

## Living as Women with Lower Limb Amputation: A Phenomenological Study

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### ABSTRACT

In India, there is constitutional provision to ensure right to life with dignity to every citizen of the country. But in reality, the persons with locomotor disability, particularly the females having such disability are not always treated by the society in a dignified manner. The major cause of locomotor disability being amputation of lower limb/s, and use of prosthesis being a ray of hope to get back their independence in movement as well as to rebuild their identity to some extent, the female lower limb prosthetic users are the most appropriate sample for a study that wants to throw light on the mental health consequences of a life devoid of dignity. The present study aims to delve deep into the psychological world of six women selected purposively from SVNIRTAR, Cuttack who were using lower limb prosthesis following amputation. Data relating to their lived experiences were collected by semi-structured interview. Interpretative phenomenological analysis approach was adopted to study the day-to-day pragmatic challenges faced by them following amputation as well as after prosthesis use. The study identified a number of physical, psychological, social and cultural consequences of lower limb amputation in women. The findings show that the loss of a leg and, subsequent restricted mobility imply an existential dimension in terms of limitation of action space and loss of freedom experienced as an exclusion from social life, challenging their sense of dignity which to an extent could be restored after using prosthesis.

**Keywords:** *Lived experience, Women with Lower limb amputation, Phenomenology, qualitative study, locomotor disability, Prosthesis user.*

Amputation is a major cause of disability and, the prevalence of amputation is roughly 0.62 amputees per thousand in India (Mohan, 1986). Among this population 94.8% of all amputation is lower limb amputation. Lower limb amputation corresponds to disability level of 70% or above in case of Below Knee (BK) amputation and 85% or above in case of Above Knee (AK) amputation according to the guideline and gazette notification by ministry of social justice and empowerment on Dec 23, 2011. As per the report by Government of India Ministry of Statistics and Programme Implementation National Statistical Office Social Statistics division in their statistical publication “Persons with Disabilities (Divyangjan) in India - A Statistical Profile: 2021”, female disability constitutes 1.5% of the total female

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population. The incidence of locomotor disability is higher among males than females (Das & Agnihotri, 1998). Though lower in incidence among the females, locomotor disability does not spare them with the associated problems. Rather, it could be said that the female amputees' condition is more precarious particularly in Indian society which is largely patriarchal in nature.

Lower extremity amputation can be a major jolt to the physical, psychological and social function (Davidson et al., 2002; Sjodhal et al., 2004), leading to a wide spectrum of experiences such as anxiety, stress, depression, body image anxiety, coping and phantom limb sensation and pain as well as loss of dignity (Coffey et al., 2009; Gallagher & Maclachlan, 2001). Research (Cavanagh et al. 2006; Sjodhal et al., 2004 ; ) suggest that amputation is followed by a lot of emotional turmoil among these individuals. Sadness, depression and anxiety are common problems in these individuals. Thoughts of committing suicide vented out of anger and frustration due to irreversible loss of limb. Previous researches in the field of amputee psychology has also documented high prevalence of mental health issues specially post - traumatic stress disorder (Copuroglu et al., 2010; Liu et al., 2010). While the person's physical disability can, to some extent, be overcome by the use of prosthesis (Andergard & Magnusson, 2016; Jarnhammer et al., 2017; Saradjian et al., 2008), it is important to know the problems associated with this. There is a consensus of opinion among the researchers that prosthesis use can wipe out many of the negative impacts of amputation. However very few of them have tried to study the difficulties associated with prosthesis use.

In the Indian cultural context; disability implies "lack" or "flaw" and people with disability are believed to be helpless, dependent being in need of constant care and protection (Ghai, 2003). They are usually looked down upon and treated without dignity. Very often, they are called not in their name, but as their type of disability. This attitude of abhorrence gets more extreme when it comes toward women with disability. Very often disabled women face discrimination and neglect being devoid of their rights, and are even subjected to physical as well as sexual abuse (Abramson et al., 2003; Alexander et al. 1998). There is not plenty of research available in literature depicting the psycho-social perspectives of females with disability in general; the interest is even lower concerning the issues of women with lower limb amputation and their rehabilitation services, particularly in Indian cultural context. Therefore, it is felt that this area needs manifestly the most concern. The present study aims to delve deep into the psychological world of women having lower limb amputation and using prosthesis by qualitatively analyzing the lived experiences of day-to-day pragmatic challenges faced by them after amputation.

## **METHODOLOGY**

### *Design of the Study*

A phenomenological research approach was utilized that allowed the researcher to comprehend the meaning of experiences from the insiders' perspectives (Giorgi, 1997) for understanding the lived experiences of women with lower extremity amputation (LEA) better. Considering the nature of the participants in focus, we chose narrative analysis as a preferred approach in exploring and interpreting the experiences.

### *Sample*

The sample comprised six women with lower limb amputation selected purposively. Criteria for inclusion in the study were as follows:

- The subjects must be over 18 years of age,
- Must have received unilateral prosthesis,

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- Must have had an amputation at least 3 years prior to the participation in the study, to ensure that emotional distress levels would have returned within the normal (Horgan & Maclachlan, 2009), and they have enough experiences to share with as they have been living the life of a disabled person for quite some time.

Must be able to communicate in Hindi, English or Odia.

### Exclusion criteria

- Patient having multiple disability.
- Patient have congenital limb deficiency.

The mean age of participants was 34.33 years (ranging from 25 to 50 years with a Standard Deviation of 9.58). Five of the participants were married and only one female was unmarried. Five had received a below-knee amputation (83.3%). And one had amputation above the knee at the thigh level. A profile of the participants is presented in Table 1. Pseudonyms have been used to describe the particular participants.

**Table 1 Demographics and few defining characteristics of the Participants**

Sl.no	Pseudonyms	age	Marital status	Side of amputation	Years since amputation	Cause of amputation
1.	Kusum	26 years	Married since 15 days	Left TF amputation; Amputation before marriage.	13 years	Fracture followed by cancer
2.	Shefali	29 years	unmarried	Left TT amputation	14 years	Tumor followed by amputation
3.	Padma	50 years	Married	TT amputation	9years	Nail pricked the foot followed by sepsis and amputation
4.	Kumud	37 years	Married	TT amputation	19 years	Motorcycle accident
5.	Malati	39 years	Married	TT amputation	3 years	Motorcycle accident
6.	Pushpa	25 years	Married	TT amputation; Amputation done before marriage	20 years	Congenital deformity followed by operation, sepsis and amputation

*Note:* TT- Transtibial, TF- Transfemoral

### Data Collection

The study was conducted at Swami Vivekanada National institute of Rehabilitation Training and research (SVNIRTAR), Cuttack which is a pioneer institute in the field of rehabilitation of persons with locomotor disability in India. Data were collected by semi-structured, open-ended, in-depth interviews conducted by the first author. Interviews were conducted individually in a face-to-face manner in the prosthetic rehabilitation center and took 30–45 minutes depending on the subject's response. The interviewer did not interrupt much while the respondents were narrating their experiences, but she probed and prompted them whenever

necessary by saying, “Please tell me more about -” to get quality information. All interviews were tape-recorded to ensure accuracy of understanding, and field notes were made to capture non-verbal communication and situational factors. All interviews were conducted between February, 2019 to September, 2019.

**Ethical considerations**

All the ethical guidelines were followed. Prior to data collection, the participants were explained about the purposes, procedures, benefits and potential risks involved in the study and were informed that they could withdraw from the study at any time. All the participants gave their consent for participating in the study.

**Data Analysis**

Each interview was transcribed verbatim and analysed using phenomenological analysis method suggested by Giorgi et al. (2017).

**Findings**

Three super-ordinate themes emerged from the analysis of the lived experience of the participants. These were 1) Immediate emotional impact and major concern about life after amputation. 2) After effect of amputation. 3). Prosthesis as a ray of hope which are summarized in the following table.

**Table 2 Described Super-ordinate themes and relevant Sub-themes.**

Sl.no	Super-ordinate themes	Sub-themes
1.	Immediate emotional impact and major concern about life after amputation	Reaction & Concern of self Reaction/Concern of the family
2.	After effect of amputation	Challenges after amputation Care givers’ support Reaction of the society Marriage and amputation
3.	Life with Prosthesis	Re-gaining independence, self-concept & self confidence Discomfort with the prosthesis

The findings are discussed according to themes and subthemes.

**1. Immediate emotional impact and major concern about life after amputation**

It is important to note that most of the females interviewed had acquired amputation because of trauma in which amputation was the only choice to save their life. Only one female amputee had a congenital foot deformity which was operated to correct the deformity but she instead, developed sepsis and amputation was performed. Whatever may be the cause, this medical procedure performed on their lower limbs restricted their mobility and made them dependent on others. Hence, what others felt about them was also of utmost importance for them. Although amputation could save their lives, all of them experienced a major emotional jolt with an apprehension of a gloomy future due to a change in their entire lifestyles. They described the incidence to have turned their world upside down. They also felt the emotional impact of the dreaded incidence on their family members. During the interview participants recalled their immediate emotional reactions as follows:

**1.1 Reaction and concern of self.**

During the interview participants, irrespective of their level of amputation, recalled that upon realizing that they have lost their limb, they felt like heartbroken. They were deeply concerned

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about what would be their lives with missing limb. Most of them were very much insecure and apprehensive of their future. Kumud who was newly married and did not have any children at the time of amputation expressed her deep feeling of insecurity of being abandoned by her husband. In her words,

*“I was despondent. I dreaded that as I didn’t had children at that time, my husband may abandon me.”*

She also described during her conversation that her husband had to leave her in her parents’ house as her in-laws were not ready to take care of her.

Malati, a married female of 39 years having two children was very much concerned about not being able to do her job and losing independence due to the restricted movement following amputation. She was so terrified by the thought of being dependent on others that she felt like committing suicide. For her, it was a very difficult phase of life. She was so aggrieved that while recalling that incidence she started crying.

*“I was thinking of committing suicide as I didn’t want to be dependent on my family. My husband works in a school and I was left all alone at home...I was worried that I would not be able to help my husband and children in any way, nor would I be able to do my own work.”*

Padma had undergone amputation following cancer. She also expressed concern about her children.

*“Yes, I felt very sad. It was very painful. My kids were very young. My daughter’s age was only two and half years and my son was four years old.”*

Pushpa was just 9 years old when amputation was performed due to sepsis in the foot. She narrated that though she does not remember everything about the incidence as she was very young at that time but still she can recount that she was very sad and awful about the amputation and felt helpless as nobody could help her in that situation. However, Kusum who underwent amputation at the age 14 due to development of cancer and sepsis following fracture was more concerned about her own survival.

They all described the incidence as life shattering and their world, then was filled with uncertainty and hopelessness.

### 1.2 Reaction/Concern of family members.

As the women participants grieved the loss of limb they voiced the perceived reaction of their family members. Amputation also left their family members in shock, despair, and in pain, as expressed by Shefali who was unmarried at the time of interview and was about 15 years at the time of amputation.

*“They neither expect nor wanted amputation to be done. They requested a lot to the doctors, not to amputate... As I was the elder daughter they were very worried about my uncertain future. If nobody marries me, what will be the future of my younger sister? They were hopeless.”*

Kusum was also not married at the time of amputation. She was blaming her amputation to be the cause of her father’s death.

*“My parents did not want this amputation. But the doctor said that only amputation can save my life ... My father was used to remain depressed after my amputation... He*

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*passed away four years ago. Since he was always in tension and worried about me, he suffered a heart attack and died on the spot. It was only because of me”*

It was a common realization by all women with amputation that their families were shaken-up and shattered by the episode. For the whole family it was very difficult to bear.

Padma who was married and suffered amputation following cancer expressed that her family including her children were dumbstruck after seeing her with amputation

*“She (my mother) was not able to speak anything, she was dumbfounded. My kids kept staring at me and could not say anything... He (husband) was sad. But he was more concerned for my life.”*

It was observed that family members give consent for amputation, only when they realize that but for it the patient's life will be endangered. Particularly in case of unmarried girls, parents request the doctor to avoid amputation apprehending uncertainty in their amputated daughter's future.

### 2. After effect of amputation

Findings from the study reveals that the second phase after the immediate reaction to amputation is when she (women with amputation) actually realizes that her life has undergone a complete change and she has to start living with the lost limb. The pragmatic challenges as experienced by the amputees include physical difficulties after amputation, the reactions of the community, and the effect of amputation on their marriage.

#### 2.1 Challenges after amputation.

It is obvious that immediately after amputation, the greatest suffering, both physical and psychological, that lower limb amputees' face is due to loss of mobility. They cannot function independently and it takes time to get used to living with one leg. They forget that they have lost their limb. It takes quite some time to accept the loss. Shefali, an active teenager before the amputation, remembers how the tragic event suddenly made her bed ridden.

*“I was always trying to walk. When I woke up from sleep, I used to forget that my leg has been amputated. Being oblivious of my amputation I used to stand up and fall down... After amputation walking, running and all became difficult. While walking with crutches I have fallen down many a times.”*

Similar distress was also expressed by Pushpa who was a child during her amputation

*“I had fallen twice (after amputation) and the unaffected knee was twisted. Due to this I couldn't go to the toilet independently.”*

Soon they realize that they cannot walk. The feeling of being in need of others' help even for their activities of daily living (ADL) make their lives more deplorable. Malati sighed while remembering the days of her misery,

*“I thought, neither would I be able to do my own work nor will I be able to help my husband and children. My children would face problem in studies...I would neither be able to do my job nor go outside, even to any place of worship.”*

These women very soon start believing that they will have to live the rest of their life at the mercy of others and then starts the psychological and societal problems.

#### 2.2 Care-givers' support

In our study three females were married at the time of amputation and three were unmarried. All of them described the importance of their family members in their journey as a person with

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amputation. Amputees had to depend upon others for their activities of daily living both while in hospital as well as after being discharged due to their restricted movement. The reactions of family members in general and of their care-givers in particular were of much significance for the amputees. All the participants acknowledged the hard-work of the care-givers. All the three married women of the present study expressed the role of their spouse as a major support system after amputation. They acknowledged the role of their spouse as being their strength in their tough days. Malati vocalized with pride and happiness in her voice that her husband who was a teacher was always by her side and helped her in all her activities of daily living.

*“He (her husband) used to go to school after finishing the household chores and doing all my daily routine works starting from taking me to the toilet, to feeding me and giving me medicine, even helping me during my monthly periods.”*

Kumud commended that when she was very happy seeing her husband took care of her, their two thalassaemic children and the household. Even he went against his family’s wish to remarry. When she recalls her husband’s support in her journey, she forgets all her pain.

*“He has faced a lot of problem because of me. When I see my husband doing all these for me, I forget my personal pain and agony”.*

The findings are also contrary to the common belief that woman is required to do everything for her husband and his family. The husband is not obligated to take care of his ill or disabled wife. In a patriarchal society like India, where women in general and those with missing limbs in particular are perceived as having no value and are not to be respected, but to be pitied upon, husband’s support and care for his disabled wife is highly appreciated. This also shows that our society is changing slowly with respect to gender roles.

The participants also shared that the care givers at times got irritated due to the burden of care-giving. Kusum was accompanied by her mother during her stay at hospital for amputation and it was her mother who helped her in her ADL after discharge from hospital. She acknowledged the hard-work and exhaustion of her mother. However, the exhaustion would sometimes get a vent as she was scolding her.

*“Yes, sometimes when she was getting irritated, she used to scold me badly. But she was doing so much for me. When someone is doing so much for you, s/he can say.”*

### 2.3 Reactions of the society

The amputated women recalled the harsh treatments, rejections and offensive remarks of the society towards them with tears in their eyes. The neighbors as well as relatives used to visit the participants’ place to see them after their amputation and were very insensitive in passing negative remarks, going to the extreme of advising to poison them. Same was the experience of Shefali, Kusum and Kumud. Kusum recalls her villagers’ reactions to her amputation.

*“Villagers gathered in front of my house to see me. Almost for two months daily some relatives visited our place to see me. Thinking that my life has been destroyed forever because of amputation, they used to advise my parents to give me poison and end my life...If I had to go somewhere with my friends, they used to avoid me.”*

Kumud’s in-laws sent her to her parents’ house after her amputation. Her neighbors said that her in-laws would abandon her and would never accept her back. Even they blamed her amputation for her children’s thalassaemia, which is in fact hereditary. As she recalled this, the pain of such abusive behavior in her voice could easily be observed.

Contrary to the experiences of the above participants, Malati, a 39 year old female with two children praised the contribution of her neighbors.

*“My neighbors not only helped us financially but also took all the responsibility of my children when I was hospitalized.”*

Though most of the women with amputation perceive pessimistic behavior of the society towards them, there are still people who encourage this population and help them in coping with the trauma.

#### **2.4 Marriage and amputation**

So far as marital relationship is concerned, the married amputees narrated their difficult journey, with repeatedly proclaiming the name of their husband with confidence, pride and gratification. They reported no change in their relationship with their spouse. Rather, they emphasized amputation has improved their relationship with their husband. Kumud who has been married since 19 years and Malati who has completed 17 years of marriage reiterated that amputation was like a testing time in their relationship which strengthened their bond with their spouse.

In Kumud’s word,

*Although my mother-in law asked my husband to remarry (someone else), but he did not agree. Because of this incidence my husband did not maintain any relation with his parents... Everything is same in terms of our physical relationship. Nothing has changed between us.”*

Malati says,

*“We do not feel that I don’t have a limb. My married life is not affected in anyways. It is as good as was before amputation and in future also it will be good.”*

On the other hand, amputation was a major obstacle to marriage for the participants who were unmarried at the time of amputation. These women in general have developed a sense of inferiority. They apprehend that they might not be treated well by the in-laws after marriage due to their disability. Shefali who is 29 years old is still not married and she apprehends that she may not be able to meet the expectation set by the society to be a good wife and daughter-in-law.

*“I made up my mind that I would never marry. That’s why I don’t mix with anyone... I directly asked my father that I would rather study and start working... There is no guarantee that I will get support as I am getting from my family... Not only the groom, but his family should also be supportive. If they do not understand my problems, and expect me to do everything like a normal person, then there will be problem... However, sometimes, particularly when I am in problem and nobody is there to help me, I feel, weather I have taken a wrong decision.”*

Kusum, amputated in her childhood, recently got married to a person with disability because of her fear and lack of trust in people in general and those without any disability in particular.

*“Although there were proposals from non-disabled normal persons, I preferred to have a disabled partner. Because of seeing the conditions of a number of girls in my village after their marriage, I feel that people are not good. I could not confide in general (non-disabled) persons.”*



Our study shows that unmarried female amputees develop a negative attitude towards marriage, though married amputees describe their partners as the pillar of their strength.

### **3. Life with prosthesis**

The women's narration of their journey from an amputee to a prosthesis user seemed to end with optimism. Prosthesis use was described as a means of living the life independently again restoring their self-esteem and filling their lives with zeal, new excitement and enthusiasm. It brought a ray of hope in their gloomy lives.

#### **3.1 Re-gaining independence, self-concept and self-confidence**

The participants described their feelings when they donned the prosthetic leg for the first time. Their excitement and joy knew no bound, because, they could be able to walk independently without taking the help of anybody, or without crutches. Being able to stand straight and walk could restore their lost sense of independence to a great extent and self-concept and body image shattered due to amputation to some extent. All these have enhanced their self-confidence and brought positive changes in their lives.

Shefali says,

*“Without this prosthesis I would have been left alone sitting at home. Because of this I could be able to go to college and other places. Now I am working, am able to travel to office independently. I am now able to cross the road, though before amputation I was afraid of it.”*

Kusum, the newly wed girl, expresses her feelings with a lot of contentment:

*“I had developed an inferiority complex thinking that throughout my life I will use crutches and hop from one place to the other. Because of this prosthetic leg I am doing everything. Those who don't know me, cannot know that I don't have a limb. I put-on my prosthesis and wear dress (salwar) and nobody is able to make out my disability.”*

Kumud's joy with her prosthesis could be known from her words:

*“There was pain... Still, when I returned to village wearing the prosthetic leg, I walked the entire village to show everyone that I am able to walk.”*

Similarly, Malati also stressed that the use of prosthesis helped her to restore the body image and self-esteem.

*“...Now I lead a normal life and will be able to wear saree again... I don't feel something is wrong with me. Now I feel that I am normal... I could be able to travel to Maharashtra without even using crutches. When I go for handicap pass, the officers, there, usually get shocked seeing me walk like a normal person.”*

However, these women were not comfortable with the identity of being called a prosthetic user. Shefali maintained,

*“I never take off my prosthesis except only during night when I go to sleep.”*

#### **3.2 Discomfort with the prosthesis**

No doubt, prosthesis has changed the quality of life of the participants, since they are now free to move almost by themselves without taking anybody's help. But, at the same time, they also indicated some difficulties associated with it. They expressed the pain felt at the initial as well as later stage. An artificial limb cannot replace normal limb. All the participants were having same experience. Malati was having skin break down and sores in her amputated limb. She also expressed her difficulty.

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*"I can't do things rapidly, I feel a little uncomfortable. At times I am not able to run. It does not feel like a normal limb. It is a bit painful."*

Similarly, Pushpa also described her experience.

*"It is painful. I cannot walk a long distance. When I travel by bus its painful. Life is going on like this."*

They also dislike the way other people react at their artificial leg. Shefali maintained,

*"Initially, when I used to go to school, about 100-150 people would have gathered on the way to see me walking. They were often asking me to pull up my clothes and show them my prosthetic leg. I didn't like it at all."*

Some participants also revealed the negative mindset of people towards amputation in general and prosthesis in particular. Pushpa narrated how her neighbors do not allow her enter their houses wearing a prosthetic leg.

*"My neighbors say, "Hey, how come being a Brahmin girl you enter our house wearing this joota (Prosthesis)? Don't enter our house". This much is more than enough for me to restrict myself... Such behavior hurts me a lot."*

This behavior of not allowing a woman with artificial limb highlights the blind belief as well as pessimistic and discouraging mindset of the society towards amputees and prosthesis.

Most of the participants ended their narrations by expressing their gratitude for the Prosthetist who had been a source of encouragement and inspiration for them and helped them in rehabilitating and re-establishing their independence and confidence. This highlights the importance of a cohesive treatment module which includes providing treatment as well as helping them regain their lost confidence and self-esteem for successful rehabilitation.

## DISCUSSION AND CONCLUSION

The experiences of women with Lower limb amputation described in the present study illustrate their psychological state, perception of physical appearance, social integration and abilities and inabilities during their journey from amputation to the present life as a prosthetic user. The narratives of the participants throw light on the agony of physical loss of limb and consequent emotional trauma. This is in accordance with prior studies in the field of amputee psychology (Cavanagh et al., 2006; Miller & Deathe, 2004; Sjobahl et al., 2004) which suggest that amputation is followed by a lot of challenges in daily living as well as emotional turmoil among these individuals. Frustration arising from decreased capabilities to perform activities of daily living, loss of independence, increased burden on the family, and society's behavior toward them following their loss crushes their self-concept, self-confidence, sense of body image and self-esteem (Grech & FarrugiaDebono, 2014; Sjobahl et al., 2004; Taleporos & McCabe, 2005). Their psychological world immediately after amputation gets devastated with feeling of insecurity and uncertainty, due to which mental health issues like anxiety, stress, depression, and even suicidal ideation are common in these individuals.

While narrating their experiences, they deeply acknowledged the support and contribution of their family and friends in making their journey of life as amputee possible. Women who had amputation before marriage described their father as their strength and motivating factor, while those who were married at the time of amputation emphasized, appreciated and accredited their spouse as their main support in rebuilding and safeguarding their status. This finding is contradictory to the prior studies that female with disability is subjected to history of sexual

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and/or physical abuse (Alexander et al., 1998). A significant finding voiced by the married participants was that they cherished their relationship more after amputation as their counterparts supported them against choice of their in-laws.

Researchers suggest that social support and integration are key factors in facilitating psychological well-being and subsequent adjustment to the changed identity as an amputee (Beck & Weishaar, 2000; Miller & Deathe, 2004). However, in the present study, all the participants except one vented the negative behavior of the society towards them after amputation. They revealed being denigrated by their friends, neighbors and other members of the community for their bodily deficiency. They isolated themselves due to the fear of being rejected. Social rejection lead to social isolation and can augment the mental suffering of the amputees (Beck & Weishaar, 2000; Miller & Deathe, 2004; Sjodahl et al., 2004; Williams et al., 2004). The present finding can be explained by the socio-cultural constrains of the Indian society which features disability as a “lack” or “flaw” (Ghai, 2003) and a disabled daughter as a curse (Ghai, 2002).

Two women in our study who were amputated before marriage were found to have developed a negative mindset towards marriage. This can be explained by the psycho-social impacts of normative feminine identity (Oaksford et al., 2005). They think themselves as different from the so-called able-bodied normal females. These two women chose either not to marry at-all or marry someone who is also disabled. As they perceive their feminine status to be deviated from normal, they become apprehensive of being not able to accomplish the expectations of the spouse and in-laws and therefore, being rejected by them.

Experience with the use of prosthesis was verbalized by the participants as re-establishing a sense of self-identity and regaining a valued individuality, which is in unison with the previous study (Murray, 2009; Sockelingam et al., 1998). Contrary, to the previous studies (Murray & Forshaw, 2013; Wnong, 2005; Yang et al., 2004), which reported that 20-40% of amputees did not use their prosthesis at home and outside one-year post amputation, our findings are in consonance with that of Lieu et al (Miller & Deathe, 2004) in revealing that prosthesis has become one of the most vital and inevitable element in the process of adjustment by restoring their independence and re-establishing their femininity through a patched up body image. Their satisfaction and joy with prosthesis use can be known from their expression of gratitude to the prosthetists for their help and support. Even some participants described their respective prosthetist as God. However, though prosthesis helped them regain autonomy, it remains a duplicate leg; which cannot replace the original anatomical limb as mentioned sadly by one participant. Pain related to prosthesis use was also expressed by the participants.

The verbatim narration of the experiences of the participants point out some of the crucial findings, mainly related to the behavior and attitude of the society which deserve special mention and concern. These points are:

- In many instances, the relatives and neighbors pay a visit to their place after their amputation and do not hesitate to give uncalled for advice to their parents to end their lives by poisoning them.
- The friends, relatives and other community members react with excess puzzlement and curiosity at seeing the amputees walking again with prosthetic leg as if they have some oddity. The amputees expressed that they feel embarrassed at such type of behavior.

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- The ill-treatment of society often does not end, even after prosthesis use. The prosthetic users are sometimes even prohibited from entry to the neighbors' houses and places of worship. Because the conservative society considers the prosthetic leg as shoe.

### *Implications of the Study*

Findings of the present study highlight the extent of physical and emotional adversity that a woman with lower limb amputation endures as a result of her physical disability in the Indian society. The support of the family and society in the psychological well-being and rehabilitation of these women is of prime importance. So far as fitment of prosthesis is concerned, it can be said that the earlier, the better. Immediate post-operative prosthesis may be one of the most beneficial option to reduce the physical dependency and psychological stress among the amputated women. Rehabilitation professionals including physician, nurse, physio-therapist and prosthetist need to work in a concerted manner in providing both medical as well as psychological support to the amputees. This study projects the importance of prosthetists in the rehabilitation of lower limb amputees, and therefore they need to focus not only on the fitment of prosthesis but also involve themselves in solving the pragmatic issues associated with its use which will make the rehabilitation procedure more accessible and feasible for them. Community based rehabilitation and education programme related to disability especially amputation may prove to be impactful in changing the outlook of the society towards amputees and making them productive members of the society.

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