Reorganizing the Fragmented Body Through Affect: A Literary Analysis of Prosthetic Embodiment in Critical Memoir and Speculative Fiction

by

Meghan A. Elliott

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Dissertation Committee:
Mary Wood, Chair
Forest (Tres) Pyle, Core Member
Elizabeth Wheeler, Core Member
Camisha Russell, Institutional Representative

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DISSERTATION ABSTRACT

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In this dissertation, I analyze how literature engages prosthetic embodiment and relations through critical memoirs and speculative fictions that explore real and imagined experiences with prosthetics. Using affect theory and dis/ability studies frameworks, I examine the emotional and contextual aspects associated with narratives of prosthetic embodiment and their relationship to genre. By studying memoirs by Audre Lorde, Olga Trujillo, and Eli Clare, along with speculative fiction by Nisi Shawl, Erna Brodber, Ocean Vuong, and Silas Weir Mitchell, I explore a wide range of personal and fantastical approaches to prosthetic modification. In treating prosthetics in literature as both symbols and objects that enable physical, mental, social, and emotional relations, this project aims to extend the definition of prosthesis and expand how we understand the shape and extent of our dependent embodiment. Understanding the social and cultural narratives attributed to prosthetics can provide insights into how individuals experience and navigate their embodied existence, challenge stigmatizing beliefs about the body, and foster a more inclusive medical approach to prosthetic embodiment and dependence.

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For my grandmother, Istar Holiday, and your way with words.

I look forward to your every incarnation.

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INTRODUCTION: THE FRAGMENTS

It would be irresponsible of me to spend so much time writing about prosthetics without acknowledging my relationship to the subject. I am visually impaired but largely visibly nondisabled. I wear glasses and makeup occasionally. I have friends who call me a “walkie” because they roll. I have friends and family members with altered body parts, genders, and brains enhanced with medication.[1] I myself, over the course of this immense grappling with the seemingly infinite boundaries of embodiment and dependence, have grown to depend on prosthetic help for anxiety, happiness, and stability. The most immediate relationship I have with prosthetics is with medication and my phone. Like most, I need a little help to get through the day, and like most, I position my phone as a necessary tool to secure my livelihood. It is a way to tell the time, to communicate with others, to secure food, finance, shelter, and extend myself into larger social spaces.

The more I research the intersection of technology and medicine, the easier it gets to see that all things tend toward dependence, the easier it gets to see that “that difference is what all of us have in common. That identity is not fixed but malleable. That technology is not separate but part of the body. That dependence, not individual independence, is the rule” (Davis 26). Prosthetics reflect our dependence. They are an inevitability, and as such, they contain prescriptive narratives that assume to posit truths about the structure of our dependence. To clarify, these prescriptive narratives are not necessarily inherent to the physical matter of the prosthesis but come from intersections of prosthesis with socially constructed beliefs and ideas

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[1] I am following in Eli Clare’s footsteps by acknowledging my place as a listener rather than participant within the communities I engage with in this project: “Rather I have listened to and read their stories in magazines, documentaries, academic journals, and Internet-based forums. I’m sure that my understanding of their experiences and desires would be different and more nuanced if what I knew came through community-based connections” (Clare).

about the human body. My research tends toward challenging the constructed narratives that prosthetics embody, but not the value of prosthetics in medical spaces, nor their ability to enhance movement, function, communication, and quality of life. Prosthetics, when defined as something that enables relations, are a valuable and necessary characteristic of our dependent existence.

We are dependent beings, physically, socially, emotionally, ad infinitum. Prosthetics makes our dependency visible, but that visibility creates a twofold problem that feminist thinkers like Audre Lorde (*The Cancer Journals*), bell hooks (*Black Looks: Race and Representation*), and Linda Martin Alcott (*Visible Identities: Race, Gender, and the Self*) and many more have made visible through interrogating the intersection of visibility, race, gender, and sexual orientation. Feminist thinkers have long argued (and continue to argue) there is immense value but also danger in representation and making identity seen. Sight creates targets and opportunities for shooting them down. To quote the wise words of Sara Ahmed from *Living A Feminist Life*, when you make something visible or expose a problem, you pose a problem. Prosthetics, visibly speaking, pose a rhetorical problem: they expose the delicate relationship between technology and the body by paradoxically suggesting “we are capable of believing at once that the body does not matter and that it should be perfected” (Siebers 273). Prosthetics rest on a precarious line between the finite, disposable body and the technologically perfected future of embodiment. They extend the body like they extend our understanding of what constitutes past, present, and future iterations of embodiment.

This project engages *prosthetics* as technological enhancements to the body that improve movement and function, and examines *prosthesis* as a process of connection, as a series (or set) of bodily relations (Nguyen). In this project, the term technological refers to the traditional definition of technology as human-made devices shaped from non-human materials and expands to include mental devices created within the human mind. This dissertation is an interrogation of the varied narratives that color prosthetic technologies (both external and within the mind) and the relations they enable. By analyzing fictional and nonfictional expressions of prosthetic technologies and connections, I investigate how prosthetics serve as both useful and destructive material metaphors for body-mind relations.

Limiting our focus to the body and mind as distinct entities restricts our understanding of embodiment. Therefore, this study adopts Eli Clare's non-dualistic approach to the interconnectedness of the body and mind. The term "body-mind," as used by Clare in his critical memoir, *Brilliant Imperfection: Grappling with Cure*, is employed here to suggest that we analyze embodiment as something fragmented but evidently connected to firmly reject the dualistic rhetoric resulting from this distinction. A more involved definition of body-mind relations is provided in Chapters Two and Four, and throughout this project the terms "body" and "mind" are often connected by a dash, serving as a prosthetic to visually collapse the dualistic rhetoric that seeks to inform their relationship.

Beyond asserting that nuance is valuable for research into the connection between the body-mind and technology, I argue that prosthetic embodiment is less about dualistic ideology and more about framing prosthetics as tools that enable individual, social, and cultural relations. However, when prosthetics are regarded as tools, they must be wielded with intention and *care*, with an awareness of the social nuances and narratives they contain on their own, independent of the person who is wielding them.[2] To approach matters of embodiment with Christina Sharpe's

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[2] I am referencing Christina Sharpe's definition of care in, *In the Wake: On Blackness and Being*. Sharpe emphasizes the importance of caring for oneself and for others within the Black community in the face of systemic oppression and the legacies of slavery and colonialism. Care, for Sharpe, is a way of acknowledging and resisting these forces, offering a form of sustenance and solidarity in the wake of these traumas. I use the term here (and more in Chapter

definition of care that involves "endurance, attention, and protection" in the context of the ongoing violence and historical traumas experienced by Black Americans, this project turns its attention toward texts written by authors in BIPOC and dis/ability communities. Rather than attempting to singularly define prosthetics, I seek to unearth the prescriptive narratives associated with prosthetics, by examining the works of marginalized authors who have either experienced and/or imagined the extended cultural challenges of living with technologically altered bodies.

Prosthesis in literature is the fragmented object of my analysis, which is itself fragmented to reflect the various frameworks and genres that prosthetic relations touch. I engage with affect theory and dis/ability studies as my primary frameworks, and I explore critical memoir and speculative fiction as my primary genres. Focusing on affect, dis/ability, and two "opposing" genres like speculative fiction and critical memoir (or fiction and nonfiction) is yet another way to reject dualist thinking and make this project feasible by grounding the analysis of prosthetic relations in organized narrative structures.

The purpose of my fragmented analysis is to add texture and literary weight to the value of narrative in medicine, and advocate for literature's ability to unearth the many narratives (both good and bad) created by prosthetic technology. My analysis sutures together narratives, genres, and frameworks both conceptually and at the sentence level by incorporating slashes (or virgules) and enclosing many secondary thoughts (and word choices) within parentheses. It is an intentional stylistic choice that shows even in my analysis, I am not willing to separate meaning or adhere to dualistic rhetoric/thinking. The purpose of this project is to expose and grapple with the connection between identity, technology, and the body by seeking to articulate the divine

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Two) to acknowledge how prosthetics carry weighted and prescriptive narratives that are heightened by the effects of the wake.

point of confrontation—the moment when affective intensities intersect with the fragmented body-mind to create narrative.

The Affective Framework

I take an affective approach to prosthesis and the body by turning to post structuralist thinkers like Sara Ahmed, Adam Beyt, Brian Massumi, and Lisa Feldman Barrett, whose work stems from the Enlightenment philosopher Baruch Spinoza and his depiction of the human body as a nexus of intensities.[3] I turn to Ahmed, Massumi, and Silvan Tomkins for definitions of how these intensities can be read as affects, but look primarily to Ahmed for a careful articulation of how these affects work within relations of power that determine how bodies orient and extend into space.[4] Ahmed's approach to orientation through structures of power enables us to conceptualize the body as an affective economy, or a collection of intensities that are always already connected to culture and environment.

Approaching the relationship between prosthetics and embodiment in literature demands conceding that the relationship is dependent on affect and emotion: we organize ourselves through emotional narratives. To effectively interrogate how the fragmented, modified body is a reorganization of parts (and selves), I must recognize the place of emotional narratives in determining its organization.

According to affect theorist Brian Massumi, "all emotion is more or less disorienting, and… it is classically described as being outside of oneself, at the very point at which one is most intimately and un-shareably in contact with oneself and one's vitality" (Massumi 35). While Massumi's research offers a philosophical analysis of emotion in terms of contact and

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[3] Ahmed, Beyt, and Massumi follow Deleuze and Guattari's articulations of Spinoza's intensities, where "the life of affects corresponds to continuous variations in intensity" (Voss). Barrett's research is more concerned with the psychology effects of affects, and closely follows the work of renowned expert on emotions, Paul Ekman, a psychologist and professor at UCSF who studied emotions via facial expressions.

[4] The primary texts of Ahmed's that I work with are *Queer Phenomenology* and *The Cultural Politics of Emotion*.

orientation, his research could benefit from a neurological approach to the ways in which emotion is both “outside of oneself” and a point of contact. In *The Psychological Construction of Emotion*, Lisa Feldman Barrett suggests that emotions are “constructed events rather than fixed action patterns,” meaning that emotions are how we construct the world rather than respond to it (417). Barrett’s research posits that the brain interprets four interoceptive sensations from inside our bodies—pleasantness, unpleasantness, arousal, and calmness. The brain receives these basic status updates from the body all day long without knowing the exact cause of the sensations. Instead, the brain relies on past experiences to make sense of the sensations, experiences typically characterized by emotions. By turning to theorists like Massumi and neurologists like Barrett for an articulation of how emotions are constructed, a multi-disciplinary approach to emotions allows for a more complex understanding of how emotions exist “outside of oneself” to help the brain make sense of the bodily sensations it identifies from the past.

We are always drawing on the past to understand the present and predict the future. Given what we understand about emotions—how they shape our perception of reality—we can view all narratives as intricate expressions or sequences of emotion. Fiction, for instance, conveys elaborate stories and characters woven together from emotional threads. Since characters and narratives are often constructed using emotional logic (this character feels angry, which makes that character feel sad), why not analyze their content through an emotional and affective lens? By doing so, we can acknowledge that literary narratives do not assert any absolute truth about the world, but rather delve into the fragmented truths produced by emotional articulations of experience.

Emotion is one primary object of study at the center of the humanities, but until very recently, it has not been well received in literary spaces (beyond an engagement with the sentimental).[5] Dualistic thinking has created a theoretical foundation in which the mind and body are separate, where the thinking, rational mind is allegedly superior to the feeling, sensing body. However, thanks to neuroscientists like Lisa Feldman Barrett and Antonio Damasio who argue that from the neural perspective, emotions construct experience, a scientific approach to emotion suggests they are a fundamental part of how the mind, body, and environment act as an ensemble.[6] By examining emotions as an ensemble of mind, body, and environment in literary contexts through the inner lives of characters and their interactions with the world, literature offers a rich platform for exploring the neurological complexities of embodied experience.

The argument that emotion can be analyzed through literary narrative colors my approach to how each primary text in this project engages with prosthetic technology. Chapter One examines the emotional and affective relationship between prosthetics and embodiment in *The Cancer Journals* by Audre Lorde, and *Everfair* by Nisi Shawl, highlighting how emotions like anger are used to reorganize the body-mind and resist structures of oppression. Chapter Two expands the definition of prosthesis to include extensions of the mind, showing how individuals mentally navigate emotional pain through narrative constructions, as seen in Olga Trujillo's memoir, *The Sum of My Parts: A Survivor's Story of Dissociative Identity Disorder*, and Erna Brodber's novel, *Louisiana.* Chapter Two engages with prosthetics through a slightly different lens than the rest of the chapters in this project, as it considers how engaging with the fragmented body through affect demands engaging with the fragmented mind. Drawing on Dr. Richard Chefetz's affective approach to dissociative identity disorder and mental fragmentation, this

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[5] Lauren Berlant is an affect theorist who has contributed to the study of sentimentality in literature, focusing on its role in shaping affective relationships and structures of feeling in her work, *The Female Complaint: The Unfinished Business of Sentimentality in American Culture* (2008).

[6] Neuroscientist Antonio Damasio seeks to collapse the cognitive chasm not only between mind and body, but between emotion and reason in his pivotal work, *Descartes' Error: Emotion, Reason, and the Human Brain,* in which he argues that from the neural perspective, the mind, body, and environment act as an ensemble, and emotions are constitutive of rationality itself.

chapter argues that prosthesis, when defined as something that extends and enables relations, should expand to include extensions of the mind. Chapter Two explores dependency and fragmented embodiment through matters of affect, sensation, and the mind, with a particular focus on sensation as a component of the mind beyond cognition. Through an analysis of experiential and fictional articulations of the fragmented mind-body constellation, this chapter aims to understand how mental states serve as prosthetic narratives that keep the fragmented body-mind always already connected to one's sense of self.

Chapter Three further extends the concept of prosthetic relations by exploring the relationship between affect and space, illustrating how emotions are used to understand complex interpersonal relationships, as depicted in “The Case of George Dedlow” by Silas Weir Mitchell, and *On Earth We’re Briefly Gorgeous*, by Ocean Vuong. And last, but certainly not least, Chapter Four focuses on Eli Clare's exploration of dis/ability, prosthetics, and the rhetoric of cure in his memoir, *Brilliant Imperfection: Grappling with Cure,* emphasizing the emotional aspect of these experiences and their impact on his identity. Together, these chapters form a cohesive narrative that examines the role of emotion and affect in shaping the experience of prosthetic technology and embodiment, highlighting how individuals use emotions to navigate their relationships with their bodies and various narratives of oppression.

Each narrative outlined in this project is one that uses emotion to frame prosthetic relations. The chapters progress from analyzing prosthetics as extensions of the body, to extensions of the mind, to how bodies extend into space, and concludes with an analysis of how prosthetics ideologically (and dangerously) extend into the rhetoric of cure. Regardless of the differences (and similarities) in the content of their stories, each narrative grapples with the same essential conflict: how does one make sense of what the body senses, and how do prosthetic technologies alter these emotional narratives? Each chapter interrogates these questions by analyzing the existing narratives around prosthetic technologies that both reduce and expand discourses about the extent and shape of altered embodiment.

The Dis/ability Framework[7]

The combination of affect theory and dis/ability studies is rhetorically potent. These frameworks provide us with a perspective that combines sensing/space and embodiment/dependence, thereby enriching our temporal approach to prosthetic technology. Both affect and dis/ability frameworks aim to deconstruct normative time by encouraging a reevaluation of past embodiment that demands that the body look and behave in prescriptive ways and contemplating the future of embodiment with an activist orientation. Along a similar line of temporal reasoning, both affect and dis/ability studies approach the time spent contemplating issues of embodiment as time spent "in collaboration and community" (Brewer et al.). This project exists because it is not a solitary endeavor. It engages in dialogue with authors such as Audre Lorde, Nisi Shawl, Olga Trujillo, Erna Brodber, Ocean Vuong, Eli Clare, and even Silas Weir Mitchell to define prosthetic relations and delineate their relationship to dis/ability across various genres, disciplines, and academic communities.

Dis/ability discourses around the modified body often focus on dependence (Davis, Mitchell, Snyder, Siebers, Serlin, Ott).[8] One common literary approach to dependence and the future of embodiment is through metaphors and science fiction tropes like the cyborg body. The

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[7] There are many reasons why dis/ability scholars choose to include the slash '/' between dis and ability. However, my decision to frame dis/ability this way is a reflection of the slash mark working/acting as a prosthetic that brings together two seemingly disparate ideas; dis (as in not or opposite) and ability, like prosthetics and the body, organic and inorganic etc. to prove that they are not opposites, but cohesive units that are structurally dependent on each other. The slashes are not applied to titles or quotations written by other authors.

[8] The authors listed have written about dis/ability and dependence in the following pivotal texts: *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions*, by Lennard Davis, *Narrative Prosthesis: Disability and the Dependencies of Discourse,* by David Mitchell and Sharon Snyder, "Disability and the Theory of Complex Embodiment: For Identity Politics in a New Register" by Tobin Siebers, and *Artificial Parts, Practical Lives: Modern Histories of Prosthetics*, by David Serlin and Catherine Ott.

cyborg body is part machine, part flesh, and deeply symbolic in literary spaces. In Donna Harraway's pivotal work, *The Cyborg Manifesto*, Harraway famously details how the cyborg's dual composition paradoxically symbolizes the collapse of duality. Harraway argues that the cyborg is a non-singular, collective being that represents a new kind of dependence and embodiment that transcends conventional notions of gender, race, and identity.

Yet, when things live primarily in the symbolic, they lose distinction and reduce the individual to mere concept. To frame body modification and technology as a concept and symbol of interconnected identities is to deny the value of individual lived experience. Therefore, when it comes to the cyborg body and the place of prosthetics in literature, I adhere to Alison Kafer's definition of the cyborg as "not a mere tool but an opening into a new way or new understanding of 'being in the world.'" Viewing prosthetics in literature through Kafer's definition of the cyborg body as "an opening into a new way" of "being in the world*"* allows prosthetics to represent lived experience and more than their symbolic properties alone. Kafer's definition of the cyborg offers a less reductive understanding of technology and dis/ability because it does not require all bodies to "present their identities and experiences as the same" (Kafer 106).

Harraway and Kafer use the term *cyborg* to broaden a dis/ability-centered approach to the modified body and prosthetics, while other dis/ability theorists engage with the modified body through prosthesis. Dis/ability scholars Sharon Snyder and David Mitchell use the term *narrative prosthesis* to reference how dis/ability in literature is used as a narrative device. The term *narrative prosthesis* refers to metaphors of dis/ability (including the cyborg) that serve as prostheses for the reader, acting as a "crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytical insight" (49). Snyder and Mitchell argue that literary narratives often rely on the dis/abled body to support or enhance the storyline, resulting in the erosion of the dis/abled character's identity. Although they intend this as a critique of how dis/ability is represented in literature by non-dis/abled people, their argument about "representational power" is worth considering in relation to prosthetic technology. I will expand their analysis to suggest that when dis/ability is represented through an affective approach to prosthetic technology, it becomes a "potent symbolic site" of embodied experience (49). I contend that the modified body in literary spaces is a *necessary* symbolic site for expressing the emotional complexities of dis/ability and embodiment. My analysis does not focus on the cyborg body as a literary trope, but instead focuses on how prosthetics carry their own representational and emotional narratives, independent of the cyborgs they create.

A dis/ability centered approach to prosthetics operates in the symbolic realm but also brings us back from the symbolic abyss to remind us that the prosthetic body is a matter of personhood and individual lived experience. Dis/ability research does more than uncover iterations of dis/ability in the past, it is a movement that enables the cultural scripts we accept as our collective social reality to be in flux; to be written on and edited ad infinitum. In *Disability in Science Fiction: Representations of Technology as Cure*, Kathryn Allen writes that "there are two key modes of engagement within disability studies: the first is to expose and rewrite existing narratives of disability, using the lens of disability to produce new ways of thinking of the body; the second is to use DS as a site of advocacy for the rights of people with disabilities." My project adheres to the former in two ways: the first is by turning to critical memoir to see how individuals rewrite the narratives of dis/ability that were once written for them, and the second is by turning to speculative fictions that use "the lens of disability to produce new ways of thinking of the body." In doing so, my analysis suggests there is immense value in uncovering the affective narratives in stories written by members of the prosthetic community, and there is value in turning to iterations of prosthesis in speculative fiction to consider alternate ways of engaging with evolving forms of embodiment.

On Critical Memoir

One of the most effective ways to "expose and rewrite existing narratives of disability" is to engage with memoir and life writing (Allen). In *The Art of Self*, Steven Harvey argues that when writing about matters of the self, "the urge to shape begins in loss." While loss saturates the critical memoirs included in this project, there is much more to the shape of their narratives than what is missing. Our lives brim with fragmented memories, experiences, and knowledge about the world that we share with others as a roadmap, as a warning, as guidance, and reassurance that we are not alone in what we experience. While autobiographies attempt the impossible task of encapsulating everything about one person's life (as told by them), memoirs offer a nuanced alternative. Memoirs do not purport to reveal all or begin or end with loss. Instead, they weave together disjointed stories that the author—the experiencer—connects through the structure of reflection. Inherent in their nature, memoirs represent only a fraction of the whole narrative, reflecting the value of fragmented narratives and memory. Memoirs do not begin in loss, they begin in remembrance. Memoirs offer insight into the parts of people's lives they deem worthy of sharing or find necessary to share in order to refute the prescriptive narratives written about them. Through fragmented narrative, readers witness the author's deliberate shaping of their own story.

There is no singular narrative for a person's life. At the risk of informality but in the spirit of vulnerability required for memoir, I will use my own life as an example. In one narrative, I have shelter, my friendships are strong and kind, and I am finishing my PhD. Yet, in another narrative, I am grappling with mental exhaustion, financial instability, and endless imposter syndrome. In one story, I am perceived as successful, while in another, success seems elusive. This example underscores the importance of approaching memoirs and personal stories with a deep sense of deliberation and intentionality. Authors carefully consider which stories they will tell, which truths are worth exposing, and critics carefully consider the meaning behind their choices. Postmodern critics revel in shouting that authorial intent is dead, courtesy of Roland Barthes, but authorial intent is inevitable for analyzing something as deliberately fragmented as memoir. In memoir, the form and content reflect the author's purpose. Lorde actively and deliberately rejects prosthetics, Trujillo actively refutes the myth that individuals with dissociative identity disorder are violent, and Clare actively complicates the medical world's approach to cure. What is memoir without such intent? Without purpose?

Memoirs, despite focusing on the author's life, are not solitary endeavors. The author's narrative control extends beyond their own story to influence how others are portrayed. The writer faces the challenging task of deciding what to reveal and what to conceal in their narrative. They must carefully consider the tone and content of their story and decide what aspects of themselves or others to expose. One effective way to expose the self is through carefully selected personal anecdotes. Anecdotal reasoning in memoir is not the argument itself but the rhetorical device used to open it up. Close reading personal anecdotes in memoir requires engaging with the unsaid, the built-in affect, and the evidence of connection. Engaging with memoir is a process employed to understand the "other" that we cannot truly know. Built into close reading memoir is the dynamic transaction of that effort; the effort to know the stories that conflict with the structures or realities that present themselves as inevitabilities, as truths.

A memoir becomes *critical* by connecting the self to larger social discourses. Critical memoirs use the "I" productively to reveal a larger truth about the nature or structure of the topic, in addition to reflecting on one's experience (Behar). They are hybrid forms of essay, article, or book that combine personal anecdote with scholarly critique. Critical memoirs are informed by analyses of other texts and engage with various iterations of identity. In the article, “Critical Memoir and Identity Formation: Being, Belonging, Becoming,” Nancy Mack argues that “being a parent, teenager, or restaurant server all necessitate the ability to analyze the forces that impose limitations and subvert one’s agency to author ethical, answerable acts.” Mack’s articulation of the critical place of self in memoir demonstrates that there is no hierarchy of experience, as all experience fosters agency and can lead to valuable forms of knowing and resistance.

I turn to critical memoir partly for its ability to resist the hierarchy of experience, but also for its capacity to challenge stereotypes and demonstrate that writing is an act of resistance for dis/abled individuals whose stories have been told for them (Couser). In her memoir, *Waist-High In the World*, dis/ability activist Nancy Mairs reflects on her relationship to dis/ability through writing, stating, "no matter what I'm doing I can no longer forget that I have multiple sclerosis, but I can dull my awareness with books or beers or computer games. Writing has the opposite effect. It absorbs my attention utterly. And I don't want to think about my crippled life." Mairs reflects that writing about dis/ability is a paradox: it is an escape from dis/ability through contemplating the structure of dis/ability. The critical aspect of memoir enables writers in the dis/ability community like Mairs, Lorde, Trujillo, and Clare to immerse themselves in theory, in thought, and in the act of critique that works with ideas and dreams rather than under the strict confines of a prescriptive social reality. Critical memoir is not an escape from reality or a "dulling" of awareness, but a heightened awareness that enables authors to reframe their experiences.

On Speculative Fiction

Twenty years ago, Thomas Couser wrote that “a comprehensive history of disability life writing has yet to be produced” (604). However, this does not imply that such a history does not already exist. The history of dis/ability life writing can be found in memoir and speculative fiction. It can be found anywhere where stories of dis/ability are not used as mere props to enhance the depth of primary characters or move the plot along, but where stories of dis/ability are firmly centered in the discourse (Snyder and Mitchell). The history of dis/ability life writing has yet to be compiled, not produced, and I argue that we compile this history by not limiting our literary sights to life-writing and memoir alone. By incorporating speculative fiction into the history of dis/ability life writing, we might incorporate the wealth of imagination and metaphor into the history of marginalization.

Speculative fiction is an encyclopedic genre that allows me to analyze imagined forms of prosthetic embodiment in Shawl’s alternate history, in Brodber’s supernatural novel, in Mitchell’s spiritually charged story, and even in Vuoung’s lyrical fiction about the various relations made visible through prosthetics. In Katherine Hayles book, *Unthought: The Power of the Cognitive Nonconscious* (2017), Hayles describes speculative fiction as a porous genre that "explores the outer edges of possibility, questioning taken-for-granted assumptions and opening up spaces for envisioning alternative futures" (7). While Hayles emphasizes the genre's capacity to open up spaces for imagining the future, authors like Shawl, Brodber, Vuong, and even Mitchell engage with the genre’s explorative capacity to imagine an alternate future by imagining the body’s prosthetic relationship to cultural and emotional relations of the past. Speculative fiction is a genre that seeks to “defamiliarize its readers with their own world, to make it strange, in order to help them see it afresh” (Hayles). Much like dis/ability narratives seek to challenge narrow formulations of normal and natural, speculative narratives seek to challenge reader's perspectives on the familiar, whether that be familiar social structures or familiar structures of embodiment. It is a genre that demands disruption by imagining worlds, bodies, and futures that cannot be easily categorized or defined.

Not only does speculative fiction engage with prosthetics and matters of embodiment through reimagining the familiar, but it is a genre whose metaphorical capacities enable fictions that do not explicitly concern technological problems. According to Marek Oziewicz's articulation of speculative fiction in the Oxford Research Encyclopedia, the term has three historically located meanings: "a subgenre of science fiction that deals with human rather than technological problems, a genre distinct from and opposite to science fiction in its exclusive focus on possible futures, and a super category for all genres that deliberately depart from imitating 'consensus reality' of everyday experience." My project adheres to the latter definition which enables the genre to include elements of fantasy, science fiction, alternate history, the supernatural, and many more subgenres that engage with characters, settings, and concepts that push the boundaries of "normal" embodiment. My project adheres to Oziewicz' definition of the speculative as a "meta-generic fuzzy set supercategory—one defined not by clear boundaries but by resemblance to prototypical examples—and a field of cultural production." When defined as a "field of cultural production," speculative fiction is a genre that is always already built upon the intersection of narrative and culture, an intersection I rely upon to analyze each primary fictional text in this project.

Novels like *Everfair* and *Louisiana* are speculative texts that engage with matters of race, culture, and history through science and the supernatural to suggest that generations and cultures are connected through the shape and structure of embodiment. I turn to these speculative narratives for literary interpretations of prosthetic relations since both address anxieties around the prosthetically reorganized body through "fuzzy" imaginative means. Funneling prosthetics through fantastical registers generates queer/alternate/expansive views of embodiment that show us what new social and individual formations *can* look like. I turn to speculative fiction and the supernatural, to texts like *Everfair*, *Louisiana*, and "The Case of George Dedlow," for their engagement with this promise through imagined history, liminal spaces, and speculative forms of prosthetic embodiment.

While the last fictional source in this project would not be traditionally considered speculative fiction, I suggest that we can also read Ocean Vuong's engagement with prosthetics as speculative through its epistolary format. Vuong's novel, *On Earth We're Briefly Gorgeous*, deals with the "human problems" inherent in speculative works by using the epistolary format to reimagine the limitations of the narrator's relationship with his mother. The narrator, Little Dog, uses letters and language to depart from the reality of their fragmented relationship, and imagine a future in which they find the means to connect. The novel regularly questions, what are epistles if not the expression of one's take on reality, and a deliberate departure "from imitating 'consensus reality' of everyday experience" (Oziewicz).

Prosthetics in speculative fiction offer a visual and material means to identify the nuances of experience and complicate how far our social relations extend through the body. Speculative fiction is merely an entry point into understanding the weight of prosthetic narratives. It is a way of thinking and talking about the social infrastructure that governs our reality, unbound by the "scripts we have not written" about the body, while quite literally bound in the flesh of the earth (Tomkins).

The social grooves and neural pathways that reproduce oppressive forms of knowing (colonial/capitalist/heteropatriarchal) are shifting in length, shape, and value. Our approach to knowledge through literature is prosthetically extending. To quote the botanist Robin Wall Kimmerer from her science memoir, *Braiding Sweetgrass*, “science, as a way of knowing, is too narrow for the task.” When science is too narrow for the task of understanding the dynamic shape of embodiment, we can turn to the speculative, the affective, the supernatural, the fiction. We can turn to “fuzzy” genres in literature to think in new directions, to seek new social pathways, and to demand new approaches to scientific knowing.

On Narrative Medicine

Literary narrative has a complex relationship to scientific knowing in medicine, as it can (and does) inform person-centered medical care. According to psychiatrist Laurence J. Kirmayer (et. al), “the last two decades have seen the emergence of narrative medicine as a complement to biomedical approaches. Narratives are the vehicles through which patients understand and communicate their health problems, past history, and current concerns” (235). We depend on narrative for structure, for knowing. We need narrative to make sense of things. Medicine cannot exist without narrative to communicate its findings, and patients depend on narrative to make their experiences visible to medicine.

Narrative medicine additionally refers to “the practice of drawing on literature to add nuance and understanding to the relationship between patients and medical practices that include evolving medical technologies like prosthetic enhancements" (Kirmayer). Physicians might turn to authors like Shawl, Lorde, Trujillo, Brodber, Vuong, Mitchell and Clare to reflect on the relationship between technology and the body and empathize with the bodies whose individual narratives are altered by the collision of material realities and social narratives. One argument to be found in this literary grappling with prosthesis, is that medicine should turn to literary interpretations of prosthetics not for any answer, but for a new approach to embodiment.

Practitioners might turn to literature, or, more accurately, to narrative, for understanding how the body is complexly organized and reorganized by prosthetic technologies.

The relationship between literature and medicine is complex. While prosthetics are not medicinal in the sense that they have healing properties, they are medical inventions that alter our relationship to embodiment, to the environment, and even to history in fundamental ways. The ethical weight attached to the multiple, complex narratives prosthetics embody might better prepare us to "adopt these technologies, if we should do so at all."[9] Literary critic Esther L. Jones warns against turning too readily to prosthetics in *Medicine and Ethics in Black Women's Speculative Fiction,* while arguing that narrative medicine has the "capacity to increase empathy," and awareness of racial disparities in medical spaces (Jones 31). Jones suggests the relationship between medicine and literature can heighten awareness of the additional effects body modification has on marginalized communities. Therefore, literature might facilitate productive conversations between practitioners and patients who are additionally affected by discrimination in the Western medical system.

Prosthetics embody multiple narratives. Given that there is no single narrative about prosthetics, we can turn to literary representations of prosthetics that offer different understandings of their functional and symbolic purposes. Literature can facilitate communication between practitioner and patient and encourage the practitioner to recognize that each body-mind will respond differently to prosthetic modification depending on how the body-mind already exists in the social world. Lorde rejects how prosthetics obscure one's emotional relationship to the self, but Shawl embraces their potential by reimagining a world in

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[9] N Juth makes an argument about the potential/future ethical complications that might arise from gene modification in the article "Germline Genetic Modification, CRISPR, and Human Identity: Can Genetics Turn You Into Someone Else?" but the logic similarly applies to prosthetic technologies seeing as both alter the ways in which bodies (and future forms of embodiment) affect identity. Juth's article is published in *Ethics, Medicine, and Public Health*, vol. 2, 2016, pp. 416-425.

which prosthetics give the Congolese a means to resist colonial violence. Trujillo and Brodber rely on prosthetic extensions of the mind, Vuong and Mitchell rely on the narrative potency of prosthetic spaces, and Clare asks us to challenge prosthetic's ideological relationship to the future of embodiment. Each of these literary works can spark meaningful discussions between practitioners and patients, encouraging patients with access to prosthetics to consider how the prosthetic may impact their social identity and emotional constitution.

To provide a broader context beyond the practitioner-patient relationship, Chapters Two and Three include sections on the clinical definitions of dissociative identity disorder (DID) and phantom limb pain (PLP), respectively. While these sections aim to contextualize these disorders within the medical field, the chapters primarily draw insights from memoir and speculative fiction to explore how prosthetic technology influences our understanding of DID, PLP, and other complex forms of embodiment. A literary approach to DID and PLP rejects the notion that diagnostic criteria is more valuable than lived experience by suggesting that a diagnosis is merely one narrative, or one prescriptive way of viewing and determining the extent of the disorder.

Increasingly, medical engineers do consider the patient and lived experience when thinking about prosthetic designs, but the process is slow and very recent. From the Pink Journey App that offers patients information on various kinds of breast reconstruction surgeries, to the recent focus on UserX as a job field that came from the need for connection between designers and users of computers and cellphones, the user plays an increasingly valuable role in the evolving relationship between practitioner, prosthetic, and patient. Adaptive (or accessible) product design is a modern methodology that prioritizes user-centered design and user-centered experience with technology. An adaptive product is a product that adapts, or changes based on the user's needs. Although this methodology doubles as a marketing strategy that identifies and targets specific users, it also promotes a dynamic relationship between users and technological devices. Adaptive product design is often used for computer and interface-related technologies, but this methodology also encourages an accessibility approach to designing cosmetic and functional prostheses. If, in practice, the prosthetic's design is individualized to fit the social, cultural, and affective needs of the patient, then, in theory, the patient will be encouraged to organize their relationship to the technology that inevitably alters the story their body tells.

I use literature to frame the relationship between technology and the body, between medicine and metaphor, so the argument is not embedded in an urgent discourse. My research will not change the shape of prosthetics, but it might change the shape of how we view dependency by making dependency a valuable narrative in medical approaches to prosthetic technology.

Perhaps, at the intersection of medicine and literature there lies a new, unpaved, heuristic path to knowing that merges dichotomous thinking about technology and the body into a fragmented and therefore more nuanced discourse. The fragmented, prosthetic body is the body that contains multiple narratives and multiple discourses at once. It is the body capable of organizing and reorganizing itself through nuance and narrative. It is the body that depends and fortifies through dependence. It is a fragmented body-mind that resists singular narratives and closure. It is dependent and unwilling to close; it is unwilling to be “whole” in the singular and prescriptive medical sense of the term.

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At the center of my argument is not prosthetics, but the shape and extent of relations. We are connected through intensities, technology, culture, space, and the emotional narratives that construct each of our realities. Affect theory teaches us that embodiment extends beyond the body to assume space and dis/ability theory teaches us how to approach that space as a social discourse for matters of representation. Together, both frameworks emphasize that our dependence extends beyond technology itself, and that we are equally dependent on the act of writing about embodiment.

My entire project centers on the uncenterable, on fragmented forms of embodiment. To build on Eli Clare's brilliant grappling with cure, I view embodiment and this entire project as a mosaic, as something that is a collection of intensities and parts (technological and otherwise); as something that is both knowable through narrative and always elusive, transparent, like the glass that forms the mosaic.

It is difficult not to speak of the larger framework around the dissertation because that alone invariably shapes the content—I am thinking and writing about prosthetics and prosthetic relations through an academic framework that demands I turn to literature for analysis, context, and structure. It is a daunting theoretical path to travel down and recognize how everything is narrative and there is no solid footing under the strictly organized currents of social orientation. That said, I have learned from scholars like Eli Clare and Sara Ahmed that orientation is an arbitrary series of currents/paths/lines for us to either accept or reject and travel a different direction. I have found that this project travels down many paths that reach far beyond the scope of what my literary analysis provides. The relationship between prosthetic technology and the body is much larger than my research alone, and it is larger than what literature can do for us. Literature and genre is simply one more way to study the connection between our brains, minds, bodies, objects, and spaces through narrative.

The study of prosthetics is the study of connection. Syndesiology. Perhaps we can (or should) approach prosthesis as a method rather than a metaphor. A method for understanding the extent of our dependence, our fragmentation, and the extent of our ability to socially organize, reorganize, and prosthetically connect through narrative.

II:

PROSTHETIC NARRATIVES AND EMBODIMENT

I could die of difference, or live—myriad selves.

-Lorde, *The Cancer Journals*

In 2002, dis/ability theorist Lennard Davis published a collection of essays on how dis/ability studies offer a nuanced approach to the body and its relation to political, medical, and cultural discourses like postmodernism in the late-twentieth century. Davis examines the relationship between dis/abled subjectivities and postmodern discourses to argue that "disability may turn out to be the identity that links other identities, replacing the notion of postmodernism with something [he wants] to call dismodernism" (13). While Davis is concerned with reconfiguring postmodern subjectivities into dismodern identities to analyze systems of oppression, my research will focus on his concept of the dismodernist subject who is not only dis/abled but *dependent* on technological interventions like prosthetics (30). My work examines the intervention of cosmetic and physical prosthetics to argue that the narratives produced by (and through) body modifications reinforce Davis' argument that "the dismodern era ushers in the concept that difference is what all of us have in common… that technology is not separate but part of the body. That dependence, not individual independence is the rule" (26). I will expand on Davis' argument that difference is what we all have in common by asserting that prosthetic modification is a critical element of that difference. To engage with questions about the technologically dependent body, I analyze both formal and affective elements in Audre Lorde's illness memoir, *The Cancer Journals* (1980), which offers a rejection of cosmetic prosthesis, and Nisi Shawl's speculative fiction, *Everfair* (2016), which embraces ability-enhancing prosthetics. I examine the rejection and reclamation of prosthetic modifications through the lens of these four questions: what social and cultural narratives do prosthetics produce and reproduce? What bodies are most affected by these narratives, and how? How do fiction and non-fiction genres illuminate different anxieties about prosthetic technologies? And how does affect factor into our relationship to prosthetics/body modification? This chapter interrogates how emotion is at the center of non-dis/abled and dis/abled anxieties about prosthetic dependency and bodily reclamation (or who owns the body) when the body is subject to technological replacements.

The Narratives

Examining the affective element of dependent bodies through the intersection of memoir and speculative fiction offers a new path to understanding how the body is altered *but not owned* by various forms of prosthetics and the narratives they embody. The scope of this project will address and define four types of prosthesis: cosmetic (and identity-affirming), physical (and ability-enhancing), mental (as in cognitive states), and affective (as in emotional states), but chapter one will focus exclusively on cosmetic and physical prosthetics.

Since I am engaging with the term prosthesis through literary and dis/ability frameworks, I must first acknowledge Sharon Snyder and David Mitchell's definition of narrative prosthesis that has been essential to both fields. Snyder and Mitchell use the term *narrative prosthesis* to suggest that metaphors of dis/ability serve as prostheses for the reader by acting as a "crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytical insight" (49). Snyder and Mitchell argue that literary narratives often use dis/abled or marginalized bodies as secondary characters to prop up the story.[10] Although they mean this as a critique of the way dis/ability gets represented in literature by (and through) non-dis/abled

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[10] John Okada's 1957 book *No No Boy* offers a classic example of this phenomenon. The main character Ichiro struggles with his identity as a Japanese-American who said "no" to fighting for the U.S. in World War II. Ichiro's predicament is illuminated (or propped up) by the dis/abled veteran Kenji who loses his right leg in the war but returns to the U.S. with his identity intact. Ichiro, on the other hand, struggles to understand his identity and often relies on Kenji's character to prop up his story and determine his social standing.

characters, their analysis does not extend beyond the materiality of metaphor. This chapter builds on Snyder and Mitchell's definition of narrative prosthesis and their claim that the dis/abled body has been used as an "opportunistic metaphorical device" by analyzing the materiality of materiality rather than the materiality of metaphor (49).[11] While Snyder and Mitchell were interested in this literary phenomenon at the turn of the twenty-first century, my project recognizes the evolved positionality of dis/abled bodies in literature (from secondary to primary characters) to do something different with prosthetics and analyze their material purposes, cultural narratives, and varied functionalities.[12] This chapter explores the material functionality of prosthetics (rather than the metaphorical) to argue there is an ethical need for literary critics and medical practitioners alike to consider the nuanced, complex narratives attached to prosthetics and dis/abled bodies. My audience is not only the literary community but the medical community, and my argument relies on the generative intersection of both disciplines.

This chapter focuses on cosmetic and physical body modification in two "opposing" genres to better understand how prosthetics paradoxically enhance and repress identity. Most commonly, cosmetic modifications serve an ability-enhancing (or functional) purpose by enhancing feminine gender identities and performances. The list of cosmetically oriented prosthetics is vast and often coded with gender: apparel, nails, eyelashes, breast implants, makeup, and anything added to the body to alter appearance. Cosmetic enhancements are

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[11] This phrasing reworks Snyder and Mitchell's second chapter called "Narrative Prosthesis and the Materiality of Metaphor."

[12] I am a non-dis/abled body talking about subjectivities outside of (but beside) my own. For this reason I find it rhetorically necessary to place my own positionality here in a footnote and make the argument that doing so de-centers my voice and positions me as the secondary character whose purpose is to prop up the stories lived by Audre Lorde, Olga Trujillo, and Eli Clare, alongside the stories created by Nisi Shawl, Erna Brodber, and every author in this literary tapestry. By putting my positionality in the footnote I am making the argument that my position (as a non-dis/abled white woman) is not central to any of these narratives. I do not intend to detract from the narrative and the bodies most affected by prosthesis by drawing attention to my own body in the narrative body itself. This footnote is merely a means for me to recognize/acknowledge my position while decentering my self/voice from the arguments made about prosthetics and the bodies most affected by them.

primarily marketed toward women which suggests the definition of cosmetic, *a product applied to the body, especially the face, to improve its appearance*, carries the narrative that to enhance the body is to *improve* the body and extend its value.[13]

While the layman definition of cosmetics seeks to reproduce the oppressive narrative that women need enhancing (or improvement), cosmetics themselves are socially valuable for transwomen and individuals who seek the femininity and gender that cosmetics affirm. Cosmetic prostheses create a different type of enhancement for trans bodies; they are non-functional but identity confirming, and they engage with feminine materiality as a way to assert and confirm one's gender. In the cosmetic sense, prostheses affirm existing in the world in a certain way and create a sense of purposeful fitting and misfitting. In one Refinery29 article on trans women's beauty routines disrupted by quarantine during the Covid pandemic in 2020, public figure Eva Echo writes that makeup is "a vital part of [a trans woman's] daily routine" given that "when we present ourselves to the world, our face is what everyone sees first" (Kilikita). Cosmetics are vital in affirming trans women's femininity and gender appearance, but they are also essential for the safety of vulnerable bodies. Echo writes that "given how much intolerance, hate, and ignorance there is, I can't help but use makeup as a way to blend in. It's about feeling good in ourselves as well as personal safety" (Kilkita). According to Echo and the five other trans women in the article, cosmetics enhance gender presentation and simultaneously act as security/safety for trans individuals by making gender an unquestionable element of their appearance.

Cosmetic enhancements serve necessary, gender-affirming and protective purposes for trans women, but for Audre Lorde and women with breast cancer in the 1970s, cosmetic narratives adopted an entirely different meaning that sought to reproduce harmful stereotypes

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[13] This is the first definition of cosmetics that appears on google search.

about women with dis/ability. In *The Cancer Journals*, where Lorde reflects on her own mastectomy and the disruption that followed, she writes that the "emphasis upon the cosmetics after surgery reinforces this society's stereotype of women, that we are only what we look or appear, so this is the only aspect of our existence we need to address" (Lorde 58). Prosthetic breasts are the dominant narrative that demand a woman's body look a certain way by assuming that all women will have the desire to "return" to their original state. However, Lorde adamantly resists the nostalgic narrative that hospitals force on women after surgery and the idea that substitution is necessary. She writes that "after a mastectomy…there is a feeling of wanting to go back, of not wanting to persevere through this experience to whatever enlightenment might be at the core of it. And it is this feeling, this nostalgia, which is encouraged by most of the post-surgical counseling for women with breast cancer" (Lorde 57). Breast reconstruction implies constructing something that already existed, but this re-construction does not erase the fact that cancer and bodily loss occurred. It does, however, erase or obscure the body's connection to this loss. The surgeons do not construct something new; they re-construct something that already was, thereby cultivating the patient's desire to return to a previous physical state that no longer exists. This nostalgic narrative (or the desire to return to a former bodily state) is pushed on women with breast cancer to make prosthesis an emotional necessity and ensure their decision to choose cosmetic surgery if they are insured and/or possess the economic ability to do so.[14]

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[14] According to the American Society of Plastic Surgeons' website, "the Women's Health and Cancer Rights Act is a federal law passed in 1998 that requires all group health plans that cover mastectomies to also provide coverage for reconstructive surgery as well as other post-mastectomy benefits (such as an external breast prosthesis or lymphedema treatment)." Even though breast reconstruction surgery *should* be covered by health insurance, the website clearly states that "your coverage may only provide a portion of the total fee." Estimates vary on a case by case basis and the website suggests contacting your local plastic surgeon for an estimate instead of offering an estimated or average price. Without health insurance, the average cost of breast reconstruction surgery is anywhere from 5,000 to 15,000 per breast.

Not only does nostalgia paint prosthetics as the answer to bodily loss, but it also offers a way for surgeons and others involved in the mastectomy to deny the reality and power of the loss in the first place. Hospitals and the medical industry use cosmetics as a marketing strategy by positioning prostheses as the immediate answer to limb loss and bodily absence of any kind. Reconstructive surgery is the “go to” solution for breast cancer, but there are many other ways to engage with the experience. Social research gathered on breast reconstruction pamphlets and literature suggests that "up until the early 1970s, women wanting to know about breast cancer had little available information beyond what could be learned from health care practitioners and resource literature" provided exclusively in hospital settings (NA 155). While much has changed over the last fifty years and the internet has democratized access to information, a similar problem remains. Practitioners in the twenty-first century cover extensive surgical options with their patients for breast removal and breast reconstruction, but the options typically include the following: mastectomy (simple or radical), lumpectomy, oncoplastic surgery, and lymph node surgery.[15] The options are available, but surgery and reconstruction remain at the center of the discourse.

Hospital pamphlets, websites, and modern apps like Pink Journey cover surgery and treatment options, but they do not detail the social elements embedded in the post-surgical experience.[16] The terms "going flat" and "living flat" are modern, informal terms "used when a woman does not undergo breast reconstruction after this breast removal surgery or has her reconstruction reversed for various reasons," but what effect does the stigma around "living flat"

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[15] This information was gathered from the Breast Cancer Surgery page of the OHSU Knight Cancer Institute’s website.

[16] The Pink Journey is a phone application that gives individuals information on various kinds of breast reconstruction surgeries and options. A recent 2021 study “[examined] the effects of a decision support app on decision-making quality and psychological morbidity for women considering BR surgery.” The study found “no effect on decision conflict, decision regret, anxiety, and depression” and concludes that the decision guiding app “that combines surgery information and values clarification can help women reduce their body image distress” (Fang et al.).

have on non-binary bodies, on trans bodies, on femme bodies, and bodies of color (Farnsworth)? What social elements does each surgery and the aftermath of each surgery carry with it? And should these elements be included in the pamphlets and Pink Journey apps now widely available to individuals with breast cancer diagnoses? While extensive literature on the subject was not as readily available in the 1970s, Lorde nonetheless embraced the concept of "living flat" and rejected the narrative or "feeling of wanting to go back" by vocalizing her own emotions and fears in direct defiance of the nostalgia forced upon her by the hospital.[17]

Breast reconstruction surgery encouraged by nostalgic narratives make the post-cancer body symbolic of a woman's diminished value in a heterosexual culture that values bodily wholeness above difference and fragmentation. According to dis/ability scholars Adrienne Asch and Michelle Fine, women with dis/ability “may display less than the norm or the fantasized ideal of bodily integrity, race, and ease. The very devices she values for enhancing free movement and communication (braces, crutches, hearing aids, or canes) may repel men seeking the fantasized flawlessness" (Asch 244). Cosmetics can obscure physical differences to maintain the heterosexual fantasy of a woman’s physical flawlessness, but they also produce a racialized conception of flawlessness and serve as aids, crutches, and reminders that the constructed or fragmented body is flawed. The “fantasized flawlessness” is produced (in part) by a white-Western definition of flaws or impairments. Dis/ability theorist Thomas Couser makes the argument that perceived bodily flaws, defects, or impairments, “often underpin constructions of race, ethnicity, and gender,” meaning that “women have historically been viewed as defective

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[17] It is worth noting that a 2016 cost-effective analysis/study of breast reconstruction suggests that immediate prosthetic reconstruction is more cost effective (but higher risk) than long term autologous reconstruction (which does not require prosthetic implants). This information actually refutes my claim (to some degree) that prosthetics are pushed on women due to the hospital’s fiscal agenda seeing as prosthetic replacements are more cost effective. However, the argument holds that no prosthetics are ultimately the most cost-effective option seeing as they in fact, cost nothing. Information gathered from Razdan, Shantanu N et al. “Cost-Effectiveness Analysis of Breast Reconstruction Options in the Setting of Postmastectomy Radiotherapy Using the BREAST-Q.” *Plastic and reconstructive surgery* vol. 137,3 (2016): 510e-517e.

men, people of color as deficient whites, and ‘ethnic’ groups as pathologically deviant from ‘nonethnic’ populations” (603). Such arbitrarily constructed “defects” underpin (and inform) prescriptive articulations of embodiment which prosthetics amplify by adding another layer of “deviance” through physical fragmentation or bodily unwholeness.

By replacing limbs and appendages (or acting as cosmetic substitutes), prosthetics remedy physical flaws and draw attention to the very flawlessness they aim to remedy. In both instances, prosthetic aids remind the social world that first, the woman's body is unwhole, and second, her appearance determines her value. Dis/abled women are considered unfit, and without prosthetics (or in some cases, with,) they shatter the illusion of "a heterosexual nuclear home warmed and nurtured by an all-giving and all-comforting woman" (Asch 244-245). The image of the "all-giving and all-comforting woman" is disrupted by the dis/abled woman's lack of parts that symbolize her inability to give all of herself to another, and therefore give all of herself to the system. The patriarchal logic that creates and sustains the “all-giving” woman suggests that the more of her body she has, the more she has to give away. She acquires social and domestic value through her ability to give herself away.

By serving as reminders that women are physically and therefore emotionally unfit, prosthetics shatter the illusion of the flawless woman whose unfragmented body represents her unfragmented and domestically sound character. And yet, the only illusion prosthetics actually shatter is the illusion of the heterosexual male fantasy; they shatter the illusory (or arbitrary) structures that position women as passive, domestic objects who exist only to give parts of themselves away. Prosthetics shatter the structure of the nuclear home and the woman's place within it by dismantling the notion that she must be flawless and untouched even by technology.

The Bodies Most Affected

To talk about who owns the fragmented/flawed body, I must address the various bodies that have been owned and controlled by larger social and cultural narratives; bodies of color, dis/abled bodies, gendered and sexed bodies. For this reason (among many), my work begins with Audre Lorde's autopathography that details how her identity as a Black lesbian, feminist, and poet complicates her relationship to breast cancer and cosmetic prosthesis in the late 1970s. Lorde is concerned with Black visibility and the social distortion of that visibility that simultaneously "renders [Black women] most vulnerable" (Lorde 23). She argues that prosthetics affirm Black women's invisibility by eliminating any visible sign of difference or bodily unwholeness. In other words, prosthetics create an additional layer of depersonalization for bodies deemed invisible by race by further denying bodies of color the right (or access) to physical visibility. Lorde wishes to affirm her visibility alongside her bodily difference and says, "I am personally affronted by the message that I am only acceptable if I look 'right' or 'normal,' where those norms have nothing to do with my own perceptions of who I am" (66). Lorde's self-perception is reframed through cosmetic prostheses that determine what bodies look "right" or "normal" by implying such bodies are white, hyper feminine, and whole.

Lorde's journals present her experiences with breast cancer and offer her reflections on the structure of intersectional identities. Lorde's aversion to prosthetic breasts reflects her aversion to the social and medical narratives that dismiss her experience as a Black, lesbian, feminist, and warrior, by aiming to render her body "a casualty in the cosmic war against radiation, animal fat, [and] air pollution" (Lorde 60). They are her words rightfully demanding and "crying to be heard" (Lorde 24).

As per Lorde's request, I aim to "recognize [my] responsibility" to seek "the words of women [...] crying to be heard" and "to read them and share them and examine them in their pertinence to our lives" (Lorde 24). In this chapter, I argue for the interdisciplinary need to examine Lorde's expression of identity in the late 1970s and suggest that her experience with cancer and prosthetic breasts must remain at the center of the medical world's conversation on prostheses because it necessitates an ethical conversation on racial, sexual, and gendered politics in medicine.[18] Lorde argues that "...silence has never brought us anything of worth," and this chapter aims to acknowledge how her journals actively resist that very silence given that memoir and life-writing enable Lorde to control her image (11). Historically, "the cultural representation of disability has functioned at the expense of disabled people in part because they have not controlled their own images" (Couser 603). However, late-twentieth-century life-writing is one genre that enables dis/abled bodies to control and *determine* their images. Lorde's journals permit her to control the narrative and turn herself into a warrior rather than a victim. This argument on dis/abled subjectivities exists in academic circles but must remain in circulation to recognize historically silenced voices as an integral part of the conversation on what a prosthetic is and how it changes our relationship to the body.

Before unpacking the complexities of prosthetics in the text, it is necessary to examine Lorde's relationship to the word warrior, given that critics focus almost exclusively on this term.[19] Toward the end of her journals, Lorde asserts, "women with breast cancer are warriors… I have been to war, and still am. So has every woman who has had one or both breasts amputated because of the cancer that is becoming the primary physical scourge of our time" (60). By making herself and all cancer survivors warriors, Lorde "strategically renders cancer into a certain kind of event, taking it from the banal everyday slow death into the crisis figuration of the

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[18] My argument on the need for interdisciplinary research resurfaces at the end of the chapter when I discuss narrative medicine.

[19] Diane Price Herndle and S. Lochlann Jain are contemporary critics mentioned in this essay who work with Lorde's definition of warrior along with Suryia Nayak, RJ Khalid, and others who engage in literary analysis of *The Cancer Journals* to expose the relationship between identity, medicine, and disease.

epidemic (Berlant in press)" (Jain 509). Berlant's articulation of Lorde's argument focuses on temporality to ground the argument that cancer is not a slow death but an event or epidemic that demands immediate, collective attention. The argument hinges on the assertion that if cancer is an epidemic (and an immediate, collective experience), then it inevitably affects everyone.

At the time when Lorde recounts her experience, a woman's chance of getting breast cancer is one in twenty. Now, the chances are one in seven.[20] The disease primarily affects women, and it is the element of sex and gender that prevents its survivors from being viewed as warriors. To address the gendered element of prosthetic replacements, Lorde uses an analogy about the Prime Minister of Israel who stood shamelessly in front of parliament in 1948 with "an eyepatch over his empty eye socket" (Lorde 60).[21] The world viewed Moishe Dayan as a warrior, and the absence of a prosthetic eye rendered him an active participant in owning his wound. Dayan's public reveal stands in direct contrast to the narratives pushed on women in the 1970s who were discouraged from showing their wounds in public. Instead, hospitals encouraged women to wear prosthetic breasts and cover (or render invisible) their physical differences. Lorde argues that she, and all women with breast cancer, should be encouraged to display their wounds and be recognized as warriors like Dayan. Reconfiguring breast cancer into an event and survivors into warriors enables Lorde to render the body and the individual in question an active participant in their collective experience.

The central takeaway from Lorde's journals is her argument that cancer survivors are warriors and should be encouraged by the medical and social world to show their scars rather than hide behind cosmetic replacements. However, S. Lochlann Jain troubles the term warrior in

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[20] The likelihood of women getting breast cancer has increased in the last fifty years. According to Jain, "the most notable change since Lorde's era lies in the rates of a woman's lifetime risk of breast cancer, up from one in 20 to one in seven women" (Jain 508).

[21] It is worth noting that Dayan's eyepatch can also be classified as a cosmetic prosthetic (seeing as it covers up/alters his appearance) and therefore even Dayan does not fully expose his wound.

their 2013 memoir, *Malignant: How Cancer Becomes Us*. Jain's critical memoir details their experience with breast cancer in the twenty-first century and questions whether the term warrior resists or reifies the gendered and sexed narratives situated on bodies afflicted with this disease. Jain identifies as a "soft, indie, andro butch" who reflects on their identity and experience with breast cancer in the early 2000s to draw attention to the radical mistreatment of butch women and non-normative genders in medicine (Jain 505). Jain's non-normative gender and sexual identity (and negative experience with hospitals and the pink industry) leads them to argue there is homophobia in medical care, given that lesbians and non-binary individuals are more likely to be stigmatized and are less likely to seek and receive treatment because of it.[22] In other words, there is genuine danger for marginalized bodies at the intersection of identity and medicine.

Not only does "butch phobia"[23] (among other phobias) persist in the medical field, but breast cancer itself is subject to gendered rhetoric that situates both the disease and misgendering into the semantic scaffolding of diagnosis and treatment. In the chapter "Cancer Butch," Jain references Eve Kosofsky Sedgwick's response to their diagnoses in which they famously state, "shit, now I guess I must really be a woman," to argue "breast cancer demands a surrender to femininity and to the mortality doled out by the feminine body" (Jain 505). The *type* of cancer forces Sedgwick to identify as a woman simply because breast cancer is semantically recognized as a gendered disease; it localizes in the mammary glands (i.e., in the breast tissue), and because

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[22] The color pink (specifically the pink ribbon) has been used to symbolize breast cancer and the cultural movement to stay strong and "survive" the disease. Jain points out that while the symbol is comforting (to some extent), the intersection between solidarity and a biomedical agenda to sell pink ribbons, pink items, and treatments washed in the color pink all in the name of fighting cancer, rings problematic at best. Jain looks to Barbara Ehrenreich's 2001 article "Welcome to Cancerland" to expand on her analysis that "the pink kitsch of breast cancer culture… is as much as cult as a culture—one that is downright infantilizing" (Jain 504).

[23] In the chapter "Cancer Butch" Jain defines butch identity as the "performance of gender-neutral and masculine affect" by women and female identifying bodies. She argues butch phobia is the result of stereotypes about masculine performances in non-masculine bodies and claims that the fear of such bodies "continues to be—used to configure, diminish, and ridicule personal strength for all women" regardless of how they identify (Jain 501).

of this, it calls into question our long, complicated history with the way certain body parts are coded with gender.

Lorde needs to be a fighter resisting rather than a “passive victim suffering” to assume control of the narrative that silenced women with breast cancer in the 1970s (Lorde 64). However, S. Lochlann Jain is a post-mastectomy person in the 21st century who argues that women should not take on the role of a warrior to resist prosthetics because heteronormative, masculine definitions of resistance complicate the term. The definition of strength is grounded in heteronormative terminology that links fighting and strength with masculinity. Jain argues that “despite Lorde’s argument, mastectomy scars cannot offer a regendered version of Dayan’s eye patch, for the analogy skips over the heterosexual underpinning of toughness” (Jain 522). The “heterosexual underpinning of toughness” infects our understanding of strength by requiring an event to be a battle and winning to be a masculine show of strength. However, this heterosexual version of strength is rooted in a fabricated binary. To perform masculine toughness is to beat feminine weakness, and doing so creates (and sustains) the notion that women (or the feminine) possess less physical strength, less autonomy and, therefore, less cultural value. Jain argues that Lorde associates prosthetics with the pressure “to make women feel the lack of a breast as a stigma: a sign of shame, a token of lost sexuality, and therefore an indicator of cultural worthlessness,” while arguing that prosthetics also constitute a pressure to perform warrior and to display masculine toughness in the face of an event you call your opposition (Jain 507-508). Masculine toughness is dependent on the opposition it needs to exist, so it creates an opposition (i.e., weakness and femininity) to beat. The kind of strength that necessitates a battle and a victory only reifies a binary definition and understanding of what it means to be strong.

What does strength look like if we remove the "heterosexual underpinning of toughness" and domineering structures like gender, the battle, the beating, and the victory (Jain 522)? Instead of asking women and non-binary bodies to conform to the concept of masculine strength, what happens if we instead redefine strength so that being strong does not define gender nor require physical or structural domination? Unfortunately, popular culture shows us that an easy narrative solution to the “heterosexual underpinning of toughness” is to simply write female characters with masculine, heterosexual qualities. Consider any popular culture narrative (especially in science fiction genres) that depicts a strong female lead. Does a strong woman look like Marvel's crime-fighting private investigator *Jessica Jones*? In the television series, Jessica Jones has super-human strength, but her apathetic demeanor and affinity for whiskey and bar fights define her as a "badass.” Jessica Jones is merely a woman who assumes a masculine role to perform masculine toughness, but a strong person is not an emotionally hardened woman who fights crime and uses masculine toughness to dominate their opponents. Strength is not dependent on opponents and emotional hardness.

One of the foundations of masculinity is the false assumption that men have fewer emotions (or that women have more), and when men do assert an emotion, it must be "hard." As affect theorist Sara Ahmed brilliantly reminds us, "hardness is not the absence of emotion, but a different emotional orientation towards others" (4). Hardness is not the absence of emotion, nor is it the symbol/definition of strength. Hardness is simply a "different emotional orientation" rather than a lack of emotion. Similarly, strength is socially oriented toward "heterosexual toughness" and masculinity rather than femininity, but the cultural value placed on a heterosexual definition of warrior undermines the value of other forms of strength. What value do we place on breaking down? Can bleeding openly and unapologetically be a form of strength? A

Western/heteronormative perception of strength is currently the dominant narrative, but this dominant narrative can be altered to include softer emotions and feminine performances.

While “the nexus of gender, materiality, and illness in cultures” now “differ substantially from when [Lorde] wrote,” Lorde’s text is not without cultural relevance if we analyze her relationship to femininity, affect, and emotion rather than her relationship to the image of a warrior (Jain 507). What makes Lorde strong is not her relationship to the term warrior but her nuanced relationship to emotions. Her strength lies in her willingness to bleed, to cry, and confront her insecurities alongside her mortality. Her strength lies in her declaration, “I alone own my feelings. I can never lose that feeling because I own it, because it comes out of myself” (78). Lorde’s strength comes not from battling cancer like a warrior but from owning her emotional dynamism and reclaiming her body in the process.

Lorde's attempt to reclaim her body through her emotions and the image of a warrior is reflected one year later in her keynote presentation, "The Uses of Anger: Women Responding to Racism," at the National Women's Studies Association 1981. In her speech, Lorde frames anger as a *necessary* emotional and political response to racism by arguing that women of color, and other marginalized communities, deserve to visibly challenge systems of oppression. The rhetorical move to define herself as a warrior and express anger toward the stigmas around breast cancer aligns with her argument that "anger is an appropriate reaction to racist attitudes, as is fury when the actions arising from those attitudes do not change" (Lorde 129). Much like anger enables Lorde to resist racist attitudes, the image of the active warrior, rather than the passive victim, enables Lorde to reject prosthetic modifications that minimize and flatten the intersection of her identities. Her right to reject the prosthetic breast and the hospital's agenda to feminize (and homogenize) recovery is her right to use anger as a political resource. The poet and literary critic, Tracy K. Smith writes, "and so it is immensely valuable to witness Lorde, even in the throes of illness, modeling anger as a dynamic process, a source of growth and change" (Smith). Lorde is angry with the economic inequities that underline the assumption that "you are much more likely to die of breast cancer if you are black or poor" but uses her anger as "a source of growth and change" and a means to resist the very structures that form the assumption (Khalid 694).

Strength, fighting, and anger carry additional weight in the context of Black women's writing and feminism in the 1980s. Jain argues that Lorde focuses on the term warrior to regender breast cancer, but Lorde uses the term within the context of Black women's subject positionality during the Women's Movement in the 1980s to reconceptualize her relationship to strength. In bell hooks' 1982 text *Ain't I A Woman: Black Women and Feminism*, hooks outlines "racism within the recent feminist movement" through the romanticization of Black women's strength and "the myth that black women are inherently more assertive, independent, and domineering than white women" (hooks 181). hooks argues that the myth of the strong, Black matriarch was used to advance racist and sexist ideologies. Black women's subordination and passivity were necessary for the patriarchy to be maintained. By positioning Black women as a threat to Black masculinity (alongside white masculinity), sexist and racist rhetoric within the feminist movement depicted Black women as the social scapegoat. Taking into consideration contemporary theorizing by Barbara Smith that Black women were never read as feminine in the masculine-feminine binary the same way white women were, and bell hooks' assertion that Black women's strength maintains sexist ideologies, it is clear that Lorde worked under a set of social constraints far different from Jain. One might argue that Lorde does not attempt to regender the term warrior (as Jain suggests) but repurposes the term to reject the gender binary *and* the racialized assumption that Black women need to be pacified to maintain hegemonic order.

Lorde's endeavor to redefine the term warrior is not only about re-gendering the disease or acknowledging the political use of emotions like anger in place of passivity, but it is also about complicating the Western world's relationship to death. Historian Phillippe Aries writes that death, once so present in the past, would become shameful and forbidden in the twentieth century. Western civilization's inability to address death openly is the product of a society that has "[forbid its] public manifestation" to spare both the living and dying of the trauma associated with images of death. Along a similar line of reasoning, hospitals pushed prosthetics onto women with breast cancer in the 1970s to spare the living and non-dis/abled with images linked to cancer, dis/ability, and mortality. In this sense, prosthetics do not exist for the individual in need of a limb or replacement part; they exist for non-dis/abled bodies who refuse to encounter their mortality through the image of a dis/abled body. We are a society who "[refuses] to accept death which in turn makes death an unmentionable event and a deviation from the social norm" (Aries 99).[24] Replacement body parts are reminders of cancer, accidents, and diseases that result in missing limbs and the "unmentionable event" that plays into our fear of mortality and the unknown. Death is the unmentionable event, and breast cancer (or any visible dis/ability) is the unmentionable disease and deviation from the social/bodily norm.

Nevertheless, Lorde makes the compelling argument that this unmentionable, unknowable event can become knowable through living with it; that "breast cancer, with its mortal awareness and the amputation which it entails, can still be a gateway, however cruelly won, into knowing" (Lorde 55). Breast cancer is a gateway into knowing (as in recognizing) our

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[24] Aries uses Geoffrey Gorer's 1955 article on *The Pornography of Death* to support his claim that a moral shift occurred in the twentieth century and a "refusal to accept death" (Aries 99) made death taboo and "unmentionable" (Gorer 2).

mortality. Accepting one’s relationship to mortality is an active choice that constitutes re-evaluating one’s temporal relationship to the self. Does tomorrow matter more or less if you know your tomorrows are limited? Do cancer and an expedited date with death change the way you choose to live? Lorde’s argument that death can be a gateway into knowing suggests there is not only freedom in recognizing our finite existence, but knowledge and strength, “for once we accept the actual existence of our dying, who can ever have power over us again?” (Lorde 54). If the fear of death and dying is sold to us through cosmetics and used to scare us into buying material immortality, what happens if we remove the fear? Without the fear of death, what power do biomedical industries (and agendas) have over the body? Lorde goes so far as to posit death as a question and knowledge (or the lack of fear) as the answer: “the only answer to death is the heat and confusion of living; the only dependable warmth is the warmth of the blood” (58). In thinking of death and embracing it daily, one might experience a form of liberation from material wants that enables them to acknowledge “the confusion of living” and the reality of their existence through acknowledging the reality of their end.

Our relationship to mortality through our bodies suggests our knowledge of living depends on embodiment; it suggests the loss of bodily functions results in the loss of this knowledge. Lorde situates this anxiety of bodily loss at the center of our inability (or unwillingness) to confront mortality and argues that we view both fear and death as limitations, but we can learn "to live beyond fear by living through it, and in the process turn fury at [our] own limitations into some more creative energy" (17). Lorde's encounter with breast cancer guides her to creative outlets that facilitate her intellectual shift from mourning her mortality to writing about the mortality she mourns. In facing mortality and loss, she circles back to life and strength. Lorde argues, "the emphasis upon wearing a prosthesis is a way of avoiding having women come to terms with their own pain and loss, and thereby, with their own strength" (50). Lorde's rejection of prosthetics is rooted in the notion that prosthetics, and the narratives they carry with them, cause women to avoid their emotional connection to (and understanding of) their bodies. In this sense, prosthetics obscure whatever "pain and loss" or emotion the individual experiences. When prosthetics stand to replace the individual's affective experience, they come dangerously close to replacing the individual's voice. Lorde adamantly declares, "I am a post-mastectomy woman who believes our feelings need voice in order to be recognized, respected, and of use," but if one's feelings are replaced by the prosthetic, then the only recognizable voice is the predetermined gendered, racialized, and ableist narrative the prosthetic carries with it (Lorde 9-10).

Prosthetics might refute Lorde’s access to pain and feeling, but her journals grant her the access prosthetics deny and cement the validity of her experience in modern discourses around breast cancer. A recent cinematic response to Lorde's work comes from the artist, filmmaker, and writer Lana Lin's 2018 film *The Cancer Journals Revisited*. The film interrogates systems of representation by focusing on appearances from twenty-seven participants from diverse backgrounds, ethnicities, and sexual identities, whom each read from Lorde's journals and reflect on what it means to be a person with breast cancer in the twenty-first century (Power). Amber Jamila Musser (who collaborates with Lin in 2020) writes that "turning to Lorde collectively, we attempt to make sense of what it is to be a person now, what are the intimacies that we endeavor to hold, how do we grapple with these multiple forms of vulnerability, what might a just world look like and how might we endeavor to create it" (Power 1). This polyvocal revision of Lorde's single, subjective experience suggests "[making] sense" of the event (i.e., cancer) requires collective recognition and collaboration. We make sense of the present by collectively making sense of the past. To approach breast cancer in the twenty-first century, we can turn to Lorde and the past to consider how identity, vulnerability, and mortality affect our notions of embodiment, and directly reflect our ability to either reject or embrace cosmetic technologies that require the body to depend on external devices and the cultural frameworks they carry.

The Emotional Factors

Both Lin's film and Jain's memoir reflect how Lorde's experience is integral to modern rhetoric around breast cancer. It is crucial to return to the primary text to uncover how it is not the term warrior that defines Lorde's battle against cancer, but her complex connection to affect that enables her to reclaim her body by making her emotions and her wounds *visible*. I recognize the validity of Jain's opposition to the gendered structures of representation that underline the term warrior. However, I will focus on how Lorde's attention to affect and emotion resists the narrative that cosmetic enhancements make a woman or any human "whole" and instead render her a technologically dependent, dynamic being. The term warrior is only one element of Lorde's resistance to cosmetic prosthesis. Within Lorde's affect lies a roadmap to understanding the complex relationship between our bodies and the technologies that alter the ways in which we extend into space.

The question of Lorde’s relationship with prosthetics is a question of her relationship with emotion. It is the story of Lorde’s affective connection to her body and self, and it is the story of how cosmetic modification and replacement-body parts potentially sever this connection by obscuring bodily loss. While body parts can be lost and replaced, Lorde argues that feelings cannot. She argues, “I alone own my feelings. I can never lose that feeling because I own it, because it comes out of myself. I can attach it anywhere I want to because my feelings are a part of me, my sorrow and my joy” (Lorde 78). I return to this quote because it delineates the connection between bodily autonomy and emotion. Lorde owns her feelings, even if the social world owns the rest. Her declaration "I alone own my feelings" reflects her concession that prosthetics embody social and bodily norms outside of her control, but the emotional narrative permits her to maintain autonomy regardless of the social narratives placed upon her. Lorde's ownership of her feelings illuminates how affect is at the center of her resistance. Not only does she own her feelings (regardless of who or what owns her body), but Lorde recognizes how feelings are objects that she can "attach… anywhere" (78). They are part of her internal organization *and* removable objects that she can produce and reorganize in a manner that makes them possible to examine. Regardless of the power structures that result in their emergence, Lorde is their creator and the author of where (and how) her feelings are examined.

To address how emotions are removable objects that can be owned, I must first define emotion and address the fundamental distinction between affect and emotion in affect theory.[25] Social philosopher and affect theorist Brian Massumi argues that affect is an intensity within the body that bypasses cognition, whereas emotion "is intensity owned and recognized" (Massumi 88).[26] In other words, affect is a physical experience, and emotion is the cognitive recognition of that experience. Affect is the sensation of bodily change, and emotion is the feeling of that sensation. Massumi argues that emotion is "classically described as being outside of oneself," but cognitive recognition of emotion brings that very emotion into contact with the body and the

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[25] Affect theorists Brian Massumi, Claire Colebrook, Lauren Berlant, and Marta Figlerowicz (to list a few) create distinctions between emotion and feeling but this project will use the terms interchangeably to describe our conscious response to bodily intensity or bodily sensations. This project is not concerned with semantic degrees of difference within affect theory. However, it is concerned with the difficulty in matching the language of feelings with feelings themselves. Feelings and emotions are difficult to describe (and not always obvious) but they are accessible objects to evaluate. Given that "feelings are neither intangible nor elusive" and are "just as cognitive as other percepts" this chapter will analyze Lorde's feelings about cancer and prosthetics as (very real) objects of perception that respond to the social hierarchies around them (Damasio xv).

[26] Brian Massumi's pivotal 1992 essay "The Autonomy of Affect" established that affect is an autonomous intensity that bypasses cognition or conscious recognition. This essay is not concerned with autonomous affect but uses Massumi's definition of the distinction between affect and emotion because it provides the clearest outline of their differences.

self (Massumi 35). This chapter is not concerned with Massumi's definition of autonomous affect or the emotions outside of oneself. However, it is concerned with his stripped-down definition of emotion as a cognitive response to external stimuli (or a cognitive recognition of an intensity), in order to analyze how social and cultural narratives inform the ways in which we consciously recognize, attach, or detach from our affective experiences.

There is room to expand on Massumi's delineation by acknowledging that the presence of emotion informs how technology connects to the body in the context of social, often hierarchical relations, histories, and meanings that paradoxically inhibit *and* enable the prosthetic body to create, maintain and reclaim its narrative. According to Ahmed and her work on emotions inside models of interiority and exteriority, feelings "become a form of social presence rather than self-presence" (Ahmed 10). Ahmed suggests that individual emotions are both reflective of and maintained within the context of hierarchical social relations like gender, race, and ability. I cannot analyze Lorde's affective experience without considering how her emotions are part of her collective, social presence that necessitates her recognition of the self as multiple, as "myriad selves" (Lorde 12). Given her layered identity, Lorde writes, "I could die of difference" and be figuratively destroyed by various forms of oppression or embrace social fragmentation and "live—myriad selves" (12). Lorde identifies as a Black lesbian, feminist, mother, and poet, and each one of these identities changes her relationship to embodiment. By positing life as "myriad selves" in opposition to dying of social difference, Lorde suggests that she can either submit to the differences that categorize her, or she can live as "myriad selves," embrace her emotional multitude and resist any structure that demands hegemony. By acknowledging her emotional fluctuations in the journal, Lorde can claim her experience even if she cannot claim the social narratives that inform it.

Given that the body "is never a single thing but a series of attitudes toward it," Lorde's myriad self is complicated by the series of racial and sexual attitudes directed toward her body by white-Western culture and feminist activism in the late 1970s (Davis 22). Lorde wrote her journals around the same time the women's movement in the 1960s and 1970s was concerned with increasing the number of women's rights connected to women's experiences. While the movement touched on politics, sexuality, and reproductive rights issues, it failed to address the place of race and ability within the movement. White middle-class feminists fought for the right to legal abortion, but low-income women of color whom hospitals often deceived into sterilization, made the compelling argument that the legal right to give birth is of equal importance to the movement. Women of color expanded the boundaries of reproductive rights by challenging "the white middle-class feminist movement to recognize that the [abortion] rights movement needed to encompass 'bread and butter' issues such as health care for the poor, child-care" and anti-sterilization policies (Nelson 2).[27]

Academics often frame second-wave feminism as an essentialist movement dedicated to the concerns of white middle-class women since the movement excluded the "bread and butter" concerns of marginalized groups like women of color and the dis/abled community.[28] While Lorde's situation is unrelated to reproductive rights, her aversion to prosthetics is a response to the radical mistreatment of women of color by hospitals *and* the activist movements unconcerned with the intersectional element of marginalized bodies. Lorde is well aware of her secondary standing within this second wave of feminism as both a woman of color and a woman with

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[27] For more information on the tension between women of color and white-middle class women in the women's rights movement of the 1960s see Jennifer Nelson's book *Women of Color and the Reproductive Rights Movement*, NYU Press, 2003.

[28] This statement is an oversimplification of the second wave of feminism. For a critical, nuanced approach to the prominent voices in the movement see Clare Hemmings book *Telling Feminist Stories* (2005). Hemmings analyzes "the dominant stories that academics tell about the development of Western second wave feminist theory" to suggest "that despite a rhetorical insistence on multiple feminisms, Western feminist trajectories emerge as startlingly singular" (Introduction).

dis/ability and writes, "even within the women's movement, we have had to fight and still do, for that very visibility which also renders us most vulnerable, our Blackness" (Lorde 23).[29] Once again, the concept of racial visibility and vulnerability is at the center of Lorde's experience with breast cancer and the social world's description of her identity. Lorde argues that Black women have to fight for the visibility that leads to social recognition and potential change, but that same visibility has the potential to render her body even more vulnerable.

Visibility draws attention to Lorde's body (and, therefore, to her experience), but this attention simultaneously makes her body a target. Due to class and racial relations within the women's movement, Lorde concedes, "I don't *feel* like being *strong*, but do I have a choice? It hurts when even my sisters look at me in the street with cold and silent eyes. I am defined as other in every group I'm a part of" (14). The intersection of her identities makes her an outsider in each group and leaves her no choice but to claim warrior. As a woman of color, she is an outsider to the women's rights movement or any organization that might affirm her voice and visibility. As a lesbian, she is an outsider amongst other breast-cancer survivors whose desire for prosthetic breasts complements the hospital's move to enforce heteronormative definitions of beauty and bodily wholeness. As an outsider on multiple fronts, Lorde turns to emotion to identify her affect (her anger) and interrogates what it means to be strong amidst emotional and social turmoil. She does not "feel like being strong," given that strength is used by white feminists to justify neglecting the Black-female experience. bell hooks points out that "when feminists acknowledge in one breath that black women are victimized and in the same breath

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[29] While Black women and other women of color were excluded form the white-feminist movement it is critical to recognize organizing by Black feminists around visibility (or lack thereof) within the movement. The Combahee River Collective (active from 1974-1980) was founded by Black feminists and lesbians. The organization is best known for their 1977 Combahee River Collective Statement that articulates the existence of overlapping oppressions (gendered, sexual, and racial) and unapologetically declares Black women's rights to sexual and racial visibility. For more information on the collective see the statement (available online) and KY Taylor's 2017 text, *How We Get Free: Black Feminism and the Combahee River Collective* published by Haymarket Books.

emphasize their strength, they imply that though black women are oppressed they manage to circumvent the damaging impact of oppression by being strong—and that is simply not the case" (hooks 6). hooks interrogates the complexities of what Lorde reflects on in her journals; that a Black woman's strength does not mitigate the effects of racial oppression. Lorde requires something akin to Lin's polyvocal revision of her journals; she needs collective recognition of her weakness, not her strength. The lack of structural support from the feminist movement, alongside Western culture's inability to recognize affect and emotion as valid forms of strength, leads Lorde to claim that she is not given a choice to break down. Gendered and racial structures within the feminist movement require her to either challenge or reproduce mythologized definitions of Black women's strength.

Nevertheless, there is resistance within her relationship to a warrior-like strength. Lorde expresses emotional resistance in the face of social constraints by claiming (and through claiming, speaking into existence) the complex emotional structures that inform her relationship to identity and mortality. Her attention to affect and emotion is the product of recognizing various social patterns created and reproduced by cosmetic modification. Lorde suggests that patterns emerge after breast surgery that encourage women to "deny the realities of [their] bodies" and "reject the adventure and exploration of [their] own experiences, difficult and painful as those experiences may be" (Lorde 42-43). Prosthetics encourage women to not only reject "the realities of [their] bodies" but to reject the realities of their affective and emotional experiences. Through embracing emotions (the ones that grow from difficulty and pain), we embrace the realities of our bodies. Prosthetics come between this embrace by positing that happiness (through wholeness) is obtained through masking bodily difference or rejecting the difference that sits beside conceptions of mortality. On positivity and the rhetoric fed to Lorde that "happy people don't get cancer," she responds, "we are equally destroyed by false happiness and false breasts, and the passive acceptance of false values which corrupt our lives and distort our experience" (Lorde 76). In other words, false breasts mask more than missing body parts. They mask the pain experienced, the mortality confronted, and the reality of each woman's distinct experience.

Genre and Form

We use our bodies as physical manifestations of our philosophies, but if a larger social narrative determines our philosophies, then our bodies are used as physical manifestations of social philosophies. They are used to maintain other narratives (and narratives of otherness) rather than our own. Lorde resists the narratives forced upon her by hospitals and the social world by establishing her narrative through memoir. Illness memoir is a specific subset of memoir that uses the active process of life-writing to cover dis/ability issues related to physical impairments and mental health disorders. I use the term illness rather than dis/ability to categorize Lorde's text because cancer (and other ailments of the like) create impairments, but it does not follow that said impairments are, in fact, dis/abilities. Lennard Davis argues that "impairment is the physical fact of lacking an arm or a leg" while "disability is the social process that turns an impairment into a negative by creating barriers to access" (12). For someone in a wheelchair, the lack of a leg (or legs) is an impairment, but the lack of ramps creates the dis/ability.[30] A person in a wheelchair is not dis/abled if they have access to the same resources

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[30] The social model of dis/ability has been criticized by some people with dis/ability concerning "the way it connects, or rather doesn't connect, with the experience of impairment" (Oliver 47). In "Defining Impairment and Disability: Issues at Stake," Mike Oliver argues that focusing on the social element of dis/ability potentially undermines the pain, and reality of impairment. However, other dis/ability theorists like Colin Cameron trouble the concept of impairment through the affirmative model of dis/ability that argues "living with impairment can be experienced as valuable, interesting and intrinsically satisfying" (Cameron 17). The affirmative model suggests that such a condition is not necessarily experienced as an impairment by the person who has it. It is also worth mentioning that some individuals with impairments want to be recognized as having dis/abilities. Oliver's article can be found in a collection of essays called *Disability and Equity Law,* published in 2017 by Taylor & Francis. Dr.

as everyone else. Negligent building infrastructure (and a general lack of care or thought for the dis/abled community) points to the fact that dis/ability is the product of social and physical impediments. Lorde's experience with cancer produces a similar argument, given that she is impeded by the social element rather than the physical. The physical breast (and its replacement) produces the idea of dis/ability, but Lorde uses her journals to push against the narrative that a woman without a breast is in fact, impaired.

Life-writing enables Lorde to engage with the medical industry's existing narratives about her dis/ability without surrendering to those narratives. Telling her story is "a political act" that enables Lorde to address stereotypes about the white, feminine body while offering an account of breast cancer that stands in opposition to the dominant cultural narrative (Herndl 221). Lorde asserts her identity through the act of writing, but writing should not be a requirement for dis/abled bodies to make a political stance or assert subjectivity. Couser makes the compelling argument that people with dis/ability are held responsible for their physical differences and are expected to "account for them, often to strangers," to relieve the stranger's discomfort, and create narratives that "conform to, and thus confirm, a cultural script" (Couser 604). Rather than conforming to and confirming the cultural script that says a woman's value depends on her appearance, Lorde accounts for her differences by writing her own script, which rejects cosmetic surgery and the narrative that cancer, disease, and bodily impairments must be hidden or replaced. Bodies with missing limbs or visible dis/abilities are required to tell stories that end up conforming to cultural expectations, but "normal" bodies and bodies without technological attachments are not required to tell a story. Therefore, it is not only physical impairments that prosthetic narratives aim to hide, but the stories that these bodies do and do not

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Colin Cameron's article "Not Our Problem: Impairment as Difference, Dis/ability as Role" can be found in *The Journal of Inclusive Practice in Further and Higher Education*, no. 3.2, 2011, pp. 10-25.

tell. However, by telling her own story through a series of journal entries and stream of consciousness writing, Lorde actively resists and rewrites the cultural script that seeks to mark her as damaged feminine goods. If “the world we perceive is a dream we learn to have from a script we have not written,” then Lorde rewrites the script by re-narrativizing the dream (Tomkins 13).[31]

For Lorde and other cancer survivors who wish to flip or complicate, the gendered, cultural script, pain and hardship must be written into it. Battling despair means "recognizing the enemy outside and the enemy within," and for Lorde, it means "knowing that my work is part of a continuum of women's work, of reclaiming this earth and our power, and knowing that this work did not begin with my birth nor will it end with my death" (Lorde 19). Lorde writes an alternative script in the form of an illness memoir where emotion, pain, and despair take precedence over happiness, wholeness, and masculine definitions of strength, but the script does not end or begin with Lorde, nor does it end or begin with memoir.

Other literary forms like speculative fiction offer different interpretations of prosthetics (both cosmetic and ability-enhancing) and the bodies most affected. According to Esther L Jones' work in *Medicine and Ethics in Black Women's Speculative Fiction*, "speculative fiction is one place where Black women can be portrayed as self-actualized…. Black women speculative writers theorize difference, then, through their literature, challenging skewed notions and dominant misperceptions of blackness and womanhood, disease and pathology, social illness and personal health, while writing new prescriptions for how to relate humanely and ethically across

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[31] Silvan Tomkins is credited as being one of the first affect theorists. This chapter is concerned with the affective relationship between technology and the body so it is necessary to note Tomkins definition of affect. The bulk of his work took place in the 1950s when he “defined affect as innate biological (universal) responses to various stimuli, with these responses being manifested in the skin, vocal apparatus, musculature, and autonomic system, particularly in the facial region. Ultimately, he distinguished nine affects, based on infant, cross-cultural, and neurobiological studies” (Holinger 156). The nine affects are: interest, enjoyment, surprise, distress, anger, fear, shame, disgust (a reaction to noxious tastes), and dissmell (a reaction to noxious odors). They are the sensations that accompany experiences to form a complex adult emotional life.

differences" (Jones 6). Memoir permits writers to theorize lived experience, but speculative fiction creates space for Black women writers to challenge misperceptions about individual and collective experience by positing alternate realities where histories, bodies, and functional abilities are transformed. Speculative fiction is one place where "radical forms of medical and social justice are imagined" and *reimagined* through literary rhetoric (Jones 6).

For the theoretical possibilities this genre affords Black women writers, and because "the defining questions of humanism" and what constitutes human nature have "been a central concern of science fiction exploration," I turn to Nisi Shawl's 2016 text *Everfair* that reimagines the position of the mutilated Congolese under the colonial rule of King Leopold II of Belgium (Schmeink 33). Science fiction challenges our notion of the human by positing (or offering examples of) physical differences outside of the rules that govern reality. It is a genre that typically peers into hypothetical futures or alternate worlds, but Shawl's work moves backward to reimagine the Congolese community and their future through reimagining their past.[32]

Everfair is considered speculative history, historical fiction, or alternate history. Women of color writers have used these genres to rethink silenced bodies and oppressive histories and ask "what could have been?" if advanced technologies were introduced to or intimately part of the past.[33] Shawl's work asks, "what could have been?" if the Congolese had access to steam technology in 1885. Shawl does not engage with memoir, but *Everfair* nonetheless offers a hypothetical continuum of Lorde's work on the subject of prosthesis, strength, and bodily reclamation. While Lorde focuses on the cosmetic aspect of body modification, Shawl's work asks us to consider speculative examples of prosthetic limbs that enhance "movement and

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[32] For an extensive look into afrofuturism and Black women writers in Science Fiction see the 2008 collection *Afro-Future Females: Black Writers Chart Science Fiction's Newest New-Wave Trajectory* edited by Marleen S. Barr.

[33] Some examples of alternate history include Justina Ireland's *Dread Nation*, Malorie Blackman's *Noughts & Crosses*, and others like these that rethink (or reimagine) the social consequences of slavery, segregation, and the place of marginalized bodies in white-Western history.

communication" (Asch 244). Lorde rejects cosmetic iterations of prostheses, but Shawl welcomes physical prosthetics that serve functional (albeit destructive) purposes. Through images of weaponized replacement body parts, Shawl asks us to rethink the annihilation of the Congolese community under the reign of King Leopold II. She asks us to consider an alternate reality in which missing limbs transform into tools of resistance that facilitate one successful revolution in the Congo.

It is productive to consider how Shawl's depiction of the prosthetic warrior differs from Audre Lorde's understanding of the term warrior, as in one who battles cancer. Shawl's rebel army consists of the Congolese who lose appendages to King Leopold but replace them with weaponized prosthetics. For the amputees in Shawl's novel, their embrace of technology and warriorhood is a form of reclaiming (or taking back) the parts taken from them through colonial force. Technology is often used as “the tool of the colonial oppressor” but Shawl reverses this narrative to make technology the tool of the oppressed (Husing 72). However, is this form of *taking back* possible in the racialized world of colonization, or for the breast cancer survivors in the postcolonial world of the medical-industrial complex who wish to take their identities back by rejecting or embracing a prosthetic breast? How does accessibility factor into this (i.e., who gets to choose or reject the prosthetic)? And do prosthetic weapons invoke a different kind of prosthetic anxiety? Lorde argues that the medical industry pushes the narrative that "[women] are only what we look or appear," but what if one's appearance is an essential part of their resistance (Lorde 58)? Is there a way to own the prosthetic body while acknowledging the gendered, racialized, and ableist narratives around it? The medical industry determines what prosthetics are, but the individual determines their function. In placing these two texts in conversation, I seek to illuminate how the dependent body turns to emotional structures to paradoxically reject and reclaim (as in own) the multiple narratives situated upon it.

To move from Lorde's personal rejection of cosmetic prosthesis to Shawl's speculative example of ability-enhancing prosthesis that enables acts of resistance, I must acknowledge that Shawl's text is speculative *history* and therefore requires historical context on the Democratic Republic of the Congo. The history of the African Congo is complex and layered with decades of imperial and colonial violence. It is now called the Democratic Republic of the Congo (after the state gained sovereignty in 1960), but it was once a privately owned colony that belonged to King Leopold II of Belgium from 1885 to 1908. King Leopold called his private colony "The Congo Free State," but the Congolese inhabitants of this state were anything but free. Leopold created a slave-labor system by ordering his soldiers to hold women and children hostage while the men gathered wild rubber in the forest. Leopold's slave-labor system disrupted agricultural production, and an estimated half of the Congolese population, nearly 10 million people, died from disease and malnutrition. Those who did not die were often tortured and punished by having a hand and/or foot amputated so they could not return to the forest to gather resources. The estimated death toll and mutilation suffered by the Congolese peoples led historians to argue that King Leopold's violent acquisition of rubber resulted in mass annihilation but cannot be labeled genocide because "the specific objective of King Leopold was not to exterminate the Congolese or any particular tribe within the Congo" (Weisbord 35).[34] Eventually, the west caught

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[34] It is worth noting that Wikipedia, World Atlas, and several other popular websites that list the largest genocides in history do not even mention what happened in the Democratic Republic of the Congo. Even though an estimated ten million Congolese died over the course of twenty-five years, what happened in the Congo is not classified as genocide because genocide must be the intentional extermination of a specific ethnicity or race. Many Congolese died as a result of Leopold's slave-labor system, but King Leopold's intent was to hoard resources at the cost of the indigenous population. However, I read Leopold's actions as clear evidence of his intent to exterminate the Congolese. For more information as to how/why this genocide "spawned the first global human rights campaign of the new century" (Weisbord) but is not classified as genocide see Adam Hochschild's book *King Leopold's Ghost: A Story of Greed, Terror, and Heroism*, and Robert G. Weisbord's article "The King, the Cardinal and the Pope: Leopold II's Genocide in the Congo and the Vatican." *Journal of Genocide Research* (2003), vol. 5, pp. 35-45**.**

wind of the massive death toll when British journalist Edmund Dene Morel exposed Leopold’s brutalities. Such exposure “spawned the first global human rights campaign of the new century” and resulted in Leopold’s decision to sell the Congo to Belgium in 1908 (Weisbord 35).

One decade before selling the colony (and dying one year later in 1909), Leopold hired the French architect Charles Girault to build a museum in Brussels for the World Fair in 1897. One of the leading exhibitions was called "The Congo Free State," which featured 267 Congolese people who were forced to live in makeshift environments. The makeshift living quarters called "river village" and "forest village" purportedly matched living conditions in the Congo, and the living quarter called "the civilized village" featured Congolese men "dressed in the uniform of Leopold's private Congo army" (Hochschild). This exhibition (or tribute to colonialism) and the fair itself lasted from May 10th until November 8th, and during this period, many Congolese suffered malnutrition and perished. After the World Fair ended, "The Congo Free State" exhibit led to the creation of the imperial museum called *The Royal Museum for Central Africa*, which still exists in Tervuren, Belgium today. Despite the horrors that informed its creation, this museum continues to uphold the legacy of King Leopold II and the legacy of colonialism, oppression, and state-sanctioned violence against indigenous African populations. The museum displays materials Leopold confiscated and stole from the Congolese and features artistic interpretations of their living conditions and mutilated bodies. Not only does the museum display images of limbless black bodies as artistic spectacles, but "the museum [remains] filled with relics of colonial soldiers and explorers and larger-than-life statues of heroic, idealized figures with inscriptions like 'Belgium Brings Civilization to the Congo'" (Hochschild).[35] Until 2005, there was no mention of colonialism or the slave-labor system that killed *millions* of

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[35] For more information on the museum and how it is actively changing (but not enough) to include artists from the Congo see Adam Hochschild’s article “The Fight to Decolonize the Museum” published in *The Atlantic* in January/February 2020.

indigenous Congolese. After failing to include a substantial exhibit on the factual history of the Democratic Republic of the Congo, the museum shut down in 2013 but promised to consult African-diaspora scholars and reopen in 2017. The museum reopened in 2018 with minor attempts to decolonize the exhibits by showing African perspectives on colonialism, but it largely remains charged with the conflict of misrepresenting and underrepresenting Congolese subjectivities.

Nevertheless, there remain narratives of collective and individual resistance within the dark history that underlines the Democratic Republic of the Congo and the imperial museum. For instance, the museum invited a Congolese artist, Aimé Mpane, "to create 'an explicit response' to statues that represent a 'colonial vision.' The result, *Nouveau souffle ou le Congo bourgeonnant*, is on display in the rotunda" (Hochschild). This artistic revision sheds light on the Congolese perspective of colonialism but does not undo the museum's colonial foundation. However, it does symbolize the anti-colonial resistance that exists both now and over one hundred years ago when the Congolese first resisted Leopold's soldiers. There were many rebellions, but the revolts were largely unsuccessful due to the lack of resources for the Congolese peoples and the excess of wealth and weaponry available to Leopold's soldiers. Yet one could speculate that the Congolese might have succeeded in fending off King Leopold's colonial reign of terror with adequate technological means to fight back. Nisi Shawl's historical fiction *Everfair* does just this by rethinking resistance through body modification and imagining one successful rebellion against Leopold's soldiers, colonialism, and forced amputation.

The revolt's success in Shawl's story relies heavily on technological advancements and prosthetic weaponry. While the story is complicated by a non-linear timeline and a wide range of narrators from various ethnicities and sexual orientations, the central message is clear; resist colonial forces. Early in the text, Black American missionaries ally with Fabian socialists from Great Britain to buy land from King Leopold. The purchased land, Everfair, functions as a utopian haven for Congolese and formerly enslaved African Americans who have fled the oppressive post-reconstructionist era in the U.S. The book centers on several political rebellions and Everfair, or the land itself, as a primary site of colonial resistance. Everfair is free of Leopold's soldiers, and the state's sovereignty enables the inhabitants to develop steam technology and weaponry, allowing them to launch a successful rebellion against Leopold. Shawl covers themes of land as resistance, state sovereignty, and complex interpersonal relations, but I am primarily concerned with how she combines steam-punk alternate history with prosthetic weaponry to illuminate the nuances of bodily reclamation as an additional form of resistance. King Leopold's soldiers mutilate the Congolese, but Everfair provides these individuals with the space and technology needed to rebuild their bodies and reclaim their land.

The story’s trajectory is somewhat convoluted by narrative pace (with overlapping timelines and abrupt shifts between narrators), but the concept of prosthetic weaponry creates a productive conversation on body modification, bodily autonomy, and technological accessibility through Everfair’s natural resources. While the text includes a wide range of bisexual and interracial characters and subplots worth analyzing in a separate project, this chapter focuses on three characters who have an emotional relationship to prosthetic technology: the indentured railroad worker and steam engineer Ho Lin-Huang (or Tink), the shapeshifting, Congolese Fwendi, and King Mwenda of Everfair, both of whom lose their hands to King Leopold.

Tink is the primary engineer who uses Everfair’s natural resources (rubber, timber, bark, etc.) to turn the dream of resistance into a reality by creating brass and steel prosthetic hands that double as weapons. Using the same natural resources Leopold does to enforce a slave-labor system in the Congo, Tink repurposes the land into a tool of resistance. Rubber and the land itself become the primary means to resist Leopold’s acquisition of rubber. Tink’s creations (like the steam-powered “aircanoes” or airships) extend beyond prosthetic technologies that contribute to Everfair’s victory, but the prosthetic hands possess a personal quality and a means for amputees like Fwendi and King Mwenda to fight back using the force of their dis/abled bodies. Leopold forcibly removes their hands, but Tink’s steam technologies enable Fwendi and King Mwenda to turn physical absence into social and political promise. Much like Everfair itself is a sovereign utopia deep within a violent colonial landscape, the prosthetic weaponry built from the land’s coveted resources symbolizes a utopian reclamation of not only stolen land but stolen body parts.

Tink initially fashions the steel and brass hands into tools, but as political tensions build in Shawl's hypothetical utopia, the functional purposes of the prosthetic hands shift from tools to weapons. Fwendi's relationship to her prosthetic reflects the delicate balance between body modifications that repair physical ability, and modifications that enhance ability beyond the body's bio-typical limitations. When Fwendi contemplates her hand's abilities, she notes that "most of the motion the wind-up hand was capable of consisted of flapping up and down or rotating a full 360 degrees," but it could also "grasp an object with the flick of its wearer's wrist" and "[maintain] its grip when a locking slide was pressed into place" (Shawl 110). The prosthetic's ability to rotate and lock into place leads Fwendi to contemplate how she could "manipulate the hand into any desired position, set the lock and it became "a tool—strong, hard-edged, impervious to pain—in fact, a weapon" (Shawl 111). The prosthetic is not inherently a weapon, but the abilities it enhances are easily reconfigured as such. This moment in the text illuminates Fwendi's shift from viewing the prosthetic as a tool and a mere substitution for a hand, to viewing it as a weapon and a means to fight back. In light of this shift, she asks, "how had her mind come to think this way? How many more of these things could Tink and his helpers make" (Shawl 111)? The prosthetic becomes a weapon when Fwendi's "mind [comes] to think" of it as such. The hand is fashioned as a tool, but circumstance, and the presence of colonial force, compels Fwendi to shift from viewing the prosthetic as a tool to viewing it as a weapon. It is not war that makes weapons of tools, but intention. The functionality/purpose of the prosthetic is dependent on the bearer, and given Fwendi's circumstances, she has decided or intended to make the function violent. There is meaning in both the wielder and the weapon. The hand serves multiple purposes (aesthetic, helpful, harmful), but it is ultimately Fwendi who determines which narrative and subsequent purpose her hand will serve.

The individual in both nonfiction and fictional settings determines the prosthetic's function, but function changes the type of narratives produced. For instance, Fwendi also owns prosthetic hands for purely aesthetic purposes. Through Fwendi's character, Shawl examines how prosthetic limbs are equally as valuable when they are used for cosmetic purposes and reclaiming the body's image. Fwendi claims that one of her prosthetics is "much less useful than some of her hands. But prettier," which begs the question, why choose the "prettier" hand, and what is the relationship between aesthetics and usefulness (Shawl 171)? What purpose does Fwendi's "prettier" hand serve, and does the cosmetic hand support Lorde's claim that prosthetics reinforce the stereotype that women are only "what we look or appear" (Lorde 58)?

Cosmetics are not necessarily functional, but they nonetheless serve a useful purpose by affirming one's gender and connection to (or acceptance of) their appearance regardless of whether or not appearance determines one's value. Shawl does not describe what the "prettier" hand looks like, but the concept of aesthetic modification serves a restorative purpose by facilitating an intimate connection between Fwendi and the space where her hand once was.

Fwendi has the option to replace her hand with something "pretty" rather than functional, with something of different but equal value given that it affirms her desired appearance. The option to choose the prosthetic's function/purpose (either cosmetic or ability-enhancing) gives Fwendi the option to choose which narratives and values she attaches to her body and, subsequently, to her identity.

Even within the speculative genre where physical, social, and psychological limitations are meant to be challenged or reframed, Shawl recognizes the emotional limitations of prosthetic technologies and their connection to nostalgia through the death of Tink's lover, Lily. Tink feels responsible for Lily's death when her leg is fatally wounded, and he cannot save her. In her final moments, Tink desperately professes, "I will fix you a new leg" and then "[describes] the envy others would feel at her mechanical limb's awesome powers" (Shawl 136). During Lily's final moments, Tink turns to prosthetics as the answer to mortality. Much as Lorde suggests that cosmetics steer women away from thoughts of mortality rather than encouraging them to "persevere through the experience [of dying] to whatever enlightenment might be at the core of it," Tink relies on the idea of prosthetic technology as a means to escape tragedy (Lorde 35). Not only does he fixate on prosthetics in the moment of Lily's passing, but his "only concern since the death of […] Lily was the invention and refining of artificial limbs. As if one of his clockwork prosthetic legs could somehow retroactively replace the fatally wounded one" (Shawl 186). Tink's inability (or unwillingness) to accept Lily's death results in his obsession with "the invention and refining of artificial limbs" (Shawl 186). Lily's death becomes linked to the prosthetic technology that fails to save her, and Tink's obsession with prosthetics becomes his means to process grief and his emotions. The prosthetic hands symbolize resistance throughout the novel, but they also symbolize grief, nostalgia, and a subtle desperation to restore the body and interpersonal relations to their previous physical and *emotional* states. Tink’s obsession with prosthetics reflects his desire to recapture lost emotion, lost feeling, and a lost life.

Prosthetics cultivate the feeling that one can return to their former body and former life with an artificial limb. Tink retroactively seeks absolution for Lily's death through technology, but this obsession leads him deep into the realm of nostalgia and the precarious feeling of wanting to return to a time and a person that no longer exists. Tink's fictional experience parallels Lorde's interpretation of the nostalgic narrative pushed on breast cancer survivors. However, where Lorde expresses an aversion to the feeling of "wanting to go back," Tink embraces the retroactive narratives and following qualities that prosthetics have to offer. Hospitals tempt Lorde and other breast cancer survivors to return to their former bodies through prosthetics, but Tink is tempted by the nostalgic narrative and the idea that prosthetics could have saved Lily's life, that they possess the power to rectify or reverse our human condition entirely.

Tink’s relationship to prosthetic technology illuminates the non-fictional connection between prosthetics, nostalgia, and *loss*. The relationship between prosthetics and loss (whether the loss of a limb or a particular way of existing) illuminates the complicated relationship between technology and the body. Technology is implanted, inserted, or connected to the body when something is missing, removed, or damaged, but it is attached to the body along with the implication that body parts *must* be repaired or replaced. It creates and sustains the implication that bodily loss is problematic and needs to be repaired or solved. However, prosthetics are a material solution to a metaphorical problem. They cannot entirely replace what is missing or lost, and their presence can prevent individuals from grappling with the emotion that comes from understanding loss.

While Lorde adamantly argues that cosmetics prevent women from coming to terms with their bodies, Shawl uses King Mwendi's relationship to his prosthetic hand and the loss it represents (both physical and political) to suggest that prosthetics are also a means to come to terms with the body through what the body has experienced. When Tink tells King Mwendi that he has given up hope in their battle against colonialism, King Mwendi uses his prosthetic hand to symbolize loss and the potential for resistance through accepting loss. King Mwendi convinces Tink to stay and fight by "[raising] his prosthetic hand shoulder-high, [rotating] it so its piston casings caught the quiet evening light" and asking Tink to remain "'for the sake of [his] lost flesh'" (Shawl 372). King Mwendi views his hand as a reminder of not only what he has lost, but what he (and all of Everfair) has to gain by fighting back. His prosthetic represents personal and political loss, but it also represents hope. Like the Royal Museum for Central Africa, Mwendi's prosthetic symbolizes King Leopold's colonial rule and violent mutilation of the Congolese peoples, but it also represents the Congolese's ability to resist. King Mwendi views his hand as a reminder of his "lost flesh," but this reminder simultaneously encourages him to rebel. Once Mwendi's loss is fully acknowledged, resistance can prevail. In this sense, the prosthetic does not obscure emotion but amplifies it by heightening the circumstances of King Mwendi's loss and suggesting that within loss, there is also the potential for personal and political resistance.

Genre and Narrative Medicine

The speculative genre (and alternate history in particular) encourages readers to rethink omitted Black history and encourages writers to "depict the black experience in other times and places, to 'imagine full black subjectivity' and the justice that was historically withheld" (Jones 31). Shawl's alternate history imagines a world where justice for the Congolese peoples transpires, a world where anti-colonial resistance is possible, and a world where the victims of

King Leopold's atrocities are granted rich subjectivity. Nisi Shawl is one such writer who "[employs] methods of extrapolation and cognitive estrangement in their use of the speculative to identify historical patterns, amplify contemporary social and political problems and envision futures in which alternate approaches to justice may be imagined" (Jones 5). Shawl identifies the historical patterns of colonial conquest to illuminate how slave-labor systems result in genocidal death tolls of indigenous populations while simultaneously identifying valuable systems of resistance within them.

There was no political or social reparation for the millions of Congolese who died under King Leopold's rule. However, Shawl's historical revision reopens the conversation on the Congo's history and the countless Black subjectivities that have been overlooked and erased. King Mwendi is fictional, but his rebellion nonetheless reflects the genuine possibility of colonial resistance if technological advancements and prosthetic weapons were part of the Congo's history. Shawl's choice in genre reflects James Baldwin's assertion that "history is not the past. It is the present. We carry our history with us. We are our history." If we are our history (both real and imagined) then Shawl's text reminds us to carry the forgotten history of the Congolese annihilation with us into the future as we explore the rapidly expanding field of body modification.

Prosthetic technology is a determining factor in Shawl's ability to envision a past and therefore a future "in which alternate approaches to justice may be imagined" (Jones 5). Everfair's successful rebellion is not possible without Tink's steam-engineered prosthetic limbs. Shawl's speculative narrative depends on medical advancements to reimagine historical Black relations within systems of oppression. By using literary means to cultivate empathy for marginalized peoples and the forgotten history of brutal amputations in the Congo, Shawl's text is useful to narrative medicine. Narrative medicine is coined and defined by Rita Charon as “a set of competencies practiced by a physician to include empathy, reflection, professionalism and trustworthiness, in order to master ‘attentiveness, representation, and affiliation—skills that literary analysis is well-suited for developing” (Jones 31). Narrative medicine refers specifically to the practice of drawing on literature to add nuance and understanding to the relationship between patients and medical practices that include evolving medical technologies like prosthetic enhancements. Physicians might turn to authors like Shawl and Lorde to reflect on the relationship between technology and the body and empathize with the bodies whose individual narratives are altered by the collision of material realities and social narratives.

There is no singular way to reclaim the body already claimed by historical narratives and altered by technology. While fully rejecting a narrative attached to a prosthetic might be impossible, it is possible to reclaim the body’s narrative by exposing and owning the emotional narrative that underpins one's experiences. Lorde reclaims her narrative each time she embraces emotional unrest and asserts, "I alone own my feelings. I can never lose that feeling because I own it, because it comes out of myself" (78). While the term *own* is often used in a capitalist context to imply *possess* or *dominate*, Lorde re-purposes the term to mean *recognize* and *embrace*. Doing so enables her to argue the narratives that "[come] out of [ourselves]" are the narratives that others (both individual and systemic) cannot own, and according to Lorde, those narratives tell the story of emotion. The goal is not to redefine the prosthetic's narrative but to redefine and reclaim the emotional narratives they cultivate. Like Lorde, we "alone own [our] feelings," and ownership of those feelings translates into ownership of our bodies and the narratives we determine they assume.

III:

MENTAL PROSTHESIS AND THE FRAGMENTED BODY-MIND[36]

I move through the world as though I am one.

-Olga Trujillo*, Mindful Things*

While the first chapter in this project analyzes the nuances of prosthetics through their relationship to narratives about the fragmented body, the second chapter analyzes the complexities of prosthetics through a conceptual lens by looking at narratives that center on the fragmented mind. As I mentioned in the first chapter, this project examines how prosthesis is a tool that enables fragmented relations by analyzing four types; cosmetic, physical, mental, and affective. The first chapter outlines how identity-affirming and ability-enhancing prosthetics complicate our affective relationship with the fragmented body, but this next chapter seeks to address how prosthesis (when defined as something that enables relations) has an affective relationship with the fragmented mind. Prosthesis means (quite literally) the addition of an inorganic or artificial body part, but it can also mean (more abstractly) the addition or *extension* of the body and, therefore, the mind. If physical prosthesis can be anything that is an extension of the body, then mental prosthesis can be anything that is an extension of the mind, even cognitive states.

This chapter will exclusively focus on dissociative identity disorder (or DID) to examine how fragmented cognitive states or identities can function as extensions of the mind and, consequently, of the self. DID is a condition characterized by the splitting of a person's identity into fragmented personality states. The subjective nature of the disorder makes it challenging to analyze, as experiences of dissociation and the presence of alters are not always directly

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[36] The term body-mind is taken from Eli Clare's critical memoir, *Brilliant Imperfection: Grappling With Cure*. I use the term "body-mind"as Clare does (and provide a definition on page three) to further dissolve the body-mind binaries born of this distinction. The syntactic fragmentation or separation of the words "body" and "mind" are connected through the dash that works like a prosthetic, connecting the two to conceptually and visually collapse dualistic rhetoric.

observable and can vary widely among individuals. This subjectivity makes it difficult to establish clear diagnostic criteria and to differentiate DID from other mental health conditions or from normal variations in personality. By taking a step back from diagnostic criteria to analyze how DID is represented (and visualized) in literature, we might gain additional insight into the complexities of human identity and how individuals construct narratives to make sense of fragmented experience.

In literature, DID is often portrayed as a fragmented identity, with different personalities emerging due to traumatic experiences. These narratives not only reflect the challenges faced by individuals with DID but also underscore the role of narrative in shaping our understanding of self and others. Through analyzing literary representations of DID, researchers and scholars alike can explore how different types of mental organization and fragmentation are depicted and understood, leading to a deeper comprehension of the connection between the brain, mind, and body. A literary analysis of DID should seek to unveil prescriptive forms of visualizing the fragmented mind and cultivate a rejection of the notion that identity has a single narrative determined by the prescriptive confines of disorder.

To explore how bodily fragmentation involves extensions of the mind (and is fundamentally a process of connection), it is crucial to acknowledge the distinction between the terms *mind* and *brain*, as they refer to distinct concepts. The brain is a physical organ responsible for controlling the body and processing information, consisting of billions of neurons that communicate with the body through electrical and chemical signals. The mind refers to a person’s consciousness, thoughts, perceptions, beliefs, and emotions, often expressed through narrative and various forms of composition (such as art, literature, language, dance, etc.). While the brain is a physical structure observable through causal relations, the mind is an abstract construct (or organized thought) that is best observed through narrative. Given that the mind, when defined as thoughts, beliefs, and emotions, can be observed through narrative, this chapter will observe how literature frequently portrays the mind as a complex interplay of narratives, characters, and identities.

Neuroscientific observations of the brain's relationship to the mind have evolved drastically in the last few decades thanks to the work of psychoanalysts like Dr. Margaret Wilkinson, Dr. Alan Schore, and Martin H. Teicher (Wilkinson 2004).[37] Initially, their research into what constitutes the mind focused on the differences between right and left brain processes, but they have since progressed to emphasize communication between the two. More recently, Schore's work has highlighted the importance of right brain activity, suggesting that it is crucial for right brains "to align and synchronize their neural activities with other right brains" (Schore 2019).[38] Schore suggests through his observations of "interpersonal synchrony" that emotional communication occurs not only within one person's brain but also between the right hemispheres in the minds of distinct individuals.

While this project is uninterested in the mind-brain divide in neuroscientific literature, it is concerned with how the "mind develops in relation to other minds," and how individuals use the right hemisphere of the brain to communicate emotion to other right hemispheres (Schore 2019). Dissociation enters the conversation on interpersonal synchrony in right hemispheres by potentially interrupting neural communication. In his earlier work, Schore stresses that "dissociation is best understood not in terms of disconnection of left and right brain but in terms of a loss of connectivity within the right hemisphere" (Schore 2003). In other words, dissociation is a loss of mental connection within the physical brain. However, psychoanalyst Margaret Wilkinson complicated Schore's research in her work *Coming Into Mind* (2006) by arguing that a therapeutic approach to dissociation is "rather like a double helix where left brain and right brain

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[37] Dr. Wilkinson is a practicing psychiatrist, Dr. Schore is the founder of the Right Brain Psychotherapy Institute, and Martin H. Teicher is the director of the Developmental Biopsychiatry Research Program at McLean Hospital.
[38] Information taken from Schore's book *Right Brain Psychotherapy*, published in 2019.

processes, one predominantly cognition and the other predominantly affect, intertwine" (Wilkinson). Neuroscience has evolved to suggest that affect and cognition intertwine to play an intrinsic role in bodily communication and "the process of coming into mind" (Wilkinson). Whether it be communication between right and left hemispheres, between the right hemisphere alone, or between right hemispheres in distinct individuals, affective communication is at the center of complex mental processes like dissociation.

To better understand the process of "coming into mind" through prosthetic communication, or how the mind connects to the body, I turn to dis/ability theorist Eli Clare for a dis/ability centered definition of body-mind relations.[39] In Clare's critical memoir *Brilliant Imperfection: Grappling with Cure* (2018), he claims to "[follow] the lead of many communities and spiritual traditions that recognize body and mind not as two entities but as one, resisting the dualism built into white Western culture" (xvi). White Western culture views the thinking, rational mind as a unit that is separate from the feeling, impulsive body. This type of dualistic rhetoric has been used to suggest "the mind [is] superior to the body" and that thinking is not only distinct from feeling, but *superior* to feeling. Clare turns to "spiritual traditions" and indigenous articulations of the body-mind relationship to adamantly reject this distinction. By turning to indigenous rhetoric and connecting the body and mind with a dash, Clare uses both culture and language to reject the hierarchical order imposed on lived experience by the body-mind distinction, and instead explores their interconnectedness.

According to neuroscientist Daniel J. Siegal, "it is the human connections which shape the neural connections from which mind emerges" (Siegel 1992: 2). This chapter seeks to expand the definition of prosthesis to include how literature (when consumed as organized narrative)

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[39] For a thorough neuroscientific analysis of physical mind-brain relations, see Margaret Wilkinson's article, "The Mind-Brain Relationship: The Emergent Self," published in *The Journal of Analytical Psychology* in 2004.

enables the relations that shape the neural connections from which a *fragmented* mind emerges. This chapter looks exclusively at DID in one memoir and several works of science fiction, given that DID is defined (in part) by unconscious fragmentation, the addition of personality states, and the suppression of memory, affect, and identity. By examining how DID is framed as a fragmented mind in different literary genres, I will complicate how we visualize personality disorders to make seen the unseen spaces they inhabit within the mind. This chapter critiques how DID is visualized in various literary texts to make room for a new image of DID that does not rely on a singular depiction of identity or violent images to address something as nuanced (and layered) as the fragmented self.

Literature and film often portray DID in violent fashion (think *Fight Club, Split, The Minds of Billy Milligan*, etc.), but critical memoirs play a crucial role in challenging this violent and singular image of a fragmented mind. One such memoir that resists this portrayal is *The Sum of My Parts: A Survivor's Story of Dissociative Identity Disorder,* by Olga Trujillo. Trujillo explicitly rejects violent depictions of DID in literature and frames her memoir around survival to emphasize that while violence might create the disorder, it does not define its nature. Trujillo, a Puerto Rican lawyer, author, and dis/ability activist, offers an intersectional perspective on the dissociation that enabled her to survive extreme abuse as a child. Her memoir provides experiential insight into DID through the lens of survival (rather than violence), while offering valuable perspectives on current medical understandings of the disorder and its resulting social impact.

Trujillo defines DID as "a natural mental process that results in a disconnection of certain aspects of a person's thoughts" that "[occur] along a continuum of experiences and symptoms" (xi-xii). Trujillo experienced severe trauma that led to dissociation, but she acknowledges that not all dissociation is pathological, and viewing it as such creates the idea that people with DID are inherently extreme and violent. Trujillo's views are similar to that of her psychiatrist, Dr. Richard Chefetz, who writes that "not all dissociation is pathological," given that the act of dissociation is a common symptom of conscious existence (Chefetz 34).[40] It is not pathological or harmful to dissociate while reading a book, painting, or watching a movie. Chefetz argues that while not all forms of dissociation are harmful, dissociation should be treated through an affective lens to address how emotions and affect are suppressed in the process. To understand how an affect-based therapeutic approach to DID effectively addresses dissociation's various levels of severity, this chapter analyzes Chefetz's recent work, *The Fear of Feeling Real: Intensive Psychotherapy for Persistent Dissociative Processes* (2015), alongside Trujillo's memoir for a psychoanalytic and literary perspective on how affects interact with violence and dissociation.[41]

Trujillo reframes her DID diagnosis as a survival technique, acknowledging how it helped her survive but also recognizing how it affected her ability to communicate with every part of herself during critical developmental stages in her life. She writes that instead of "developing into a whole person whose memories and identity were cohesive and integrated, readily accessible to my everyday mind, I grew up as a person made up of many parts of myself—what some call 'alters' and others call personality states" (xiv). Trujillo's account of DID as "many parts of [herself]" suggests that the different identities function as prosthetic additions or extensions of the self rather than separate selves. She consists of "many parts of [herself]"

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[40] Dr. Richard Chefetz was Trujillo's psychiatrist from 1993-1996. Trujillo refers to him as Dr. Summer in her memoir.

[41] I provide multiple DSM definitions of DID farther along in the subsection "Clinical Perspectives on MPD and DID."

rather than separate parts or selves, and this distinction constitutes a "disruption of identity" rather than a complete detachment (DSM 5).[42]

It is important for Trujillo to define DID as many parts of a single, fragmented self-given that literature often problematically depicts DID as multiple or separate selves inhabiting one body (Schwarz). When literary representations of DID depict individuals as violent, separate selves, they distort our understanding of the disorder. Trujillo's account of DID resists the notion that her identities are distinct people residing in her body by outlining how her experience involves unconscious and co-conscious mental states that are fragmented but connected to the body through affect.[43]

This chapter seeks to advance Trujillo's wish to destigmatize DID by highlighting two key points: firstly, that violent manifestations of the disorder are rare, and secondly, that an affective approach to identity could help us view these fragmented selves as we do prosthetics–as essential survival tools that both enhance and hinder mental movement.

Trujillo's memoir sheds light on the importance of viewing her fragments not as separate selves to fear, but as *processes* that can be reintegrated into a primary consciousness and core sense of self. Building on this exploration of dissociation as prosthesis (as a tool that enables relations), the chapter will turn to Erna Brodber's 1994 supernatural novel, *Louisiana*, for a critical examination of the prosthetic relationship between fragmented identities, culture, and healing.

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[42] Andrew Scull argues the DSM revisions moved from roman numerals to numbers because "the resulting DSM 5 was supposed to be different from its predecessors. (The change from the previous system of Roman numerals was designed to allow for continuous updating of the manual, as with software releases: DSM 5.1, 5.2 and so on.)" Information taken from an excerpt of Scull's book, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*, published in 2015.

[43] Trujillo has "a form of DID that involves what's known as co-consciousness; there is always a central 'me'" (xv), meaning that the central her does not lose consciousness or control when the other identity fragments present.

Brodber's novel follows an anthropologist's research into Louisiana folklife and her subsequent journey into self, offering a nuanced example of prosthetic extensions of identity in a cultural context. Ella Townsend, a young African American woman with Caribbean roots, immerses herself in the heritage of Creole Louisiana, weaving its rich tapestry into her own story. Using an audio-cassette recorder, she interviews a woman named Mammy to gather information about Mammy's relationship to Black Nationalism and related historical events. However, Mammy passes away early in the project, leading Ella to discover that the recorder is transmitting messages from Mammy and others in the community from beyond the grave. As Ella plays the tape and attempts to transcribe the interview, she becomes increasingly absorbed in the tape and Louisiana's culture. This immersion leads to an identity transformation from Ella Townsend to Ella Kohl, a married woman, and eventually to a cultural prophet she names Louisiana. This evolution of names and identities mirrors Ella's shifting social roles and her nonlinear relationship to the history of Louisiana folklife.

After adopting the name Louisiana, Ella no longer relies on the recorder, which had served as a prosthetic device, to communicate with those beyond the grave. Eventually, Louisiana becomes the prosthetic device and converses with Mammy and the others in her mind for the next eight years. This mental communication creates a shared history and a collective "psyche of the south" among Ella/Louisiana, Mammy, and the community (Brodber 66). Initially, Ella approaches her study from the perspective of collecting data and working within institutional and white academic frameworks. However, her journey southward leads her to embrace supernatural means as a prosthetic tool for communication, allowing her to break free from the singular "objective" framework of empirical knowledge and embrace the collective historical narrative of Mammy, Black culture in Louisiana, and herself.

My literary analysis investigates how a fragmented narrative resists closure and challenges the illusion of a singular history by interpreting Ella's supernatural connection to the past as a prosthetic process. I examine how Brodber's text employs narrative fragmentation and dialogic chaos to rewrite history and portray Ella's multiple identities as *real*. Through Ella's character, we can see how dissociation intersects with prosthesis, enabling her to engage with a fragmented mind and reframe Louisiana's singular historical narrative. While a single narrative typically forms a closed semantic circuit that reaches a single point in history and concludes, a fragmented narrative disrupts this by breaking history apart and weaving it back together through affective, nonlinear experiences. By studying Brodber and Trujillo's engagement with fragmented narratives, I argue that fragmentation challenges the notion of closure, hierarchical power structures, and conditional social wholeness. I analyze how fragmented narratives, body-minds, and healing processes all rely on affect as one prosthetic connection that diminishes the gap between mind and body.

In the case of Brodber's novel, this project will place psychology in the context of history by analyzing what is presented as a multi-generational supernatural process grounded in Black history and folk culture. In order to read Trujillo back through Brodber, I defer to Christina Sharpe's critical articulation of Black trauma in, *In the Wake: On Blackness and Being*, and urge the reader to view dissociation as always already connected to history and environment. This project analyzes how dissociation as prosthesis follows from trauma by asking questions like, how is a fragmented identity interconnected and what form does that connection take? What is potentially generative (or perhaps, destructive) about the intersection of real and supernatural depictions of these out-of-body or, more accurately, *deep-into-the-body* experiences? Through a close, formal examination of Trujillo's memoir and Brodber's novel, this chapter will formulate a critical response to the relationship between affect and dissociation by outlining how a fragmented narrative (and sense of self) intimately remaps the mind, which, in turn, remaps the body.

Clinical Perspectives on MPD and DID

Building on this exploration of fragmented narratives and identities, it is important to contextualize mental fragmentation and dissociation within the history of psychology. Multiple Personality Disorder (or MPD) was the psychiatric term used to problematically describe divided states of consciousness from the nineteenth century up until the late twentieth century. The American Psychiatric Association (APA) changed the criteria and definition of MPD to DID in the 1990s, but the history of MPD spans over a century of clinical misuse. MPD has accrued a wealth of harmful stereotypes that contribute to the controversial nature of the diagnosis. Due to the inconsistencies in diagnostic criteria for MPD in the nineteenth century, the various definitions of MPD (and therefore the chronological history of DID pre-Diagnostic Statistical Manual or DSM) are difficult to trace. DID and MPD correlated with other mental health disorders like schizophrenia, borderline personality disorder, various neuroses, and, most notably, hysteria in the late nineteenth and early twentieth centuries.

The term *hysteria* is not only attached to MPD but to femininity and the cultural positioning of women. Literary critic Elaine Showalter argues in "Women, Hysteria, and Gender" that historically, "hysteria has been linked with femininity for hundreds of years" but that "hysteria's involuntary, uncontrollable, somatic symptoms were coming to be understood in the emerging critical feminist discourse, not as a medical condition but a cultural one" (Showalter 286).[44] Modern critics like Showalter, Devereux, and Ian Hacking note the shift in hysteria from a biological condition to a cultural one, and argue that the increasing number of

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[44] Devereux 20-21.

personalities in female DID patients correlates with the “increasing numbers and complexity of social roles women are expected to fill” (Showalter 163). The argument that hysteria reflects a cultural condition does not change the fact that the history of hysteria links impulsivity and altered personalities to femininity and MPD. While the MPD label and diagnosis is not exclusive to women, “female patients account for 90 percent of reported multiple personality cases,” a number used (both past and present) to discount women’s mental health and link symptoms of dissociation to feminine hysteria (Lehman 65).[45]

One of the first documented cases linking hysteria to Multiple Personality Disorder was that of Mary Reynolds in 1815. Reynolds was diagnosed as "evidently hysterical" by Philadelphia neuropsychiatrist S. Weir Mitchell who published a paper on her case in the *Medical Repository* in 1817 (Rogers 3).[46] Mary Reynolds experienced "strange fits" in which she would "sleep eighteen hours a day and then awaken with large discrepancies in her memory, penmanship and disposition" (Rogers 3). Reynolds wrote meticulous accounts of her experience with MPD in 1836 and acknowledged that "two different states of being [...] alternated in herself." However, her symptoms, including "periods of amnesia" in which she assumed a different personality state (with a more upbeat disposition), suggest that she experienced some form of dissociative fragmentation. Mitchell and Charles K. Mills (a professor of nervous diseases) establish a correlation between Reynold’s symptoms like epilepsy, spasmodic attacks, melancholy, and the term multiple personality without explicitly diagnosing her with Multiple

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[45] I do not provide a history of hysteria in this chapter. For more information on the subject, see *Hysteria Beyond Freud* for a collection of essays by authors, Sander L. Gilman, Helen King, Roy Porter, G. S. Rousseau, and Elaine Showalter, originally published in 1993.

[46] The two most complete studies on Mary Reynolds were written by Reverend William S. Plumber, the head of the Western Theological Seminary in Allegheny, Pennsylvania, in 1860 and by a Philadelphia neuropsychiatrist named S. Weir Mitchell in 1888. Mitchell’s study frequently refers to Mary’s own account written in 1836 (Carlson). “When S. Weir Mitchell gave his paper to the College of Physicians of Philadelphia on 4 April 1888, he had the benefit of several discussions which were also published with his presentation. They included three major themes that had emerged in the history of multiple personality to that point: intermittent insanity, the role of the brain, and the question of hysteria and allied phenomena” (Carlson 75).

Personality Disorder (Carlson 79). Instead, Mills and Mitchell link Reynold's convulsive history to hysteria which suggests that diagnostic criteria for personality disorders intersect with the "hysteric" social position of women in the early nineteenth century.

Reynolds' case appeared roughly seventy years before MPD and its connections to hysteria were made publicly known in psychologist Pierre Janet's *De l'Automatisme Psychologique (Psychological Automatism)*. The text was published in 1889 and offers one of the first theories on dissociation and fragmented identities Janet calls "simultaneous psychological existences." Janet's definition of dissociation theorizes that simultaneous psychological existences or multiple personalities are "special [cases] of hysteria," and unfortunately, this link to hysteria dominated conceptions of MPD for the "first one hundred and fifty years" that followed (Rogers 5-6).[47] Western psychiatric organizations (like the APA) did not abandon the term hysteria until 1980 when the DSM III removed MPD "from the hysteria category and [created] the dissociative disorders group" (Rogers 4). The dissociative disorders category serves to complicate/add nuance to a Western understanding of what constitutes personality disorder as it relates to cases where amnesia, altered personality, and dissociation are present. While the new disorders category adds nuance to how DID has been visualized in the last forty years, over a century of damage has been done by gendering the disorder and reducing its complexity to the image of multiple selves living in one hysteric, feminine body.

Long after Reynolds' diagnosis, Western psychiatry created the Diagnostic Statistical Manual (or the DSM) to categorize and contextualize mental health disorders in the mid-twentieth century. The DSM I and II (published in 1952 and 1968, respectively) relied

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[47] My project will not analyze the origin of personality disorder. Nonetheless, it is important to note that "according to most historians of psychiatry, Philippe Pinel (1745-1826) was the first author to include a personality disorder in psychiatric nosology," and "Emil Kraepelin (1856-1926) introduced personality types into modern psychiatric classification, under the term 'psychopathic personalities'" (Crocq-Milestones).

heavily on psychoanalysis, so “some personality disorders had to be differentiated from the neuroses of the same name (eg, hysterical, obsessive-compulsive, and neurasthenic personalities and neuroses)” (Devereux). The first and second editions of the DSM have sections on dissociation called “dissociative reaction” and “hysterical neurosis, dissociative type,” respectively (Schwarz 30). While the second edition mentions that “alterations may occur in the patient’s state of consciousness or in his identity, to produce such symptoms as amnesia, somnambulism, fugue, and multiple personality,” there are no further definitions or entries about the disorder (APA 1968: 40). However, the DSM III (published in 1980) has a distinct entry on MPD that marks the shift from MPD as a hysteric dissociative disorder to a dissociative disorder by noting that it is “the existence within the individual of two or more distinct personalities, each of which is dominant at a particular time” and not a symptom of hysteria or altered consciousness (Schwarz 31). It was not until the DSM III (1980) that dissociation and amnesia defined MPD rather than hysteria, but hysteria did not disappear from the manual. Hysteria now falls into more insidious categories like “factitious disorders,” psychosexual disorders, frigidity, and nymphomania. No matter where hysteria resides or what form it assumes, gender and sexuality follow.[48]

The most significant recategorization of MPD and DID that separates dissociation from hysteria can be found in the fourth edition of the DSM-IV, the DSM-IV-TR (text revision), published in 1994. The text revision indicates the terminology shift from MPD to DID in the entry title “300.14 dissociative identity disorder (formerly multiple personality disorder).” Although it is acknowledged in the title, it is not until the *DSM-IV Sourcebook* that “finally, it

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[48] The term frigidity became a popular term during the rise of second-wave feminism because the newly, sexually “freed” women were now supposed to be having sex with everyone and if they refused, they were deemed “frigid” and were allegedly at risk of becoming “hysteric.” For more information on the psychiatric and gendered history of hysteria see Cecily Devereux’s article "Hysteria, Feminism, and Gender Revisited: The Case of the Second Wave" published in 2014.

was proposed by some members of the Task Force [which focuses on the updates of the DSM] that the term ‘multiple personality disorder’ be changed to ‘dissociative identity disorder’ to stress that the nature of the condition is the lack of personal integration rather than the objective existence of various personalities within a single individual” (Schwarz 32). MPD was renamed dissociative identity disorder or DID in the DSM-IV sourcebook in 1994 to “stress the inner fragmentation rather than emphasize the proliferation of innumerous distinct entities” but the disorder is still viewed and reproduced “both in popular culture and fictional works as the existence of two or more persons within one body” (Schwarz 16). From a Western clinical perspective, MPD was renamed, abbreviated to DID, and reframed as “a mere presence of personality states or identities” as opposed to the existence of multiple persons within one body (Schwarz 25). Literary critic Heike Schwarz outlines a critical semantic disparity from distinct persons or *beings* to distinct states or *ways of being*. According to Schwarz, DID, once visualized as multiple persons in one body, is now clinically understood or visualized as a fragmented state of being. This semantic shift indicates a visual shift that, in turn, facilitates a less harmful or stigmatized description of the disorder.

Practitioners like Chefetz recognize the value of DID’s definition shift from *beings* to *ways of being* by allowing dissociative processes to be complex, nuanced. They do not always involve distinct personalities or identity shifts that are easy (more or less) for an observer to identify, and they are not inherently pathological. Dissociation can assume a more subtle form (i.e. memory loss) and present as depersonalization (feelings of detachment from the physical self) or derealization (feelings of detachment from the world) (Chefetz 60). However, even with the varying degrees of severity and constant revisions of MPD and DID classifications, “...the core of the disorder may have never changed - an inner fragmentation is experienced” and "consequently a number of distinct and distinguishable personalities, personality states, alter egos, alters, ego states within one individual occurs or are expressed" (Schwarz 26). Nevertheless (or perhaps, because of this), it is necessary to understand the different definitions and interpretations of the disorder and advocate for new, less harmful ways of visualizing inner fragmentation.

While the DSM-V presents the clinical definition of DID as "a disruption of identity characterized by two or more distinct personality states or an experience of possession," this diagnostic approach has faced criticism for its tendency to pathologize and stigmatize disruption. The DSM's history of using diagnosis, disorder, and defect to create the illusion of mental neutrality underscores the importance of exploring alternative perspectives on dissociation, such as those offered by Trujillo and Brodber.[49] Dis/ability theorist Eli Clare calls for an active rebellion against the DSM that requires "discarding the concepts of disorder and defect, and developing other means of accessing medical technology beyond white Western diagnosis" (141). To second Clare's contention that "there is nothing neutral about the DSM" (141), I work with Olga Trujillo's definition of DID, which paints dissociative disorders as "highly creative survival [techniques]" that children use to survive "acute physical and emotional pain" (Trujillo xii). Trujillo frames her diagnosis as an innovative technique to reclaim it, given that "upon hearing [her] diagnosis, [she] stopped thinking of [herself] as smart, creative, or clever" (Trujillo 165). The diagnosis initially confines her to dry clinical definitions of dissociation, but by reimagining it as a "creative survival technique," Trujillo empowers herself to actively engage with her unconscious response to trauma, the diagnosis, and her identity.

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[49] Clare supports his argument on the DSM's lack of neutrality by analyzing the problematic connections the DSM draws between disorder and gender. The DSM links pedophilia and "transvestic fetishism" together as "paraphilias" which absurdly implies that transgender characteristics are not only disorders, but deviations that could potentially result in dangerous sexual impulses (Clare 141).

Dissociation expert, Paul F. Dell recommends that using clinical definitions such as *complex dissociative disorder, complex post traumatic dissociative disorder*, and *alter disorder* instead of the names MPD and DID would resolve some of the challenges associated with the diagnosis. In order to give more weight to the inner mental mechanism of the "disruption in the usually integrated functions of consciousness, memory, identity, or perception," this chapter proposes the use of a broader term such as mental prosthesis that allows for cultural and literary healing to become a more integral aspect of recognized dissociative processes (Schwarz 17). By acknowledging the potential value of mental prosthesis in the process of dissociation, the aim is to challenge the popular view that DID presents as violent separate selves and provide a more nuanced understanding of a fragmented yet prosthetic relationship to healing.

Pop Culture and Literary Representations of DID

While the medical community's definition of DID is limited to a relatively small group of professionals, the general public's understanding of the disorder is largely informed by its depictions in popular culture. As a result, the widespread perception of DID is often shaped by sensationalized and violent portrayals in literature, television, and film. However, these depictions often fail to capture the complexity of the disorder, such as the interconnectedness of fragmented identities. Instead, they often present DID as a condition in which multiple violent (or extreme) personalities reside within one body. The more we visualize DID as a series of separate selves living in one body, the less we recognize what it means for someone like Trujillo to be fragmented yet connected, to be "a person made up of many parts of [herself]."

The Marvel Cinematic Universe offers one of the most recent and sensationalized depictions of DID, which will be examined to understand how DID is problematically visualized as a superpower (or violent spectacle) in popular culture. On March 30, 2022, Marvel introduced one of its newest members into the superhero fold: *Moon Knight. Moon Knight* follows the fantastical and often disorienting journey of Marc Spector (played by Guatemalan actor Oscar Isaac) as he switches back and forth between five identities in order to prevent the ancient Egyptian Goddess Ammit (Devourer of the Dead) from sending prejudged souls into the afterlife.[50] What makes this superhero cognitively complex (or "super") is not his ability to channel the Egyptian Moon God Khonsu but his ability to dissociate into five distinct identities: Marc Spector (the primary identity), Stephen Grant (the charming financier), Jake Lockley (the stealthy cab driver), Mr. Knight (when Stephen is Khonsu's avatar) and Moon Knight (when Marc is Khonsu's avatar).[51] Two identities (Mr. Knight and Moon Knight) rely on Khonsu's transformative powers, but the other two, Stephen and Jake, are distinct identities created by Marc during traumatic events in his childhood and early adult life.

The show begins from the perspective of Stephen Grant and does not reveal that Marc Spector is the primary identity until the second episode. While Stephen, Marc, and Mr. Knight are revealed to the audience in the first two episodes, the traumatic event in Marc Spector's childhood that leads to his first dissociation (and the identity of Stephen Grant) is not revealed until the fifth episode. The viewers gradually come to learn that Marc is the primary identity, not Stephen, and that Marc's identity disorder is not a supernatural matter of channeling Egyptian Gods but the result of severe childhood trauma resulting from the death of his brother and his emotionally abusive mother. Marc's dissociative state leaves him with a fragmented, vulnerable mind that makes him an easy target for Khonsu to enter and manipulate. Marc's childhood trauma and internal battle with DID run parallel to the larger action narrative and the inevitable

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[50] My analysis only covers the show and not the narrative/characters in the comic. *Moon Knight* is a Marvel Comic created by writer Doug Moench and artist Don Perlin. The character Moon Knight first appeared in *Werewolf by Night* #32 in August 1975.

[51] I will use the term "identities" rather than "personalities" to describe Marc's different (states of being) in order to further emphasize/advocate for the change in diagnostic terminology from Multiple Personality Disorder to Dissociative Identity Disorder.

battle of the Egyptian Gods. Superhero, action narrative aside, the series ends with Marc confronting his past, forming a healthy relationship with Stephen, and revealing the final identity, Jake Lockley, as the season's cliffhanger.

Marvel is, without a doubt, the cinematic embodiment of popular culture in the twenty-first century. The Marvel Cinematic Universe is just that; a self-contained universe that claims to be expansive but only expands to include its characters, products, and streaming platforms. It is an ever-expanding universe within a closed-cinematic circuit. Each new MCU television series and movie is composed of a single narrative, good vs. evil, outlined by a single narrative structure, conflict solved through violence. Despite the psychological complexities of Marc Spector's character, *Moon Knight* is no different. Marc's DID has no place in the MCU without the addition of Egyptian Gods and a moon-shaped cape. Without Khonsu, Marc Spector would be a fictional man with a non-fictional identity disorder.

However, thanks to Marvel's massive popularity, the five-day premier in March of 2022 was streamed in 1.8 million U.S. households, not to mention how many have viewed it since the premiere and how many viewers and fans are still writing about it on social media platforms. In other words, numerous devoted Marvel fans and interested parties alike have either seen or, at the very least, heard about the show. The troubling aspect of these numbers (and the show itself) is that *Moon Knight* may facilitate the public's first significant introduction to DID in the twenty-first century, an introduction mediated through a fictional lens, Egyptian Gods, and fantastical powers. DID is being used here as a narrative tool to sensationalize the story, creating a spectacle for entertainment that depends on Marc Spector having multiple identities that physically manifest as different people or gods.

Moon Knight is not the only recent mainstream example of DID articulated through superheroes from a comic book series. DC Comics released a television adaption of the comic series *Doom Patrol* in 2019 that features a character with DID named Crazy Jane.[52] The original comic was released in 1963, which might explain (but in no way justify) the problematic descriptive prefix for the character. So as not to reproduce the harmful rhetoric attached to the term *crazy*, which, historically, has been used to label women as *hysteric*, I will refer to Crazy Jane's character as Jane. Problematic names aside, the television series depicts the cause of Jane's DID in a responsible and relatively accurate manner. Jane is the alternate, dominant identity of the primary, Kay Challis, who has sixty-four identities that coexist in her unconscious, called *the underground*. Each of her sixty-four identities has a distinct set of supernatural powers, but each identity is concerned with protecting the primary identity, Kay. As the narrative progresses, we learn that Kay is the primary identity that creates Jane (and several others) when her father sexually abuses her at age five. While the show accurately conveys how severe childhood trauma is typically at the center of DID diagnoses, supernatural elements inform how Jane's DID presents and resolves. The comic depicts how the villainous aliens known as *The Dominators* unleash a "gene bomb" that grants Kay's distinct personalities unique superpowers. As a result, Kay's personalities take on new roles, dedicated to protecting not only themselves, but those around them. However, these powers also thrust Kay into a group of misfit superheroes, further distinguishing her separate identities and embedding her in a world of violence.

The use of DID as a literary device in superhero narratives like *Moon Knight* and *Doom Patrol* allows for the exploration of how trauma can manifest in extraordinary ways. However, in

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[52] The original *Doom Patrol* comic first appeared in My Greatest Adventure #80 (June 1963), and was created by writers Arnold Drake and Bob Haney. The character Crazy Jane was brought into DC and the *Doom Patrol* fold by writer Grant Morrison, who read the autobiography of Truddi Chase and created the character based on Chase's experience with DID.

these stories, the protagonists' distinct personalities are further separated and defined by their abilities to violently wield their DID as a superpower. Heike Schwarz' offers a detailed account of the relationship between MPD, DID, and popular American Fiction in the twenty-first century in her book *Beware of the Other Side(s)*, in which she argues that "American authors used MPD and DID to enhance the inner dividedness of their protagonists and their disconnectedness from themselves and their environment" (Schwarz 19). In other words, DID has been (and continues to be) used as a literary tool or metaphorical device to explain or heighten why a character might be in conflict with others or their environment. Much as Snyder and Mitchell suggest in *Narrative Prosthesis* that characters with dis/abilities are used to “prop up” the story, Schwarz suggests that DID or inner fragmentation is used by authors to enhance the complexity of their protagonists. In other words, Jane and Marc’s disorder is used to complicate narrative structure and expand the definition of what it means to be “super” or extra-human, so the narrative becomes dependent on their separation.

These superhero narratives not only rely on the perpetuation of separate, enhanced identities among the characters, but they also heavily depend on the characters engaging in violent behavior. It is worth noting another pop culture example of MPD that appears in *The Unbreakable Trilogy* (also called the *Eastrail 177 Trilogy*), written, produced, and directed by M. Night Shyamalan. The superhero thriller and psychological horror trilogy consists of three films: *Unbreakable* (2000), *Split* (2016), and *Glass* (2019). The film *Split* focuses on a man named Kevin (played by James McAvoy) who is diagnosed with MPD and has a total of twenty-three different personalities. McAvoy’s character kidnaps three girls and frequently cites his disorder (and the violence he experienced) as justification for enacting violence upon the girls. The film is yet another mainstream example of how DID is perceived as MPD which is perceived as distinct personalities that are prone to violence and extreme states of being. Trujillo remarks in an episode of the wellness podcast *Mindful Things* that “what we see in our media is that there are serial killers [with DID]. I think of the movie *Split* or I think of the movie *Sybil* where she’s really, really broken. So we don’t see the really high functioning that is more the norm with DID” (Chamberlain). The media depicts severe DID as MPD, and MPD as a violent disorder, one that dominates the individual's capacity to reason and inevitably ends in violent acts of saving lives or taking them. DID depicted in superhero narratives offers a violent spectacle; it is the picture of chaos wrapped in an organized, predictable plot. Superhero narratives present a single, unbroken narrative for DID, which is an impossible semantic structure through which to visualize a fragmented condition. In contrast, Trujillo engages with a fragmented narrative to express DID's subtleties (or non-pathological qualities) and emphasize its prosthetic relationship to the self, not just its disruptive potential.

Not only does the combination of DID and superheroes complicate the general public's understanding of DID by establishing an extreme, violent relationship between the two, but the supernatural elements in each comic rely on the character's separate identities rather than reintegration. In *Moon Knight*, Marc (the primary) fights (both literally and metaphorically) to save or preserve his alternate identity, Stephen Grant. In *Doom Patrol*, Jane's powers only exist if her identities remain separate. Both Marc and Jane's inner dividedness reinforce the myth and the dangerous rhetoric that dissociative identities *maintain* power through separation, that separation is more potent than reintegrating the identities. In therapeutic terms, reintegration is one of the primary treatment methods for individuals with DID. The fragmented parts are not detached identities nor distractions from the primary identity; they are viewed in Western treatment as *necessary* parts of the whole. Prosthesis enables us to view how these identities are parts that are always already connected to the central sense of self, and therefore reintegration constitutes acknowledgement rather than re-construction of the self.

The dangers of using DID as a literary device may have tangible implications on recovery and treatment approaches. DID reintegration therapy requires the unconscious, or the constellation of brain-mind-body fragments, to be in conversation with the conscious mind to suggest that “we are more than the proverbial sum of our parts” (Trujillo x). The reintegration process requires an individual to identify their “hidden or disconnected parts” so the primary identity can then “[incorporate] what she has learned from each of the parts into her own sense of self” and eventually, “[make] their separate existence no longer necessary” (Schwarz 27). The process results in understanding and unburdening the fragmented self. After several reintegration sessions with Dr. Chefetz, Trujillo writes “as I integrated parts, I felt relief from the pain. I had more clarity and was less burdened… Instead of individual parts having to bear the burden of what happened on their own, the emotions were now spread throughout the whole of me” (198). Trujillo’s experience with co-conscious DID suggests the process depends on a central sense of self that exists between the fragmented parts. Reintegration therapy aims to dissolve the separate selves by making each consciousness (or self that holds an isolated affect or feeling) an integral, *known* part of the primary’s daily experience. Reintegration enables individuals with co-conscious DID to address their trauma and the dissociated memories by dissolving the painful memories and feelings into their primary consciousness. When literary characters with MPD or DID gain and maintain their powers by denying the reintegration process, they deny the validity of this critical form of recovery.

The Harvard Review of Psychiatry released an empirical examination of the relationship between myths, fiction, and DID in 2016 that argues "the cost of ignorance about DID is high not only for individual patients but for the whole support system in which they reside" (Brand). Pop culture depictions of DID warp "the whole support system" by replacing treatment and knowledge about the disorder with myths and contradiction. Harmful depictions of DID as MPD are reflected in and maintained by something Heike Schwarz calls culture-embedded syndrome. Culture-embedded syndrome "indicates that the general notion of multiple personality and dissociation cannot be understood without its representation within popular culture and thus popular fictional works. Here, MPD remains the core concept of whatever name the disorder may obtain in the future, as it functions also as a strong *brand* that continues to be recognizable" (Schwarz 20). The "general notion" of DID symptoms and characteristics have been symbolically branded or established through notable literary and cinematic works that visualize MPD as distinct, superhero selves. However, brands fade, and even cultural “syndromes" evolve. MPD is the recognizable, “core concept” of the disorder today and possibly tomorrow, but as the terminology shifts so too do images of the disorder. Even if the MPD brand never completely fades, a semantic shift can initiate a rebranding; not only from MPD to DID, but from DID to mental prosthesis and other definitions that allow for visual nuance to infiltrate how we conceptualize the disorder. Re-branding opens a space for new articulations of the disorder that are mediated but not determined through popular culture depictions of dissociation.

Some early, notable examples of MPD in fiction that have led to a significant re-branding of the disorder include the *Strange Case of Dr. Jekyll and Mr. Hyde* (1886), *The Three Faces of Eve* (1957), and *Sybil* (1973). The novella *Strange Case of Dr. Jekyll and Mr. Hyde* by Robert Louis Stevenson inspired literary critic and member of the Society for Psychical Research, Frederic Myers, to coin the term "multiplex personality… in 1886, the same year in which

[Stevenson] published his novella" (Schwarz 27).[53] Myers was interested in psychic phenomena and wrote Stevenson about the potential changes he could make to Dr. Jekyll's personality, all while developing his own theory about "multiplex personality." While Stevenson did not make Myers' suggested changes to the text, the conversation between Stevenson and Myers suggests a correlative relationship between representations of multiple personalities in popular fictional works and psychiatric articulations of personality disorders. Although “multiplex personality” was a popular term in the fields of literature and psychic research in the late nineteenth century, the term is no longer a relevant or weighted description of the disorder. In the past, the term "multiplex personality" carried significant weight within the psychiatric and literary community. However, the term (and subsequent brand) has since faded into the background of early diagnostic labels.

Nearly half a century later, the disorder shifted yet again and was rebranded in the image of the housewife. While Dr. Jekyll is a fictional work that contemplates the moral complexities of the good/evil dichotomy lived out in one body, *The Three Faces of Eve* (1957) claims to be the true story of Christine Costner Sizemore's three distinct personalities, Eve White, Eve Black, and Jane. Each personality reflects the complexity of her evolving social status. Sizemore's psychiatrists Corbett H. Thigpen and Hervey M. Cleckley, chronicle how Eve White, the meek housewife, is in an abusive marriage and does not find happiness until she develops a rebellious personality, Eve Black, and a poised personality, Jane. Thigpen and Cleckley use Eve's case to make assertions about Multiple Personality Disorder rather than acknowledge that Eve's three distinct personalities; meek housewife, sexual woman, and poised woman, are reflections of

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[53] The Society for Psychical Research (founded in 1882 in London) was “the first organization ever to be established for the scientific investigation of claims of psychic phenomena” (West). Myers joined the organization in 1882 and his writings/research on psychic phenomena and “multiplex personality” can be found in the University of Oregon’s Dissociation and Trauma Archives; *Proceedings of the Society for Psychical Research*, vol. 4, pp. 496-514.

women's social standings at the time. Eve’s identity disorder and subsequent cultural branding says more about how women are socialized and divided into separate parts of themselves than it does about a distinct mental disorder where three different identities are created in response to trauma. Eve’s internal response to her oppressive social position suggests that DID draws on cultural representations and images of femininity and the domestic.

The trauma outlined here is social trauma produced by the relationship between femininity and domesticity and made visible through the housewife trope in the mid-twentieth century. Women were born into social fragmentation and excluded from occupying identities that diverged from the ideal configuration of the passive housewife. As Katherine J. Lehman argues in her article "Woman, Divided: Gender, Family, and Multiple Personalities in Media," "Eve's rebellious alter ego enables her to escape an unhappy marriage and reflects many women's growing discontent with domesticity in the late 1950s and early 1960s" (Lehman 64-65). The real person (Christine Sizemore) and her experience with DID become a symbol (good/bad/refined) that "[speaks] to women's broader concerns about independence, family and femininity" (Lehman 65).[54]

Not only does Thigpen and Cleckley's narrative turn Sizemore and DID into a symbol or brand of femininity gone “awry,” but the 1957 film adaptation of the book further obscures the shape of Sizemore's disorder and her recovery process. The film ends happily and presents Eve as a healthy, wholly integrated person who reunites with her husband and daughter. However, Sizemore went public with her story in the late 1980s to claim, "she eventually developed twenty-two personalities and that it took two decades, much suffering and multiple suicide attempts before she became the 'healthy, whole woman' depicted in the film" (Lehman 68). Sizemore’s claim refutes the ideas presented in the film that reintegration is contingent upon

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[54] I apply DID in some cases back in time so as to undermine the damaging MPD diagnosis.

salvaging a damaged feminine self and a broken domestic. By visualizing Sizemore's disorder as that of a repressed woman (rather than a traumatized person), the film adaptation of her life prescriptively suggests that dissociation is a consequence of femininity, and that DID can be solved through therapy alone.

However, the cultural rebranding and social aftermath of DID inspired by *The Three Faces of Eve* pales in comparison to the 1976 TV Mini-Series adaptation of the book *Sybil,* written by Flora Rheta Schreiber and Sybil's psychoanalyst Dr. Cornelia Wilbur in 1973. *Sybil* had a much greater impact on popular culture and public awareness of the disorder. Shirley Ardell Mason (or Sybil) was diagnosed with sixteen personalities, but according to journalist Debbie Nathan, much of the sensational story in the book and the film was fabricated. Nathan reveals the truth about the case in her book, *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case* (2011) and writes that "Sybil's personalities and memories of extreme abuse were coaxed out of her during periods of hypnosis, often under the influence of mind-altering drugs. Nathan suggests therapist Cornelia Wilbur forced personalities on her famous patient and pathologized symptoms that were the result of a physical ailment" (Lehman 66).[55] The aftermath of Sybil's case was marked by the emergence of accounts of false memories. However, this phenomenon inflicted significant damage upon abuse survivors, who struggled for years to have their experiences acknowledged and validated. The consequences of this period were multifaceted. An atmosphere of mistrust developed between DID patients and therapists, and the media attention given to Sybil's case and Dr. Wilbur's persistent efforts to have MPD

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[55] Manipulative tactics used by therapists to coax memories out of patients shares a long history with the concept of repressed memories that often appeared in conjunction with a variety of moral panics. The most notable example of repressed memories exposed through therapeutic means is the book *Michelle Remembers* (published in 1980) and who's publication catalyzed the Satanic Panic of the 1980s.

officially recognized in the DSM, ultimately contributed to a surge in MPD diagnoses during the late-twentieth century (Lehman 65).

Multiple personality diagnoses were once considered rare, "with fewer than fifty cases reported in the psychological literature between 1922 and 1972." However, after Sybil was released, "40,000 new cases emerged" between 1985 and 1995, "and the prototypical patient resembled Sybil, a white woman in her thirties with an average of sixteen identities" (Lehman 65). Sybil is the story of a fragmented white woman during the height of second-wave feminism in the 1960s and 1970s so it is possible that her story not only resonated with women at the time but "encouraged fragmentation among [white] female audiences" (Lehman 69). Feminism created new opportunities for women, but it also inspired a gendered social paradox; women should be driven and reserved, visible and unseen. *Sybil* broke open the psychosocial dam and inadvertently let loose a new articulation of resistance; one that involves the deep, psychological rejection of a gendered social position.

Historically, mainstream examples of DID are portrayed by and subsequently identified in middle-class white women such as Mary Reynolds, Christine Sizemore, Shirley Ardell Mason, and Truddi Chase.[56] Presently, depictions of DID in the media maintain their racial uniformity through films like *Split*, *Fight Club (199)*, *Waking Madison* (2010) and television series like *The United States of Tara* (2009).[57] I came across Trujillo's memoir while examining DID memoirs in the twenty-first century that are not written by white men or women. Part of my academic agenda is to acknowledge that Western media visualizes DID as a white woman's disorder, as a

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[56] American author of *When Rabbit Howls* (1987), an autobiographical account of her experience with DID. Truddi Chase also appeared on Oprah's talk show in 1990 to discuss her 92 personalities and her autobiography on live television.

[57] *Fight Club, Waking Madison*, and *The United States of Tara* all explore the psychological complexities of their white, middle class protagonists - a man disillusioned with consumer culture who starts an underground fighting club, a young woman with dissociative identity disorder confronting her inner demons, and a suburban mother with the same disorder juggling suburban life and alternate personalities.

disorder that results (in part) from a shift in social expectations for the white, feminine, domestic figure. To assume that DID predominantly happens to white women is an oversimplification of a complex disorder and an unethical use of visual evidence.

Memoir, Culture, and Therapy as Prosthesis

Culture-embedded syndrome makes it challenging (or unthinkable) to conceptualize MPD and DID separately from how literature and media portray the disorder. To understand DID without the veil of domesticity, whiteness, and femininity in the mid-twentieth century, we must deconstruct the racial map of whiteness superimposed onto the disorder by addressing DID and fragmentation in non-white contexts. For a representational and literary glimpse into DID, I turn to Olga Trujillo who once said in an interview, “if you want to talk [intersecting identities], talk to me” (Chamberlain). This chapter will talk to Trujillo through her memoir, which offers insight into how DID intersects with culture and involves a cultural fragmentation that extends beyond the self.

Trujillo’s use of form and narrative structure suggests that narrative fragmentation is central to healing and visualizing the disorder. Trujillo’s childhood memories and experience with extreme sexual abuse are outlined in the first half of her memoir. Memory is unstable, but presenting her memories first stabilizes the narrative structure of her experience; her memories are the baseline from which we build the rest of our knowledge about her disorder.[58] Trujillo acknowledges the fickle nature of memory in her prologue and states, “we all know that memory isn’t always perfect” and “children as young as three usually aren’t able to retain much in the way of everyday memory” (x-xi). However, she also acknowledges that studies have “found that

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[58] Repressed memories and false memory syndrome are contested areas of research. Jennifer Freyd's book *Betrayal Trauma: The Logic of Forgetting Childhood Abuse* (1996) offers a comprehensive analysis of how repressed memories are a common and valid response to trauma. Freyd argues the concept of "false memory syndrome" is a myth perpetuated by those who wish to discredit survivors and avoid accountability for their actions.

trauma changes the way memory is captured in a person" (x-xi). Trujillo's paradoxical disclaimer reflects how trauma is ambivalent along two vectors; some trauma theorists argue that traumatic memory remains intact due to the way it is stored, but Trujillo's statement reminds us that trauma can also distort memory. Trujillo's therapist, Dr. Richard Chefetz, offers a neurobiological explanation of the relationship between trauma and memory, and argues that it is challenging to report traumatic events given that trauma creates "the hypoperfusion of blood in Broca's area (the area responsible for verbal expression)" which "may deprive us of word-finding ability and a capacity to verbally express our experience" (157). In this regard, the inability to express oneself is not a failure of will or a conscious distortion of memory but a matter of neural ability/functionality.

However, Trujillo does not simply observe traumatic events, she experiences them. While Chefetz acknowledges the brain's response to trauma "represents a neurological dissociation of the capacity to create autobiographical narrative" (157), trauma can also imprint and solidify memories, so one "[knows] the behavior or feeling" even if it cannot be verbally expressed. Trujillo argues that even if she cannot recall specific details like dates, times, or years, "[her] traumatic memories are much more reliable than [her] day-to-day memories" (xi). The traumatic memories imprint in a manner that enables her to recall the experiences and feelings with painful accuracy. In Peter Levine's neurobiological study of traumatic memory, he explains that traumatic memory is preserved in a different part of the brain where it stays intact (more or less) without being integrated through neurological processes that expose memory to change and development.[59] Levine's research and Trujillo's experience suggest that traumatic memories are not only reliable, but potentially more comprehensive.

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[59] See Peter Levine's book, *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory*, published in 2015.

Trujillo explicitly states in the introduction that she puts her most traumatic memories in the first six chapters so the reader can "skip ahead to chapter 7" and avoid re-traumatization if they have experienced sexual and violent trauma (xvi). The first six chapters outline her abuse, and the second half of the memoir analyzes her "process of unraveling the psychological and emotional effects of [her] violent past and coming to terms with having DID" (xvi). The format suggests that placing her memories first is the first step to recognizing the disorder. In a note to the reader, Trujilo writes, "while these descriptions comprise a small portion of the text, they are a necessary part of the narrative and important for understanding the childhood experiences that create [DID]" (vi). Trujillo places them first (and places them together) so the reader might pass over them quickly, but not without engaging with the conscious process of "skipping" over the memories. The memories (while painful) are an integral part of Trujillo's narrative. However, the memoir format parallels Trujillo's DID through narrative dissociation; the parts are all connected to a central story (or narrative) but can be read or consumed through nonlinear or nonconsecutive chapters.

Yet, regardless of whether the reader engages with the details of Trujillo's abuse, they must acknowledge the weight of her memories through skimming or avoiding them altogether. This narrative structuring works to support the nonlinear, fragmented nature of trauma and to acknowledge connectedness among the narrative parts. The reader is not forced to consume her experience (and potentially get triggered), and Trujillo can read her memoir without retraumatizing herself. Nevertheless, the memories of abuse hang there, like a constant reminder of her traumatic childhood. Trujillo’s memories hang over the narrative, not like the Sword of

Damocles but like the single thread that both keeps the sword from falling and is the reason for its fall.[60]

Knowing full well that I intended to engage with the entirety of her memoir, I read through those first six chapters, which often required me to pause, cry, and sit with the “pain and darkness” she survived (xvi). To recognize that I am analyzing an experience far removed from my own, my analysis will not focus on the trauma she experienced but will focus instead on how she renders her survival in literary form. I am concerned with the visual relationship between trauma and affect and the reader’s affective response to such visuals. My interest lies in the examination of the rooms that Trujillo creates in her mind, the emotions that she stores within them, and the affect that functions as a prosthetic tool, connecting memory and emotion together.

According to affect theorist Sara Ahmed, who has written extensively on the relationship between affect and memory, affect has a "sticky" quality to it, it sustains the connection between ideas, values, and objects (29). Building on Ahmed, I am interested in understanding how affect operates in preserving the connection between ideas within the mental realm, and what exactly constitutes its "stickiness." In exploring this concept through Trujillo’s description of DID, I aim to examine how dissociative processes can dissolve or cover this "stick," leading to a disconnection from one's emotional experiences. Trujillo's analogy of the house she creates in her mind to store traumatic memories provides a useful illustration of her relationship to these "sticky" affects:

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[60] The Sword of Damocles is a metaphorical expression that represents a precarious situation in which a person feels constantly threatened while sitting in a position of power. The metaphor originates from an ancient Greek story about a courtier named Damocles, who, when sitting at a banquet, was placed under a sword suspended by a single thread above his head to illustrate the constant danger and insecurity of those in positions of power. The Sword of Damocles is used to refer to a situation in which an individual is living in constant fear or anxiety of something terrible happening to them (often due to being in a position of power), and it emphasizes the precariousness and unpredictability of life.

> I have a form of DID that involves what's known as co-consciousness; there is always a central "me." Many of my parts had a lot of influence over how I felt, both emotionally and physically, and I didn't always have control over them or even know about them. Parts have come forward and then faded away, or have become integrated, even as a central me is always present. So in the analogy of the house, the locked doors are all directly connected to one central room. When I was younger, the locked doors opened and closed independently of the central me. I was mercifully unaware of the locked rooms until the healing I achieved in therapy made me strong enough to know about them. But once I was strong enough to know about the rooms and had access to their contents, co-consciousness gave me the opportunity to communicate inside myself, to be the authority, the negotiator, and the integrator of the parts. In my therapeutic work, this central me has torn down the walls of these rooms. Now the house is mostly just the central me: an open area with maybe a room or two still left to explore (xv).

Trujillo uses the house as a visual tool or prosthetic for understanding the shape of her DID. The house, the rooms, and the open floor plan form a blueprint of Trujillo's DID. The more she is harmed, the more the rooms "[develop] in complexity and detail" and become "selves in their own right, with roles, personalities, wishes, and fears" (Trujillo 13). The image of a house is, quite literally, a singular structure, but Trujillo's house resists the singular form by constantly shifting and reacting to external forces. The image of the house sticks, but the rooms shift, "develop," and evolve into distinct identities. The house and the dynamic blueprint are functional for providing Trujillo with the physical image of a barrier or boundary to keep the painful memories at bay and are useful for visualizing DID as an interconnected process of fragmentation.

The image of the house behaves like a mental prosthetic: it is an extension of Trujillo's mind, an extension that is both accessible and blocked (or that both extends and retracts). If we compare the image of Trujillo's mental prosthesis to ability-enhancing prosthetics, the house functions less like a barrier and more like a mental extension of her unconscious experience. The prosthetic image responds to trauma like a mental valve that opens to facilitate and obscure how information is passed along to the "central [her]" (Trujillo xv). Once she is "strong enough to know about the rooms," her mind ingratiates the space into one central room by collapsing walls and removing borders to connect "the central her" to the hidden parts of herself. Trujillo's use of the house as a mental space to survive abuse highlights the active role that the physical environment plays in shaping the experience of DID. Rather than being a passive backdrop to her disorder, the house serves as a crucial prosthetic tool used to enhance her responses to trauma. By creating mental space or distance between herself and her traumatic experiences, Trujillo maintains a sense of agency and control over her own narrative.

Mental prosthesis is (in part) a process of connection; it is connecting fragmented memories, ideas, and affects. It is not only memory that Trujillo fragments and locks away into the rooms of her mind, but her emotional responses to trauma. She writes that "some rooms only held an intense emotion" within the house, "while other rooms were more fully developed, with thoughts and feelings connected to their role" (xiv). When the attacks are too painful to observe, Trujillo's unconscious fragments into smaller, more palatable pieces. She cannot lock away the entire event, but she can lock it away in pieces. By fragmenting her emotions and holding them in different rooms, Trujillo's dissociative process suggests that the relationship between trauma and emotion is active and responsive. Dissociation enables her to truncate an experience and reduce it to a series of feelings, attitudes, and dispositions. In this sense, dissociation tells us that emotional responses to affective intensities are not only responsive but autonomous; they can exist on their own and behave independently of the conscious mind.

Autonomous emotions are disconnected through the process of dissociation but not entirely separated. Trujillo claims that during the attacks, "[she doesn't] feel emotion… [she is] able to numb most of the pain," but she is "[unable] to dissociate enough to not feel any of the pain" (Chamberlain). In other words, the pain is numbed (or hidden) but not gone. The rooms that hold emotion are suppressed but remain an active feature of her unconscious and form the set of processes that constitute prosthetic connection. According to Trujillo's account of DID, dissociative states do not separate identities, they suppress emotion and isolate affect. Reading Trujillo's account back through Massumi's definition of autonomous affect, one could argue that if "affect is an intensity within the body that bypasses cognition" and emotion "is intensity owned and recognized," then dissociation is the process that stands to either connect or impede the two (Massumi 88). Dissociative processes can prevent individuals from owning the emotions that arise from the intensities that bypass cognition. In other words, traumatic experiences can sever the connection between affect and emotion, between sensing and naming the sense. Trujillo responds to trauma by creating a mental prosthetic that wedges between the affect and her emotional response to the situation. She suppresses the affect, so she is not obligated to own or recognize the emotion that follows. Trujillo's account of DID suggests that dissociative processes do not create new identities, they fragment emotions. In this sense, Trujillo's mind fragments into a series of hidden, emotional states rather than a series of distinct personalities.

During Trujillo's teen years, after her father dies, but her brothers continue to abuse her, Trujillo notes that her fragmented emotions become increasingly active in order to protect her. Her hidden emotions "started helping [her] navigate the world" by allowing select feelings to percolate or emerge for specific survival purposes. She writes, "although these parts didn't allow me access to specific memories, they would give me feelings of worry and anxiety" to “watch and warn me about Alex and Mike” (86). Trujillo recalls feeling “uneasy” around her brothers without consciously recognizing the trauma that informs her unease. Her dissociative reflex does not allow her to recall the memory of their abuse, but various sensations and parts of her unconscious “at times came closer to [her] consciousness” to warn her about her brothers and guide her through a chaotic household. Trujillo articulates how, when dissociating, she relegates a face to one part of her mind, a single emotion, or even small objects from the room where the trauma occurred (78). However, this survival technique contains a detrimental clause. When Trujillo feels the pain from that experience, she cannot locate the memory. To acknowledge the entirety of her pain, she must reassemble the pieces of herself like a puzzle, with each piece informing and building upon one another.

The process of dissociation both mitigates and shapes Trujillo's emotional responses to trauma. It protects her from her brothers, but it also problematically enables her to "check out" or disappear. The act of "checking out" is yet another harmful way dissociative processes suppress emotion. Trujillo acknowledges, "[I was] quite adept at managing most tasks in my life from this superficially numb and calm place. Most people, including me, didn't notice. This way of being and interacting was really all I knew" (120). By acknowledging that dissociation drove her to respond to her environment from a "superficially numb and calm place," Trujillo suggests that there are experiential consequences to constant emotional numbing. In particular, the term "superficial" suggests that a space of non-feeling is a space of limited experience; to not feel is to not experience or interact with the environment. On the relationship between "real experience" and dissociative processes, Dr. Chefetz writes "when emotion is not known, when affect is isolated, the context and meaning of experience is grossly distorted. Emotion is the great contextualizer. Without it, life goes black and white" (26). Emotion is not only the recognition of sensation, but it also enables us to *make sense* of affect and sensation. It is the "mortar to hold together the meaning of a behavior" and a critical ingredient in the composition of experience (Chefetz 26).

However, to dissociate is not to dispel emotions, but to hide affective connections. The emotions are there, but dissociation restricts affective access. Dr. Chefetz suggests, "dissociation is not a banishing act that puts intolerable experience in orbit, completely isolated from reach. Dissociation is a paradoxical binding-disruption where the tag ends of what ought to match can't connect. They are held in close proximity, tethered but outside awareness" (Chefetz 52). Dissociation is akin to a mental besidedness, where memories and feelings exist beside one another and are never "completely isolated from reach." Trujillo isolated her affect to hold her emotions "in close proximity, tethered by outside awareness" until she was in her thirties, until after she became a lawyer and the youngest General Council to work for Senator Matthius at the Department of Justice. The emotional numbness and affective restrictions created by her dissociative techniques “[help her] avoid being immobilized by panic attacks" but lead her to feel "numb most of [her] life" (141). Eventually, Trujillo "[craves] being able to have real feelings; the joy, the sadness, and everything in between" (Trujillo 141). Trujillo's desire to "have real feelings" compels her to confront the emotions that exist (and have always existed) just beside her consciousness, which leads her into yet another fragmented, prosthetic relationship, the one that exists between patient and therapist.

The second half of Trujillo's memoir centers on her therapy sessions with Dr. Summer (the pen name for Dr. Richard Chefetz) and her healing process through reintegration therapy.

Dr. Chefetz's sessions with Trujillo and his book, *The Fear of Feeling Real,* both offer a useful approach to understanding how affect is central to DID and reintegration therapy. Dr. Chefetz argues that "the study of emotion is central to the treatment of dissociative disorders. No other dimension of experience is as powerful an organizer of mind as emotion is. To emote is to react to life—both the life inside and out" (Chefetz 133). Since emotion is "the great contextualizer" of experience and an organizational, prosthetic tool for the mind, it circles the core of what causes and dissolves trauma. Emotion is a product of the affective glue that holds the patterns of experience together, and dissociation is the dissolvent that dilutes or reorganizes that connection. Dr. Chefetz makes the compelling argument that because "emotional awareness correlates with health," an emotion-focused approach to the psychotherapy of persistent dissociative processes is necessary to address the extent of one's trauma and determine its shape (133).

The primary method for treating severe dissociation and mental fragmentation is to reintegrate the dissociated emotions/identities/parts into the primary consciousness, or in Trujillo's words, into the "central me."[61] The process requires educating the person with DID about the hidden or disconnected parts of themselves, so they can first acknowledge the parts and then determine their connection to the core self (to the "central me").[62] Emotional awareness is essential for accessing these hidden parts, given that (in some cases) the hidden parts *are* emotions. For Trujillo, the "central me" must communicate with her parts, learn from them, and incorporate what she has learned into her conscious mind. The entire process depends on emotional communication between the body-mind. When our body experiences trauma or extreme fear response, it reacts defensively; it seizes up. As psychologist Bessel van der Kolk

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[61] Steinberg, Marlene, and Maxine Schnall. *The Stranger in the Mirror: Dissociation: The Hidden Epidemic. New York*: Cliff Street Books, 2000. Print.

[62] DID patients are highly susceptible to hypnosis. EMDR is used to guide the eyes back and forth to help the patient access repressed memories. This process connects to the way Trujillo's eyes move before and after dissociating.

suggests in *The Body Keeps the Score*, trauma interferes with the brain's ability to process emotional reactions, so the emotions are stored and sometimes hidden within the body.[63] In this sense, the fragmented body is a consequence of the fragmented mind. However, reintegration therapy seeks to uncover and resurface what has been stored in the body or placed in the realm of mental besidedness to create open communication between the brain, mind, and body.

The body might keep the score, but the body is part of the mind. There is an intimate relationship between the brain-mind-body that is mediated through emotion and affect. Dr. Chefetz argues that dissociative processes impair or interrupt neural processes from connecting the "physically sensed-in the body-alive experiences" with the "moment-to-moment context" that humans derive meaning from (135). In other words, the "size and shape of our emotional responses" that we use to make sense of the world depends upon an unseen neural structure that is strung together with affective threads (135). Chefetz relies on a similar, thread-like analogy and visual aid to describe the neurobiological element of emotional experience that is "more like the weaving and reweaving, each moment, of a tapestry strung between disparate subcortical, visceral, and cortical poles than it is like activating a switchboard where an emotion lights up" (Chefetz 153). The image of a thread or tapestry implies that emotions are strung together through/with experience and do not wait to be activated or "lit up" in response to external stimuli. Emotional experience itself experiences a continuous, dynamic weaving through moments and parts of the brain that, in turn, respond to and shape the structure of that experience.

While images of houses, tapestries, and even single threads enable us to visualize the connection between unseen neural structures and the process of mental prosthesis, material forms

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[63] Van der Kolk's research in *The Body Keeps the Score* explores the physical, psychological, and emotional impacts of trauma on the body. He argues that traditional talk therapy is not always effective in treating trauma-related disorders, and offers alternative approaches such as somatic experiencing and neurofeedback.

of composition and expression can be used to clarify how we make sense of the affective connection between mental fragments. Visual, expressive, and compositional mediums like literature can be read as prostheses, as are metaphors, images, and all forms of language given that each is used to connect one thought (or concept) to another. Literature, or rather story, narrative, and language are the affective threads that bridge the emotional gap between unknowing and knowing, between scattered patterns and making sense of the patterns, between patient and therapist. It is not only the narrative and patterns within the text that create meaning to help us make sense of things, but the text itself that functions as an extension of knowing.

Literature prosthetically connects one mind (the writer) with another mind (the reader). For a useful example of this connection, I turn once more to Dr. Chefetz, who often uses literature to bridge the gap in understanding and diagnosis. In his latest work, Chefetz addresses a patient with DID who cannot explain/express her feelings, stating "in novels and in poetry, people talk about feelings in a much more emotionally expressive, right-brained operation that is hyperlinked, not bound by time, and makes use of images and sensations rather than words. The metaphors we're using make use of these right-brained processes, and they may not seem real familiar or comfortable" (Chefetz 144).[64] Literature, poetry, and brain processes rely on images more than words, making the medium an apt interlocutor between experience and expression. Using poems and images (like Trujillo's house) to access feelings requires engaging with parts of the brain that experience feeling but cannot name it in a logical/coherent way. In other words, metaphors are not a language-bound experience; they create images. The metaphors, images, and

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[64] It is critical to note that Susan Sontag famously argues in *Illness as Metaphor* that "illness is not a metaphor" and the responsible way to approach illness is to be "resistant to metaphoric thinking" (Sontag 3). However, Chefetz' argument that DID relies on metaphor to visualize sensation and feeling when the brain cannot express it verbally, is a wildly different argument. Chefetz' research does not paint DID as a metaphor, but suggests that individuals with DID rely on metaphor to make sense of things.

sensations that literature relies upon to create narrative facilitate the connection between knowing and unknowing experience and knowing and *expressing* experience.

Literature, and many forms of composition, use narrative and form to create patterns of thought. Therapy is one connective or prosthetic avenue that addresses unhealthy thought patterns in order to break them down or create newer, healthier patterns. When Trujillo begins therapy with Dr. Summer (Dr. Chefetz), she reflects that the therapy sessions are initially futile. Trujillo is reluctant to open herself up in a way that will lead to knowing; she is afraid to access the fragmented parts of herself that contain painful, latent truths about her past. Trujillo needs something tangible (a tangible thread) to connect the central her to what happened *to* her. To help bridge the gap between her present emotional state and her past experiences, Dr. Chefetz gives her *A Wizard of Earthsea* by Ursula K. Le Guin. Chefetz uses literature as a prosthetic device to facilitate the emotional unfolding that needs to occur for Trujillo to move forward with reintegration and the healing process (145).

Le Guin's novel is a young-adult fantasy that follows a mage named Ged, who hunts and is hunted by an ominous shadow. When Ged finally catches up with the shadow, the shadow morphs: "the shadow first took the form of his father, then an enemy, then finally Ged himself. Ged realized that the shadow was his own dark side, not something separate from him. He knew what to do. He embraced it and it entered him, and in that moment he became whole" (Trujillo 151). Reintegration therapy requires the individual with DID to acknowledge or "[realize] that the shadow" is a consequence of fragmentation and "not something separate from [them]." Reintegration requires accepting the dark, painful fragments as integral parts of the self. Like Ged, Trujillo realizes that she must "turn and face the shadow rather than run from it." However, it takes literature (or, more specifically, young adult fantasy) and metaphor to help her connect with the younger parts of herself and reach this conclusion (Trujillo 150).

Due to the disconnect created through dissociative processes, Trujillo has a difficult time connecting to her dark past. However, upon reading the novel, Trujillo concedes, “I get what I have to do in here. I have to do what Ged did. I have to accept the dark side of my life” (152). Literature and metaphor are the prosthetic or connective threads between Trujillo’s central consciousness and the disconnected parts of herself. The image of Ged facing his shadow and the darkness within himself creates a neural pathway in Trujillo’s mind that lets her see the form of her own mental fragments. By engaging with the shadow as metaphor, Trujillo can visualize how the darker parts of herself connect, and how they have always been an integral part of her identity despite being concealed for over three decades.

Trujillo's acceptance of her DID diagnosis was facilitated by literature and metaphor, but the process of reintegration and healing demands a more nuanced approach that goes beyond relying on fantasy narratives. Addressing DID necessitates recognizing cultural identity and language. In Trujillo's case, her abuse and recovery are closely linked to language. There are hardly any books about DID in Spanish, so Trujillo translated her book into Spanish in 2019. Trujillo practiced a Western approach to healing with Dr. Chefetz that “didn’t incorporate cultural identity,” but argues in her book that it is critical to acknowledge that Western therapy does not work for all people and all cultures. Trujillo now “[spends] a great deal of [her] time (since 2007) trying to retake [her] culture because trauma doesn’t happen outside of cultural identity… it’s all intertwined” (Chamberlain).

A critical element of Trujillo’s healing process involved taking back her language “because most of [her] abuse was in Spanish” (Chamberlain). In an interview on the McLean

Hospital mental health and wellness podcast *Mindful Things*, Trujillo acknowledges the various objects and aspects of her identity she was encouraged to take back during the healing process:

> I had to take back my food because most of the things I smelled in my home were Carribean foods, when I'm being abused… So, I had a hard time eating that kind of food and I had to take that back… And not feeling safe with Latinos… my view was so skewed of who we are as a culture. I had to take all that back, recognizing that this isn't part of our culture, this is something that happens across the world. So, I think a cultural healing is really important for anyone that's experienced something like this on top of whatever else they need. But that Western philosophy, that Western psychosocial talk therapy isn't for everyone. It saved my life, but it isn't for everyone.

Cultural healing recognizes that trauma and healing do not happen outside the social world that governs cultural reality; trauma does not occur in a social void. Trujillo's trauma is not a product of her culture, but her culture circumvents the trauma and affectively touches it, or sticks to it, through food, music, and language. In other words, cultural context informs the shape of Trujillo's trauma, her diagnosis, and her healing. Trujillo cannot manage her diagnosis and the recovery process without addressing the cultural and environmental factors that sat beside her experience and altered the shape of her prosthetic response to trauma.

Fragmentation and the Supernatural

Trujillo's comment that "Western psychosocial talk therapy isn't for everyone" informs the argument that a generative approach to healing is itself fragmented, and that healing is not a singular process. The healing process is connected by multiple therapeutic approaches, including (but not limited to) Western psychosocial talk therapy, cultural identity/healing, and even literature. Trujillo's therapist provides her with a fantasy novel to facilitate her transition into healing, indicating a possible correlation between therapy and literature through genre. Once again, we find ourselves at the intersection of nonfiction and fiction, memoir and science-fiction, and culture and the supernatural. Chapter one compares memoir and fiction to expand the definition of physical prosthetics and further challenge/define the relationship between technology and the body. However, this chapter relates illness memoirs to the supernatural genre that engages in narratives beyond the individual to better understand (or complicate) the fragmented shape of cultural, social, and personal healing.

By reading Erna Brodber's novel *Louisiana* through Chefetz and Trujillo's articulations of affect and dissociation, I aim to untangle how the supernatural genre frames individual healing as a cultural, prosthetic process. Brodber's novel follows a Black anthropologist's search for a single historical narrative (through empirical data collecting) as it transitions into a search for the collective, layered narrative that comprises Louisiana folklife. Ella Townsend's departure from white academia, that prioritizes prescriptive modes of knowing, and her transformation into Louisiana (the prophet) depend on supernatural phenomena and Ella's affective ability to communicate with the deceased.

The term supernatural, as in extra-natural, conceptually parallels prosthesis through being an extension of the natural. As a genre, it includes themes and motifs that are both *beyond*-natural and *extra*-natural (as in more natural than natural). Supernatural narratives are often associated with religious narratives and folklore; they use fictional means to work beside and expose nonfictional events. The stories rely on beyond-natural motifs and characters like ghosts, mythical creatures, and surreal figures to uncover and expose the reality of ambiguous historical events and difficult-to-explain phenomena. In other words, the supernatural genre is intimately tied to folklore in that it places an implausible narrative or myth adjacent to reality to distort, challenge, and deconstruct single historical narratives that are assumed to be the principal truth.

Supernatural motifs often surface in Southern Gothic literature that uses ghosts, haunted houses, and figures to expose historical horrors and truths about slavery, patriarchy, and Black oppression.[65] One notable text that demonstrates how the supernatural intersects with historical/generational trauma caused by slavery is Toni Morrison's *Beloved*. The novel follows a formerly enslaved woman named Sethe who attempts to build a new life with her daughter but never escapes the traumatic past that follows her into freedom. Sethe escapes from the plantation (at the extreme cost of losing her daughter), only to be haunted by her new home and the mysterious appearance of a young Black woman named Beloved. Beloved's identity is purposefully mysterious. The novel provides evidence that she could be an ordinary woman traumatized by years of captivity, but it is also possible that she is the ghost of Sethe's mother or, most convincingly, the embodied spirit of Sethe's murdered daughter. Beloved's character does not merely exist as a delusion that Sethe carries around, but rather serves as proof of a trauma so profound that it materializes into an entity that can be perceived and shared with others.

Sethe's connection with Beloved is comparable to Ella's prosthetic or co-conscious relationship with Mammy, as both relationships rely on acknowledging the recursive qualities of identity that arise from historical trauma. To reach her ultimate prophetic form as Louisiana, Ella must first confront her own traumas by surrendering her body-mind to multiple consciousnesses.[66] Much like the tape recorder is a medium for Ella's research, Ella's body-mind

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[65] For a nuanced analysis of how "the Southern Gothic brings to light the extent to which the idyllic vision of the pastoral, agrarian South rests on massive repressions of the region's historical realities: slavery, racism, and patriarchy" see *Southern Gothic Literature* by Thomas Ærvold Bjerre, published 2017.

[66] Channeling is a spiritual practice that involves receiving and transmitting messages from a spiritual source or entity, often through a person known as a channel or medium, with the aim of gaining wisdom, guidance, or healing. Rayna Rogers offers a potential connection between channeling and MPD in their article "Multiple Personality and Channeling," published in the *Jefferson Journal of Psychiatry* in 1991.

becomes a medium for Mammy's history and Louisiana's folklife. However, Ella does not wholly surrender her consciousness to Mammy, Lowly, and the other spirits but enters into a state of co-consciousness that allows her "ears [to hear] other frequencies" (Brodber 28). At first, Ella compares her "subconscious involvement" with Mammy to "the notion of thought transplant," where her thoughts are replaced by Mammy's (Brodber 31). As Ella's abilities progress alongside the narrative, her conscious involvement in Mammy's history enables her to engage in "unspoken conversation with others visible and invisible," so her voice exists beside the conversation rather than beneath it (Brodber 42). In time, Ella is not subsumed or replaced by the voices but "officially entered" by them in a manner (much like co-consciousness) that enables her to be "a vessel, a horse, somebody's talking drum" while maintaining awareness of the central her (Brodber 46).

Ella's ability to both channel and *listen* to Mammy’s spirit reflects Brodber’s larger concerns about the limitations of language to fully comprehend the impact of slavery. Literary scholar Jenny Sharpe writes that in her nonfictional writing, “Brodber makes a case for the ability of oral histories to convey the ‘emotions’ and ‘feeling tones’ about slavery and emancipation that cannot be derived from written records” (91). Including affect, feelings, and unspoken traumas in historical narratives is necessary to gain a deeper understanding of how trauma fragments and expands through the wake of slavery. Much as Ella’s ears learn to hear other frequencies, Brodber uses a fragmented oral narrative as if “instructing us to listen carefully to the past for an agency that exists in the silent spaces of history” (Sharpe 91). Instructing the reader to actively listen to the interstices between narrative fragments is a way to highlight the importance of prosthetic connections between semantic patterns. This encourages a critical approach to reading that emphasizes the significance of these gaps in meaning and their potential to reveal deeper insights into the text.

While literary scholars have focused on oral authority in the text to engage with those silent spaces, Sharpe encourages us to read Ella's spirit possession as a critical engagement with not only silence, but "the materiality of sociological data and official archives" (Sharpe 91).[67] Ella's dissociative abilities create a material space for history to be transcribed through her body; she becomes the materiality of the sociological data she consumes. Ella's supernatural ability to channel oral history offers a way to destabilize the limitations of language and identity without destroying it, and to make identity plural and dependent on the larger cultural and affective communities that inform it. The more Ella prosthetically connects with her community and Mammy's past, the more she becomes African-Caribbean history itself; the more she becomes Louisiana.

The text offers an alternative approach to Trujillo's definition of DID by offering an alternative ending to Ella's story, one that involves historical narrative as an identity, or prosthetic, in that it is added to Ella's narrative and transforms her story into the collective history of Louisiana. The more Ella/Louisiana listens to the recorder, the more she realizes, "I am knowing more about my men and where they are from and in the process, I am becoming. Language is the key" (Brodber 117). Language and the act of transcribing Mammy's words become the key to Ella/Louisiana understanding more about Mammy's history and her connection to Black Nationalism. The more Ella learns about "African-derived religious practices of spirit-healing" through the prosthetic act of channeling, the more she becomes herself (Sharpe 92). Much as Trujillo's healing required taking back her culture through

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[67] See June Roberts, "Erna Brodber's Louisiana: An Alternative Aesthetic, or Oral Authority in the Written Text," Literary Griot 14, no. 1-2 (2002): 75-93; and Angeletta K. M. Gourdine, "Carnival-Conjure, Louisiana, History and the Power of Women's Ethnographic Narrative," Ariel 35, no. 3-4 (2004): 139–58.

language, Ella's healing requires listening to the affective languages of her collective past. We can better understand Trujillo's descriptions of dissociation through Ella/Louisiana's experience that suggests dissociation and channeling parallel the act of becoming through language. Identity is not stagnant. Therefore, assuming or channeling alternate identities creates a dynamic process of identity that is subject to constant becoming or change.

Dissociation and the process of reintegration is the process of becoming through language. The cassette recorder and the act of transcribing Mammy's past both function as prosthetics; they are an extension of Mammy's story and the connection between Mammy's story and Ella's. Ella acknowledges how transcribing creates a connection or bond between herself and the other voices and reflects, "I had in any case come to be with one woman. The one woman had turned into two and here was I now totally taken up by them and the machine through which they communicated with me" (Brodber 59). The recording machine plunges Ella/Louisiana into other identities, cultures, and temporalities (65). The machine, and later Louisiana's mind alone, serves as a prosthetic conduit connecting Ella to her own past, including the traumatic memory of her grandmother's death when she was an infant. Connecting to her past through the recorder allows her to not only edit memories but also reshape the spaces in which those memories reside.

To understand how Ella's memory engages with history, I turn to Christina Sharpe's *In the Wake: On Blackness and Being* (2016) that provides a conceptual framework "for living blackness in the diaspora in the still unfolding aftermaths of Atlantic chattel slavery" (2). Sharpe's critical analysis of the lingering effects of chattel slavery in the U.S. and the "Black diaspora from and in the Caribbean" articulates a parabolic approach to generational relations for Black Americans in the twenty-first century (3). The wake operates along (at least) two vectors of metaphor. Sharpe describes the wake as a "track left on the water's surface by a ship; the disturbance caused by a body swimming, or one that is moved, in water; the air currents behind a body in flight; a region of disturbed flow; in the line of sight of (an observed object); and (something) in the line of recoil of (a gun)" (Sharpe 21). In other words, the wake is the space or aftermath of a colossal body, object, or idea in motion. The wake is reverberation, effect, and inertia.

Chattel slavery was an insidious inertia in motion that left behind social, cultural, and political imbalance, to say the least. According to Sharpe, Western thought is still in the wake of slavery, but that is where it must remain given that the wake "means being awake and, also, consciousness" (Sharpe 21). The wake is "the state of wakefulness; consciousness" and awareness "of the unfinished project of emancipation" (Sharpe 3). To be aware of the wake of chattel slavery is to go beyond the state of awareness and recognize the aftermath as something always already connected, like a permanent prosthetic extension of past and current race relations in the West. Sharpe calls this extension of awareness "care" and argues that "thinking needs care… and that thinking and care need to stay in the wake" (Sharpe 5). As long as thinking and care remain in the wake, so too does the cultural recognition of oppressed bodies and the narratives they carry.

Brodber's text is one such novel that performs Sharpe's intellection of thinking and care. Multiple descriptions of the Louisiana landscape suggest that Ella's body-mind lives within geographic reverberations of the wake. When Ella describes the water in St Mary's Parish, Louisiana, she observes that water "flows down embankments protected by thick growths of shrubs" and states "I was at a place that had added something to it and had subtracted something from it, that had edited the St Mary bayou" (Brodber 35). Like the bayou's water, Ella's presence adds and subtracts something from the history of the bayou; they both erode space and change the shape of the space they enter. Ella's experience in the wake of the bayou's history compliments Sharpe's assertion that "wakes are processes" shaped not only through body-mind relations, but through body-mind-*land* relations (Sharpe 21). Ella and the bayou exist in the wake of the slave ship, but Ella's channeling abilities enable her to edit space (like a prosthetic addition) and create alternate pathways through the wake that follows along the crevices of the bayou's history.

The wake embodies a prosthetic connection to alternate pathways of historical processes through death, grief, and observation. Sharpe argues that through wakes, "we think about the dead and about our relations to them; they are rituals through which to enact grief and memory. Wakes allow those among the living to mourn the passing of the dead through ritual; they are the watching of relatives and friends beside the body of the deceased from death to burial and the accompanying drinking, feasting, and other observances, a watching practiced as a religious observance" (Sharpe 21). Brodber's novel begins with Ella developing a relationship with the dead and ends with Louisiana passing through the wake to join the voices she has communicated with beyond the grave. However, Ella/Louisiana observes her passing not "beside the body of the deceased," but from within her body that contains the deceased and their history.

While passing, Louisiana relates her experience, or prosthetic connection to history, to the shape of a diamond. Louisiana asks the reader to place their index fingers and thumbs together in the shape of a diamond. She then asks the reader to imagine a hole piercing through the middle of the solid diamond and says, "that hole, that passage is me. I am the link between the shores washed by the Caribbean sea, a hole, yet I am what joins your left hand to your right. I join the world of the living and the world of the spirits. I join the past with the present" (Brodber 124). Louisiana becomes the link between temporalities and dimensions of existence by observing her own death. She is “the link between shores,” wakes, and histories, but she is also the link between the hands themselves. Ella/Louisiana is the element of touch, the affective intensity that connects the hands, the water, and the history. By claiming, “I am Louisiana. I give people their history” Louisiana suggests she is the link between histories and cultures, but she is also the hole through which histories and narratives fall; she is the present that actively reshapes or edits the past (Brodber 125). In many ways, Louisiana’s prosthetic transformation is a manifestation of “that fiction and that excess” matter of Black diasporic history that Sharpe argues is a “past not yet past” but awake and “in the present” (Sharpe 13).

Reading Brodber’s novel through Sharpe’s expression of the wake offers a generative lens through which to approach narrative fragmentation. Much as Trujillo’s memoir begins with the chaotic and traumatic experiences in her life, Brodber’s novel begins with narrative fragmentation and chaos; it is unclear who is speaking and what is being said. The reader descends into a conversation delineated only through dashes to indicate new voices or a change in speakers. Narrative fragmentation parallels dissociative processes (both fictional and otherwise) to complicate how memory intrudes into testimony (and vice versa) (Brodber 121). Once Mammy ceases to be mere “data,” and Ella becomes Louisiana, her trauma and fragmented identity becomes the community. The story begins with an unknowable fragment, and the rest of the book follows Ella as she tries to make sense of the fragment and place it into a larger narrative whole. The book reads like a fragmented mind that is split between Mammy, Lowly, Ella, Louisiana, and Louisiana folklife. Like Trujillo, Brodber engages with a fragmented narrative to subvert the authority of a single-voiced narrator. In doing so, Brodber challenges traditional notions of history (as told by one) and promotes a critical examination of collective trauma.

When Ella fully transitions into Louisiana, she renames herself and, in doing so, extends the individual link between temporalities, histories, and peoples. The recording machine disappears, and Louisiana takes its place to become the prosthetic; to become the affective thread, the hole in the diamond, and the wake of consciousness and connection. Louisiana evolves into intensity, into pure affective potential. Louisiana observes the end of her life by reflecting, “I am a silver stethoscope. Anyday now that line will be a silver thread, a strand, will slip through my pendant, be a streak of lightning” (161). She becomes the “stethoscope,” the affective “silver thread,” the thread connected to the hanging Sword of Damocles, and the process of reintegration. Ella moves through the wake from Ella to Louisiana, from a singular being, with a singular history, to a multiplicity. The end goal of Ella’s narrative is to give access to her multiplicity, to break out of the need for a singular identity and past.

Community and fragmented narratives resist closure and resist consuming identity to a single point—to the point at the tip of the hierarchical pyramid. Brodber addresses the value of fragmentation by ending the book with a literary articulation of reintegration therapy. The novel ends with Ella/Louisiana reintegrating into the community rather than herself to suggest that becoming whole requires a communal, cultural healing and a deep recognition of the past.

Articulating fragmented narratives and prosthesis as a process of connection creates a literary space for resistance to hierarchical structures of separation. Separation is a significant theoretical root or foundation of colonialism and Western medicine, both of which are systems of domination. To separate and conquer, to categorize and dominate through arbitrary hierarchies of race, gender, and ability, and to justify separation through the state-sanctioned violence of health and wellness. Through determining and categorizing wellness, Western medicine and the DSM have established a white, heteronormative baseline of normality that creates difference and pathologizes the differences it creates. To be well is to be white, abled, heteronormative, and whole. The act of diagnosis and manuals like the DSM help define and conceptualize ways of being like DID, but these depictions are often problematic, prescriptive, and racially loaded.

Western medical practices often pathologize fragmentation by invalidating non-linear, non-Western, non-white forms of healing. Categorizing wellness through diagnosis (which is a single story of illness) alters the collective historical narrative of wellness and the expansive narrative of the subject. In other words, diagnosis changes the stories told about you and the stories you tell yourself. In his phenomenological approach to life writing in "Disability, Life Narrative, and Representation," dis/ability theorist Thomas Couser writes that "normal" bodies are not required to tell a story. However, missing limbs and notable visual impairments require those bodies to tell stories that conform to cultural expectations. In order to tell their stories, dis/abled and racialized bodies must either engage with the colonizer's stories or actively resist the mythologies that undercut their narratives.

Western medicine depends on diagnosis to further categorize marginalized individuals and their responses to the world through trauma, but fragmented narratives resist such singular categorizations. Trujillo’s memoir and Brodber’s novel are both fragmented in form and content. Both narratives rely on nonlinear articulations of grief and multiple perspectives to resist the argument that healing is a singular process; they trouble the idea that one heals to a single point, to a definitive end. Trujillo’s healing necessitates patient, therapist, culture, and even literature to express the sum of her parts and actualize the whole of her “selves.” Ella’s healing involves a supernatural connection to culture, history, and, eventually, herself. Both texts enable us to frame not only fragmentation, but the process of *healing* as prosthesis. When visualized as affective threads or connected fragmentation, prosthesis resists singular narratives, genres, political structures, and modes of being. Structures of domination make sense of things by placing ideologies and peoples into categories, boxes, and hierarchies. However, the process of fragmentation and reintegration removes the lines and borders to ingratiate space rather than consume it. By reading Trujillo's memoir beside Brodber's supernatural exploration of communal identity, we can visualize DID and mental fragmentation as mental prosthesis, as a connected, dynamic process of continual becoming.

IV:

PHANTOM LIMBS AND PROSTHETIC SPACES

I once had a roommate who told me she approached any space she lived in as if she were an octopus. The octopus possesses a complex muscular system that controls eight flexible arms covered in numerous circular and longitudinal muscles. These muscles can contract and expand, allowing the octopus to change the shape of its arms as necessary. In addition to having flexible, adaptable appendages, octopus bodies are primarily made of soft tissue and muscle, making them capable of rearranging or reorganizing their entire bodies to fit the environment around them. In other words, octopuses are skilled at occupying spaces with their bodies; with themselves. While human bodies are incapable of the same flexibility, we are nonetheless capable of filling our environments by extending our bodies into spaces through material means. According to my roommate, wherever she lived, whatever room she occupied, she filled the space with bits and pieces of herself like an octopus. Whether it was an excessive number of lamps, chairs, or peculiar little objects placed on counters or the walls, she adorned the space around herself with objects. She filled the space around her body with material representations of her interests, her comforts, and little pieces of her life, effectively transforming each room into a symbolic extension of herself.

Through their prosthetic connections to objects, our bodies exhibit qualities similar to octopuses. They display malleability, readily shifting and stretching to accommodate their environment, as well as dependency, adapting to and relying on the space around them. Moreover, our bodies are porous, not in consistency, but in movement, meaning they are both vulnerable and open to material adaptation. As our porous bodies assimilate to their surroundings, they undergo transformation in response to the introduction or removal of objects.

This transformative quality of bodies, or their ability to shift and adapt to their material environment, suggests there exists an intimate relationship between bodies and all external objects through space. We become part of the things we touch and the spaces we extend into.

A dynamic and adaptable body, in this context, signifies the body's dependency on its prosthetic relationship with objects. Whether necessary or cosmetic, prosthetic objects modify our immediate spatial relationship with the environment (both material and social) and consequently, modify or reshape our relationship to the self. However, when prosthetic objects such as glasses, hearing aids, heart valves, or prosthetic limbs are incorporated into the body to enhance functionality or compensate for missing physical features (e.g., prosthetic limbs with integrated technology), they effectively *assume* that space.[68] This implies that prosthetic technologies can reorient an individual's physical narrative by either extending space around the body, or, by occupying space where the body once was. To gain a deeper understanding of how prosthetic objects interact with and modify the body and the spaces bodies extend into, I examine fictional cases of bodily augmentation and amputation that require prosthetic objects to *occupy* bodily space.

Addressing the profound impact of prosthetic technologies in cases of amputation is essential for understanding the socially dependent relationship between technology, dis/ability, and identity. Anxieties triggered by the loss of a limb, particularly a leg, provoke questions of unease that extend beyond concerns about diminished mobility or altered physical capacities. This unease appears to emanate from a recognition of the social dis/abilities and social phobias that follow from a loss of this nature, combined with the fear of such a profound transformation

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[68] Prosthetic limbs with integrated technology rely on myoelectric control systems that respond to muscle signals, allowing for more natural and precise movements. For more information on this technology, see Dr. Hugh Herr’s documentary, *Augmented* (2022). Dr. Herr is a renowned biomechanics researcher and a double amputee himself. He has conducted extensive research on advanced prosthetic limbs and co-directs the Center for Extreme Bionics at MIT.

of the material body. According to a recent study in 2020 on the intersection of major amputation surgery and depression, social phobia and matters of identity are cited as “one of the major problems for the rehabilitation of amputated patients" (Tutak et al.). The experience of severe amputation not only changes the shape of one’s body, but it can lead to “psychological problems related to physical appearance” that “might cause social phobia after two years of amputation” (Tutak et al.). Social phobias include “changes in employment status or occupation, and alterations in body image” that lead to higher levels of anxiety in common social settings (Prima). For someone with an amputation, social phobias can be exacerbated by the absence of a limb, leaving them to feel more visible and therefore more vulnerable in social settings.

To unravel the roots of this social fear, I once again turn to Lennard Davis, who posits that impairment (in this context) denotes the loss of a limb, while dis/ability refers to the absence of an accommodating infrastructure. Anxieties around amputation are entwined with impairment and the additional social disabilities or marginalization created by the absence of accessible infrastructure and the fringe (often minimal) placement of ADA accommodations.[69] While ADA accommodations have become an integral part of institutional architecture,[70] the accommodations are most often positioned as an afterthought; wheelchair ramps, accessible seating, handrails, additional pathways, and so on exist, but they often place the dis/abled individual on the edges of pathways, or at the front or back of the venue, thereby using space itself to suggest the individual does not fit *in*, but instead is fit *into* the space. In other words, the dis/abilities created by limb difference are of a deeply social nature, as dis/abled bodies are often

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[69] The Americans with Disabilities Act (ADA) was established on July 26, 1990. It is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The ADA aims to ensure that people with disabilities have the same rights and opportunities as everyone else.

[70] Information on the incorporation of ADA accommodations in modern infrastructure can be found in, *ADA in Details Interpreting the 2010 Americans with Disabilities Act Standards for Accessible Design,* written by a licensed California architect, Janis Kent (published 2023).

placed on the literal sidelines of social events and spaces. However, it is crucial to note that a spot on the sideline offers a unique and rich vantage point through which the event (literal and otherwise) can be observed. Dis/ability activist and author Nancy Mairs reflects on her experience on the sidelines being "waist high in the world," to remind us that "this is no piteously deprived state I'm in down here but a rich, complicated, and utterly absorbing process of immersion in whatever the world has to offer" (18).

Anxieties around limb loss extend far beyond the social. Significant bodily transformation (brought about through amputation) engenders a more intimate fear concerning how the loss (or transformation) reorganizes one's relationship with the self. In a study published in the 2021 edition of the *Journal of Dis/ability Studies*, researchers examined the relationship between identity and amputation, uncovering three significant themes in post-amputation experiences: a sense of exclusion from life, the embodiment of a new self-identity, and the formation of identity facilitated by prostheses (Behera). The study found that losing a limb lays bare our enduring concerns about the continuity of identity when the body's nervous system (and overall structure) is disrupted and reorganized by significant physical loss and the prosthetic devices that take the place of the missing limb. In other words, altered forms of embodiment often lead to altered iterations of identity that can be facilitated by the prosthetic itself.

One approach to understanding the relationship between identity and limb loss is to examine historical and literary articulations of amputation. In Western medicine, the subject of amputation gained substantial attention in the aftermath of the American Civil War (1861-1865) given that roughly 30,000 limbs were amputated.[71] For a neurological perspective on amputation

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[71] For more information on the relationship between medicine and bodily carnage as a result of the American Civil War see Cervetti, Nancy. "S. Weir Mitchell Representing "a hell of pain": From Civil War to Rest Cure." Arizona Quarterly: A Journal of American Literature, Culture, and Theory, vol. 59 no. 3, 2003, p. 69-96. Project MUSE, https://doi.org/10.1353/arq.2003.0001.

(post Civil War era), scholars often reference the writings/research of the American neurologist Silas Weir Mitchell. Mitchell performed many amputations during the Civil War at Turner's Lane Hospital which was often referred to as the center of "the awful harvest of Gettysburg."[72] Mitchell's overwhelming encounters with amputation and his research on the nervous system led to his coining the term "phantom limb" in a medical journal published several years after the war in 1871.[73] However, five years prior to the publication of his medical research on phantom sensations in cases of amputation, Mitchell anonymously released a fictional short story about amputation titled "The Case of George Dedlow" in *The Atlantic Magazine*. The story is narrated in the first person by a Civil War medic (much like Mitchell himself) whose body is transformed by violence into what he cruelly describes as, "a useless torso, more akin to some strange larval creature than anything human" (Mitchell). As is evident in Mitchell's description of Dedlow as a "larval creature" and something un-human, Mitchell's fictional story exhibits early, damaging articulations of amputated embodiment. Calling himself "larval" evokes "ideas of the grotesque or abject" which create dehumanizing images more aligned with horror films than the patient's experience post amputation (Hanna).[74] Mitchell used a fictional story to explore the complexities of phantom sensations, but his literary exploration of amputation situates the effects of amputation in the realm of violent, or abject images rather than in the realm of experience.

My analysis of Mitchell's story shifts the focus of this dissertation away from the realm of lived experience toward literary representations of phantom limb pain (or PLP) that engage

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[72] Biographical information on Silas Weir Mitchell's professional life was gathered from the Department of Neurology at the Perelman School of Medicine at the University of Pennsylvania.

[73] I provide more information on his publication in the section "Clinical Perspectives on Phantom Limb Pain.".

[74] Mitchell's approach to "whole body" rhetoric may have related to "Christian notions of the body needing to be "whole" for resurrection. Without this wholeness, the body is less human than animal (by nineteenth-c Christian standards), and even pre-animal, thus 'larval'" (Mary Wood). A more modern interpretation of the relationship between amputation and "spiritual care" is further addressed in the article "Starting Out - A Request to Cremate an Amputated Limb Raised Issue of Spiritual Care" Rudd, Pennie. Nursing Standard (2014+); London Vol. 28, Iss. 33, (Apr 16, 2014): 28.

with pain and prosthetics as transformative spaces of identity. By analyzing the shifting identities of fictional characters rather than those of actual amputees, this study maintains a theoretical approach to prosthetic spaces and refrains from making assertions about the experiences of amputees. Through a close reading of language and phantom images in Mitchell's narrative, my literary examination of PLP aims to uncover and admonish historical instances of marginalizing language directed at prosthetic embodiment, while offering metaphorical insights into how the mind and body are reorganized but not diminished by bodily loss.[75]

The definition of prostheses must extend beyond medical articulations to incorporate the phantom spaces they occupy and the narratives ascribed to those spaces. To extend the definition of prosthesis and prosthetic embodiment deeper into theoretical space, this chapter raises several critical questions related to "filling" bodily absence: Does the bodily absence resulting from amputation demand filling? What happens when the absence is filled with artificial materials that possess social weight and stigma? What does it mean to fill the space with an emotional narrative like pain? And how does that pain elicit different forms of sensation, such as lingering affective states or memories of the past? Before encouraging bodies to undergo such filling, it is necessary to conduct a thorough examination of the narratives that enter the not-so-empty spaces left by amputated limbs. We must approach bodily absence by considering the wide range of individual, social, neurological, and even literary narratives that endeavor to occupy these spaces.

The Argument

To understand the effects of amputation without reproducing problematic representations of dis/abled embodiment we must approach the body and its parts through narratives of affect

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[75] According to the historian Joanna Burke, the fictional element of Mitchell's story enables him to expose another paradox, that "in war, doctors and nurses heal in order to enable mutilation and death" (1333). Mitchell was deeply troubled by the callousness of doctors in the midst of war, and wrote extensively about the paradox of healing through mutilation in his 1884 novel *In War Time.*

(feeling/intensity) and space (the shape of bodily loss). To continue expanding and extending the definition of prosthesis, I analyze phantom sensations and affect in "The Case of George Dedlow," and shift to examine phantom limb symbolism as autonomous affect in Ocean Vuong's novel, *On Earth We're Briefly Gorgeous*. While Mitchell's narrative provides a medically informed, yet deeply problematic interpretation of how prosthetic spaces can reshape identity in the context of war and physical loss, Vuong's novel illustrates how such loss can be imbued with additional factors that shape identity, such as culture, gender, and generational relationships. Mitchell and Vuong's fictional portrayals of phantom limbs illuminate wildly different approaches to visualizing phantom sensations, but each interpretation leads to a valuable analysis of how identity extends into the spaces around our bodies.

Mitchell's story has been studied by neurologists and literary scholars alike, but the critique is often centered on interpretations of phantom limbs in relation to American Civil War politics and literary interpretations of phantom pain from the past.[76] Typically, amputations are discussed and researched in relation to the Civil War.[77] War, in general, makes amputation a common human experience. Unfortunately, war endures through each new era of existence and so does amputation. Mitchell has extensive experience treating and amputating soldiers but

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[76] See, *Phantom Pains and Prosthetic Narratives: From George Dedlow to Dante* (2021) by Alastair Minnis (2021), and *Rehabilitating Bodies: Health, History, and the American Civil War* (2004) by Lisa A. Long.

[77] Understanding amputation through war is the easiest (or perhaps most recognizable) way for people to process someone being an amputee. The "vet" in the wheelchair has become an unfortunate trope that dominates other narratives and possibilities (think of the Sergeant in *Forrest Gump*). For instance, a dear friend of mine had an above knee amputation of his left leg due to the complications he experienced after injuring his leg as a child. The leg never grew properly and caused him incredible pain so he had it amputated while he was still in high school. Because of this, he has spent the last decade in a wheelchair (he prefers it to the prosthetic that chafes and causes him physical and emotional discomfort). The last time I visited this friend we went out to eat. At the end of our meal, the waiter came to our table and told us that our meal had been paid for by a gentleman at another table. This particular gentleman approached us and thanked my friend for his service. At a loss for what to do next, my friend thanked him, and we exited the restaurant as quickly as possible. I asked my friend how he felt about the interaction and he responded that this kind of thing happens to him *all of the time*. People see a man in a wheelchair and assume the most likely explanation is war and overt violence. In reality, the violence my friend experienced (and continues to experience) is of a different, complex nature. We left the restaurant that day with our wallets full and my friend's narrative filled with someone else's.

engages publicly with the concept of amputation through literary means. Mitchell’s literary exploration into amputation suggests the ambiguity surrounding phantom limb pains makes the phenomenon difficult to explore through facts, figures, and neutral empirical analysis alone.

Given that phantom limb sensations are traditionally explored through medical frameworks and the ruins of war, there is a pressing need to introduce contemporary dis/ability studies perspectives to the discussion of prosthetic limb sensations, particularly within the context of fictional narratives.[78] Speculative narratives offer fresh and innovative insights into the themes of bodily loss, prosthetic spaces, and the affective narratives that occupy these spaces. To gain a more comprehensive understanding of the emotional and affective dimensions that prosthetics extend into, this chapter examines fictional depictions of phantom limbs that emphasize how the impact of bodily loss extends beyond prosthetics and into the realm of prosthetic space. To adopt a dis/ability-centered approach to phantom limbs, the analysis is guided by the work of RN and amputee specialist, Dee Malchow, presented in her latest book, *Alive and Whole Amputation: Emotional Recovery* (2014). Drawing from her own experience with below-knee amputation and her work with over three thousand amputees, Malchow's insights prioritize the dis/abled perspective within this discourse to underscore the significance of emotion, affect, and space in the process of recovery. Researching phantom limb sensations through literary and affective frameworks (like emotional recovery) enables Malchow (and my research alike) to center the experiences of those with limb difference, while exploring its profound effects on an individual's ability to connect with social and personal spaces around them.

Rethinking the Body Through Affect and Space

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[78] The intersection of dis/ability and Dedlow has been written on/addressed to some extent in, *Difference and Identity, A Special Issue of Literature and Medicine* (2006), but the research does not address the “spiritual” or affective connection between identity and dis/ability.

Theoretically, the question, “what are phantom limbs?” is a question of embodiment—it is a question of how bodies (and objects) extend into and embody space. To develop a working definition of how phantom limbs engage with prosthetic spaces through affect, I must clarify which affective theory I engage with in this chapter (seeing as it differs from the affect I speak of in Chapter one that is more concerned with emotional narratives and nostalgia).

To approach affect as something that concerns more than emotion, I turn to Claire Colebrook's theoretical extension of Massumi’s definition of autonomous affect in her essay, “Earth Felt the Wound." Colebrook’s essay primarily explores the interconnectedness of human and non-human agency in the context of ecological crisis and climate change, producing a useful definition of autonomous affect to expose this connection. Colebrook expands upon Massumi's definition of an autonomous affect that bypasses cognition, by proposing that affects are autonomous fields or zones of potentiality. She argues that canonical literature offers glimpses of autonomous affects that transcend individual organisms, suggesting that art (through narrative) can embody that which goes beyond lived experience. This implies the existence of immaterial worlds of "created affects," such as literary concepts or ideas, both intersect with lived reality and exceed lived reality to form their own distinct realms (57). Colebrook posits that something can be "Dickensian" or "Orwellian" and thus embody the intensity associated with those literary figures and associated texts beyond the texts themselves. According to Colebrook's understanding of autonomous affect, intensities and the tonal narratives of place and time exist indefinitely as spaces of potential. In contrast to Massumi's focus on nervous systems and somatic responses, Colebrook's perspective turns affect into a realm of potentiality that exists without being tied to a specific subject.

By shifting away from the body as the primary site of affect, Colebrook allows for affect to be both something lived and something beyond lived experience. Affect without a body becomes a transformative space of possibility that exists outside the constraints of time, enduring instead "for all time" (Colebrook 57). Colebrook's definition of autonomous affect as a space/zone that endures suggests that affects are physical, material vibrations (abstract in essence but material in effect) that exist "for all time." To make sense of where these affective vibrations exist but cannot be seen, we often turn to immaterial articulations of space. However, space is far from empty. It contains sound waves, microbes, atoms, molecules, microscopic organisms, and even smaller particles. If space is not a container but a connective substance (as Ahmed suggests), and if space is not empty and immaterial but full and material, then autonomous affect is a space beyond the dichotomy of material and immaterial. It is a space where unseen material phenomena endure to connect intensities and vibrations to specific bodies and locations.

To view prosthetic modifications as *occupants* of autonomous, affective space, one must acknowledge how the body responds to space, and how bodies can (and do) extend into space through social orientation. Literary theorist Sara Ahmed assumes an affective approach to how bodies assume social spaces in her work *Queer Phenomenology,* in which she poses the question, "what does it mean for sexuality to be lived as orientated" (1). Ahmed argues that sexual orientation is (in part) a product of how we inhabit spaces and interact with who or what shares these spaces, including objects, rooms, and others (1). Ahmed arrives at an affective framework after "[working] with a phenomenological model of emotions as intentional; as being 'directed' toward objects'" in her previous book, *The Cultural Politics of Emotion.* In the space between these two texts, Ahmed shifts from investigating sexuality through how bodies take shape to examining how bodies extend into space (3). Her recent work acts as a prosthetic extension of her exploration into how emotions mold the surfaces of individual and collective bodies. Ahmed argues that the way we extend into space correlates with our emotional orientation to or disorientation by objects; we find orientation in the familiar (e.g., the heterosexual, capitalist structures) and disorientation in unregistered experiences and social formations. While my own research is not explicitly concerned with sexual orientation, it is concerned with social and bodily orientation. In terms of amputation, prosthetics demand disorientation from the familiar (from able-bodied structures) by existing in the realm of unregistered social formations.

Queer Phenomenology (methodologically speaking) provides valuable insight into how affective space interacts with the body and shapes our bodily orientation (and subsequent social orientation) toward the prosthetic objects we engage with. Ahmed suggests that orientations concern the intimacy of bodies and their dwelling places; the body's "here" refers not solely to the body itself, but to the space in which it resides (8). Phenomenology reminds us that space is not an exterior container for the body, “instead, spaces are like a second skin that unfolds in the folds of the body” (9). Through phenomenological means, Ahmed emphasizes that space intimately interacts *with* the body, rather than serving as a container *for* the body, meaning that space is arguably a prosthetic addition to the body—it is an extension *of* the body rather than a container *for* the body. Central to Ahmed’s argument is that in the process of being oriented to or away from objects we maintain a spatial awareness of the emotions, affects, and sensations that recede into the background of experience (things like unexplained pains and phantom sensations). This heightened awareness allows us to consider diverse "lines that direct us," and guide our bodies towards modes of existence that reject the normalized path to heteronormativity, ableism, and organized experience at large.

Incorporating a dis/ability studies approach into Ahmed's theory facilitates a deeper examination of how being “in line” demands “bodies to extend into spaces that, as it were, have already taken their shape" physically, socially, emotionally, and so forth (15). Prosthetics (conceptually speaking), follow a similar theoretical trajectory, aligning dis/abled bodies with arbitrary articulations of able-bodied orientations. Prosthetics keep dis/abled bodies “in line” with non-dis/abled orientations and reject different (and sometimes new) ways of extending into space. Prosthetics don't mirror the current state of the body; rather, they reflect the body that has "already taken [its] shape" (Ahmed). Ahmed’s phenomenological approach to bodies, orientation, and space can be enhanced through a literarily-focused perspective that explores how dis/abled (and prosthetically modified) bodies are assembled (or reorganized/realigned) through affective registers. By analyzing how space folds into the bodies that are “out of line,” a queer, affective framework offers an alternate approach to prosthetic spaces, avoiding the imposition of "facing the direction that is already faced by others" (Ahmed 15).

Affective spaces (as defined through Ahmed and Colebrook) are not located in the body. They are spaces, or zones of potential through which bodily intensities converge “out of line.” Autonomous, affective spaces of absence (or loss) are prosthetic spaces in that they enable diverse relations (inter and intrapersonal) between the body and mind, and between the self and others. Affective space enables us to explore the possibility that bodily loss creates lingering affects and intensities that become perceptible through relational dynamics (meaning that the pain/intensities maintain their “realness,” or their structure through the recognition of their existence). These lingering intensities can become phantom sensations that symbolically evoke an excess of affect, persisting in the present by converging with bodily articulations of the past. Within the queer affective framework outlined in this chapter, I argue that phantom limbs in literature resemble prosthetic spaces that enable complex temporal relations. Phantom limbs in literature operate symbolically in the liminal space between "life" and "after" (via the sensations that linger) to make sense of how interpersonal relations can emerge as phantom sensations through time.

Clinical Perspectives on Phantom Limb Pain (PLP)

A thorough analysis of phantom limbs in literature must consider medical articulations of the sensation. The origin and cause of phantom limb sensation is a deeply puzzling phenomenon in neurological studies. Phantom limb pain (or PLP) describes the experience of pain or discomfort in a limb that has been amputated or is no longer present. Despite the physical absence of the limb, individuals who have undergone amputations may still feel pain, tingling, burning, or other sensations in the area where the limb used to be. This phenomenon occurs when the complex interactions between the brain, nervous system, and sensory pathways are severely altered or disrupted, resulting in phantom, ghostly, or untraceable sensations in the body.

Understanding how prosthetics quite literally occupy bodily space requires examining how the body responds to amputation and limb loss by creating neurological or "phantom" narratives that determine the shape of the body's absence. When a part of the body has been removed, as in the case of an amputated limb, the body does not passively accept this absence. Instead, the brain fills the bodily void with what can be termed a neurological story.[79] This phenomenon is commonly observed in the form of phantom limbs, where the brain continues to send signals as if the missing limb were still there. In essence, the body generates a neurological narrative to manage the absence.

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[79] Several authors cited in this chapter refer to phantom sensations as a neurological story, given that the sensations are the brain's interpretation of the signals (cut/damaged) that the body sends its way.

We can trace the terminology of this enigmatic phenomenon back to the late nineteenth century, where our attention is once again drawn to the neurologist Silas Weir Mitchell. When Mitchell was not occupied with analyzing Mary Reynolds' personality disorder through the gendered lens of hysteria, or forcing women to be “cured” through rest, he conducted extensive research on soldiers who suffered limb amputations during and after the American Civil War.[80] In 1871, Mitchell published a neurological analysis in *Lippincott's Magazine of Popular Literature and Science,* in which he coined the term "phantom limbs" to characterize the sensation frequently recounted by amputees—an impression that their missing limb remained present and could be felt, despite its physical absence. Mitchell's distinct phrasing (or use of the word ‘phantom’) introduces a ghostly, visual element into neurological understandings of the enigmatic relationship between the brain, nerves, and sensory perception. By calling the painful sensation phantom, Mitchell's phrasing suggests there is a material, even haunted element to the phenomenon. Amputees do not merely endure the ache of severed limbs, but also the pain of remembrance—a haunting within. Mitchell's metaphorical, evocative terminology carried over into scientific/medical language about the phenomenon, showing how literary interpretations of affect can pervade medical treatment and discourse.

In the centuries following Mitchell's observations, this phantasmal, neurological phenomenon has pervaded medical discourses on amputation, and yet there remains little to no certainty regarding how to treat the pain. Physicians have explored treating PLP through medication, surgery, and therapy, to name some approaches over the last fifty years, but individual cases call for individual treatments that significantly vary (Aternali). Recent literature

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[80] Mitchell is also credited with creating the infamous “Rest Cure” in the late 1880s that aimed to cure women's “restlessness” or “hysteria” by forcing them into bedrest. For a literary interpretation of the effects of this “cure,” see “The Yellow Wallpaper,” written by Charlotte Perkins Gilman in 1892. For more information on the link between Mitchell, Mary Reynolds, and hysteria, refer to “Clinical Perspectives on MPD and DID” in the second chapter.

evaluating PLP treatments during the period of 2014-2019, notes that "more than 25 treatments for PLP are currently available yet not one is widely accepted or *clearly* superior to others" (Aternali). Some of these treatments include targeted muscle reinnervation (TMR), repetitive transcranial magnetic stimulation (rTMS), imaginal phantom limb exercises, mirror therapy (MT), virtual and augmented reality, and eye movement desensitization and reprocessing therapy (EMDR) (Aternali). The study concludes that although each of these approaches has demonstrated success in reducing pain for certain patients, none of the approaches are yet sufficient enough to offer a clear solution. Despite continuous research into the phenomenon since the nineteenth century, medical researchers have determined that there is no standard test to diagnose PLP, and, consequently, there is no definitive method for treating it.

There is no straightforward treatment partly because there is no ubiquitous cause or reason for the pain. According to neurologist and MS specialist Dianne Scheinberg, the exact origin of PLP remains unknown. It is believed that these sensations arise from the brain's attempt to reorganize signals as it adapts to bodily changes and loss. When a significant loss takes place within the body, the brain corresponds, influenced by the presence of nerves on a physiological level. As the sensations are intricately tied to brain function, medical professionals often approach PLP through a neurological framework. When examining pain in the context of neurological signals, the range of common medications prescribed for this phenomenon includes antipsychotics, antidepressants, anticonvulsants, prescription pain medication, and muscle relaxers. This diverse array of neuro-based pharmaceuticals suggests that there is no definitive medical consensus regarding this phenomenon, apart from the notion that the pain originates neurologically and should be addressed through neuropsychological means.[81]

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[81] For detailed/scientific research into PLP see the following: *Phantom Limb Pain Theories and Therapies, by Weeks*, Sharon R. AB*; Anderson-Barnes, Victoria C. BA*; Tsao, Jack W. MD, D Phil; *The Neurologist*, vol 16, pp. 277-286, September 2010.

PLP is an unpleasant and seemingly unavoidable consequence of amputation. Yet, in some cases, prosthetics can alleviate the associated pains and sensations. Dee Malchow, an amputee specialist and limb loss survivor, addresses the evolving relationship between prosthetics and phantom pains in her book *Alive and Whole Amputation: Emotional Recovery* (2014). Additionally, she offers informal and accessible guidance on managing phantom pains in her blog. In 2015, Malchow wrote a blog post called “Phantom of the Missing Limb,” in which she expressed “most everyone with a missing external body part feels sensations from that missing part.” The sensations can be strong, weak, or unnoticeable, but the fact of the matter is that they exist. Malchow makes a similar argument that nothing can be done medically (or permanently) to guarantee alleviation of the pain, but she acknowledges in her blog that prosthetic sleeves and devices that place pressure on the edges of amputated limbs can be monumental in helping to reduce pain. The body’s system is interrupted by the amputation, so the use of pressure or a “well fitting prosthesis” can serve to mitigate, lessen, and even prevent the interruption from amplifying. That said, the prosthetic must be well-fitted to be effective. If an “immediate fit cast” or “gentle pressure from an elastic sock” is placed over the wound it can potentially mitigate exposure.

The type of wound, the time of treatment (between time of injury and time of recovery), and the type of prosthetic all make for a profound difference in the experience of phantom sensations that determine how the body constructs a narrative for those sensations. Phantom sensations are birthed “before the wound heals” when the nerves are more exposed (Malchow). Depending on the wound type, prosthetics can minimize the time/amount of exposure and thus the extent of phantom sensations and their ability to linger years after the wound heals.

Both neurological and prosthetic approaches to PLP address the cause and effects of pain, but the location remains enigmatic—lost within the complex matrix of nerves, brain signals, and bodily absence. PLP is a physiological reflection of a neurological anomaly that depends on absence, on *space*. In an endeavor to understand the link between the body and prosthetic additions, we must analyze the physical spaces that prosthetics inhabit—and the neurological spaces they assume, occupy, or infiltrate. In cases of amputation, acknowledging that what once existed was not solely a body part, but an integral part of an organized whole, raises critical questions of embodiment: How does the body conceptualize the space once occupied (or now vacant)? Amidst the intricate landscape of embodiment, how does affect and sensation endure?

In the absence of medical certainty, this analysis turns to narrative, not for the truth it offers, but for its ability to extend symbolic interpretations of the body's dependency on space. Metaphors of dis/ability, as Snyder and Mitchell suggest, often reproduce images of dis/abled embodiment as fringe or marginalized in a problematic attempt to unearth symbolic truths about the body. However, metaphors of prosthetic embodiment thrive on the margins and in liminal spaces of affective potential. A literary analysis of PLP might consider this phantom phenomenon as an affect (or a sensing mode of connection between the brain, body, and nerves) that manifests as a narrative—a phantom narrative that the limb remains connected to the body. This narrative exists so long as "the brain continues to receive signals from nerves that used to 'feel' for the missing limb" (Scheinberg). It is as though the body experiences a loss and grieves by filling the loss (or void) with affect—with narrative, metaphor, and phantom sensations.

When the prosthetic space is not filled by the individual (or the body itself), it is filled by the prescriptive narratives that drive contemporary discourse on healthy bodies. Prescriptive narratives often promote a narrow ideal, such as being happy, white, and whole (as exemplified and resisted by Lorde in Chapter One), thereby filling prosthetic spaces with predetermined narratives that reinforce social expectations for the body. However, since these narratives fill the space simultaneously (the neurological narrative, the object narrative, the social narrative, and so on), fundamentally, the act of resisting prosthetics might entail resisting the many narratives that demand the occupation of space in a prescriptive way.[82] Individuals may reject prosthetics because they reject the idea that they need an object to feel whole, or that they are somehow less without them. Resistance to prosthetics is concerned with challenging the various cultural narratives that demand conformity and control over the image of bodies. The act of resisting prosthetics is a multifaceted rejection of cultural narratives that demand bodily conformity; it is a heuristic method of valuing the individual narrative over how one's body is perceived and occupied in space.

Fiction, Form, and PLP

Medical articulations of PLP and prosthetic spaces aim to organize/outline one of the most unknown/unorganized connections between the brain and the body, where embodied experience is transformed by sensation—by our body's ability to *sense*. The ambiguity surrounding PLP and its treatment reflects the environmental biologist Robin Wall Kimmerer's observation that when it comes to the earth, the body, and various modes of healing, "science as a way of knowing is too narrow for the task" (45). Exploring PLP as an affective space of potential through literature presents one more way of knowing how the body itself is a knowing collection of sensations. Science is too narrow for the task of clearly defining and treating PLP, but fiction rips the task wide open by generating essential, (albeit theoretical) descriptions of phantom limbs that extend beyond the narrow definitions afforded to us through medical

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[82] Resisting the occupation of space has multiple meanings (think in terms of literal resistance via resisting land theft/the occupation of land and space etc.). Land is an easy target for occupation, but space (social and personal space) could be the "new frontier" for colonial thought/occupation.

terminology. In other words, we need fiction/form for its ability to generate productive interpretations of (and approaches to) the spatial factors inherent in PLP.

Mitchell's fictional story about the Civil War amputee, George Dedlow, rides the precarious line of fiction and medical fact. Mitchell's descriptions of PLP are informed by his medical hypotheses but the framework is fiction. Mitchell discredits the "truth" of his story and argues that the story is valuable precisely *because it is fiction*. The fiction format/framework allows for an engaged exploration into the phantom and spiritual sensations at play in this neurological phenomenon, without assuming (or attempting) to draw any conclusions about amputated identities.

Mitchell begins the first-person story with a preface from the author (i.e., himself) that reads, "…I ought to add that a good deal of what is here related is not of any scientific value whatsoever. But as one or two people on whose judgment I rely have advised me to print my narrative with all the personal details, rather than in the dry shape in which, as a psychological statement, I shall publish it elsewhere." Mitchell's disclaimer emphasizes the value of a fictional approach to this phenomenon by suggesting that an interesting, well-crafted story has the potential to create a longer-lasting impression of the content. Dedlow's short (yet profound) story about phantom limbs is much more interesting than a dry "psychological statement" about the lingering effects of phantom sensations. The hegemonic language of medical research might titillate the scientific few, but a first-person account of a man losing his relationship to his body and reconnecting with his "dead" legs through a séance makes for a profoundly impactful and accessible story. The medical speculating within the story might be too easily conflated as fact, but the impact of Dedlow's experience might reach a larger audience and spark philosophical interests outside of, or through, the intersecting realms of literature and medicine.[83]

Due to Mitchell's first-hand experience with amputations during the Civil War, "The Case of George Dedlow" has received extensive analysis by both modern neurologists and literary critics alike, including Minnis (2021), Kline (2016), Satz (2010), and Louis et al. (2006).[84] The attention to Mitchell's story is a result of the unique manner in which his work bridges the realms of medicine and literature, but not without consequence. For many years following its initial publication, the story was mistaken for truth. To address how it was historically received (and to avoid recreating the error), *The Atlantic* magazine's website republished the story with a subheading that states, "the bizarre Civil War-era short story by a physician, which many readers erroneously mistook for fact." Since the story is now widely read as fiction, contemporary critics and physicians turn to Mitchell's writing not in search of empirical data or evidence of phantom limb sensations, but in search of gaining insights into nineteenth century articulations of the brain-body connection within the context of spirituality and the Spiritualist movement.[85]

Critics turn to Mitchell's story not for facts, but for narrative. While the story revolves around the experience of losing limbs through violent means, at its core, it is a story of altered embodiment and the potential means by which the brain, body, and mind communicate to form a narrative following extreme physical loss. Mitchell reflects this awareness by having Dedlow

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[83] A similar argument about the relationship between fiction/form and medical documents is made clear through Charlotte Perkin Gilman's short story, "The Yellow Wallpaper." Arguably, Gilman's short story about a woman's experience with the "Rest Cure" and her decline into disillusionment offers even more powerful commentary about the effects of the cure than physicians' writings on the subject.

[84] *Phantom Pains and Prosthetic Narratives: From George Dedlow to Dante* (Minnis), *The Journal of Neurosurgery* (Kline), *Neurology and Modernity* (Satz), and *Neurology* (Louis et. al). Full citations are available under "References Cited."

[85] In 1857, the First Spiritualist Church in the United States was established in Boston, Massachusetts, marking the formalization of spiritualism as a religious movement. In the late nineteenth century, Spiritualist camps and communities, such as Lily Dale in New York, began to emerge as centers for spiritualist activities and beliefs. By the 1920s, interest in spiritualism began to wane as prominent skeptics like Harry Houdini actively worked to expose fraudulent mediums and séances.

proclaim, “I have dictated these pages, not to shock my readers, but to possess them with facts regarding the relation of the mind to the body” (Mitchell). Dedlow’s disclaimer suggests the story’s value lies in its ability to “possess” the reader as in to hold, to consume, and even to haunt. The reader is asked to be possessed “with facts regarding the relation of the mind to the body” much like Dedlow himself is possessed (and haunted) by the spirit of his amputated limbs. The implied parallelism between the reader’s experience and Dedlow’s suggests that the narrative itself has prosthetic, connective qualities. The reader is asked to extend their disbelief, become possessed by or connected to the “facts” in the story and prosthetically connect to Dedlow's experience.

Mitchell's fictional exploration into phantom limb sensations in the context of the Civil War era remains captivating and relevant to modern interpretations of this common, yet enigmatic phenomenon. Employing the medical knowledge gained from performing hundreds of amputations during the Civil War, and the freedom allotted to him through fictional narrative, Mitchell explores how Dedlow’s pain not only reshapes his body but reshapes his sense of identity.[86] Dedlow maintains conviction of the existence of his missing limbs for as long as he experiences painful sensations. Conversely, when no pain is felt, the sense of having the limb gradually fades away. In essence, Mitchell's storytelling investigates how pain is a narrative that shapes Dedlow‘s body. Pain serves as a constant reminder of the absent limb, either tethering it to the body in agony or causing it to fade into profound absence. When considering what tethers the brain to the amputated limb, Dedlow suggests, “the impressions which reach the brain are, by law of our being, referred by us to the part from which they came.” This somatic referral (from

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[86] For more information on Mitchell’s experience with amputation and the Civil War, see “Silas Weir Mitchell: Neurologists and Neurology during the American Civil War” by François Boller and Daniel Birnbaum.

the detached part to the brain) results in phantom pains, feelings, and sensations that dominate Dedlow's narrative.

Through interrogating the binding relationship between pain, reality, and what potentially connects the two, Mitchell's story offers a profound and useful metaphor to help readers visualize the prosthetic connection. In Dedlow's description of the sensation that arises from how nerve signals interact with affective spaces, he relies on threads and bell-wires to help the reader visualize the affective space that maintains the connection between the brain and body:

> Now, when the part is cut off, the nerve-trunks which led to it and from it, remaining capable of being impressed by irritations, are made to convey to the brain from the stump impressions which are as usual referred by the brain to the lost parts, to which these nerve-threads belonged. In other words, the nerve is like a bell-wire. You may pull it at any part of its course, and thus ring the bell as well as if you pulled at the end of the wire… The impressions made on the cut ends of the nerve, or on its sides, are due often to the changes in the stump during healing, and consequently cease as it heals, so that finally, in a very healthy stump, no such impressions arise; the brain ceases to correspond with the lost leg, and, as les absents ont toujours tort, it is no longer remembered or recognized.

By suggesting that "the nerve is like a bell-wire," Dedlow implies that the cut nerve (or nerves) maintains a connection to the detached body part within the larger framework of the brain, body, and nervous system. In this analogy, a bell-wire, commonly used in the nineteenth century for telegraphy and still used to connect doorbells to intercoms, security systems, and thermostats, serves as an electrical means of communication. Both historically and in the present day, bell wires facilitate electrical communication between seemingly disconnected components within a central system. They act as a mode of hidden connections that rely on two or more devices (or parts) for interaction. Bell wires translate knocks into dialogue, enable cameras to convey safety information, and provide a means to read the weather by making the temperature visible through numbers and lines. In other words (or within the context of embodiment), bell wires offer a profound metaphorical interpretation of how communication between the brain and the body remains intact when the body has been cut/amputated/altered.

Dedlow's bell-wire analogy provides a straightforward yet compelling metaphor for visualizing the effects of nerve damage or alteration. By likening nerves to bell wires or threads of communication that connect the body's fragmented parts, Dedlow’s analogy suggests that the body remains connected, not to the physicality of its lost part, but to the concept, feeling, or sensation of that part. Recent studies on phantom sensations align with Dedlow's observations, indicating that individuals who have lost limbs can still sense the presence of specific parts, such as a thumb or little finger, or sense a permanent bending or hand at the end of the elbow (Malchow). Similarly, Dedlow notes the phantom presence of his body parts, such as a foot at the knee after his thigh is amputated. Both fictional and nonfictional evidence of this phenomena suggests a distorted yet enduring continuity of sensory perception in cases of amputation. In essence, the limb's presence, or an altered version, exists if the individual experiences or believes they are experiencing pain. Dedlow’s fictional experience underscores the complex interplay between physical sensations and psychological perceptions of lingering phantom limb pain, while offering a valuable visual of the phantom sensations and affective threads that connect him to past images of himself.

As the story unfolds, Dedlow's concerns shift from his connection to his lost physical parts to his connection to previous images of his body. After Dedlow becomes a quadruple amputee resulting from gunshot wounds and the spread of gangrene, he speaks less of phantom sensations and frayed nerves, and increasingly about spirituality and his shifting sense of self. Other than eating and resting less, Dedlow remains in good physical health, but his sense of identity suffers.[87] Dedlow reflects that he "felt like asking someone constantly if I were really George Dedlow or not." Inherent in the problem of phantom limb discomfort in cases of amputation, is the relationship it distorts between the individual's sense of self and their body. Dedlow ceases to feel like he can claim his old name seeing as his body is no longer composed of the parts that once made George Dedlow a reality. According to Dedlow's observations, the phantom sensation has to do with the great central ganglia "which give rise to movements in the limbs" but are now "eternally at rest." Dedlow concludes that this inaction (or lack of physical movement) results in the feeling that "one half of [him is] absent or functionally dead," causing him to conclude, "that a man is not his brain, or any one part of it, but all of his economy, and that to lose any part must lessen this sense of his own existence." Dedlow's observations lead him to a contradictory (yet profound) statement. If a person (and not only a man) is "all of [their] economy,"[88] brain, mind, and body, then losing "any part" could not lessen the "sense of [their] own existence." Existence (and identity) is not dependent on our distinct "parts," but how those parts are organized.

Mitchell's portrayal of Dedlow's "diminished" economy presents a problematic dichotomy in the relationship between the body and the self, suggesting that a sense of self relies on a complete sense of one's body or "economy." However, an economy is a complex system, comprising various components and unseen forces that undergo reorganization rather than

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[87] It is worth noting that there is an interesting relationship between gender and amputation. According to amputee specialist Dee Malchow, men are more likely to associate amputation with castration (and therefore view it as an affront to masculinity).

[88] I've changed the pronouns to reflect a modern, less gendered approach to the collective "we."

diminishment. Economies undergo shifts in response to changes in demographics, technology, environment, and other external factors. Similarly, amputation causes a sudden shift in the body-mind, akin to an economic shock where unforeseen events like financial crises, pandemics, wars, or geopolitical tensions disrupt the economy. This analogy implies that both bodies and economies can adapt, reorganize, and change in response to external factors and experiences.

Dedlow's characterization of the body as an economy and amputation as a diminishing of the self creates a paradox. If one is already the entirety of their economy, they cannot lose or diminish their sense of existence. Dedlow's contradictory response to limb difference aligns with dis/ability approaches that reject mind-body dualism and argue that “no single part of an ecosystem can be changed without changing every other part” (Clare 135). Dedlow's conceptualization of his reorganized economy reflects this interconnectedness, where altering one part affects the entire system. Therefore, his assertion that having fewer parts makes a person "lesser than" contradicts his own theory and echoes the societal devaluation of individuals with amputations. By describing the mind-body relationship as a diminished economy, Dedlow diminishes the subjective positionality of amputees and reproduces negative rhetoric surrounding amputation and identity. While using terms like "diminished" to describe Dedlow’s embodiment and identity is problematic, employing "economy" to illustrate the body as a complex entity provides a valuable framework for understanding the unseen elements, such as phantom pains, that constitute our bodily makeup.

Problematic language aside, the enduring fascination surrounding "The Case of George Dedlow" arises from the fact that, fundamentally, "Mitchell wrote a piece of fiction that combines accurate and highly significant medical observations with fiction of great historical interest" (Kline).[89] Approaching the story as a theoretical exploration of altered embodiment (rather than a mere work of fact or historical fiction), creates a space for recognizing the profound reorganizing of identity and self that mirrors (or accompanies) limb difference. Ultimately, Dedlow's experience generates conjecture about the relationship between discarded body parts and the parts that remain. The story suggests that once limbs are physically separated from the body, they are no longer considered of the body (and therefore living) but maintain theoretical connections to the living through somatic signals and the phantom spaces they once assumed.

When we analyze characters like Dedlow, we are examining how severe bodily loss and body modifications (of the spiritual kind) provoke metaphorical articulations of identity. However, identity is not singularly located within the body. According to the dis/ability theorist Tobin Siebers, identity is "a social location complexly embodied," meaning that identity is created through intersectional (or overlapping) interactions with the environment, culture, social ability and movement (277). In other words, identity is dependent on (or adaptive/responsive to) location. Identity is a result of how each person "identifies and becomes identified with a set of social narratives, ideas, myths, [and] values" which are the result of joining a particular social body that already possesses a prescriptive set of narratives, ideas, myths, and values (Siebers 278). Identity then becomes a set of overlapping narratives superimposed onto the body. The body (in relation to identity) is thus defined not entirely by the self, but by where the body is located and how the body is oriented (both of which define but do not *determine* how the body is allowed to socially identify). In this regard, dis/ability theory allows for "theories of embodiment

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[89] Analyses of the medical value of "The Case of George Dedlow" do not come without analyzes of Mitchell's questionable and gender driven medical practices. Mitchell is also associated with creating the infamous "Rest Cure" made popular/known through the literary savvy of Charlotte Perkins Gilman in her short story, "The Yellow Wallpaper" (1892) as discussed in footnote 83. The Rest cure was prescribed to women experiencing allegedly "hysteric" symptoms. The short depicts the potential neurological side-effects that women were subjected to via "resting" and being infantilized/pacified by medical authorities.

more complex than the ideology of ability" by allowing for identity to be adaptive, dependent, and the product of overlapping "physical, mental, social, and historical" forms of embodiment (Siebers 273). Dis/ability theory, then, allows for the body (in its brilliant, fragmented form) to be complexly constructed (or reorganized) through narrative.

To better understand the body as a complex assemblage of physical and social parts, literature can serve as a valuable tool for unraveling overlapping narratives of identity and identify what enables them to intersect, connect and *communicate*. For a valuable, contemporary interpretation of how PLP interacts with the body as a complex social location, I turn to one minor scene in Ocean Vuong's novel, *On Earth We're Briefly Gorgeous*, that depicts phantom sensations as a nuanced form of communication. Vuong's literary interpretation of prosthetic spaces can help us get beyond Mitchell's problematic view of the prosthetic body as a "diminished" economy by demonstrating how prosthetic spaces are more than just communication between the brain and damaged nerves.

While the prosthetic scene in Vuong's novel is merely one brief encounter in the text (with a minor, non-recurring character), it nonetheless serves as a lens through which the larger thematic elements of the novel can be understood, particularly in the context of generational relations, trauma, and miscommunication. Vuong's lyrical interpretation of phantom sensations (and the conversations they provoke) offers insight into the generational dynamics that impede communication for the protagonist Little Dog and his mother who fled Vietnam due to family turmoil during the post-war recovery period. Within this fictional narrative, where effective communication is barred through syntax and physical trauma acts as the binding discourse between generations and cultures, a notable scene unfolds between Little Dog, his mother, and an elderly woman with a prosthetic that highlights the potential for interpersonal communication through prosthetic relations.

The novel is written in an epistolary format to indicate that the narrative revolves around communication between the writer (Little Dog) and its intended recipient (his mother). By presenting the text as a collection of letters authored by Little Dog to his mother, the narrative intimately transforms the setting into Little Dog's psychological landscape. Within these letters, Little Dog details his abusive relationships, his struggles with expressing his sexuality, and his strained bond with his mother. However, his mother cannot read English. In an attempt to understand the residual effects of abuse (generational and immediate) and his inability to effectively communicate with his mother (outside of and within language), Little Dog frequently draws upon Roland Barthes' linguistic insights and his argument that "two languages cancel each other out... beckoning a third. Sometimes our words are few and far between, or simply ghosted. In which case the hand, although limited by the borders of skin and cartilage, can be that third language that animates where the tongue falters" (Vuong 33). Little Dog invokes Barthes to suggest that physical touch, or more precisely, physical abuse, is the third language that binds him to his mother. Through her hand, Little Dog’s mother communicates with a force that is intended to be felt rather than heard. Her striking hand becomes "that third language that animates where the tongue falters," signifying her past, her pain, and her inability to articulate her experience through language. In this context, her hand serves as a prosthetic replacement for the words that elude her across all languages, save the language of the body.

However, the body itself is what makes physical touch the third language in the novel: it is the vessel that touches and is touched. The idea that the body itself is used as a means of communication between characters, takes on an interesting theoretical element when the concept of a missing body part is introduced. If the body is the means of communication when words fail, what happens when that mode of communication is altered or removed?

Roughly halfway through the novel, Little Dog observes his mother interacting with an elderly woman's prosthetic leg at the beauty salon where she works. The elderly woman approaches the salon during a notably quiet weekend and carefully removes her prosthetic leg while Little Dog's mother tends to the other. The words, "a prosthesis" stand alone as a distinct paragraph on the page. The woman's prosthetic reveal is weighted by its isolation (the only two-word paragraph on the page) and marks the transition between two paragraphs. The word "prosthesis" is a fragment on the page—it is itself a prosthetic that serves as the transition between paragraphs (and thoughts) while remaining connected to the entire narrative. The words visually parallel how prosthesis is a connection between paragraphs, between characters, and between modes of communication. Little Dog looks at his mother for an "answer" to the woman's prosthetic reveal as if it were a question, and the mother answers silently with touch.

After revealing the prosthetic, the woman shyly requests, "this one also. If it's not too much," and the mother silently responds by "[running] a measured caress along the nub's length, before cradling a handful of warm water over the tip, the thin streams crisscrossing the leathered skin" (83). The mother does not respond with language during the exchange, but speaks instead with "a measured caress," with a careful, deliberate touch. The woman's request to have the amputated leg washed has been made before. She turns her head, closes her eyes, and pleads, hoping for a kind response. Luckily, Little Dog's mother knows pain. She understands the depth of the woman's request. She is willing to "go there" and embrace the wreckage, the fragments. This scene presents a rare moment in the novel where the mother sees someone else's pain and in turn, is seen by her son. It is one of the few tender moments in the novel. The rest circle around the wreckage, the heartbreak, and the darkness. The prosthetic creates one moment where there is no darkness, only the light that comes with visibility and the act of making others feel seen.

This tender moment deepens the complexity of the mother's character by suggesting that her capacity for tenderness expands through "that third language that animates where the tongue falters" (33). However, the mother's hands are a powerful communicative force, or "third language," that move *beyond* physical touch and into prosthetic spaces when the elderly woman implores Little Dog's mother to "go lower" and massage her phantom leg, claiming, "I can still feel it down there. It's silly, but I can. I can" (83). In response, Little Dog's mother remains silent, yet "[wraps her] fingers around the air where her calf should be, [kneading] it as if it were fully there" (83). Little Dog reflects on many moments when his mother uses her hand to communicate her trauma and cause pain, but her use of touch in this moment is gentle, validating, and *new* (at least to Little Dog). The mother's treatment of the phantom limb "as if it were fully there" functions as a symbolic investigation into the realm of prosthetic connections by presenting an exceptional moment in the narrative where Little Dog bears witness to the power of recognition through touch.

After the washing concludes, Little Dog reflects on how, "without a word, [his mother slid] the towel under the phantom limb, pad down the air, the muscle memory in [her] arms firing the familiar efficient motions, revealing what's not there, the way a conductor's movements make the music somehow more real" (83). The mother's silent movements in this scene mirror those of a conductor, as both require physical exertions to enable relations that "make the music" and the bodily absence "somehow more real." Her movements both "reveal what's not there" and illuminate what is. In place of the elderly woman's physical leg are the remnants of her pain, her leftover feelings, and her prosthetic composed entirely of intensity and affect. In this scene, it is not the physical prosthetic that facilitates relations between the woman and her leg, between the woman and Little Dog's mother, or between mother and son. Instead, it is the absence of a limb and the recognition of the intensities lingering within the space the prosthetic occupies that facilitate silent communication between the characters to “make the music” real.

The "realness" of the phantom limb is rooted in acknowledgment, observation, and the act of witnessing the body as a complex social location (Siebers). Within this fictional, epistolary framework, multiple layers of witnessing take place as Little Dog observes his mother through sight, his mother observes the woman's pain through touch, and the elderly woman observes her reality through narrative, asserting, “I can still feel it down there. It’s silly, but I can. I can” (83). Despite the visual absence of the affected body part, the elderly woman's pain remains undeniably real, tethered to both her physical discomfort and past experiences, though the exact cause of her amputation remains undisclosed. This narrative binds her pain to her past, making affect a temporally located experience that resurfaces to observe her past events. Little Dog's mother acknowledges the woman's affect through touch, affirming the authenticity of her phantom sensations and thereby validating her narrative—her reality. The prosthetic space serves as a conduit for the woman's past to communicate with her present, facilitating communication between Little Dog's mother and the woman through touch, and between Little Dog and his mother through witness.

In return, Little Dog witnesses his mother by washing her with the same tenderness and affection. He first bears witness to the value of touch, of *sensing*, and reciprocates (or creates) a moment of witnessing the wounds on his mother’s body that she extends to him through violence. In this tender scene, after the mother washes the prosthetic, Little Dog washes her to “[release] the bad winds from [her] body” (84). The careful phrasing, *the bad winds*, offers such an elegant metaphor for the pains we carry that have no form. These bad winds represent affect without words; they are the phantom winds and lingering pains that can be addressed but not resolved. In this moment of washing his mother with the same tenderness his mother washed the woman, Little Dog reflects on the affect that lingers and deepens her wounds, acknowledging that it is only through touch and “through this careful bruising, you heal” (Vuong 84).

This image moves us beyond the critique of dis/ability as metaphor by recognizing the value of how metaphor can approach dis/ability in thoughtful, and transformative ways. While Mitchell's narrative portrays dis/ability and prosthetic embodiment as a diminished economy, Vuong's narrative views prosthetic embodiment as a space of extended communication. The absence of the woman's limb creates a complex system of communication among Little Dog, his mother, and the woman. The prosthetic and the space it occupies become an economy that is not diminished but strengthened by the recognition of others.

The phantom limb scene in Vuong's novel is symbolic of how communication transpires through prosthetic objects and spaces. It requires the definition of prosthesis to extend beyond mere physical appendages and embody phantom extensions of affect or intensity. Prosthetic relations, as explored in previous chapters, not only extend the physical self (Chapter One) or the extent of mental states (Chapter Two), but they extend the boundaries of time and space through recognizing how bodies are augmented by excess affect, social narratives, and lingering intensities over time. This minor scene in Vuong’s novel recognizes how we communicate and *grieve* through the body and spaces the body assumes. The image of Little Dog’s cruel mother tenderly washing the woman’s phantom limb is an effective metaphor for bodily and generational communication that requires a silent recognition of prosthetic spaces and the narratives those spaces carry.

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I will end this analysis by reading the end of Mitchell's story through Vuong’s engagement with prosthetic spaces as spaces that enable and enhance communication. After Dedlow recovers from four amputations, he encounters a man of God who persuades Dedlow that he can maintain a connection to everything (and himself) through spirituality. Dedlow's concerns with his altered “economy” and identity revolve around his connection (or lack thereof) to something far beyond the self. His yearning for a spiritual connection that cannot be damaged, altered, or amputated, leads him to a seance where he is able contact his severed, phantom legs. During the seance, Dedlow (as in dead-below) is able to reestablish a connection with his lost limbs as if they were a departed loved one. Dedlow reconnecting with his lost limbs suggests that he either mourns the loss of his legs as distinct entities or grieves the loss of his legs as a loss of his identity. Dedlow's loss of self informs his grief as he reunites with his phantom limbs and reflects, "suddenly I felt a strange return of my self-consciousness. I was re-individualized, so to speak." To be "individualized" implies tailoring something to the specific needs of an individual, reshaping or reorganizing it to fit their unique requirements (as opposed to a one-size-fits-all approach). Dedlow’s claim to be "re-individualized" (as in individualized again) signifies a process of restoring or reintroducing individuality to his self, which he views as something that has lost its distinct characteristics post-amputations.

A dis/ability approach to the self and amputation must recognize that Dedlow's response to his loss illustrates the detrimental impact of "whole body" rhetoric on a body that has been restructured by profound physical loss. This harmful rhetoric promotes the notion that if a body loses a part, it also loses a portion of its personhood or sense of "self." The rhetoric seeks to measure a body's value based solely on its individual parts. To clarify, the bodies affected in this context are dis/abled bodies, so the "whole body" rhetoric reinforces the idea that a dis/abled body is incomplete and, consequently, less valuable, even to itself. To firmly reject this harmful rhetoric, it is important to state unequivocally that a body does not gain or lose value based on the number of its parts. By this logic, bodies with extra appendages would be deemed more valuable (and for what reason?). This designation is a result of societal devaluation driven by able-bodied perceptions of the dis/abled self and far-too-literal definitions of loss.

A less prescriptive way of framing Dedlow's relationship to limb loss and his new shape of embodiment is to suggest that the body is not augmented and re-individualized by limb difference, but augmented and re-organized into a new narrative through which Dedlow can frame impairment. Dedlow's brief phantasmal encounter with his legs, or his "return" to "self-consciousness" (and the feeling of being "re-individualized"), is a return to the narrative of his previous sense of self. It offers a return to George before he became "dead" below. The end of the story does not suggest that Dedlow needs his legs to be himself again, it suggests he needs the act of reconnecting or *communicating* with his legs to properly grieve the loss of his past narrative (or self) and enter into a new narrative pertaining to his reorganized self.

The seance end to Dedlow's narrative has been analyzed in conjunction with the rise of Spiritualism in the late nineteenth century (around the time this story was published), but the seance raises additional, far more interesting questions regarding what happens to limbs after they are removed, and who (or what) they belong to.[90] What happens to limbs when they are removed from the body? Are limbs only considered "ours" if they are connected to our "whole" economy?

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[90] For a deep dive into Mitchell's connection to the spiritualist movement see Allastair Minnis' work, *Phantom Pains and Prosthetic Narratives: From George Dedlow to Dante* (2021).

Limb disposal is an uncharted moral (but not legal) territory. According to Jenna Khaflan from the Human Tissue Authority Act (UK), “from a legal perspective you are free to do anything with [an amputated limb] as long as there is not a public health issue" (Parkes). The Human Tissues Act (est. 2004) states that amputated limbs can be taken home as long as they are pathogen free (and therefore do not pose a medical risk to the public).[91] However, depending on how the limb is removed or lost (say by a violent accident rather than in a sterile hospital setting), and depending on the country and the state, it can be tricky to retrieve your body part. While it is not illegal to ask for your remains, doctors can (and do) often refuse the request.[92] A recent PBS article features an Oklahoma native, Kristi Loyall, who sparked controversy when she asked the hospital for her amputated foot. When Loyall asked for her remains, the hospital did not refuse her request but had her sign a form created for such an occasion. However, Loyall’s decision to ask for her leg sparked some interesting conversations (and controversy) over the matter of limb disposal and ownership.[93] According to Tanya Marsh, a funeral lawyer

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[91] The Human Tissues Act states that, “‘material taken from the living should normally be disposed of by incineration in accordance with current guidelines’” in the UK. However, there is no Human Tissues Act in the United States. Various laws and regulations govern the use of human tissues and organs for research, transplantation, and other purposes at both the federal and state levels. These include regulations from the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), and laws related to organ transplantation and anatomical gifts. I might have to write another chapter or perhaps novel about the fact that matters of human body disposal are filtered through the FDA… is human waste an issue only in relation to transportation or consumption?

[92] “As far as legislation goes, there is no U.S. federal law preventing the ownership of body parts, unless they’re Native American. The Native American Graves Protection and Repatriation Act makes it illegal to own or trade in Native American remains. Otherwise, a few states restrict owning or selling human body parts. Louisiana, for instance, enacted a ban in 2016 on private ownership of human remains, with some exceptions. Georgia and Missouri have similar laws” (Hugo). And yet, if it is illegal to “own or trade in Native American remains” why does Harvard University *still* own Indigenous bodies and *refuse* to return them to their tribes? For a Native perspective on the issue, see Dallas Goldtooth’s keynote address from the conference on “Responsibility and Repair: Legacies of Indigenous Enslavement, Indenture, and Colonization a Harvard and Beyond” (2023) in which he fervently demands the bodies to be returned to their proper homes. The bodies have yet to be returned, but rest assured that Harvard is still “thinking hard” about the issue.

[93] The article reveals that anyone can take their limbs home as long as the limbs are pathogen free (and therefore pose a danger to the public), but in some instances (and in some states), hospitals and doctors might refuse to give it back (labeling it a biohazard or illegal) even though it is technically not illegal. The article suggests that doctors might refuse a request of this nature due to the extra work involved in packaging the remains or filing paperwork. (The irony of placing this in a “foot” note is not lost on me.)

and author of *The Law of Human Remains,* “when [hospitals/doctors] don’t want to do something, they’ll tell people it’s illegal. That doesn’t mean it’s illegal… A lot of people cave when they’re told it’s not permitted” (Hugo). In other words, a person has the right to their amputated limbs, but their right can be quieted by whichever hospital or doctor is tending to the matter and asserting their narrative into the mix (much like they did with Lorde regarding prosthetic breasts).

Loyall’s case (and others like hers) sparks valuable, ethical questions regarding the transition of a limb from being a part of the body to becoming an object. How do we understand this shift from "this body part is *me*" to "this body part is now an *object*"? What occurs when our body parts detach from our personal "economies" and develop into distinct economies of their own? While it may seem evident that we should be allowed to own the parts of us that are removed (unless they pose a health concern), it is less obvious (or easy to articulate) how our own body parts become objects when they are no longer attached to the body-mind economy.

The issue of how to handle (and who has the right to handle) amputated parts in the U.S. gained widespread attention from the hit HBO documentary series, *How To With John Wilson* (2022). In season two, episode four, Wilson investigates the proper way to “...Throw Out Your Batteries” in New York. His fragmented storytelling approach aligns with his description of the episode which reads, “Seeking a solution to the universal conundrum of battery disposal, John ponders the value of things we hold onto - and what we throw away.” Innocuously titled and errantly explored, the episode on battery disposal evolves into the exploration of an even more profound inquiry: how to throw out our body parts, and more importantly, how (and why) to hold onto them.

Roughly halfway through the episode on battery disposal, Wilson finds himself talking to a man who was clipped by a motorcycle and lost his leg at the knee. The man shares that after his leg was amputated, the hospital told him the leg "was no longer a part of [him]" and claimed the leg "[wasn't] even a human anymore." They called it "biological waste" and told him it was no longer his property. However, the man refuses to accept the hospital's assertion. The man never explicitly states who he must fight with, but he says that after hearing many "no's," eventually, someone said "yes" and agreed to give him his leg back. This segment of the episode ends with the man pulling his leg out of his backpack (while sitting on a park bench) and showing Wilson the skeletal remains of his leg that now rest on a tiny plaque. Wilson asks him if he hates seeing it every day, to which the man fervently responds, "No! No, I love it. To me, this is a treasure. I will gladly display this. I will put this on the fireplace mantle. This is my talking piece; this is everything to me. It's priceless." The man's comment is followed by voice-over narration as Wilson reflects, "maybe all it takes is a shift in perspective. And if you begin to see something traumatic in a positive light, it can be something that actually makes you feel good." Wilson's voiceover suggests that when it comes to matters of trauma and amputation, the question of what happens when a limb becomes an object is less valuable or interesting than understanding how holding onto the physical object, to the image of what once was, can be a powerful means of reclaiming the parts of ourselves (and the narratives) that are no longer physically attached.

Batteries and skeletal decor aside, the episode offers commentary on the scope and experience of loss, and the various objects we cannot bear to part with when the emotional narrative (or emotional residue) is too powerful to dismiss. We have no idea how people will grieve and react to their loss. Some will want to dispose of the limb (or never think of it again), and others will seek to hold onto it, place their bones on a mantle, and enjoy the company of an object that was once an intimate part of their priceless economy.

The image of the human body is something that we all have a relationship with. To understand that relationship, like Dedlow, Little Dog, and the man whose leg now sits on a mantle somewhere, we return to the individual by returning to the affective narratives that assume the spaces around (and within) us. Affect (as shown through Dedlow and Little Dog's mother) enables alternate forms of communication between spaces/times/moments that are key to understanding how our bodies are organized economies that reorganize to adapt (rather than diminish) in the face of augmentation. Like the bell-wires that connect the brain's signals to the nerve's edge, prosthetics (and the spaces they assume) reorganize the fragmented body through affective threads that enable deeply complex modes of communication.

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CONCLUSION: TROUBLING PROSTHESIS AS CURE

The final chapter of this project does not reject the value of prosthetic enhancements but embraces the value of choice and patient autonomy when it comes to matters of altered embodiment. It seeks to complicate how the medical field (and everything it touches) turns perhaps too readily to prosthetic replacements as the end-all-be-all response to bodily difference. To explore the expansive yet intimate reach of prosthetic relations, this final chapter revisits the significance of genre by delving into the productive relationship between memoir, dis/ability, and the rhetoric of cure that permeates discourses around the fragmented body-mind. To do so, I turn to dis/ability rights author and activist Eli Clare whose critical memoir, *Brilliant Imperfection: Grappling With Cure*, uses experiential and historical evidence to investigate how cure, when defined as the restoration of health, "seeks to return what is damaged to that former state of being" (14). Clare engages with memoir to challenge this definition by arguing that "for some of us, even if we accept disability as damage to individual body-minds, these tenets quickly become tangled, because an original nondisabled state of being doesn't exist" (14). Cure, when defined through a framework of restoration, demands the "original" state of being abide by prescriptive rules of nondisabled, normal, and natural. Recognizing how cure forces bodies and identities into prescriptive forms creates a framework for understanding how prosthetics can be used problematically in medical discourses to "cure" bodily differences and "restore" the body to a modified state it never existed in.

The scope of this project offers my own theoretical grappling with the various rhetorics and narratives that determine the body's relationship to prosthetics. I use the term grappling as a prosthetic extension of Clare's approach to cure which he describes as, "neither a whole-hearted acceptance nor an outright rejection of cure, but rather a broad-based grappling" (14). Prosthesis, like cure, is *slippery* (Clare xvi). Approaching prosthesis in literature through "a broad-based grappling" enables us to analyze obvious discourses around assisted technology and medical interventions, and less obvious conversations on the social tenets of prosthetic relations such as gender identity (via gender enhancing prostheses), class (via accessibility), and the heavily weighted intersection of race and representation (via white Western narratives of "normal" and natural" that aim to determine the body's image). The slippery quality of prosthesis (or its ability to heal and harm, to reproduce and challenge stereotype) demands careful attention to the vast number of ways a body (and self) can be modified by technology and narrative alike. The slippery quality of prosthesis demands that we loosen up the definition and create space around the term, so an analysis of prosthesis can include approaches to the fragmented body (Chapter One), the fragmented mind (Chapter Two), and the spaces that interact with the fragmented body-mind (Chapter Three).

The fragmented body-mind is a structure modified by its plurality. It is the self-made up of many selves, and the part made up of many parts. It resists being described (and therefore contained) by a single narrative, as in, it does not exist in a singular form or assume a singular identity (as discussed in Chapter Two). The fragmented body-mind is fragmented, plural, and does not necessarily seek to be restored to a singular form.

The objective of this chapter is to identify the value of memoir in dis/ability approaches to prosthesis, and advance Clare's nuanced critique of the devastating impact cure has on the disabled community whom it relentlessly attempts to restore (often through prosthetic modification). My conclusion aims to shed light on how the complex affective relations facilitated by prosthetics might contribute to helping Clare further deconstruct the dangerous rhetoric of and around cure when cure symbolizes (and often instigates) phenomenological erasure (or the erasure of lived experience—of *sensing*).

The social tendency to view prosthetics as an “obvious fix” to a physical impairment (such as the loss of a limb or loss of hearing) does not reflect the diverse experiences and perspectives individuals have about their bodies.[94] The assumption that prosthetic modification is an “obvious” improvement is a dominant and limiting narrative. This narrative reduces the likelihood that individuals with limb differences might seek an alternative approach to their bodies, one not steeped in white-Western thought, or perhaps, not seek any change or modification at all. The key is recognizing that there is no universally "obvious" response when it comes to body modification of any kind.

There is nothing obvious, apparent, or easily understood about the intersection of technology and the human body. In medical settings, the value of prosthetics is unquestionable, but there must remain a space for rejection. Rejecting the “obvious” value of prosthetics might sound like a strange argument to make, but there are many cases where prosthetics (when positioned as the answer) prevent the discourses around limb difference from expanding. If the weight of an argument relies on the “obvious” then the argument relies on something clear, apparent, or self-evident, but what about prosthetics is self-evident? How is it clear or apparent that prosthetics are the desirable outcome for all iterations of limb difference? Prosthetics have the rhetorical power of seeming obvious, and to many, what seems obvious appears natural.

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[94] The intersection of hearing impairment and prosthetic interventions, such as cochlear implants, has long been a subject of contentious discourse within dis/ability communities. The notion of "restoring" hearing raises complex questions surrounding identity and the cultural significance of deafness. A recent study focusing on adults who received cochlear implants during childhood highlights significant factors contributing to nonuse, notably including challenges in post-implant auditory perceptual development and the formation of a d/Deaf identity (Salehomoum). This research underscores the unintended consequences of efforts to restore hearing in deaf children, often resulting in developmental impediments and difficulties in assimilating with the d/Deaf community.

From the “obvious” ableist perspective, it is only “natural” that one would not reject the prosthetic.

And yet, many people do. Articulating prosthetics as an “obvious” medical solution to a hypothetical numbers problem is complicated by the individuals who refuse such interventions (think Lorde from Chapter One). Challenging the idea that a missing limb automatically calls for a prosthetic replacement requires challenging common beliefs about the structure of the body and what spaces the body can prosthetically extend into—social spaces, political spaces, cultural spaces. A more nuanced (and less prescriptive) perspective must consider the human body as a milieu of intensities, sensations, and narratives rather than a solid structure or singular narrative.

Viewing the body as an evolving social structure enables individuals to reject prosthetics when they represent a social demand or imposition rather than an enhancement. For a clear example of this rejection, I turn to the podcast, *This Is Actually Happening*, hosted by PhD Whit Missildine. The podcast features interviews with a diverse range of individuals who discuss pivotal moments in their lives that often lead to some form of impairment. These interviews often detail how prosthetics can demand that bodies assume a specific shape or orientation. The podcast's title, *This Is Actually Happening,* reflects the ongoing nature of the interviewees' stories; their lives are still *happening*, and the events that *happened* are still in motion. This continuance highlights the nonlinear nature of trauma and grief, engaging in a format that rejects any singular articulation of the evolving nature of experience.[95]

Among the many episodes highlighting individuals' experiences with prosthetics, one episode in particular underscores the importance of establishing spaces and discourses in medical settings where individuals feel empowered to reject prosthetics. In episode 286, the interviewee

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[95] Similar to memoir, this podcast serves as a space where individuals have the power to orally claim their story, from life before the event, through the event, to life after. Their narratives and stories are not meant to be questioned; they are meant to be heard.

Ryan recounts his life after being born without a right hand. The exact cause of his condition remained largely unknown, although his doctors speculated it could have been linked to his mother experiencing a severe case of shingles during pregnancy. Consequently, Ryan's hand stopped developing beyond the wrist. Despite the lack of any life-threatening complications related to his condition, the doctors encouraged his parents to urgently seek a "solution" by exploring prosthetic options. However, given the limited technology available in 1989, prosthetics were not a feasible choice. Instead, the doctors urged his parents to pursue reconstructive surgery. While the absence of his hand did not endanger his life, it did challenge his parents' and the doctors' perceptions of his quality of life. The sense of urgency imparted by the doctors stemmed from their perspectives, yet it was Ryan who bore and embodied the consequences.

At just ten months old, Ryan underwent the first of many operations on his hand, continuing with surgery at least once every six months over the next sixteen years of his life. Despite the revolving door of reconstructive surgeries aimed at creating fingers by removing bones from his feet and attaching them to his wrist, the fingers remained nonfunctional. The extensive, invasive procedures aimed at curing Ryan's right hand left him feeling at odds with his reflection. Ryan attests, "one of the biggest aspects that was so difficult to deal with was getting newly acquainted with the new version of my hand at every increment along the way." Each new procedure forced Ryan to experience (and live) a new form of embodiment, and each new form was painful (in part) because it was not of his choosing. He describes the entire process as alienating, claiming that he reached a point where he stopped looking at his hand altogether, feeling as though "it was something that had been imposed upon him."[96] The sense of

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[96] When he was nine, the doctors thought the shortness of his arm was limiting him so they attempted to lengthen his arm with a surgical apparatus called an Ilizarov. The Ilizarov apparatus is used to lengthen or reshape the damaged bones of an appendage. While the apparatus is typically associated with reconstructive surgery, it is also used for

urgency imparted by his doctors created an imposition on Ryan’s body, as he was burdened by the insidious pressure to appear “normal.”

The urgent discourse surrounding Ryan's experience circles back to Clare’s definition of cure and raises inquiry into the boundary between prosthetic intervention and the embodied/lived experience. Medical professionals endeavored to transform Ryan’s hand into their idea of its original state, but each procedure demanded a mental and emotional prosthesis to accompany each new reconstruction, as Ryan was frequently forced to renegotiate his identity. Beyond the practical challenges, Ryan grappled with the profound emotional and symbolic implications associated with his hand (which he found even more challenging). In reflecting on his experience, Ryan posits that a hand embodies notions of strength, intimacy, and communication. For Ryan, the absence of a hand was less troubling than having one that he perceived as monstrous, rendering his primary means of communication and intimacy unfamiliar and repulsive. The urgency displayed by the medical team, coupled with the symbolic weight of the hand and the decisions made on Ryan's behalf—rather than in consultation with him—underscore the extent to which prescriptive medical narratives endeavor to conform bodies to idealized shapes, often at great emotional cost. Had Ryan's hand been allowed to remain in its natural state, he might have been spared years of self-reproach and physiological distress.

Ryan's story reveals that it was not the physical impairment itself that made him feel "monstrous," but rather the series of reconstructive surgeries, alterations, and narratives—both from the hospital and his parents—that estranged him from his own sense of identity. The insistence on adhering to a specific language (and narrative) to appease surgeons for the removal of a non-essential, distress-inducing addition to the body is, in Ryan's experience, unnecessary

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cosmetic purposes for “patients with short stature.” Height is one more thing we might add to Clare’s list of the ways in which cure is slippery. Viewing “short stature” as an impairment means that it is one more thing medicine will attempt to cure.

and dehumanizing.[97] Ryan's experience underscores the importance of language, or a continually evolving discourse, in recognizing and addressing the emotional and affective aspects of medical care.[98]

The format of this podcast firmly centers Ryan's experience, enabling him to use language and the act of storytelling to actively reject the narratives imposed upon him by his parents and the hospital. Ryan was compelled to conform to the medical lexicon surrounding his condition to persuade his doctors of the need and urgency to remove their unsettling creation. Despite his efforts, the doctors remained steadfast in their refusal to acknowledge Ryan's desire to forgo a prosthetic or seek a cure for his hand. The hospital (and his parents alike) refused to accept the idea that restoration as "cure" is not applicable to all forms of embodiment. Ryan expresses several times throughout the episode that the original state of his hand (the one deemed inadequate by the hospital and his parents) is the natural state he wished for his hand to remain in. The unaltered form of embodiment was and is his desired state. Lacking the words or medical language to articulate that desire is part of the larger issue here. It is simple enough to declare that patient autonomy is vital, but it is another thing altogether when patients lack the discourse to articulate their autonomy, desires, and concerns. Miscommunication (or the lack of language

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[97] I'd like to clarify that this argument pertains to Ryan's situation and others like it where medical intervention creates an additional social or emotional dis/ability. My argument might look very different if it centered on individuals who identify as transabled. Eli Clare speaks briefly of this community, stating that "transabled people, sometimes called dis/ability wannabes or amputee wannabes, feel a need to be disabled. Many have sought out surgeons, planned self-amputations, or staged disabling events, manifesting their desire in actual dis/ability. Or, unable to acquire a dis/ability, they use crutches, braces, wheelchairs anyway" (130). Transabled identities are complex. My opinion on the matter parallels Clare's careful observation that "the act of choosing dis/ability in the white Western world is never neutral, simply one choice among many, but rather pathologized, shamed, or sensationalized" (130). To ensure I do not pathologize, shame, or sensationalize the transabled community (even though they undoubtedly have a complex relationship to prosthetic intervention), my analysis centers the individuals who did not choose to enter into the disabled community, but choose to argue for its valuable contributions to the rich diversity of lived experience. Ultimately, my approach to transableism parallels Clare's statement that, "I could be one of those people who asks endless questions... or I could quiet myself and sit with what I don't understand" (175).

[98] This is also why my project starts with the physical form of prosthesis and moves into the abstract. The form of my dissertation mirrors the trajectory of my argument-from the material realms prosthetics occupy with ease into the social realms and spaces they touch through affect.

and an accessible discourse) is one such place where literature offers us a roadmap for not only visualizing but *expressing* the complexities of technologically modified embodiment.

Telling one's story through a personal narrative or critical memoir addresses the affective complexity of prosthetic relations by presenting first-hand accounts of limb loss/impairment in the form of an emotional, *accessible* narrative. The act of writing is emotionally prosthetic, as it enables authors to use their experiences to challenge various cultural scripts that produce harmful (as in prescriptive/limiting) articulations of the modified body. Writing allows authors to modify experience and extend matters of identity into larger discourses. A common mantra in writing is to *write what you know* and often what you know is your experience.[99] To write a memoir, it is essential to have a nuanced understanding of how to write, speak, and think about the self. However, to make the memoir critical, it must push past the self alone to embed the "narrativized I" in its relationship to larger social structures. The "I" or "self" in critical memoir does not use the "I" as a "decorative flourish" (Behar), but relies on the "I" to challenge dominant cultural scripts by reflecting on one's relationship to form: who wrote the script, how is it written, what are the patterns in the script, and how do I fit into it (or not)?

If we are consistently asked to *write what we know* but cannot claim to really know anything beyond ourselves, then perhaps that is reason enough to begin with ourselves, to begin with the self, in whatever glorious, confounding, fractured shape it takes.[100] The self is arguably never "whole" in the sense that it is complete or coherent, but it is possible (albeit, paradoxically

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[99] The mantra "write what you know" is worth breaking down in terms of epistemology which reveals three different categories of "knowing" (more or less). The categories include: knowing through being told (usually by an authority figure), knowing through deduction (or putting the pieces together over time), and knowing through experience. While these categories simplify a complex branch of philosophy, it is crucial to acknowledge that "knowing through experience" serves as a foundational pillar of knowledge that shapes our understanding of what "is." If experience fundamentally determines what "is," then life writing emerges as an invaluable method for empowering us to identify the phenomenological knowledge generated by sharing personal experiences.

[100] Here, knowledge, or, "knowing" is a logical paradox akin to the well-cited logical paradox: this statement is a lie. To claim you don't know anything beyond yourself is a claim about reality beyond yourself.

so) that the self is whole through an analysis and acceptance of its fragmentation. The fragmented self does not have to be visual (in the sense of the fragmented body, see Chapter One), or even mental (see Chapter Two on mental fragmentation and DID). The fragmented self is (in part) a product of the larger social structures that not only aim to create the fragments, but keep the pieces fragmented for the benefit of hetero-capitalist structures that needs some bodies (and states of being) to be more fragmented and therefore perceived as more vulnerable than others.

Examining the connection between social structures, vulnerable bodies, and selfhood, particularly in the context of memoir, leads us to the abstract—to affect (as it makes that connection possible). One of the "founding" affect theorists, Silvan Tomkins, explores the prescriptive nature of socially constructed reality in his work, *Affect, Imagery, Consciousness* (1962) to conceptualize social realities as "scripts." According to Tomkins, "the world we perceive is a dream we learn to have from a script we have not written" (Tomkins 13). Tomkins' observation implies that our collective reality, the one we enter into at birth and learn to accept, is essentially a learned dream or fiction that we are taught by nature, nurture, and by various institutions to accept as truth. Tomkins poetically suggests that our social reality is founded on a set of rules and codes that we have not authored ourselves but are nonetheless obligated to follow. In other words, we are born into a prosthetic state, given that we are dependent on fixed cultural scripts. Telling one's own story and deviating from this cultural status quo and set of rules, he warns, invites social consequences.

Yet, we are born into a social reality that does not reflect the deep nuance and diversity of lived experience. We are born into a socially constructed world that *demands* fitting in. Over time, this demand to fit in turns our social constructs into contracts that oblige us to engage with things like gender, race, normalcy, objectivity, etc., as inevitabilities, as axiomatic truths.[101] However, critical memoir is one literary space (or genre) where the self can challenge "the world we perceive," (or our cultural scripts) by resisting the dominant narratives that aim to determine its shape. Critical memoir is a literary space where queer, disabled, racialized, and politically unrecognized identities can and *do* resist the countless narratives that have been written about their bodies to challenge the very "script [they] have not written" and determine its shape by determining their own.

Critical memoir demands a *critical* (as in organized, thoughtful, researched) examination of the self and its relationship to social structures by presenting an irrefutable logic: this is my experience, how can you argue it is not (at least) true that it is my experience? To some degree, the critical memoir is of immeasurable value to the world of dis/ability studies for the groundwork it lays in placing individual life narratives at the center of nondis/abled discourse. Dis/ability theorist Thomas Couser writes in "Disability, Life Narrative, and Representation" that "historically, the cultural representation of disability has functioned at the expense of disabled people in part because they have not controlled their own images" (603). However, Couser also argues that late twentieth century "life-writing" has transformed literature into a space where the dis/abled community can (and does) control their images (603). Dis/ability life writing does not

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[101] One example that clearly demonstrates how social constructs become contracts can be found in Judith Butler's seminal work on gender theory in *Gender Trouble: Feminism and the Subversion of Identity (1990).* Butler argues that gender identity is "performative; it is not the natural result of who we are biologically; it is a product, rather, of how we think, act, imagine, and desire, and these performances are subject to change" (236). In other words, "woman" and "man" and "femininity" and "masculinity" are concepts we perform based on social instructions (or constructions) we choose and do not choose to follow. Over time, the concept of gender has been written into the rules that govern our social reality, but it is possible for one not to prescribe to those constructions: they are arbitrary constructions created in order to categorize, marginalize, and dominate groups of people. However, when accepted as categorical truths over a significant period of time (say, centuries), these social constructions become contractual. You must behave and look this way to be a woman, you must behave and look this way to be a man. In this sense, gender isn't just a social construct, it is a social contract. Social constructs become contractual when they are accepted as biological truths and therefore presented as an inevitability. This reasoning not only applies to gender, but to the concept of a "normal" body, the construction of which has become yet another contract signed at birth that places all bodies in a constant state of physical comparison to an arbitrary construction of "normal" and "body."

rewrite the social code that relegates dis/abled bodies to the margins of society, but it does resist such categorization by merely telling a different tale; a tale where dis/abled identities are centered and not drenched in the stereotypical, dualistic symbolism of monster or martyr, god or curse (Clare 14). Dis/ability life writing and memoir clearly centers dis/abled experience to expose how the medical industrial complex marginalizes (and continues to marginalize) the various forms of impairment it seeks to cure. The act of writing about dis/ability not only exposes the flaws of representation (or the lack thereof) by allowing members in the community to "control their own images," as Couser suggests, but the outcome produces an accessible discourse through which members in the community can connect, collaborate, and resist the power of stereotype as a collective.

Eli Clare is one such dis/ability writer and activist who effectively examines and interrogates the medical industrial complex by examining the self. In 2018, Clare published a memoir in which he examines historical, political, cultural, and experiential articulations of medicine's attempt to "cure" dis/ability in order to firmly situate dis/ability as a social issue rather than an individual problem. Clare's memoir asks, how can you tell a story about yourself when the social world wrote it for you, or when your body does not give you the words or space to do so? How can the stories we tell be anything other than a response to the stories that have already been told about us? These questions may sound purely rhetorical, but their answers lie somewhere in the rhetorical nuance, in the over-generalized (yet profound) argument that the only stories worth telling are the stories about ourselves. Clare's memoir is a refusal to conform that suggests the answer to fitting into a world that demands a particular fit (able, hetero, male, white), is to not. The answer is to create your own narrative and dare to challenge the social paths (or constructs become contracts) whose grooves may be deep, but not infinite, not apriori, not essential truths about the countless forms and variations that bodies (and selves) take.

Clare’s memoir serves not only as a lens to evaluate hierarchical structures that influence identity construction but also as a departure from a rigid narrative framework. Organized around fragmentation, Clare describes it as a mosaic—a narrative comprising "poems, diatribes, provocations, personal stories," and historical analysis of Oregon's 1960s asylums, among other elements. It blends various genres, prose styles, and self-expressions to engage with the historical concept of "cure" in medicine. Clare adopts this fragmented approach because, as he explains, "cure kept shifting." By utilizing a fragmented form, Clare addresses the fluidity of "cure," by shifting with it and recognizing that no single genre can contain all its parts. This approach allows him to explore "the nonnegotiable value of body-mind difference" without being constrained by a single genre or approach. Instead, it highlights the importance of embracing imperfection and body-mind diversity. This method de-centers traditional rhetoric around cure and diagnostic approaches, placing the value instead on imperfection, fragmentation, and dependence as inherent aspects of human experience rather than deviations from an arbitrary norm.

Clare’s memoir creates a mosaic lens through which we can also view prosthetics. When prosthetics are added to the body to amend differences, they paradoxically expose and enhance its fragmentation, and its “brilliant imperfections.” While prosthetics are not technically a “cure” for altered embodiment (they do not return the body to a previous state) they are a means of restoring function/ability. (If your arm is gone, here is a replacement to restore your body to its original movements/ability.) However, what about individuals (like Ryan) born without appendages? Clare’s argument suggests that restoration for dis/abled embodiment does not work, because you cannot restore the body to a form in which it has never been shaped. Clare uses his cerebral palsy as an example. If Clare's palsy were to be "cured" and his body "restored" to its original form, the original form involves the palsy, so what then is he being restored to, if not an entirely new form of embodiment? Similarly, prosthetics do not restore the body to its former state, but demand instead that the body appear in either its former shape, or the shape of a nondisabled body. At best, prosthetics aim to restore the body to a former state of operation/function, but I maintain that this is not a return to an original form, but a voyage into a new form of embodiment that demands a quiet surrender to technology.

Prosthetics reorganize the body and prompt intrusive questioning about said modifications and reorganization. When bodies defy categorization within the narrow confines of normalcy and naturalness, they become targets for invasive inquiries. Clare discusses this phenomenon in the chapter of his memoir titled, "Endless Questions," describing how people engage in a guessing game about what may be "wrong" with him. This guessing game compels him to articulate incomplete statements about his body-mind to satisfy others' curiosity about his embodiment. Couser writes about this as well in relation to dis/ability life writing, arguing that "in effect, people with extraordinary bodies are held responsible for them, in two senses. First, they are required to account for them, often to strangers; second, the expectation is that their accounts will relieve their auditors' discomfort. The elicited narrative is expected to conform to, and thus confirm, a cultural script" (Couser 604). Clare's experience and Couser's observations both reflect that the body is, in fact, a script, a narrative, and the modified body conflicts with the "standard" narrative (which is ableist/hetero/etc.). In many ways, the technologically modified body becomes a reflective surface upon which auditors might cast their own narratives and ideologies often to the detriment of the bodies they are casting upon.

In contrast, unmodified bodies are not burdened with the same expectation to narrate their existence. The unmodified body does not need explanation, because its existence is *assumed* to be the normal or natural state (and a state of non-dependence). However, if an impairment is evident (or made evident through prosthetics), these bodies are compelled to recount stories that align with cultural expectations. Modified bodies must first account for their "difference" and then “relieve their auditors’ discomfort” by conforming to what is written in the dominant “cultural script.” (Couser 604). Individuals with extraordinary bodies are thus required to justify their existence and create narratives that alleviate the fears their modification provokes. In telling their stories, modified bodies must grapple with pre-existing narratives about the nature of embodiment itself. Consequently, their stories become palimpsests. To craft their own narratives, they are compelled to overwrite the stories imposed upon their embodiment before having the chance to create their own.

To clarify, I am not suggesting that prosthetics fail to create positive narratives or even enhance quality of life. In many cases, prosthetics enable creative articulations of embodiment and offer tangible steps towards recovery. According to amputee specialist Dee Malchow, prosthetics can provide immediate relief and alleviate lingering pains and sensations by applying pressure to the amputated limb.[102] Similarly, they can provide emotional relief by allowing amputees to express their limb differences in creative, intimate ways.

Social media, with all its contradictory qualities, offers a platform where individuals can celebrate their limb differences by sharing their innovations. During my research, I have come across many accounts of proud, self-identified amputees who turn their prosthetics into art, music, and creative tools that give their limbs functions they would otherwise never possess. One

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[102] Information was taken from Dee Malchow’s 2015 blog post, “Phantom of the Missing Limb” in which she reflects on the sensations associated with phantom limb pain, and how prosthetics can be used to alleviate the pain.

amputee influencer by the name of Limbitman (who makes and sells prosthetics) recently shared his latest prosthetic creation: a leg with flashing LED lights and a Bluetooth speaker. Trace Wilson, another self-identifying amputee, works with a new company called Open Bionics, which focuses on creating 3D-printed prosthetics for individuals with below elbow limb differences. Wilson's most notable prosthetics include a 3D printed lego arm, a lightsaber, and an arm resembling the Tardis from *Doctor Who*. Wilson’s arms are part of a new line of prosthetics that Open Bionics calls "The Hero Arm." This line of prosthetic designs is inspired by science fiction, specifically superheroes, and creativity for creativity's sake, rather than functionality alone. Limbitman, Wilson, Open Bionics, and many more self-identifying amputees and companies on social media platforms are turning not only to prosthetics but to science fiction for a means to embrace the narratives created by their limb differences. Thanks to the rapid evolution of technology, the intersection of speculative fiction and prosthetics not only inspires innovative designs but also fosters a culture of creativity and empowerment within the prosthetics community.

Prosthetic advancements like “The Hero Arm” highlight the importance of speculative fiction in addressing complex issues of embodiment. We need critical memoir to underscore the value of lived experience, but we need speculative fiction to prosthetically expand the discourses around embodiment. Lived experience includes fantasy, imagination, and fiction. Critical memoirs offer a platform for personal narrative to resist constructions of normal and natural, and speculative fiction provides a space for individuals to grapple with the shape of embodiment in ways unbound and undetermined by the dominant cultural scripts.

Prosthetics are more than paradoxical. They inspire creativity, enhance functionality, and offer valuable interpretations of embodiment, but they also enforce conformity to prescribed articulations of embodiment and require surrender to technology, medicine, and the future. In literature, prosthetics create vague images of immortality by symbolizing the future of embodiment and erasing the illusion of a future without technology. They represent some of the latest, most advanced medical technology and carry the rhetorical power of being associated with the future of humanity (think of any post-apocalyptic, futuristic sci-fi film with cyborgs in the last century). However, their relationship to the future and the future of embodiment perpetuates the illogical belief fostered by medical advancements that we can modify and reorganize our bodies to extend mortality and "defeat" death. Prosthetics are often framed as the cure or solution to the "endless questions" posed by the limits of mortality. But a healthy culture is one that accepts death and does not reject or hide from the inevitability. Therefore, the pursuit of a cure through prosthetics, while undoubtedly beneficial for some, produces an inelegant quest for an impossible state of embodiment—an aspiration for immortality and non-disabled iterations of bodily perfection, symbolized by the extension of body parts.

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Interrogating the structures of and around the prosthetic body is a matter of ideological responsibility. According to the dis/ability theorist Tobin Siebers, the body is a paradox used to promote ideological and ableist thinking, given that “we are capable of believing at once that the body does not matter and that it should be perfected. We believe at once that history charts the radical finitude of human life but that the future promises radical infinitude. That we embrace these contradictions without interrogating them reveals that our thinking is steeped in ideology” (Siebers 273). To embrace these contradictions is to passively accept a prescriptive paradox; the body is shaped through both flaw and perfection, showing us our past and potential future through ableist depictions of normal and natural. However, to interrogate these contradictions (as

Siebers suggests we should) is to actively enforce (or demand) that we approach the body as a dialectic (or complex logic to unfold) rather than as a paradox (a contradiction to accept). Interrogating the fragmented body as a dialectical loop that feeds into itself by centering and decentering the body's value can produce more complex articulations of the relationship between the body and its environment (technological and otherwise). Accepting embodiment as a dialectic brings us back to prosthesis—as prosthetic apparati reflect the spiral relationship between the finite body, the body that decays, and the infinite body, the body that can be perfected by technology to extend into the future.

Interrogating prosthetics as a dialectic (or a series of discourses around the finite and infinite body) brings us back to the value of literature and specifically, to genre, for its ability to expose (or make visible) the paradox that prosthetics are both good and bad, and ideologically slippery, like cure. Critical memoir (when consumed as individual history) looks at how the body might "[chart] the radical finitude of human life," while science fiction and the supernatural interrogates how the body can be the future that "promises radical infinitude" (Siebers 273). Therefore, a thoughtful articulation of the body in both genres might enable us to interrogate and dismantle how our thinking about the body (as whole, finite, and infinite) clouds our ability to view the body in its less ideological and more fragmented form.

My overarching argument, or the "thing" my dissertation is trying to *do* is echo Eli Clare's nuanced resistance to the ideology of cure by applying a similar logic to the ideology of prosthetics (an ideology which, at times, demands conformity and erasure). I return to Clare's argument that his memoir is a mosaic because as such, it resists the power of a single narrative by engaging with cure from as many theoretical directions as possible. Clare uses memoir to reflect on the weight of experience (both his and others) and the theoretical perspectives it affords: "standing at the curb, I know that the spirals and stars, concentric circles of blue were here all along. They simply appeared because my angle changed" (xvii). Clare's argument on restoration and cure is complex, but he is doing the invaluable work of engaging with a multitude of discourses to modify the angles of his argument and make the complex *clear*.[103] His memoir offers not a road map (for that is too linear) but a fragmented mosaic that weaves together an articulation of embodiment that depends on perspective, on experience, and not ideological truth.

Similar to the concept of cure, prosthetics undergo a transformation in meaning and functionality based on perspective. The broader the range of critical angles and genres through which we analyze prosthetics and the relationships they enable, the better we might comprehend the value of each narrative conveyed and resist defining prosthetics through any singular framework.

Genre helped me organize this fragmented exploration of the fragmented body through literature, but it holds much less value in the argument now (here at the end). Genre relies on the archaic boundaries it arbitrarily creates each time it is defined. Genre demands certainty through form, through character archetypes and recognizable tropes: fantasy has dragons, science fiction has space travel, the supernatural has ghosts, and the list goes on. Genre demands stability (or structure) from the instability that is bodily experience. In retrospect (a place I would never arrive at without the forward movement it takes to get there), genre limits my ability to explore the delicate and infinite nuance of things as they are (or are not). Genre demands a type of certainty that prevents me from getting closer to any "truth" about prosthetic connections by demanding the connections be analyzed through a specific framework.

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[103] The concept of making "the complex clear" is rhetoric pulled from bell hooks' essay, "Remembered Rapture: Dancing With Words" (1999) in which she breaks down the hierarchical divide between creative and critical writing in academic spaces.

Fragmentation (and the depth of not knowing) is the only “truth” (or argument) exposed in this literary analysis of prosthesis. Literature does not afford us the power of certainty. Its relevance, its power, or its ability to produce knowledge (or knowing) comes from the fact that it is one of the most fragmented, disconnected collections of knowledge out there. Literature is a vast and fragmented series of stories. Stories for the sake of telling history, experience, and stories for the sake of stories. Memoir, science fiction, fantasy, supernatural, poetry, drama, and so on, exist as their own little units (little barometers of experience and imagination). But what is the shape of genre and literature when assembled at large? Can literature, like Siddhartha, wake from the dream of being a separate self? Or does it simply provide the means for us to awaken to that knowledge and the idea that each novel and piece of criticism (regardless of genre) are but a fragment of a fragment of a larger story.

The Missing Pieces

To broaden my own approach to genre in this mosaic of an analysis, I find myself returning to the simple yet profound image of fragmented embodiment in the well-known children’s book, *The Missing Piece*, by Shel Silverstein. The opening line, "It was missing a piece. And it was not happy," suggests that the story will resolve when the circular, stone-shaped creature, missing a triangular piece of itself, finds a piece that fits. But this children’s story is not about finding the perfect fit, and it is not about finding the perfect partner (as it is often read in the context of). It is a story of rejecting restoration when restoration demands an abrupt transformation. Without the missing piece, the rolling stone sings. The rolling stone moves peacefully and deliberately across the land and pauses to speak to nature along the way: a worm, a flower, a butterfly. The stone’s only crime is that it perceives itself as unwhole. However, when the rolling stone finds its “missing piece” and becomes whole, it loses the ability to sing and speak with nature. It rolls too quickly past nature to maintain a relationship with the worms and butterflies. It gains the missing piece but loses the parts of itself that bring it joy. At the end of this children's tale, the rolling stone peacefully rejects the missing piece, and continues on its slow and merry, fragmented way.

I see a direct parallel between the conflict in *The Missing Piece* and the conflict that continues to dominate conversations of prosthetic modification. Prosthesis, when framed as the answer to fragmentation, embodies the narrative of the missing piece that rolls along to a logic it does not question until it finds the missing piece. We accept the plot of this story because we accept the narrative that any shape with a perceived gap or missing part demands to be filled. But why does an empty space demand being filled? Why is it a problem to hold space, to pause, to roll slowly, and to develop a fragmented yet deliberate relationship to nature and the shape of one's dependence? I tire of turning every literary anecdote and symbol into a metaphor for capitalism and consumerism, but Silverstein's story offers a profound metaphor for the pitfalls of a social infrastructure that depends on competition: the fragmented rolling stone *assumes* it needs to find its missing piece to roll faster, to go farther, to enhance, to modify, to move. It does not question why it must consume the piece yet rolls along in the sole pursuit of consumption. However, once the fragmented shape finds its missing piece, it rejects its new, enhanced form of embodiment. By rejecting the fast pace it assumes after becoming "complete," *The Missing Piece* transforms into a story of rejecting capitalist structures that demand going faster to beat the competition, which in this case, are flowers, worms, and butterflies.

Perhaps I keep returning to capitalism and consumerism because literature continues to be a space where missing pieces are allowed to remain missing and unconsumed. It is a space where one can reject the narrative that to roll fast is to roll *right*. It is a space that encourages us to slow down, to sing a song of oneself like the missing piece, like Whitman, and many others, and converse rather than compete with the worms and butterflies.[104]

We are born into this world as rolling stones with missing pieces. To recognize the value of our missing parts is to recognize our need for a collective articulation of wholeness that extends beyond the boundaries of embodiment. It demands recognizing that one, fragmentation is the baseline of embodiment (and the shape we all have in common), and two, our prosthetic connection to objects and narratives function as extensions of our dependence.

Despite the fact that "dependence is what we all have in common," narratives of dependence will always read like counter narratives to the dominant (and more common) discourses of independence burrowed deep in Western thought. In white Western thought, freedom is paramount. Individual freedom dominates discourses of communal well-being (or communal freedom).[105] Individualism and non-dependence were built into the foundation of this country's social and political structures, but literature (individually and as a collective) creates a discourse that rejects the illusion of being separate, alone, free and independent of the world. Literature offers an accessible space through which we can eradicate the illusion that dichotomies create truth. In particular, these dichotomies are often exposed in dystopian and utopian science fiction, where the "I" is usually placed against (or in contrast with) the collective.[106] However, science fiction, much like Clare's concept of brilliant imperfection, gives

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[104] I cannot (in good faith) write the words "song of oneself" without citing that this phrasing is a reorganization of Walt Whitman's poem, "Song of Myself" from *Leaves of Grass* (1855).

[105] We saw this very rhetoric surge during the mask debate when COVID-19 was at the height of its reign. Many people fought for their right to not wear a mask, citing individual liberty as the primary evidence.

[106] Think *Anthem*, by Ayn Rand, *Fahrenheit 451,* and *1984* (the list goes on). Many dystopian classics depend on the tension between individual freedom and the collective "good" to move the narrative along. However, in many of these stories, the collective "good" is usually found out (somewhere around the climax) to be "the bad thing" and therefore the individual who rebels (and asserts her individuality) is the character (and ideology) you root for. You read a dystopian classic and you want the rebel to win, you want conformity to fall, and you want individual freedom to reign supreme. It is a narrative structure that inadvertently supports the very social structures it aims to denounce by making the individual's search for freedom the rhetorical impetus behind destroying the collective good.

us narratives that “[defy] the easy splitting of natural from unnatural” by always already existing as the “easy splitting” of science and fiction, of natural and supernatural, of the human condition and our technological future, showing that the rhetoric of independence and individualism is a blatant rejection of the dependence that drives our collective discourse (Clare xvii).

Science fiction gives us cyborgs and questions of the future through modified embodiment, but to what end, and for what purpose? Shel Silverstein gives us the answer: for the purpose of enhancing your body to become the fastest at rolling, to become the best at consuming. Capitalism (in its efforts to encourage consumption for the sake of individual growth) teaches us that we are not enough. Capitalism teaches us that we could always stand to be enhanced, even if our bodies do not need or require enhancement to thrive. For a thoughtful warning about the directions capital and colonial thinking often lead us down, we can turn to authors like Nisi Shawl and science fiction like *Everfair*. The value of this novel’s reimagining lies not in its retelling of Belgium’s brutal colonization of the Congo, but in the latent narrative that transforms limb difference into an opportunity for domination. In the novel, the Congolese weaponize their prosthetics to fight the Belgians. However, in framing resistance this way, Shawl gestures toward another, more devious narrative at play: that prosthetics make the body a weapon. Shawl’s narrative implies there is an additional, alternate historical approach to this scenario that involves the Belgians stealing technology from the Congolese and using it to oppress them further. Within this hidden narrative, hierarchical structures of power (i.e. colonialism/capitalism) create the idea that dominance is the “purpose” of technological growth by advancing technology in the direction of violence and oppression.

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Resisting the various systems created by arbitrary power often feels futile, but there is still hope. There is always hope. Teaching writing courses at the University of Oregon for the last six years has shown me that younger generations are engaging in a more positive approach to living in a capitalist patriarchy. The newest generation of young adults are tired of cynicism and are setting their sights and their efforts on positivity, and maybe that is what we need. At the end of the day, maybe that is what prosthetics (and prosthesis) can do for us. Rather than merely replacing missing parts, they exemplify the creative possibilities inherent in reimagining the structural conditions placed on our bodies and the very concept of embodiment. Prosthetics and the cyborg body are not a new technology or narrative, but a *necessary* one to focus on in times when violence (systemic and otherwise) feels immediate and inescapable. Maybe we can view the cyborg body as a positive paradox, as Harraway suggests, given that "cyborg imagery can suggest a way out of the maze of dualisms in which we have explained our bodies and our tools to ourselves" (67). Maybe we can recognize this technology as representative of the dark, capitalist narrative that runs underneath the light, dis/ability narrative where prosthetics engage with structures of affect to become gender affirming, ability enhancing, and destigmatizing. And maybe this is how a dis/ability analysis of prosthetic relations becomes an analysis of affective narratives across all genres that defy structures of domination, and therefore becomes an analysis about the price of eggs.[107]

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[107] The phrase "the price of eggs" originates from a conversation between Gayatri Chakravorty Spivak and Professor Tres Pyle. I had the privilege of attending one of Professor Pyle's affect theory courses at the University of Oregon, during which he recounted a conversation with Spivak regarding the political implications of affect theory and its ability, or lack thereof, to address "the price of eggs." Pyle's retelling of this conversation with Spivak has guided my engagement with affect theory over the years. While affect theory is sometimes perceived as apolitical, this view suggests that it focuses solely on individuals' subjective experiences of emotion, without considering the broader social, cultural, and political contexts that shape these emotions. However, critical affect theorists like Sara Ahmed and Lauren Berlant engage with affect theory precisely because it provides a framework for understanding how emotions are intertwined with larger political and social issues. In many ways, affect theory is not only concerned with the price of eggs, but the effect (and affect) those eggs will have on the body.

Aristotelian physics famously suggests that "nature abhors a vacuum," meaning that nature (as in life, process, growth) abhors (as in detests, rejects) emptiness (as in absence).[108] Nature detests a space where nothing exists, where nothing is the only *thing* that can and does grow. Nature, in this sense, abhors its own deliberate trajectory into the infinite nothingness that is entropic potential; the infinite molecular decay of everything.[109] However, in 2020 two chemical engineers from Tulane University published their findings in *Nature Chemistry* "that showed that it is possible that water may refuse to fill a class of bowl-shaped molecules called cavitands — depending on the placement of oily groups around the rim of the molecule's bowl when placed in aqueous solution." Professors Bruce Gibb and Hank Ashbaugh found that nature does not *always* abhor a vacuum, and that space does not *always* demand to be filled. While their research applies to the laws of chemistry and physics, their findings suggest that a true vacuum (a space void of molecules/vibrations) is not a space that nature rejects, but a space that nature does not seek to fill. Spaces can resist being filled, either because they are already filled with molecules, vibrations, and particles, or because there is a metaphorical oily rim around the space that will not allow it to be filled. Thinking of these findings in terms of prosthetics and prosthetic spaces, the oily rim (metaphorically) represents the body's communication system; the nerves send signals to the brain to indicate that the space where a limb once was is already filled and does not demand more filling.

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[108] The phrase "nature abhors a vacuum" is often attributed to Aristotle, but he did not actually write the phrase "nature abhors a vacuum" in any of his surviving works. This phrase is often attributed to him, but it more accurately reflects the understanding of natural philosophy during his time rather than a specific statement he made. The concept of "nature abhors a vacuum" was central to the ancient Greek understanding of physics and was later formalized by Aristotle's followers, particularly in the context of Aristotelian natural philosophy. For more information on the subject, see, *The Physics of Aristotle: With a Revised Text, Introduction, and Commentary*, by Aristotle, translated and edited by Philip H. Wicksteed and Francis M. Cornford, 1929.

[109] Entropy is the nature of lack, but within this lack, within the space itself, is affect, sensation, molecular vibrations.

Nature might not abhor a vacuum, but nature does abhor a lack, both in biological and social variation. Variation and difference are essential to evolution (consider the benefits of genetic variation, adaptation, speciation, and biodiversity, to list a few).[110] We must recognize the fundamental value of variety in nature by folding the breadth and wealth of fragmented embodiment into the social norms that govern our reality. We must grapple with lack as Clare grapples with cure and use our literary endeavors to usher in the era of dis/ability centered rhetoric where bodily fragmentation is the accepted cultural script; where "difference is what we have in common" and where fragmentation is the metaphorical foundation of this dynamic framework (Davis). We must begin with acknowledging our dependence rather than arriving at dependence in the conclusion. We are not born whole only to become less of it. We are born dependent beings, so being dependent is what makes us whole.

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If there is any conclusion to be drawn from this prolonged grappling with prosthetics (the material) and prosthesis (the relations) then it is this: fragmentation and dependence are the foundation of embodied and social experience, and dis/ability discourse gives us a mosaic framework through which we might glimpse the breadth of it all (albeit, in moments). Understanding how fragmentation is connected through a series of affective and emotional narratives enables us to visualize embodiment as a dynamic process rather than a single structure. If we can accept and visualize embodiment as an ongoing process, we can reject the structures (institutional/singular) that demand the body-mind be oriented in rigged, prescriptive forms.

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[110] Genetic variation allows populations to adapt to changing environments by providing a diverse pool of traits to draw from; adaptation ensures species' survival by allowing them to thrive in their specific environments; speciation drives biological diversity by creating distinct species with unique traits and roles in ecosystems; biodiversity enhances ecosystem resilience, productivity, and stability, benefiting all life forms. For more information on each, see E.O. Wilson's, *The Diversity of Life* (1992).

There is no question at the end of the long, winding, written road that is this dissertation, that medicine must turn away from positioning cure and body modification as the obvious answers to fragmented embodiment and turn instead toward a dynamic discourse of space and dis/ability.[111] The turn should be sharp. Cutting. Disruptive. Immediate. It should not be something that literary theorists discuss on the sidelines with crossed fingers, hoping and arguing for the permanence of a rhetoric that allows the body to be complex, dependent, and social. I am not the first to make this claim (as nearly every dis/ability theorist referenced in this project has made a similar one). I am simply adding my work to the ever-growing pile of dis/ability centered approaches to medical phenomena so the pile might one day be so large that its crashing into medicine is inevitable. Smothering. When the illogic of disorder inevitably falls, medicine must build its foundation upon the discourse of dis/ability. It is a discourse that engages in a limitless meditation on identity, grief, resilience, suffering, time, and the wisdom gained through engaging with embodiment as a complex assemblage that depends on more than vital signs alone. Dis/ability encompasses so much more than conversations about dis/ability. It is an infinite discourse on the depth and rich texture of experience.

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Literature will never be valuable in the sense that it can guarantee the kind of collective action/movement that precedes systemic change in social and political spheres (and by systemic I mean the kind of change that makes institutions and countries reorganize their systems of power). But writing itself, the *act* of writing, is immensely powerful in its ability to reorganize the self; it helps us add and subtract from our narratives and edit the dominant cultural scripts.

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[111] It is also clear to me that we must turn to Eastern rhetoric and Eastern thought where the West has failed. For starters, we might turn to the foundations of Buddhist thinking that teach Siddhartha (Buddha) is merely a man who awoke from the dream of being a separate self. It’s time for the West to awake from the dream of individualism and embrace the narrative reality that is our fragmented Western existence. Zen hospice centers are one step in the right direction.

We desperately need the blend of all writing styles and disciplines, the intersection (and interaction) of the sciences and the humanities, of fiction and nonfiction, of memoir and the supernatural, if we are ever going to articulate a way to change structures of power (patriarchy, capitalism etc.) and create a cultural shift. Write a new script. This type of script cannot be written by the system. The system wouldn't undermine its own existence (or else disappear). The narrative has to live within our own systems—our nervous systems. The act of writing *is* the resistance to structures of domination. It does not matter what gets written, and it does not matter how poor or well it is written. The act of writing is what makes the difference, because it makes a difference to the person *who is writing* (and that has to count for *something*). Audre Lorde *writing* about her aversion to prosthetic breasts is the moment of resistance, the *thing* that makes the argument valuable (in addition to Lorde's ability to produce poetic and necessary discourses around race, sexuality, and the medical system). Nisi Shawl *writing* and rethinking, or re-narrativizing the Congo's past where future technology/body modifications enable physical resistance, *does* the work of resisting structures of colonization by simply imagining a world in which the oppressed actually have the tools to fight back. Trujillo *writing* a memoir about her experience with DID is resistance of particular magnitude, as the act of writing is an act of integration—of accepting each narrative, each part of her, and each reality that part brings with it, as painful as some of them are. Her words reject all forms of violence. She uses them instead to tear down the structures of violence that gave her a reason to write in the first place. She uses them to build herself back up—to sew herself back together through the affective narratives that assume different factions of her body-mind. Brodber's *writing* offers an historical suturing and rejection of institutional frameworks. The protagonist, Louisiana (et. al), resists the divisions between white academia/research (or colonial thought) and cultural knowledge by valuing Ella's experiential connection to Louisiana’s history. Brodber uses the supernatural genre to “engage a politics of transformation” that resists institutional/white logic and “the need to occupy a space of hedonistic intellectual ‘cool’ that covertly embraces old notions of objectivity and neutrality” by writing about (and therefore valuing) subjective and non-neutral forms of knowing (hooks). Brodber’s novel blurs the hierarchical and prescriptive lines that aim to determine and *define* bodies, by giving Louisiana identities (and narratives) that overlap through experiential and historical discourse. Louisiana’s superimposed identities suggest (through metaphor) that knowledge travels through cultures and through the body; reminding us that without the body, without embodiment, we know less of the past, and therefore less of the present (and our own narratives that travel back and forth between the two). Vuong’s *writing* reminds us that “beauty has historically demanded replication,” and Clare reminds us that the nuance of embodiment is one such beauty that demands replication through written word (Vuong 138). And thanks to writers like Eli Clare, Ocean Vuong, and even Mitchell, we can visualize how embodiment entails more than just the body and extends beyond the body to prosthetically assume space; it is something beyond lived experience *and* experience itself. The body’s ability to organize and reorganize narratives and pause productively in the paradox between finite and infinite articulations of experience is what makes prosthetic embodiment truly brilliant in every form.

REFERENCES CITED

Acocella, Joan. *Creating Hysteria: Women and Multiple Personality Disorder,* Jossey Bass; 1st Edition, 1999. Print.

Ahmed, Sara. “Happy Objects.” *The Affect Theory Reader*, Edited by Melissa Gregg and Gregory J. Seigworth, Duke University Press, 2009, pp. 29-51.

Ahmed, Sara. *Living a Feminist Life*. Duke University Press, 2017. Print.

Ahmed, Sara. *The Cultural Politics of Emotion*. Routledge, 2004. Print.

Ahmed, Sara. *Queer Phenomenology: Orientations, Objects, Others*. Duke University Press, 2006.

Alcott, Linda Martin. *Visible Identities: Race, Gender, and the Self*. Oxford University Press, 2005.

Allan, Kathryn. *Dis/ability in Science Fiction: Representations of Technology as Cure*, Palgrave Macmillan, 2013. Print.

Al-Saji, Alia. “Bodies and Sensings: On the Uses of Husserlian Phenomenology for Feminist Theory.” Continental Philosophy Review, vol. 43, 2010, pp. 13-27.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th, Ed. Text Revision. American Psychiatric Publishing, 1994. *DSM-IV-TR*, doi-org.db29.linccweb.org/10.1176/ appi.books.9780890425596.dsm02. Accessed 8 Jan. 2023.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th, Ed. American Psychiatric Publishing, 2013. *DSM-V*, doi org.db29.linccweb.org/10.1176/ appi.books.9780890425596.dsm02. Accessed 8 Jan. 2023.

Aries, Philippe. "Forbidden Death." *Western Attitudes Towards Death: From the Middle Ages to the Present*. London: Marion Boyars, 1974. 85-107. Print.

Asch, Adrienne and Michelle Fine. “Nurturance, Sexuality, and Women with Disabilities: The Examples of Women and Literature.” *The Disabilities Studies Reader, 1st ed., edited by Lennard J. Davis, Routledge,* 1997, pp. 241-259.

Aternali A, Katz J. “Recent Advances In Understanding and Managing Phantom Limb Pain.” *PubMed Central*, F1000R, July 23, vol 8, 2019, doi: 10.12688/f1000research.19355.1. PMID: 31354940; PMCID: PMC6652103. Accessed 19 Feb. 2024.

Augmented. Directed by Matthew Orr, Featuring Hugh Herr, Jim Ewing, and Dr. Matthew Carty, PBS NOVA Production, 2022.

Balsamo, Anne. “Forms of Technological Embodiment.” *The Information Society Reader,* Routledge, 2004.

Barrett, Lisa Feldman. *How Emotions Are Made: The Secret Life of the Brain*. Mariner Books; Illustrated edition, 2017. Print.

Barrett, Lisa Feldman, and James A. Russell. *The Psychological Construction of Emotion*. The Guilford Press, London, 2015. Print.

Barthes, Roland. “The Death of the Author.” *Image, Music, Text,* trans. S. Heath, Fontana, London, 1977, pp. 142-148.

Behar, Ruth. *The Vulnerable Observer: Anthropology That Breaks Your Heart*. Beacon Press, 1977. Print.

Behera, Priyanka, and Manaswini Dash. “Life after Lower Limb Amputation: A Meta-Aggregative Systemic Review of the Effect of Amputation on Amputees.” *Journal* *of Dis/ability Studies*, vol. 7, no. 2, 2021, pubs.iscience.in/journal/index.php/jds/article/view/1203. Accessed 25 April 2024.

Best, Stephen. *None Like Us: Blackness, Belonging, Aesthetic Life*. Duke University Press, 2018. Print.

Beyt, Adam. "Affect and Embodied Emotions." *The Routledge Handbook of Religion and the Body*, edited by Yudit Kornberg Greenberg, George Pati, Routledge, 2023.

Bjerre, Thomas Ærvold. *Southern Gothic Literature*. *Oxford Research Encyclopedia of Literature*, 2017, doi.org/10.1093/acrefore/9780190201098.013.304. Accessed 8 Jan. 2023.

Boller, François, and Daniel Birnbaum. "Silas Weir Mitchell: Neurologists and Neurology during the American Civil War." *Frontiers of Neurology and Neuroscience, War Neurology*, vol. 38, 2016, doi.org/10.1159/isbn.978-3-318-05606-8. Accessed 23 Feb. 2024.

Bourke, Joanna. "Silas Weir Mitchell's The Case of George Dedlow." *The Lancet*, vo 373, issue 9672, 2009, pp. 1332-1343, doi.org/10.1016/S0140-6736(09)60761-3. Accessed 21 Feb 2024.

Boxall, Peter. *The Prosthetic Imagination: A History of the Novel as Artificial Life*, Cambridge University Press, 2020. Print.

Brand, Bethany L, Sar Bedat et al. "Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder." *The Harvard Review of Psychiatry*, vol. 24, no. 4, 2016, pp. 257-270. Accessed 8 Jan. 2023.

Brewer, Elizabeth et. al. "Dis/ability Studies, in Time." Dis/ability Studies Quarterly, vol. 41, no. 2, 2021. Accessed 14 April 2024.

Brodber, Erna. *Louisiana*. University Press of Mississippi, 1994. Print.

Brown, Steven D. and Ian Tucker. “Eff the Ineffable: Affect, Somatic Management, and Mental Health.” *The Affect Theory Reader*, Duke University Press, 2010, pp. 229-250. Print.

Carlson, Eric T. “The History of Multiple Personality in the United States: Mary Reynolds and Her Subsequent Reputation.” *Bulletin of the History of Medicine*, Johns Hopkins UP, vol. 58, no. 1, 1984, pp. 72-82. Accessed 8 Jan. 2023.

Carolan, Michael. “The Conspicious Body: Capitalism, Consumerism, Class and Consumption.” *Worldviews: Global Religions, Culture, and Ecology*, Brill, 2005. Accessed 10 March 2024.

Carver, Jeremy, and Greg Berlanti. *Doom Patrol*. Released Feb. 15, 2019, *HBO Max.* Accessed Jan 8 2023.

Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician*. Pennsylvania State University Press, 2012. Print.

Chamberlain, Trevor. “The Sum of Her Parts With Olga Truillo.” *Mindful Things*, McLean Hospital, Oct. 1, 2019. Accessed 8 Jan 2023.

Chefetz, Richard A. *Intensive Psychotherapy for Persistent Dissociative Processes: The Fear of Feeling Real*. W.W. Norton & Company, New York, 2015. Print.

Cheyne, Ria. *Dis/ability, Literature, Genre: Representation and Affect in Contemporary Fiction*, Liverpool University Press, 2019. Print.

Clare, Eli. *Brilliant Imperfection: Grappling with Cure.* Duke UP, 2017. Print.

Colebrook, Claire. “Earth Felt the Wound: The Affective Divide.” *Journal for Politics, Gender and Culture,* vol. 8, no. 1, 2011, pp. 45-57.

Couser, G. Thomas. “Dis/ability, Life Narrative, and Representation.” *PMLA*, vol. 120, no. 2, 2005, pp. 602–606. JSTOR, www.jstor.org/stable/25486192. Accessed 5 Apr. 2024.

Crawford, Cassandra S. *Phantom Limb: Amputation, Embodiment, and Prosthetic Technology*. NYU Press, 2014. Print.

D'Alessandro, Anthony. "*Moon Knight* Premiere Viewership Behind *Loki*, But Ahead of *Hawkeye*." *Deadline*, April 4, 2022. Accessed 8 Jan 2023.

Davis, Lennard J. *Bending Over Backwards: Dis/ability, Dismodernism, and Other Difficult Positions*. New York UP, 2002. Print.

DeCook, Julia R. "A [White] Cyborg's Manifesto: the Overwhelmingly Western Ideology Driving Technofeminist Theory." *Media, Culture & Society*, vol. 43, no. 6, 2020, pp. 1158-1167. Accessed 12 March 2024.

De Jaegher, H. "Loving and Knowing: Reflections For An Engaged Epistemology." *Phenomenology and the Cognitive Sciences*, vol. 20, 2021, pp. 847–870. doi.org/10.1007/s11097-019-09634-5. Accessed 10 March 2024.

Deleuze, Gilles and Felix Guattari. "Percept, Affect, and Concept." *What is Philosophy?* Columbia University Press, 1991, pp. 163-201.

Dell, Paul F. and O'Neil, John A. *Dissociation and the Dissociative Disorders*. New York: Routledge, 2009. Print.

Devereux, Cecily. "Hysteria, Feminism, and Gender Revisited: The Case of the Second Wave." *ESC: English Studies in Canada*, vol. 40, no. 1, 2014, pp. 19-45, 10.1353/esc.2014.0004. Accessed 8 Jan. 2023.

Diab, Mohamed. *Moon Knight*. Jeremy Slater, Season 1, March 30, 2022, *Disney+*. Accessed 8 Jan 2023.

"Dis/ability Language Style Guide." *National Center on Dis/ability and Journalism*, 2021, ncdj.org/style-guide/. Accessed 19 Feb. 2024.

“Doctor Who Super-Fan Turns His Bionic Arm Into A Replica Tardis.” *Open Bionics*, 8 September 2023, openbionics.com/doctor-who-super-fan-turns-his-bionic-arm-into-a-replica-tardis/. Accessed 10 March 2024.

Dorahy MJ, Brand BL, Şar V, et al. “Dissociative Identity Disorder: An Empirical Overview.” *Australian & New Zealand Journal of Psychiatry*, vol. 48, iss. 5, 2014, pp. 402-410 doi:10.1177/0004867414527523. Accessed 8 Jan 2023.

Edelman, Lee. *No Future: Queer Theory and the Death Drive*. Duke University Press, 2004. Print.

Ellis, Katie, Rosmarie Garland-Thomson, et. al. *Interdisciplinary Approaches to Dis/ability: Looking Towards the Future*, Interdisciplinary Dis/ability Studies, vol. 2, Routledge, 2019.

Elliott, Tracy. “Body Dysmorphic Disorder, Radical Surgery and the Limits of Consent.” *Medical Law Review*, vol. 17, no. 2, 2009, pp. 149–182, https://doi.org/10.1093/medlaw/fwp001.

Fang SY, Lin PJ, Kuo YL. “Long-Term Effectiveness of a Decision Support App (Pink A Journey) for Women Considering Breast Reconstruction Surgery: Pilot Randomized Controlled Trial.” *JMIR Mhealth Uhealth*, vol. 10, no. 9, 2021, doi: 10.2196/31092.

Farnsworth, Laura. “Rejecting Stigma – Embracing ‘Living Flat’: Motivations for Resisting Breast Reconstruction and Prosthetic Breasts After Mastectomy.” *Spectrum Research Repository,* Concordia University, 2019.

Frank, Arthur. *The Wounded Storyteller: Body, Illness, and Ethics.* University of Chicago Press, 1995.

Furness, Peter N. “The Human Tissue Act.” *BMJ*, vol. 333, 2006, doi:10.1136/bmj.38961.597350.BE.

PMID: 16960191; PMCID: PMC1562465. Accessed 19 Feb. 2024.

Gadow, Sally. “Body and Self: A Dialectic.” *The Body: Critical Concepts in Sociology*. United Kingdom, Routledge, 2003. Print.

Gardner, Jared. “How Should a Stigmatized Diagnosis Be Conveyed? How What Went Wrong is Represented in, *Swallow Me Whole*.” *AMA Journal of Ethics: Illuminating the Art of Medicine*, vol. 20, no. 2, 2018, pp. 148-153.

Garfield, David and Ira Steinman. *Self Psychology and Psychosis: The Development of the Self During Intensive Psychotherapy and Other Psychoses*. Karnac Books, 2015.

Gibson, Hannah. “Exploring Contemporary Anthropological Theory: Can We Use Posthumanism to Reconceptualise the Disabled Body?” *Sites: A Journal of Social Anthropology and Cultural Studies*, vol. 12, no. 2, 2015, pp. 1-21.

Goler, Robert I. “Loss and the Persistence of Memory: ‘The Case of George Dedlow’ and Disabled Civil War Veterans.” *Difference and Identity: A Special Issue of Literature and Medicine*, Edited by Jonathan M. Metzl and Suzanne Poirier, Johns Hopkins University Press, 2005, pp. 160-184.

Goodley, Dan and Katherine Runswick-Cole. “Becoming Dishuman: Thinking About the Human Through Dis/Ability.” *Discourse: Studies in the Cultural Politics of Education*, vol. 37, no. 1, 2014, pp. 1-15.

Goodley, Dan, et al. “Feeling Disability: Theories of Affect and Critical Disability Studies.”

Disability & Society, vol. 33, no. 2, 2017, pp. 197-217.

Gourdine, Angeletta K. M. "Carnival-Conjure, Louisiana, History and the Power of Women's Ethnographic Narrative." *Ariel,* vol. 35, no. 3-4, 2004, pp. 139–158.

Gross, Julie, PT. *Life After Limb Loss: A Guide for New Amputees and their Families*. Sean Sumner Publishing, 2012. Print.

Hacking, Ian. *Rewriting the Soul: Multiple Personality and the Science of Memory.* Princeton University Press, 1995. Print.

Hanna, Esmee. "Morbid curiosity? Discussion of the Disposal of Amputated Limbs on Online Question and Answer Sites." *PMC Digital Health*, vol. 5, 2019, doi: 10.1177/2055207619890473. PMID: 31807313; PMCID: PMC6880030. Accessed 19 Feb 2024. Haraway, Donna. "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century." *Symians, Cyborgs and Women: The Reinvention of Nature,* New York: Routledge, 1991, pp. 149-181.

Harvey, Steven. "The Art of Self." *Fourth Genre: Explorations in Nonfiction*, vol. 1 no. 1, 1999, p. 140-142. Project MUSE, doi.org/10.1353/fge.2013.0452. Accessed 15 April 2024.

Hayles, Katherine N. *Unthought: The Power of the Cognitive Nonconscious*. University of Chicago Press, 2017. Print.

Heavy, Emily. "Narrative Bodies, Embodied Narratives." *The Handbook of Narrative Analysis*, Wiley, 2015. doi.org/10.1002/9781118458204.ch22. Accessed 16 April 2024.

Herndl, Diane Price. "Our Breasts, Our Selves: Identity, Community, and Ethics in Cancer Autobiographies." *Signs*, vol. 32, no. 1, 2006, pp. 221-245. jstor.org/stable/10.1086/505542. Accessed 04 March 2022.

Herndl, Diane Price. “Reconstructing the Posthuman Feminist Body Twenty Years After Audre Lorde’s Cancer Journals.” *Feminisms Redux: An Anthology of Literary Theory and Criticism*, Rutgers UP, 2009, pp. 477-487.

Hochschild, Adam. “The Fight to Decolonize the Museum.” *The Atlantic*, February 2020. Accessed 04 March 2022.

Hochschild, Adam. *King Leopold’s Ghost: A Story of Greed, Terror, and Herrorism in Colonial Africa*. Houghton Mifflin, 1999. Print.

hooks, bell. *Ain’t I A Woman: Black Women and Feminism*, Pluto Press, 1982. Print.

hooks, bell. *Black Looks: Race and Representation.* South End Press Boston, MA, 1992. Print.

hooks, bell. “Remembered Rapture: Dancing With Words.” *Remembered Rapture: The Writer at Work*, New York: Henry Holt, 1999, pp. 35-45. Accessed 12 March 2024.

Hugo, Kristin. “She Took Her Amputated Leg Home, And You Can Too.” *PBS NewsHour*, 2017. pbs.org/newshour/science/took-amputated-leg-home. Accessed 19 Feb. 2024.

Husing, Zita E. “Resisting Colonial Violence: Investigating Transhuman Bodies, (Dis)ability and De/Colonialization in Nisi Shawl's *Everfair*.” *FemSpec; San Francisco*, vol. 21, No. 1, 2021, pp. 72-89. *Proquest*. Accessed 04 March 2022.

Janet, Pierre. *Psychological Automatism 2 Volume Set: Total Automatism and Partial Automatism*. Routledge, 2021, [1889]. Archive.

Jones, Esther L. *Medicine and Ethics in Black Women’s Speculative Fiction*, Palgrave Macmillan, 2015. Print.

Jones, Meadow. “To Write What You Know: Embodiment, Authorship, Empathy.” *Sensoria: A*

Journal of Mind, Brain & Culture, 2014, pp. 49-56. Accessed 10 March 2024.

Kafer, Alison. “The Cyborg and the Crip: Critical Encounters.” *Feminist, Queer, Crip*, Indiana University Press, 2013, pp. 103–128. *JSTOR*, .jstor.org/stable/j.ctt16gz79x.10.

Khalid, Robina Josephine. “Demilitarizing Disease: Ambivalent Warfare and Audre Lorde’s ‘The Cancer Journals.’” *African American Review*, vol. 42, no. 3/4, [Indiana State University, Saint Louis University, African American Review (St. Louis University), 2008, pp. 697–714, http://www.jstor.org/stable/40301262.

Khan, Natshwa. “Cancer Memoirs as Narrative Strategy: Are Our Stories as Valuable as Our Breasts?” *Intima: A Journal of Narrative Medicine,* 2016, pp. 1-10.

Kilikita, Jacqueline. “5 Trans Women on their Beauty Routines in Quarantine.” *Refinery29*, July 2020. Accessed 04 March 2022.

Kimmerer, Robin Wall. *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants*. Milkweed Editions, 2013. Print.

Kirmayer, Laurence J, et. al. “Narrative Medicine” *Person Centered Medicine*, Springer, 2023, pp. 235-255. doi.org/10.1007/978-3-031-17650-0. Accessed 15 April 2024.

Kline, David G. “Silas Weir Mitchell and ‘The Strange Case of George Dedlow.’” *Neurosurg Focus*, vol. 41, issue 1, 2016, doi: 10.3171/2016.4.FOCUS1573. PMID: 27364258. Accessed 19 Feb. 2024.

Lehman, Katherine J. “Woman, Divided: Gender, Family, and Multiple Personalities in Media.” *The Journal of American Culture*, vol. 37, no. 1, 2014, pp. 64-73. Accessed 8 Jan. 2023.

Lorde, Audre. *The Cancer Journals (1980),* Aunt Lute Books, 2006. Print.

Lorde, Audre. “The Uses of Anger: Women Responding to Racism.” *Sister Outsider:*

Essays and Speeches by Audre Lorde, Crossing Press Berkley, 1984, pp. 124-133.

Louis, Elan D, MD, MS, Stacy Horn, DO, and Lisa Anne Roth. “The Neurologic Content of S. Weir Mitchell’s Fiction.” *Neurology Journals*, vol 66, no 3, 2006, pp. 403-407. Accessed 19 Feb. 2024.

Lorimer, Joshua. “Limbitman.” *Instagram*, 13 January 2024. Accessed 10 March 2024.

Luo, Yong and Thomas Anderson, PhD, MD. “Phantom Limb Pain: A Review.” *International Anesthesiology Clinics*, vol. 54, no. 2, Spring 2016, pp. 121-139. DOI: 10.1097/AIA.0000000000000095. Accessed 19 Feb. 2014.

Mack, Nancy. “Critical Memoir and Identity Formation: Being, Belonging, Becoming.” *Critical Expressivism: Theory and Practice in the Composition Classroom*, Wright State University, 2014, pp. 55-68. https://corescholar.libraries.wright.edu/english/213/. Accessed 15 April 2024.

Mairs, Nancy. *Waist-High in the World: A Life Among the Nondisabled*. Beacon Press, 1996. Print.

Malchow, Dee, RN. *Alive & Whole Amputation: Emotional Recovery*. CreateSpace Independent Publishing Platform; 2nd edition, October 2016. Print.

Malchow, Dee, RN. “Phantom of the Missing Limb.” *Dee’s Blog*, 2015, deemalchow.weebly.com/blog. Accessed 19 Feb 2024

Mapow, David A. “Do People Have Ownership over Their Body Parts and If So, Can the State Control Their Ultimate Disposition in the Interest of Public Health and Safety?” *HeinOnline* Rutgers J. L. & Religion, vol. 16, 2015, pp. 114-144. Accessed 19 Feb. 2024.

Marsh, Tanya. *The Law of Human Remains.* Lawyers & Judges Publishing Company, Inc. 2015. Print.

Massumi, Brian. “The Autonomy of Affect.” *Cultural Critique*, no. 31, 1995, pp. 83–109. *JSTOR*, jstor.org/stable/1354446. Accessed 14 April 2024.

Minnis, Alastair. *Phantom Pains and Prosthetic Narratives: From George Dedlow to Dante*. Cambridge University Press, 2021. Print.

Missildine, Whitney. “What If You Were Born Without a Hand?” *This Is Actually Happening*, Season 12, Episode 286, *Wondery*, 11 July 2023. Accessed 10 March 2024.

Mitchell, David T, and Sharon L. Snyder. *Narrative Prosthesis: Disability and the Dependencies of Discourse*, The University of Michigan Press, 2000.

Mitchell, David T, and Sharon L. Snyder. *The Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment*. The University of Michigan Press, 2016.

Mitchell, Silas Weir. “The Case of George Dedlow.” *The Atlantic Magazine*, July 1866 Issue, theatlantic.com/magazine/archive/1866/07/the-case-of-george-dedlow/308771/. Accessed 18 Feb. 2024.

Murray, Craig D. “Embodiment and Prosthetics.” *Psychoprosthetics*, edited by Pamela Gallagher, Deirdre Desmond, Malcolm MacLachlan, Springer, London, 2008, pp. 119-129.

Morrison, Toni. *Beloved*. Vintage Reprint, 2004. Print.

Myers, Frederic. “Multiplex Personality.” University of Oregon’s Dissociation and Trauma Archives, *Proceedings of the Society for Psychical Research*, vol. 4, 1886, pp. 496-514. Accessed 8 Jan 2023.

NA, NA, and Kasper, Anne S.. *Breast Cancer: Society Shapes an Epidemic*. United States, Palgrave Macmillan US, 2016.

Nathan, Debbie. *Sybil Exposed: The Extraordinary Story Behind the Famous Multiple*

Personality Case. Free Press, 1st Edition, 2012. Print.

Nelson, Jennifer. *Women of Color and the Reproductive Rights Movement*. United Kingdom, NYU Press, 2003.

Nguyen, Mimi. "Queer Cyborgs and New Mutants: Race, Sexuality, and Prosthetic Sociality in Digital Space." *American Studies: An Anthology*, edited by Barry Shank, Janice A. Radway, Kevin Gaines, Penny Von Eschen, Wiley Publishing, 2009, pp. 372-385.

Ott, Katherine, David Serlin and Stephen Mihm. *Artificial Parts, Practical Lives: Modern Histories of Prosthetics.* NYU Press, 2002. Print.

Oziewicz, Marek. "Speculative Fiction." *Oxford Research Encyclopedia of Literature,* 2017, DOI:10.1093/acrefore/9780190201098.013.78. Accessed 15 April 2014.

Parkes, Pamela. "What Can You Do With An Amputated Limb?" *BBC News*, 2016, bbc.com/news/uk-england-somerset-34879100. Accessed 19 Feb. 2024.

Powell, Katrina M. "Audre Lorde's Intellectual Body: Scripting an Embodied Activism." *Performing Autobiography: Narrating a Life as Activism*, Palgrave Macmillan, 2021, pp. 71-96.

Power, Amber. "Lana Lin's *The Cancer Journals* Revisited." *Bomb Magazine*, December 2019. Accessed 04 March 2022.

Prima, Arazy Gifta. "Depression and Amputation: A Narrative Literature Review." *Open Access Indonesian Journal of Medical Reviews*, vol. 1 no. 4, 2021, doi.org/10.37275/oaijmr.v1i4.43. Accessed 25 April 2024.

Roberts, June. "Erna Brodber's Louisiana: An Alternative Aesthetic, or Oral Authority in the Written Text," *Literary Griot,* vol. 14, no. 1-2, 2002, pp. 75-93.

Rogers, Rayna. "Multiple Personality and Channeling." *Jefferson Journal of Psychiatry*, vol. 9, iss. 1, 1991, pp. 3-13. Accessed 8 Jan. 2023.

Rudd, Pennie. "Starting Out - A Request to Cremate an Amputated Limb Raised Issue of Spiritual Care." *RCNi*, Nursing Standard, London Vol. 28, Iss. 33, 2014. Accessed 19 Feb 2024.

S. Jain, Lochlann. *Malignant: How Cancer Becomes Us*, University of California Press, 2013.

Salehomoum, Maryam. "Cochlear Implant Nonuse: Insight from Deaf Adults." *The Journal of Deaf Studies and Deaf Education,* vol. 25, no. 3, 2020, pp 270–282, doi.org/10.1093/deafed/enaa002Accessed 20 April 2024.

Satz, Aura. "The Conviction of its Existence: Silas Weir Mitchell, Phantom Limbs and Phantom Bodies in Neurology and Spiritualism." *Neurology and Modernity*, Salisbury, L. Shail (ed), Palgrave Macmillan, 2010, pp.113-129. doi.org/10.1057/9780230278004_6. Accessed 19 Feb. 2024.

Scheinberg, Dianne. "Phantom Limb Syndrome (Phantom Pain; Phantom Limb; Neuropathic Pain)." NYU Langone Health, Department of Surgery, 2014, froemkelab.med.nyu.edu/surgery/content?ChunkIID=96857. Accessed 19 Feb. 2024.

Schmeink, Lars. "Dystopia, Science Fiction, Posthumanism, and Liquid Modernity." *Biopunk Dystopias: Genetic Engineering, Society and Science Fiction*, Liverpool: University Press, 2016, pp. 18-70. JSTOR, jstor.org/stable/j.ctt1ps33cv.5.

Schore, Allan N. *Affect Dysregulation and Disorders of the Self.* W.W. Norton & Company, 2003. Print.

Schore, Allan N. *The Development of the Unconscious Mind (Norton Series on Interpersonal Neurobiology).* W.W. Norton, 2019. Print.

Schwarz, Heike. *Beware of the Other Side(s): Multiple Personality Disorder and Dissociative*

Identity Disorder in American Fiction. Transcript Verlag, Blelefeld, 2013. Print.

Sharpe, Christina. *In the Wake: On Blackness and Being*. Duke University Press, 2016. Print.

Sharpe, Jenny. "When Spirits Talk: Reading Erna Brodber's *Louisiana* for Affect." *UCLA*, Report 3 39. https://escholarship.org/uc/item/6cg447s0. Accessed 01 May 2023.

Shawl, Nisi. *Everfair*, Tor Books; 1st ed., 2016. Print.

Showalter, Elaine. "Hysteria, Feminism, and Gender." *Hysteria Beyond Freud*, University of California Press, 1993, pp. 286-345.

Showalter, Ross. "Writing Fantasy Lets Me Show the Whole Truth of Disability." *Electric Literature*, 2020, https://electricliterature.com. Accessed 03 June 2021.

Sedgwick, Eve Kosofsky. *Touching Feeling: Affect, Pedagogy, Performativity.* Duke University Press, 2003. Print.

Serlin, David. *Replaceable You: Engineering the Body in Postwar America.* University of Chicago Press, 2004. Print.

Siebers, Tobin. "Disability and the Theory of Complex Embodiment: For Identity Politics in a New Register." *The Disabilities Studies Reader*, 5th ed., edited by Lennard J. Davis, Routledge, 2017, pp. 313-332.

Siegal, Daniel J. *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. Guilford Publications, 2020. Print.

Silverstein, Shel. *The Missing Piece*. Harper & Row, 1976. Print.

Smith, Barbara. "Toward a Black Feminist Criticism." *The Radical Teacher*, no. 7, 1978, pp. 20–27, JSTOR, jstor.org/stable/20709102. Accessed 27 April 2024.

Smith, Tracy K. "How Audre Lorde's Experience of Breast Cancer Fortified Her Revolutionary Politics." *Literary Hub*, Oct. 14, 2020. Accessed 4 April 2023.

Sontag, Susan. *Illness as Metaphor*. Farrar, Straus and Giroux, New York, 1978. Print.

Spiegel, Alix, and Hanna Rosin. “Emotions.” *Invisibilia*, Season 3, Episode 1, NPR, June 22, 2017. Accessed 15 April 2024.

Steinberg, Marlene, and Maxine Schnall. *The Stranger in the Mirror: Dissociation: The Hidden Epidemic. New York*: Cliff Street Books, 2000. Print.

Stoller, Silvia. “What Is Feminist Phenomenology?” *Feminist Phenomenology Futures*, Edited by Helen A. Fielding and Dorothea E. Olkowski, Indiana UP, 2017, pp. 328-343.

Tasca, Cecilia, et al. “Women and Hysteria in the History of Mental Health.” *Clinical Practice & Epidemiology in Mental Health*, vol. 8, 2012, pp. 110-119. doi: 10.2174/1745017901208010110. Accessed 8 Jan. 2023.

Tomkins, Silvan S. “Affect Theory.” *Approaches to Emotion*, edited by Klaus R. Scherer and Paul Ekman, Psychology Press, 2009, pp. 163-182.

Tomkins, Silvan S. *Affect, Imagery, Consciousness,* Springer Publishing, 2008, pp. 3-27. Accessed 10 March 2024.

Trujillo, Olga. *The Sum of My Parts: A Survivor’s Story of Dissociative Identity Disorder*. New Harbinger Publications, 2011.

Tutak, Yılmaz, and İlhami Şahin, et al. “Depression, Social Phobia and Quality of Life after Major Lower Limb Amputation.” *Haydarpasa Numune Medical Journal*, vol. 60, no. 2, 2020, pp. 168-172. DOI:10.14744/hnhj.2020.27928. Accessed 25 April 2024.

Van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Publishing Group, 2015. Print.

Vint, Sherryl. *Bodies of Tomorrow: Technology, Subjectivity, Science Fiction*. University of Toronto Press, 2007. Print.

Voss, Daniela. "Intensity and the Missing Virtual: Deleuze's Reading of Spinoza." *Deleuze and Guattari Studies*, vol. 11, no. 2, pp. 156-173. doi/epub/10.3366/dls.2017.0260. Accessed, 14 April 2024.

Vuong, Ocean. *On Earth We're Briefly Gorgeous*. Penguin Random House UK, 2019. Print.

Weiss, Gail. *Refiguring the Ordinary*. Bloomington: Indiana University Press, 2008. Print.

West, Donald. "Society for Psychical Research." *PSI Encyclopedia*, London, 2015. Accessed 8 Jan. 2023.

Wilkinson, Margaret. *Coming Into Mind: The Mind-Brain Relationship: A Jungian Clinical Perspective*. Taylor and Francis, 2006. Print.

Weeks, Sharon R, Anderson-Barnes, Victoria, Tsao, Jack W. MD, and Phil D. "Phantom Limb Pain Theories and Therapies." *The Neurologist,* vol 16, pp. 277-286, September 2010. DOI: 10.1097/NRL.0b013e3181edf128. Accessed 19 Feb. 2024.

Weisbord, Robert G. "The King, the Cardinal and the Pope: Leopold II's Genocide in the Congo and the Vatican." *Journal of Genocide Research*, vol. 5, 2003, pp. 35-45. https://doi.org/10.1080/14623520305651.

Wilson, John. "How To Throw Out Your Batteries." *How To With John Wilson*, Season 2, Episode 4, 17 December 2021, *HBO*, hbo.com/how-to-with-john-wilson/season-2/4.

Wilson. E.O. *The Diversity of Life.* Belknap Press, 1992. Print.