation with passing, many amputees come to reject the impulse toward or imperative of the real, exposing the artificiality of their limbs to others with purpose, engaging in a lived politics of distinction. For instance, JM’s ‘RoboLeg’ was an example of what BT called ‘aesthetic discharge’. Becoming cyborg or robot in body and spirit entails not just aesthetic license – making over or marking oneself as unique – but also both expulsion and relief. Aesthetic discharge sends a message to others of being ‘distinctive and revitalized’ through prosthetization while also relieving amputees of the burden or obligation of passing. DP got tired of hiding himself behind trying to look normal.

DP: My leg has a tattoo of Ralphie from A Christmas Story on it. And on the bottom of it, it says, ‘You’ll shoot your eye out, kid’. It’s hilarious. When I first got it [the amputation], I was self-conscious about having the prosthetic. I didn’t want people staring at me for that. I’m not worried about that any more. It’s one of those things. This is me; this is who I am. I am tired of hiding myself.
Initially, JM too wanted to blend in, but like many amputees, she later began to ‘advertise’ enabling her to confront her past and reclaim her present. She no longer kept her ex-boyfriend’s secret, and undeniably, stabbing her in the thigh in a desperate attempt to prevent her from leaving didn’t work. Today, her ‘wooden leg’ is hers because it is not vulnerable to people like him, and she ‘makes it known’.

*JM:* At first, it was important to look normal. A lot of people didn’t know I had an artificial leg. A few years back, I was on crutches and I walked down to the store. The owner of the store said, ‘Oh geez, what happened to your leg’!? I said, ‘Dude, calm down. It’s upstairs. Nothing happened to it’. I didn’t have a shirt with ‘I got a wooden leg’ emblazoned on it. I didn’t advertise: ‘Hey y’all, I got a wooden leg’. Now, I do. I make it known.

WS wanted his prosthesis to look artificial because life-like replicas were, in his opinion, the real fakes. In fact, it gave him relief to see his hook because it was the genuine thing and the real him. Being unambiguously defined as unlike others, as overtly distinct, functioned to normalize his interactions because he no longer had to contend with those who could not take their eyes off of him. Just one glance solidified his difference or distinction and allowed gazers to ‘move on.’

*WS:* At first, I wanted it [cosmetic hand] so that I could look at it and it would give me relief. It looked like a hand. And now I have a hook. I spray-painted my socket with an acrylic-red color; it doesn’t look like skin. You can see that it’s artificial. It’s meant to be recognized as not real. That gives me real relief because it’s me. I found it difficult to walk around with a fake silicone glove thing. It was just hard to stand these people staring at the damn hand trying to figure out if it’s real. Let me look again and again. Let me get a closer look. With the red thing, they don’t stare. Just one glance and they know it’s a reconstruction. You can look at the hook and it’s defined as different.

Acrylic-red forearms and metal hook-like fingers, sleek ‘classy-black’ fiberglass exoskeletons, fuchsia-tined tibia and fibula equivalents, spring-inspired ankle joints, carbon-fiber feet with ‘a good push’, revolutionary cheetah legs that leave onlookers in silent awe, and even airbrushed tattoos or the silver sheen of duct tape unmistakably mark...
amputees as such and consequently, make them over as distinctively cyborg. Like IG boasted, ‘I look a bit like the Terminator and all the better’.

**Becoming public**

This shift from wanting or needing to pass to overtly rejecting the real or being visibly cyborg was for some a part of a more elemental process of becoming public. For example, JM and BT decided not to **go public** with their amputations – revealing to others their long and fervently held secret that they were prosthethized – but rather they decided to **become public** – giving their bodies over to others for consumptive and voyeuristic purposes. The body, by way of its artificial part, was transformed in these instances into a spectacle for unfettered ‘gawking’.

_JM_: I met this guy and he had pictures on his leg and I thought, ‘How cool is that’? I started seeing it in a different light. I didn’t have one with pictures on it, but I stopped trying to hide it. I stopped trying to make my body like everybody else’s because it wasn’t going to go that way. The one I have on right now – I’m Caucasian – the leg, the socket is black and there’s a big chuck of metal that goes from my ankle to the end of the fiberglass bit with a lock on it and a carbon-fiber foot that looks like a spring. Wearing shorts and that kind of thing became fun because everyone could gawk at my leg. I knew a biker that used to make jokes with guys in bars and stab his leg [prosthesis] with knives. After a while, you just become public.

Becoming public is a means through which dismembered bodies are transformed into voyeuristic objects for the purpose of revealing rather than hiding, of becoming distinct in order to be normalized, and of being reborn and transformed through prosthethization. It allowed BT to be freed from ‘thinking about what others think’ by ensuring that they engage directly and immediately with his hook. Unlike his cosmetic hand, which was relegated to the category of pure costume, the hook’s purpose was to provoke looking, staring, peering. After buying one off eBay shortly after his amputation, BT came to think of cosmetic hands as ‘ridiculous’, and he came to define attempts to hide his amputation as solicitations for unwelcomed and uncomfortable interaction, the kind that can be avoided when the obviousness of an absent limb is not disguised or concealed.
BT: I screwed it [cosmetic hand] into the end of my arm and it just looked so weird. I couldn’t bring myself to go out in public with it because I was very self-conscious about it. But, not with the hook because everyone has to take a look at it. I think because it’s ridiculous. It’s not the real me. But I did actually use it for Halloween. I went out as a two-handed person and my friends thought it was really funny. Actually I feel that with the people I’m going to interact with that it’s usually a whole lot better for them to see it right away. I make a point of it. I make them see it.

For some amputees, becoming public is also a way of acknowledging that the body that inhabits the present is never the same body that inhabited the past. BL embraced that fact that ‘This is the way I am now. You know, I’m not going to grow back a new one. I’m not a gecko’. But, he also came to understand that his body was a work in progress and that amputation could ultimately lead to becoming more of your ‘true self’ as opposed to less. As WS put it, ‘I realized that I had to find out what the definition of myself was. Who am I? I figured out that I am far more myself, my true self, with the amputation and the prosthesis than without’.

Becoming more of one’s true self is sometimes accomplished by allowing the body to be what LL termed ‘undifferentiated’ from metal, rubber, plastic, and the like. Prosthetization often entails deep embodiment so that the artificial quite literally becomes a part of the real or fleshy (Murray, 2004). DP, who wore his prosthesis ‘every moment’ said, ‘It feels like it’s part of you. It’s a necessary part of my body. I’m not legless. It’s a fake leg, not no leg’. In the same vein, JM explained, ‘My RoboLeg is an appendage even though it’s not the one I grew up with. It’s still there; it completes my body’. PC, a 28-year-old amputee who lost his left leg at the age of 5 to cancer, waited for over seven years for a prosthesis he could wear with any regularity. It did not take long before he was undifferentiated.

PC: When I got my prosthesis, I wore it every day. I slept in it. The only time I really took it off was to take a shower. I did not want to take it off. It was my leg! It was a part of me! People, even my mother, would ask me, ‘Why don’t you want to take it off’? I said, ‘Do you want to take yours off’?

Becoming undifferentiated is not simply accomplished by learning to traverse stairs or open a stubborn jar of pickles, although it
undeniably encompasses becoming at ease with an artificial limb. It is a process whereby the artificial, the residual, and the phantomed become one, restoring vital integrity to body. It entails lived synthesis such that phantoms and prostheses, ghosts and machines, come to occupy or inhabit the same space without resistance or insult.

**Embodied synthesis and phantom peculiarities**

Phantom limbs are perhaps the most perplexing aspect of the embodied experience of dismemberment and prosthetization. Sensation, or more precisely perception, can be characterized by a vague awareness of something approximating the pre-amputated or intact limb. Yet, phantoms can also mimic the pre-amputated limb with quite astonishing exactitude, taking on, for example, qualities associated with a painful ulcer, gangrenous tissue, or even the distinct pressure of a tourniquet (Crawford, 2009, 2013). During our interview BL, who lost his leg due to a post-operative infection after ankle replacement surgery, said, ‘My ankle hurts. It feels similar to the pain I had before the amputation. I’m having it right now actually’. Indeed, phantom sensation can feel so eerily real and persuasive that amputees often report what has been termed forgetting.

*JM:* I got out of bed and fell one time. Even when I had the leg on before and would take it off, I still couldn’t remember the amputation for two weeks after I was out of the hospital. And, I would try to walk and couldn’t. I would just fall. I couldn’t fathom that I didn’t have a leg there.

Phantoms also have the uncanny capacity to replicate any sensation experienced by intact limbs. They may feel the tingling numbness of the foot as it falls to sleep, the furry or fuzzy sensation of fingers full of static electricity, the warmth that washes over toes when they are steeped in a hot bath, or the distinct sensation of wetness, slipperiness, and chill when walking in puddles of rain. When JO was not wearing his prosthesis, his phantom was itchy, sweaty, and always sticky.

*JO:* When I’m not wearing my prosthesis, I might get a phantom limb pain like the shooting electrical pain. I do get an itch to my calf which is not there. Most often, I get the feeling like my foot has been in a hot, sweaty shoe all day. I just want to take that shoe off and take that sock off and just air my foot out which I always do. I know this sounds
weird, but the whole thing always feels sticky. When people ask how I feel, I say, ‘Sticky as usual’.

For some amputees, sensations can be strangely confused when the phantom seems clearly out of place. For example, at first, PE typically felt a set of toes ‘where there were no toes’. But, when he began to feel pain, his phantom toes moved to cozy up behind the bend of his knee. This phenomenon, when the phantom shortens (and often shrinks) coming closer and closer to the body, is referred to as telescoping. PC’s phantom telescoped during episodes of pain but returned to normal length when he was pain free.

PC: Actually, I’m in pain, and I am sitting here wiggling my toes and it doesn’t feel like it’s a full length. If I’m sitting on the floor and I have both legs bent up with my feet flat on the floor wiggling both toes, I can tell there is a difference of where the toes are. So it feels like it’s shorter.

Often parts, pieces, or bits of the absent limb dangle inexplicably in space but faithfully move to the follow the body with reverence and in perfect harmony. The emptiness itself can be sensed as a ‘vaguely bounded band of ‘unfilled’ space, a no man’s land separating two different perceptions’ (Sobchack, 2010: 57), or the empty space can be actively felt as the absence of absence. Telescoping, phantom gapping, and phantom shrinking are often disquieting sensations causing some amputees to question whether their floating fingers or detached toes are really just ‘all in their mind’. For example, JM described his piece of leg. He said, ‘It feels like it’s in the air. I kind of feel like it’s in my head. It feels like it’s down there but it’s not there, so it’s in my head. It must be all in the mind’. For other amputees, however, this connection to the past is comforting even if the phantom is characterized by pure distortion. WS said,

It’s a comforting feeling. I like it. Sometimes it’s a part of the middle hand. Sometimes it’s a part more with some finger joints and the fingertips are not all there. It’s at the end of the stump and it’s little. It’s not hand sized. It’s a tiny meaningless hand.

Amputees also regularly report a curious lived synthesis between their artificial and shadowy limbs. Phantoms inhabit and animate prostheses, bringing dead wood and cold steel to life. In fact,
amputees who experience the complete absence of a phantom have been thought to have remarkable difficulty becoming skillful with a prosthesis. For PC, nurturing phantom vibrancy was key to maintaining a ‘natural sensation’ when walking such that his phantom felt ‘separate’ but ‘in the same space’ as his prosthesis.

PC: It [phantom] is still as vibrant as the day I had the amputation, if not better. As a kid I remember I used to be so tickled about it. I’d be like, ‘This is weird’! There have been times where I’ll be walking with the prosthesis on, and I’ll be moving the phantom limb at the same time, getting that same natural sensation that you would probably have walking just to see what it would feel like. I mean, the phantom feels separate. I can tell a difference. It feels like the limb is there, but also I can still tell that I have a prosthesis on. It feels like if you were to take your hand and stick it in a cup, you still know the cup is there. You can still move your hand, but you know that they are in the same space – if that makes sense. It feels like I know both of them are right up under me where it should be, but I still know they are two separate things.

JM ‘projected’ to her phantom, a practice that allowed her prosthesis to function as an extension of her ‘skeletal system’ and feel like ‘a continuation of bone’. In fact, she could not imagine how she could ‘relate’ to her prosthesis without the aid of her phantom.

JM: With a phantom, when you walk and have something solid down there, you feel like the prosthesis is a continuation of the bone, basically your skeletal system. Mentally in order to use it better [the prosthesis], you have to project to the [phantom] foot. I’m not under the illusion that it’s my real leg. But you have to treat it [the phantom] like it is or otherwise you can’t walk. It seems like to me you wouldn’t be able to relate to it [the prosthesis] otherwise. If I don’t have the prosthesis on, I can still move things around, I can still feel the phantom. But, when I put the prosthesis on, you just know it.

JM highlighted the reciprocity or lived synthesis that existed between her artificial and phantom limbs. With her prosthesis doffed, her phantom was present, but when her prosthesis was donned, she truly ‘knew it’. In fact, while embodied ghosts animate prostheses, man-made limbs provide embodied ghosts with the kind of structure that can enable their usefulness (Crawford, 2014). For example,
prostheses are regularly attributed with astonishing curative properties and have long been thought to civilize unruly phantoms, especially those that pathologize or become painful. Phantom pain is considered one of the most merciless and intractable pains ever known (Crawford, 2009). It can be more cruel, more unbelievably punishing, than anything experienced by those who cannot know it. When JC was tortured by illusory nails, swords, and bolts of lightning, his phantom could only be disciplined by his prosthesis:

JC: It feels like somebody is shoving a nail between my toes. But, every once in a while I get severe phantom pain and the only way I can describe it is somebody shoves a sword through your foot to your knee, counts to five, yanks it back out, and then, you get hit by a bolt of lightning. Yeah, that’s how I would describe it. And, I get pain periodically like that. I get two or three of them within a few minutes apart, and then, it goes away. But, I have learned that if I’m in pain to put the prosthesis on and stand up; my phantom comes in big time and it [the pain] goes away instantly. I’ve never had them while standing, never.

Conclusion

When a sword impales his leg, when it is shoved through his foot with enough force to reach his knee and then, yanked out again, JC stands up. He coaxes his ‘old leg’ into lived synthesis with his ‘new one’, the prosthetic limb that persuasively provokes his phantom into ‘coming in big time’. JC’s account of his pain and its assuagement draws attention to the strangeness of embodying at once artificial, phantomed, fleshy, and residual limbs, and it testifies to the undeniably extraordinary features of the dismembered, haunted/ing, and prosthetized body. Still, his account, however exceptional and uncanny, also brings into stark relief the intersubjective, processual, and relational aspects of the body image – aspects that are made expressly apparent when the role of the fake and the fantastic in corporeal experience are taken seriously.

From a Schilderian perspective, there is nothing a-social, quintessentially private, or unsharable about the body image. We must start with the idea that it manifests in relation to interactions with others, that it is foremost intersubjectively accomplished and thus, is always ‘socially situated’ and decidedly normative. This is, of course, not a
new idea, but its overt reinstatement is necessary if we are to acknowledge that the physical body – like the body image – is characterized by the distinction between the pathological and the ideal such that ‘impairment/disability is associated with “deficit” or a “flawed” existence’ (Hughes, 2007: 673). To be sure, it is regularly the claims of others about the intimate, intrinsic, and inexorable connection between the (flawed) physical body and personhood that is the basis of a degraded sense of ‘me-ness’ after the loss of a limb.

Nevertheless, it is also important to underscore the experiential, achieved, and negotiated nature of the body image. Although interactions with those who are loved, familiar, or even nameless are eminently meaningful, the body image is not simply or straightforwardly reducible to the attributions of others. In fact, the act of ‘passing’ as able-bodied is a purposive means of forestalling the effects of caustic interpersonal interactions on the self-concept and the body image. In other words, because the body image possesses an ‘intrinsic sociability’, because – like its biologic counterpart – it is not lived as ‘ahistorical, unsituated and decontextualized’ (Watson, 2002: 513), it is a significant source of embodied negotiation, recalcitrance, resistance, and the like.

From this perspective, the body image is better understood as a practice or process of ‘becoming’ rather than a state of being (Sobchack, 2010). We do not simply have a body of a certain type that spawns a culturally relevant body image through interactions with others, a standardized image that becomes relatively fixed outside of events that distort or disturb, or one that informs self-feelings. As Head intimated, the foundational plasticity of the body image suggests that it is perpetually incomplete, always unfolding and in process, while the historical horizon that also characterizes the body image suggests that it is always already experientially fashioned. In this sense, the body image can be understood as becoming – ‘becoming public’, ‘becoming distinct’, ‘becoming undifferentiated’. It is never fully and explicitly realized as disturbed or transformed at the moment of dismemberment or prosthetization, for example; rather, it is always on the verge, on the threshold of becoming.

It is not just the interactions that we have with others that shape the body image. The relations that the body itself forges with objects are
also of vital import (Latour, 1987). The body endowed with the ‘power of projection’, as Head proposed, is intimately ecological; our ‘postural model’ orients the body toward objects such that it is inexorably relational. Prostheses may initially function as a means of passing – masking ‘offensive corporeality’ or staving off the onset of ‘the un-whole person’ – but later they often become of-the-body just as phantoms regularly are. And the collaborative relationship between phantom and artificial limbs, their synthesis, is an exemplar of the relational proclivity of the body image. In fact, friendly phantom-prosthetic relations are the epitome of Merleau-Ponty’s being-in-the-world with purpose and integrity.

Moreover, partiality need not imply a loss of integrity, an erosion of embodied wholeness, because the body image is also unmistakably defined by immateriality. This implies that bodily integrity and the complete body image are not pre-given; in fact, they must be attained, maintained, and sometimes reclaimed (Slatman and Widdershoven, 2010). We are not born with a fresh, intact body image that is an echo of our physical body destined to erode. This presumption stems from the mistaken assertion that the body image is innate and from the wrong-headed privileging of the material over the immaterial. Together, phantom limbs and prostheses demonstrate quite clearly that embodied ghosts and machines may in fact be lived as ‘more real than real’.

In the end, one might be pressed to ask: Why take such pains to expose the intersubjective, processual, and relational features of the body image? Why should we be concerned with reviving a concept that had lost its analytic power becoming vague, pedestrian, and tired? Unequivocally, re-visioning the body image is not just a project in revivification. It is a project that contributes to the vital turn toward ‘enfleshing’ action, while also ‘destabilizing the pull of ... subjectivation on our bodies’ (Papoulias and Callard, 2010: 47). Certainly, opening long-sealed ‘black boxes’ is always also a political move, one that demands re-examination of their contents and allows them to be repacked anew (Latour, 1987). One might be further pressed to ask: What can the lived experience of amputees – prosthetized, haunted/ing, and dismembered bodies – tell us about the body image? Can we effectively ‘generalize’ from these narratives? Again, this is a political move. Without question, it is patently reckless to assume that we can only make ‘claims’ about the body image broadly speaking.
starting from ‘able-bodied-ness’. In fact, ‘exceptional’ bodies have often proven to be more telling, more industrious starting points, than the ‘normative’, and have time and again been the impetus for theoretical and conceptual re-visioning.

References


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