

LOSING A LEG—AND MYSELF

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KEYWORDS: Amputation; Self-image; Identity; Sexuality; Disability

On a March day in 1990, I was walking around the corner from my home in Brooklyn, carrying my three-year-old son, when a car jumped the curb and rammed into us. My child wasn't hurt. My right leg was destroyed from the knee down.

I was 40 years old and very active: I lived in a narrow brick house with steep stairs, and I had another son, then nine. I was taking modern dance classes in a loft in downtown Manhattan, and though I was never much of a dancer, I loved feeling strong and somewhat graceful. My first novel was about to be published, and there was already talk of a movie deal.

The EMTs who had rushed to the scene took me to Bellevue Hospital, where I was fortunate that an excellent surgeon would perform the amputation. But there was a disconnect between her ability and her empathy. I remember begging her to do whatever she could to save my leg, even as I was being wheeled into the OR. She stopped, turned, looked down at me, and said, "We know what we can do and what we can't do. Now you're being irrational."

Maybe so. Clearly, though, I understood what was happening and was coherent enough to express my distress just a few hours after being hit by a huge Olds 88. Perhaps shutting me down in this way was a means of distancing herself from me as a person so that she could cut away a leg. I imagine surgeons must learn to repress, or, at least, conceal, some basic sense of horror at the idea of "dismantling" a body.

In truth, I myself questioned if I even was a person anymore—or, if I was, if I was still a woman. After all, female legs have been considered markers of desirability for centuries. I had dreams in which the connection between my leg and my sexuality was explicit. I can't speak for other amputees, but losing a

limb undermined my entire sense of self—my feeling of bodily integrity. This was more overwhelming than the PTSD resulting from the accident. My friends and family—especially my children and husband—treated me with love, trying to assure me I was still the same to them. But to the doctors I was a case. And I wasn't sure what I was. I felt disconnected from who I had been in the past and had no reference point for who I was supposed to be going forward. I see now how, although for different reasons, that perhaps both the surgeon and I had emotionally removed ourselves from what was happening.

Denial and magical thinking were the only tools I had to withstand my situation: maybe my leg was still there; maybe my leg would be restored. My mind held to these thoughts despite the very obvious physical evidence. The experienced physiatrist overseeing my treatment couldn't understand why I refused to look at myself in the mirror, why I wasn't stopping by the prosthetics department to begin the process of getting a new leg—mere days after I was admitted. A friend remarked that it seemed I was expected to display “some kind of goofy stoicism.” My doctor had a system and timeline, and I was getting off track. She decided that in order for me to progress I should be transferred to the inpatient wing of the old Rusk Institute of Rehabilitation. Because most lower leg amputations are a result of diabetes in older people, she noted that the Rusk staff would be delighted to treat “a young amputee.” That was now my identity.

The former Rusk building was in pretty poor condition, but the care there was exceptional. The ethos was in direct contrast to the expectation that patients are passive vessels waiting to receive treatment. We were active participants in our recovery, dressed not in hospital gowns but street clothes, attending various therapy classes from 9 a.m. to 4 p.m. each weekday. But even here, the psychological aspects of my situation were not understood. Once, a physical therapist questioned why I didn't roll up my empty pants leg. It was a revelation to her when I answered, “Because that would mean I acknowledge my leg isn't there.” The PT then remarked she had never thought about her patients' lives before they came to her, only about addressing the physical problem she was trained to alleviate.

When I was ready to get a prosthesis, I found extremely talented and thoughtful prosthetists—the people essential to functional lives for those of us with limb loss or difference. The relationship with a prosthetist is ongoing, as bodies change, technology advances, and equipment wears out. It's never “one and done.”

Despite the instances when I felt empathy was lacking, my overall experience with medical professionals was positive. At every step, highly skilled people helped me heal. I'm aware, too, that there is a growing movement that recognizes doctors would benefit from having a better understanding not only of their patients but of themselves as well. Maybe in the future it will be a given that expertise is not considered diminished by a more humane approach. And there are also programs offered by several organizations that teach patients how to speak up for themselves. That's the other side of the equation—learning how to be the iron fist, attached to an IV, in a velvet glove.

After all these years, even though I've received excellent support, care, and counseling, I still have moments when I reexperience the shock that my leg is missing. But I no longer feel as though I've lost my identity as a human being and woman. I've had a good life—raising my boys, adopting a daughter, teaching, writing, travelling. Recognizing my physical limitations, I do see myself as disabled. That process of redefinition began at Rusk, where I was among so many others who were injured or ill—and who were also motivated, unself-pitying, supportive, and always ready to crack jokes. We soon began to refer to Ambulation Class as Conversation Class. Now I volunteer as an Amputee Coalition of America Peer Visitor, and for many years have led a writing workshop at the Center for Independence of the Disabled New York.

Recently, I have felt increasingly close to the disability community. A sense of kinship, even if I don't have the same experience as people who have been disabled from birth, has proved extremely salutary. For example, I am grateful for the concept of "crip time"—that health, equipment, or accessibility snafus might mean getting somewhere late, leaving early, or not getting there at all. I'm witnessing radical acceptance of each other's conditions and fierce advocacy.

It may seem like a contradiction, but seeing myself as someone with a disability is not the same as totally integrating the idea that my leg is gone. Perhaps living "able-bodied" for so many years makes it difficult for me to fully accept myself as having one leg, to conceive of my body image this way. There are still times I experience my initial sense of overwhelming loss, and I know buried somewhere in my mind there is a remnant of denial. My PTSD hasn't vanished completely. The accident's aftereffects are constant factors in my life, even though, with my prosthesis on, I'm able to do most of the things I did before. But when I take the leg off at night, or periodically feel the need to remove it when it's too uncomfortable to wear, I become someone else. I've been changed as much psychologically as physically. Right after I lost my leg, I felt as if I were no longer a person. Now each day I am three people who live in three separate realities in three different bodies: the person I was with two legs, the one I am with my prosthetic on, and the one I am with it off. ■

Biographical Note

Avra Wing is the author of two novels: *Angie, I Says*, a *New York Times* "notable book" made into the film *Angie*, and *After Isaac*, for young adults. Her memoir, *Stride: How I Walked Away from Trauma Toward Healing*, was published in September 2026, Avra's poems appeared most recently in *New Ohio Review*, *Image*, *Pirene's Fountain*, *Broad River Review*, and *Santa Fe Literary Review*, and a poetry collection, *Mammoth Life & Accident*, will be published in January 2027. She leads a writing workshop at the Center for Independence of the Disabled, New York. She lives in New York City with her husband and two cats. More information can be found at www.avrawing.com