

ARTICLE

Transmobility: Rethinking the Possibilities in Cyborg (Cripborg) Bodies

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Abstract

This creative, experimental contribution blends written words and sketches depicting our crip bodies engaging with various mobility technologies, including crutches, walkers, prosthetic limbs, and manual and power wheelchairs. By picturing and describing our crip bodies with varieties of technologies that we use, we use these pictures and corresponding narratives about disabled bodies in technology to tell a larger story about the constitution of disability with technologies, as well as the modes of mobility available to disabled bodies. Our visual and narrative elements serve to argue that disabled bodies have a wider array of mobilities and ways of being than are afforded to non-disabled bodies. We resist super-crippery and insist on cripborgery. Crip bodies are taken as sites of possibility, adaptation, and creative reflection.

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This article is a collaborative work by and conversation between three disabled women who, among them, use or have used many types and configurations of mobility devices. Transmobility takes center stage in this narrative that combines text with sketches. Transmobility is the idea that disabled bodies actually have a greater array of options for mobility and movement, providing an impetus for creativity and imagination. The idea of transmobility pushes us to consider embodied crip techniques as sites of liberation. We argue against the existence of any one appropriate mobility technology for a body—our bodies are spaces to think about possibilities. We are cyborgs—nay, cripborgs!—who need no one technology to move. Rather, our hybridized cripborged bodies can take shape and flight through various technologies. How our tools for mobility and body are chosen can vary and change significantly; we can be multimodal, and we need not create hierarchies in our technological choice.

Mallory Kay Nelson serves as an illustrator here, as we write about our bodies and our technologies. Through her visual depiction of all of our bodies in her sketches in our chosen modes of movement, her artwork provides reference for our first-person essays about the possibilities of our bodies and movements and device.

How do cripborgs choose their devices? On what grounds do we make judgments about our technologies? How do people around us see us within these technologies? What are the perceptions we hold and that others hold around our bodies in motion in technology? What plays into these perceptions and decisions?

Transmobility (noun): (1) the ability to move between various modes of mobility; use of multiple mobility methods; (2) the ability to move beyond traditional forms of movement and mobility; (3) the existence of free and disabled bodies in motion. Word derived from the prefix “trans-”, meaning beyond, across, through, surpassing, transition, transport, or transcending + “mobility,” meaning the ability to move or be moved freely. Antonym: Monomobile. Coined by Mallory Kay Nelson. Origins: her experience.

Cripborg (noun): (1) Crippled cyborg; (2) a disabled person who

selects technologies whilst anticipating the world they will encounter; (3) crips who will not be resisted: you too will be assimilated. From the prefix “crip-”, taken proudly and reclaimed from the word *cripple*, once a name for disabled people + cyborg, originally meaning cybernetic organism, the confluence of what is natural or organic with what is artificial or technological. Coined, perhaps separately, for a videogame (thanks, Google: Bloodborg vs. Cripborg), but done for a different context here by Bethany Stevens. Origins: cheeky.

We three authors are white cis-gender disabled women, so how people see and represent us—and project their ideas of how we ought to be—in our use of technologies corresponds often to demographic features that we share. People’s expectations for us might be similar. Our narratives reflect how people see us—and also how we respond, both in how we imagine ourselves and in how we free ourselves from their understanding. No doubt these social interactions and self-reflections would be changed under different categories of understanding that society projects upon us. We recognize our positionality and political standpoints in these encounters.

Though our focus here will be on technologized bodies, we participate in a rich narrative and memoir tradition within the disability community, through our descriptions sharing what we have learned about bodies and about society. This tradition echoes through the work of Irving Zola (1982), Nancy Mairs (1996), Stephen Kuusisto (1998), Alison Kafer (2013), Alice Wong (2017), Margaret Price (2011), Sami Schalk (2018), Ellen Samuels (2014), Rosemarie Garland-Thomson (particularly 2009 talks about technologized parts of bodies), Bill Peace (much of his *Bad Cripple* blog, including 2013), and many others. We recognize that crip bodies are not always cripborg, though our interests in this piece are focused on our forms as we have become transmobile cripborgs.

Explaining one’s cripborg body seems like a strange project, but we try to work in plain text. We hope that our work here shows how we emphasize, embrace, and accept our cyborg-cripborg configurations. Each technology is a different negotiation of space, social expectation, and requirements of body. Each of our bodies is valid, shifting, and various as they get represented, understood, and transported. Moving away from or

toying with ableist mandates of Cartesian dualism can catalyze necessary conversations about the connection of our crip bodies with the technologies that mediate our bodies in space.

Too often we disabled-cyborgs, we cripborgs, are told to anticipate a coming era in which our minds can be downloaded into more convenient bodies or grow more normalized parts—when science fiction imagination takes up our bodies at all. The assumptions about our bodies is that they are bad bodies to have, and that our psyches are impacted by having such bodies. But we don't think about our bodies as bad: we have come to know and love them. Bodies do things in the world, and they are inseparable from our minds in that we work to adapt and respond through the coordination and integration of our bodies and minds; we take Margaret Price's (2011) turn to talk about *bodyminds* as fundamental to self-acceptance and pride (Schalk, 2018). Our minds are body too, and our techniques structure our lives.

Our bodies exist in different technologies in different ways. We are not super crips and reject that narrative (for more on this type of narrative, or set of narratives, see Schalk, 2016). We are understood and changed with different technological choices and perform "cripness" in ways that emphasize different built environmental circumstances, social representations, and stigmas. Accepting transmobility as a desirable orientation of body and mind works against some of these social representations and stigmas surrounding technologies, disabilities, and bodies.

Transmobility opens up space for considering cyborg-cripborg bodies as imaginative, playful, transgressive, and mobile, rather than dominate narratives that frame disabled bodies through lenses of pity, inspiration, or fear. Transmobility works against the narrative of the super crip represented in literature and popular media around disability. We believe there is no one right way to be disabled, nor one right way to negotiate one's body in the world with technologies. There isn't even one technology that counts as solution. None of this is super: it is all everyday. One could call it pedestrian, but perhaps that is prescriptive in its own way

too.

Bethany Stevens:

I am a congenital crip: born via emergency c-section to grab my broken body from my mother's womb. I have osteogenesis imperfecta (or brittle bones)—a big word for short statured people. At birth, it was discovered I had fractures in utero, as well as from being pulled from the womb. Others showed up as I reached my arm out or otherwise moved slightly in the incubator where I spent my first month of life in. Born on military base in Germany, I have fantastical thoughts of Nazis screaming at my birth—instead it was a young doctor deployed from Kansas who implored my parents to take me to the top of a mountain and leave me there, as it was clear I would not survive, much less ever thrive. Plenty of congenital crips have the story of a doctor predicting our death, with little knowledge about the lives of people with our disabilities.

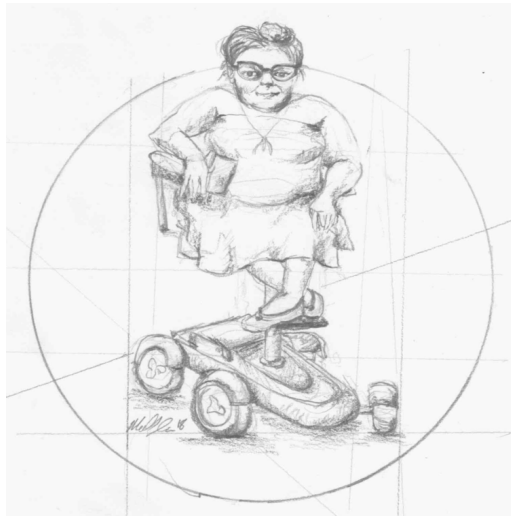
For the first six years of my life I walked upright, although I never liked how slow I had to move and how much I had to keep my brain focused on not falling out of fear of fractures. My mother moved us to the mountains of California and it required two flights of stairs to get into our house, so I conceded to needing some help. My stepfather at the time found a tree branch, cut and stained it. All it needed was a drug store rubber cap so it would not slide and I had the coolest first cane. A cane no one could have. I walked with the cane despite peers analogizing me to their grandparents while giggling. It is a wonder I found such ridiculous humans attractive, but that is a story for another day.

I got my first manual wheelchair, a beautiful red machine that offered me speed and freedom. I was never sure why my mother gave some primacy to my cane over my wheelchair. She tells me it was for health reasons, as we our bodies are more in shape and things flow better when erect. I cannot help but think that her ideas were, and continue to be, imbued with ableism. That first chair was simply for destinations that require a lot of walking, like Disneyland. The second chair I got in the early 1990s was a ridiculous neon yellow and I rode that one to and around school to protect me from fractures that could come from my peers. This shift in permissibility to use the wheelchair more is likely because we moved down from the mountain and I attended a larger school.

We moved across the country when I was tween and it was then I made the complete transition to using a wheelchair full time. My tibias (lower legs) were bending with years of walking putting pressure on my soft bones, so we decided it was best if I take a breather and wait to find a doctor to put metal rods in my legs to straighten them. That day did not come for a few years, and he was a terrible doctor and the healing process took over eight miserable months. I tried learning to walk again, one of about ten times in my life fractures or surgeries led me to have to relearn to walk. With all the time away from walking, I was too weak to walk again as much as I tried. It was sometime after months of physical therapy that I finally told my mother that I was done walking; she responded that I would never live a normal life. I thought, “well, I never was going to anyhow.”



Since my adolescence until the summer of 2017, I only used a manual chair to get around. Thankfully, I ditched the neon yellow for a more reasonable adult grey. I have traveled a lot with my chair and find it gives me more freedom than I could ever asked for from walking. In 2016, my wife and I moved to a condominium on top of a hill and my shoulders were causing me great pain. Leaders in the disability communities encouraged me to get a power wheelchair before my shoulders gave out from pushing,



and I finally listened. In June of 2017, my dear Svetlana was delivered. She is my first and only electric wheelchair. I have never named an assistive device of mine despite having used them for the past thirty-two years. It is a huge life change to shift from analog to digital. Like learning to drive a vehicle, I was terrified mess—scared of her power. This \$25,000 machine is 300+ pounds of a beast

who could kill someone. Running over feet can lead to fractures. It's a rather intimidating wheelchair. It took me about three months to finally go places alone, without my wife spotting me. Now I drive her like my body was always made for her. The back is really the best part of the chair, aside from the speed, because it holds my curved spine in the most comfortable way. I have never felt this supported by a wheelchair. In my home, I move between using my manual chair and power chair. But I find Svetlana's twelve-inch elevated lift useful in the kitchen and the power wheelchair overall more comfortable than my office chair. With the beauty of movement with different devices comes a balance of costs and benefits from each. While Svetlana has offered speed, power, and height (which I have often longed for as a little woman), I traded off the ability to slow dance with my wife. This is a loss in my life, but learning to find more gains is part of the adaptive nature of being disabled and creative. I now can wheel holding hands with my

spouse, something we both revel in—particularly the wonderful gaze it incites from passersby.

Spending my life in transition, within transmobility and wanderlust, I have observed how people read these different devices. Of course, I read, or rather my body reads, them differently, as it takes time to get to know them. They feel like new lovers that I am learning to dance with, as our movements grow to be in sync. I know the canes were always a little odd to people, but I am also a little person, so it is hard to unwrap which part was causing the gaze. Manual wheelchairs cause a patronizing affect, but there is also a sense of respect I had when taking a hill quickly. Svetlana triggers a different social response. Perhaps it is because I am higher up and now notice peoples' eyes more, but I find people making brief eye contact and then doing their best to avoid my gaze to the point of turning their heads to the side while walking forward. People outside the disability community can be so damn awkward.

Despite dealing with humans as a continued social problem in my life, I find transmobility to be a beautiful thing. I get to explore what works for my body, thereby engaging in the radical political act of self-care and refusing the denial of embodied pleasure. Many people lack an adequate vocabulary concerning disability and often refer to wheelchair users as “wheelchair bound”; I make sure students know to only use this in a BDSM context as we do not ride out of the womb on wheels. However, there is something that the nondisabled people get at in thinking our bodies are cripborgian. I feel a strong relationship with my assistive devices. They are freedom machines. When people touch them, I feel it. Svetlana and my manual chair are connected to me, not permanently but certainly psychosocially.

Ashley Shew:

I am a hard-of-hearing, chemobrained amputee with a side of Crohn's disease, the internal music of never-ending tinnitus, and a case of the Mondays. Unlike my fellow authors whose cripborg bodies are also

represented in this article, my disabilities are relatively newly acquired—and acquired as an adult. Acquisition is such a weird idea to use here, as if features of my body were things to trade and sell at auction or for a motivated Ferengi to assess. Although, some of my parts could be: my most recent foot (just the foot part of the leg) cost my insurance company \$4,000.

My amputation itself is unusual. Unlike my many of my amputee brethren (Shew, 2017), I have ten toes and ten fingers. The cancer that led to the majority of my disabilities was located on my left femur, reaching just a smidge into my knee joint and winding its way up; it was beautiful and terrible on scans. I would have been an above-the-knee amputee if not for a really neat surgical option called rotationplasty. A rotationplasty (also known as a Van Nes procedure) cuts out the bones and meat around a person's knee and partial femur and joins the lower leg with the person's thigh, jamming tibia into femur and putting a person's lower leg on



backwards so that what was formerly in service as an ankle now takes on the job of a knee. Those of us in the community refer to this new joint as a knankle. It looks strange to some—but all amputations do—so that wasn't really a deciding factor for me. I have no phantom pains because they kept as many nerves in the process as they could. I just celebrated my four-year ampiversary, dancing and

laughing with my elementary school age kids.

For the most part, I have come to use my prosthesis every day when I leave my home—with some exceptions for injury, the health of my leg, issues of maintenance, and days on which I stay home. I see how people look at me when I wear my prosthetic leg and things are going well, but it took a helluva long time to heal: I was unable to bear full weight on my leg

for a year after the surgery (because chemo had slowed down my body's ability to recover so much). I've been the user of a basic-ass walker, the user of a wonderful blue-shiny rollator ("the walker of my dreams," as I referred to it when it arrived and my seven-year-old daughter still does, though I am on my third of these), underarm crutches, forearm crutches, a cane, and a prosthetic leg. The idea of transmobility speaks to me; I find it liberating to consider myself just-as-good in any mode; it doesn't have to be a moral failing to choose something different.

Too often, people take success for an amputee as running and doing athletic things. There's a moral tale felt around amputation that points narrowly, normatively toward success in sports and athletics as THE goal an amputee ought to have. Nearly all media representations of amputees now depict this—and your leg must be dressed up and stylish to boot. There is this promise of restoration through technology—returning to the sport you loved or taking up a new and even-better physical hobby with the help of high-tech devices—that weighs upon a person.



For the most part, I use the prosthetic leg during the day, and my shiny blue roller at night. I occasionally pick up my cane to take along for ice, rain, and otherwise adverse weather. Sometimes I bring crutches when I travel since they are easier to pack than the rollator, though less so now that I've gotten more comfortable with crawling as a mode of movement. (I only crawl in private because crawling makes other people so uncomfortable. But crawling is great.)

When people look at me while I stand with my prosthesis on, people are generally comforted by the sight: my presence confirms their ideas about techno-optimism and the redemptive power of technology. My body

represents, for some, a vision of overcoming disability through technology—that a fix is possible if only we continue to give worship to the gods of our holy quadrinity: science, technology, engineering, and mathematics (STEM). I confirm their beliefs in progress of technology, a medical system that enabled me to have this technology, and my human will to “overcome” the circumstances of my body. I wish my body represented less. While I occasionally encounter folks who approach me in a mode of pity, most people are either curious to hear “my story,” assuming one of horrible circumstances that lead to physical mastery and technological triumph, or to thank me for my service to our country, assuming that I became an amputee through valorous military service and ought to be especially honored for my sacrifice of body.¹

On the flip side, any device added to wearing a prosthetic leg is instant pity, especially as a white disabled woman. I spent a good deal of time with my prosthesis and double forearm crutches (and then a single forearm crutch and then a cane), as I had a very long recovery from the surgery. It’s hard to say where the cancer-pity and where the disability-pity divide in the interactions I had while with these combinations. Bald at the time (or having very short hair just starting to grow in), my body in motion with these three items—two crutches and a prosthetic leg—was a lot for people to take in. I would be regularly stopped at the grocery store and other places where I would dare to go, asked to explain my appearance by well-meaning people who were slowly crushing my spirit. I wanted to hide in shadows: my body was too much to explain while standing next to frozen foods, too much had happened to me. My leg was just a part.

These encounters almost never happen with kids—whether with a fake leg plus bonus devices or the prosthesis alone. When kids see me with my prosthetic leg, they are excited. Untrained in the limited narratives of disability that our society provides, kids often ask about my robot leg without nearly as much baggage. Sometimes they ask me if it hurt (it doesn’t now) and whether it will grow back (no, but that’s okay). I read in one of my daughter’s classes each week, and the kids have gotten more accustomed to it. Being regular and disabled and in public is important, even though it

comes with assessments and assumptions that I do not like. My presence is always political—as I suppose it was before I became disabled, as a woman in the world with all the value judgments that entails, but it feels intensely inescapable now. Everything I do feeds into someone else’s ideas about people like me, except for when I am with children, who are generally chillier about the whole situation and accept my explanations simply.

Of course, anyone watching me going about average stuff with my prosthetic leg can’t see how some days I long to get out of this contraption and glide across my house in my rollator. Rollators are supposed to be for older folks, not people in their thirties. Despite all the negative ideas people have about this technology—and its inappropriateness for someone of my age—it’s wonderful.

If I am up in the middle of the night or if I am getting ready for my day, I use my rollator to take myself to the bathroom or to the kitchen for a snack. At the end of the workday, I am glad to both take out my hearing aids and take off my prosthetic leg—and hop on my glider and really move. The fastest I can move myself is with this device, and it glides beautifully across the wood floors of my home. I love



moving with my rollator in my home; my body is comfort, and I am grace. My body is beautiful and so well coordinated in this environment with this technology; we are synced, choreographed, and there are few better feelings of movement. This is not true when I take the rollator outside—different surfaces change the feel of how it moves, and I don’t have their navigation down.

With my prosthetic leg, I still have to pay attention to the surfaces I walk on, and this doesn’t end when I enter my house. An errant rug or mat can cause a trip. I am hyper-aware of the floors of the places I go. The constant vigilance I kept as a new amputee has somewhat faded, but I am

much more aware of and connected to the environment around me and my body in the environment than I was as a nondisabled person. I've had whole conversations about bumpy pavement with a colleague who works on anti-anti-homeless devices and about gravel with other crip commiserates. I take it in more fully now.

Here's why they never tell you about keeping and maintaining a prosthetic leg. It's work. Patty Berne (2013) talks about how she is subject to the frailties of her wheelchair; the same is true about prosthetic limbs, although I have never witnessed this as a topic of public conversation or as something brought to my attention as I became an amputee. Right now, I walk with a limp, and I have hip pain. I need a new leg. My current one is just a year and a half old, but my body changes and has so changed this year. The upper of my prosthesis digs into my shin (which, yes would be the area on the back of your thigh). I get a little relief when a few adjustments are made, but I know what the end game is here. I need a new one, and new ones don't come cheap.

Even though I have great insurance (which few amputees can say), this new leg will take time and visits to a prosthetist who is many hours away. I will have to block off at least four days from work and make arrangements with my spouse and our children. Because I have an unusual amputation—that has so many good features, really not complaining here—I have to go where someone is skilled in the making of this sort of leg. The maintenance of my prosthetic leg comes with personal cost. On a good day, there may be places—the ocean—where it is inadvisable for me to go without precautions (a bag and some duct tape might do). When it's working great, my prosthetic leg sublime, I can think a lot less about it. But it's a physical object—and my body is also. But my body is less static, less firm, not truly poised to yield itself to this technology. I swell and stretch and shrink and blister and dry out and itch and sweat. My cripborg body sings when things are true to it—I mean true here in the sense of a water wheel or other engineered object (see Davis Baird's discussion of thing knowledge, 2002). When things fall out of true when it comes to my leg, I hurt and the way I move in the world shifts dramatically.

The wonderful thing about rollators is that they cost about \$80 online and can be shipped overnight and require no adjustments that I cannot do myself. The wonderful thing about prosthetic legs is that I can go many places without careful planning and carry stuff with me when I do. My leg hurts today— or, rather, my prosthetic leg hurts the meaty parts of my left leg. I am in an in-between place now, wondering what to do. It's time to plan my next leg—get the prescription from my surgeon again, set up my appointments a few weeks or months from now, and start arranging things. Until then, I likely pick up my cane, pop some ibuprofen, and limp toward my daily work—but all while all-the-more looking forward to getting home, dropping my gear, and sailing away on my rolling walker. I will have freedom inside for \$80, freedom outside for around \$15,000² on my insurance plus some significant hassle.

Mallory Key Nelson:

I identify as transmobile, dyslexic, and disabled. I have a hemipelvectomy; my amputation is of my right leg and the majority of my right pelvis at the age of fourteen. This leaves me in-between born with a disability and becoming disabled, as I was between the point of birth and full body and identity development. My body arrived in the world at birth with ten fingers and ten toes. My body now has ten fingers and only five toes, which leaves me to identify as physically disabled. Society's expectation of my movement is that I should wear a prosthetic leg and once again have ten toes. This desire to normalize my appearance comes in many forms. This is how others wish to see me, making my physical disability less visible to them. What isn't understood is how this mode of transportation and movement does not apply itself well to my daily activities.

My way of moving through the world includes forearm crutches, wheelchairs, scooters, and motor vehicles. I am a transformer. As I transform from crutch user to wheelchair user, I am seen as a different person.

I was not always transmobile and was never told or encouraged to be. Early in my rehabilitation, I was pushed to be upright and walking in some manner. My primary doctor at the time did not think that a prosthetic would ever work for me, and, on the other side, my friend Danielle, who was of the same amputation due to cancer, said I could. What I wanted was to keep up with my peers and become a costume designer on Broadway; I was always driven. I used my first chair, which was selected and sized for me by the physical therapist who sought little input from me and gave no options. Over the course of my first year with one leg, I slowly gained the strength on my crutches to use them all day long. As soon as that day came, I let the wheelchair collect dust in the garage.



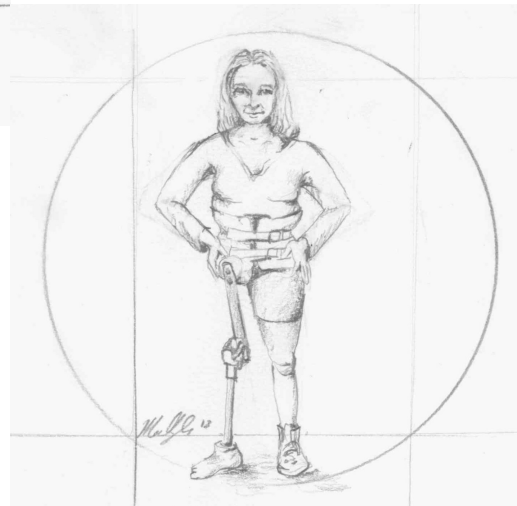
On crutches, my missing leg and disability can go unnoticed by the unobservant. Doors and pathways are not made clear and acknowledgement that I might need to sit down during a one-hour conversation in the hall goes unnoticed. I must advocate strongly for what my physical needs are and what will lessen my physical pain and wear and tear on my body. My chance of falling increases and my ability to move objects from point A to point B declines, but I am able to get my body into all places other bodies go: up stairs, through thin hallways, up ladders, to sitting on the floor with ease.

When I went to college I knew I needed help getting around the large college campus. I acquired a power scooter. The freedom I felt from getting around without pain was surprising. Walking on crutches long distances is fatiguing, and my arms and hip ache. Many days you could find my scooter parked outside classrooms and my friends' houses because access and room was not made for me, and I needed to know my scooter was safe when I was not in it. It was always for me to figure out how I was to get everything done. A haunting remark from my advisor saying, "you need to

stop acting like you work harder than everyone else,” still rattles around my head.



My full bloom into transmobility came in graduate school when I couldn't stand watching directors and performers use wheelchairs on stage to immobilize a character. I felt that I was the only one who knew that wheelchairs are graceful and fast.



This led me to perform in the integrated drama school-wide Dance Light show. I grabbed a fellow graduate student who was a sound designer and could be found doing salsa dance in the rehearsal rooms randomly during the year, and told him we were doing a salsa dance for Dance Light—and we made history. For the rest of my time there, I would be stopped in the hallway to be told that my dance was amazing and that they had no idea that a wheelchair could move like that. Because I did this dance, my wheelchair started living in the costume shop for rehearsal storage. This was the only safe space made for my chair through actions of others. Because it was right there I started to use it again to get around campus in addition to my scooter. It was at this time that I noticed how differently I was treated between my transmobility devices, even though I had not changed. There was always a disdain I felt from people when I used my scooter compared to the wheelchair or crutches.

When my body is placed in a wheelchair I am free to roll long distances without as much pain, my foot finds comfort while I sit in any

conversation. I can pile things on my lap or hang them off the back. But I cannot go up the stairs, fit into the tight aisle at stores, or look you in the eye. I find an odd respect from others when I am in my wheelchair, doors are held open, people try their best to move out of the way, they are greatly apologetic.

By the end of graduate school, I had all the mobility option: crutches, wheelchair, scooter, and even a prosthetic leg. I did not care how others thought I should be moving through the world. I use the right tool for the right moment. Even though I still get asked regularly, “why don’t you have a prosthetic?” I do not currently find that tool useful enough to bother with the energy and expense. As satisfying as it is for others and how the visual once brought me to tears, it is not for me right now.

I advocate to anyone who will listen that all options should be accessible. I want newly disabled people to know that the unfamiliarity is just temporary and walking at all costs isn’t worth with the price tag. They should know that representation of disability in performance should be authentic and diverse. Whatever you create as a disabled person will be original because so often we have not yet been seen.

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We also thank those members of the disability community who educated us on alternative methods of movement, often aside from what we were told in rehab or clinic.

Notes

¹ The documentary *Fixed: The Science/Fiction of Human Enhancement*

describes this heroic imagery about “enhanced” disabled bodies, particularly amputees and wheelchair users, well.

² This number is approximate. In the United States, below-the-knee amputee prosthesis usually costs between \$8,000 and \$12,000; above-the-knee with a computerized knee costs between \$40,000 and \$70,000, while hip prostheses run around the \$100,000 range. My rotationplasty prosthesis is a bargain when considered this way. It’s held on by velcro.

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Bios

Mallory Kay Nelson is a disability design specialist and scholar. She is presently serving on the Board of Directors for the Society for Disability Studies and is involved in disability culture, advocacy, education, employment and community building. Mallory received her MFA in Costume Design from Carnegie Mellon and has had her design work seen internationally representing the USA. She hopes that Transmobility becomes the standard for the social and medical models of disability when talking about movement.

Ashley Shew serves as an assistant professor of Science, Technology, and Society at Virginia Tech. She is the author of *Animal Tool-Use and Technological Knowledge* (2017) and co-editor of *Spaces for the Future: A Companion to Philosophy of Technology* (2017). Her current work looks at the narratives about bodies, disability, and technology.

Bethany Stevens is a wheelchair using sexologist working on her PhD in sociology. Her dissertation focuses on the politics of pleasure within the disability communities. Taking a semester off from her doctoral work, she taught a senior capstone course in disability studies and sexuality as the

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