



Roanne Kantor

What does it mean to feel cut off? What is the relationship between this feeling, a feeling of alienation and non-belonging, and the physical act of separation implied by the medical procedure of amputation? Last month I was inspired by Kristina's review of *Anatomy of a Soldier*, in which an injured soldier comes back to a sense of himself through a relation to his new prosthesis. I wanted to think about the moments before this moment, moments of negotiating loss, as well as moments in which the receipt of a prosthetic does not follow the recipe for wholeness outlined here. As I think through these ideas, I'm informed by two very different pieces of writing. So while what follows is not exactly a book review, it might act as a recommendation of sorts.

As the seasons change again, I've renewed my habit of bedtime reading in Anthropology. This time the book is *Metabolic Living* by Harris Solomon, a medical anthropologist at Duke. Solomon's book focuses on diabetes and its co-morbidities as they are experienced in contemporary Mumbai, India. In two concurrent chapters, Solomon addresses two different forms of being cut off as they relate to metabolic disorders: amputation and stomach stapling. In the first, he explores the removal of necrotic appendages made vulnerable to damage by neuropathy and reduced blood flow. In the second, he traces the voluntary excision of gut tissue in an attempt to regulate hunger and fullness in the face of unprecedented excess.

Agency is an abiding concern in Solomon's text: who or what has it, where is it located, when is it exercised. This is no accident. When it appears in literature, I want to suggest, amputation is always a powerful symbol through which to work out human agency and radical contingency. Even when life itself does not offer such a tidy narrative, people often make sense of being "cut off" in this way. In the cases Solomon describes, agency is imagined to recede from the patient—and, interestingly, from the doctor—and into the body itself. For example, the body decides, through a process called "demarcation," what parts of the foot belong to it, and which are alienated. Which will become necrotic and drop away. A loss of feeling precedes (and, indeed, causes) this loss of limb, and Solomon's writing often underscores the connection between these losses. Before something can be physically cut away, our agency over it has, in some significant way, already disappeared.

Thus, the subjects Solomon follows feel alienated from themselves even before they reach the doctor's office. The book's central emphasis on metabolism helps illuminate how this is so.

Metabolism, after all, is series of processes and responses described as if it were a single organ, but one whose precise location in the body or in the environment is never fixed. We all “have” a metabolism, but what is it, and where? And if we cannot locate and exercise agency over it, what risks does that entail?

One statistic jumped out at me from the book: that the diabetic patients who had received a below-the-knee amputation were not necessarily liberated, but often weighed down by a prosthetic limb.

“The remaining leg’s muscles put in extra work to lift the prosthetic leg (“it’s like a patient carrying a dumbbell with every step,” Dr. Samant said.) The heart had to pump 15 percent more blood, too, as a result of this extra work. Consequently, more than three-quarters of persons who have below-the-knee amputations die within five years of the procedure because of the strain on the heart.”

This shocking statistic brought me back to another text, one that surprised me when I taught it last year in my class on disability: J.M. Coetzee’s *Slow Man*. The novel follows Paul, a man in late middle age whose life is upended after he loses his leg in a biking accident. The accident and amputation—assertions of life’s radical contingency—are all over in the first few pages of the book. Instead of climactic action, they merely set the stage for Paul’s reckoning with himself: the person he was, and the one he will become. In the process of negotiating his future, Paul often looks at his leg, what he calls his “stump.” Although part of the leg remains with him, he experiences it as cut-off. At times he imagines it as an innocent baby, as a flaccid penis, as a piece of meat (specifically ham). But not part of himself. Not a leg, or even the precursor of a leg, the location of a prosthesis, which he adamantly refuses to wear.

What a fierce debate we had in the classroom about whether Paul was right to refuse a prosthetic leg! At the time, I thought I knew exactly how to read his choice. I approached the question as a reader familiar with Coetzee’s writing—an advantage I had over most of my students. In that light, I saw Paul as another in a long line of Coetzee’s pitiful middle-aged men, men whose unreflexive selfishness is challenged by the radical contingencies introduced by the plot. Paul’s refusal of the prosthetic confines him to his house (where he would otherwise be mobile), extends his convalescence into a permanent form of dependency on a nurse, around whom he develops an elaborate and one-sided passionate attachment. The degree of violence in those delusions of passion make Paul in *Slow Man* distinct from Coetzee’s protagonist of *Disgrace*, but the nature of those delusions is hauntingly similar. At least that was my instinct at first blush.

To my surprise, many of my students read Paul’s decision to forego the prosthesis as a noble, empowered choice, a negation of socialized expectations around bodily wholeness. Echoing the thinking of Carole McGranahan in *Theorizing Refusal*, they coalesced around the idea that Paul was reclaiming his agency precisely by refusing the prosthetic leg. Rather than trying to regain the

agency the amputation had taken from him by pretending it never happened, he would radically embrace his new body. They agree with Paul's position – one I was tempted to read as deludedly self-serving – that using a prosthetic would be a “lie,” an attempt to “pass” as able bodied, rather than confronting the world with his difference. They might be right. I honestly don't know.

That ambivalence, too, seems to me a hallmark of narratives about amputation. What both Solomon and Coetzee's books share is a consideration for the ambivalence of agency: where it exists relative to the body, how it is challenged by unexpected life circumstances, and how those circumstances can leave us feeling “cut off” from different parts of ourselves. Kathryn suggests similar thematics in her recent post on cyborg dystopias. Nefarious programming prevents the characters she discusses from knowing themselves and acting on their desires. The genre she defines, then, is one that likewise considers agency and embodiment, but from the perspective of a hyper-controlling, malevolent power. These stories of amputation and alienation approach the same questions somewhat differently. Nothing in particular alienates Paul from his leg, or Solomon's interlocutors from their toes or guts. No higher power, no nefarious purpose. Just bad luck. Considering the themes of recent posts, many of us are drawn to stories about power in medicine: who has it, who doesn't, and how it might be more justly distributed. But medicine and health also center on chance. And while power can be negotiated or challenged, chance is implacable. Amputation is one vehicle for approaching that uncomfortable truth.