

## SIGNIFICATIONS OF BODY IMAGE BY AMPUTATED CHILDREN<sup>1</sup>

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**ABSTRACT.** Body image is important in the awareness of the self, relating to the existential experience of each person, and can be altered by factors such as amputation. Discussing and giving a signification to experiences people live can help them organize their body images. The aim of this study was to investigate the significations attributed by amputated children about their body image. In order to achieve this goal, four interviews were organized with three children with congenital or acquired amputations. These interviews were recorded and transcribed, and the narratives that referred to body image were subjected to enunciation analysis. In the results, children mentioned that the discomfort caused by people's reactions when looking at them could be considered as one of the biggest difficulties imposed by amputation. However, children with acquired and congenital amputation differed as to the signification attributed to the prosthesis and the possible acceptance/denial of the amputation. These results demonstrate that the signification of body image is constructed in a unique way and being sensitive to these peculiarities can help professionals in their practice.

**Keywords:** Body image; amputation; narratives.

## AS SIGNIFICAÇÕES ACERCA DA IMAGEM CORPORAL POR CRIANÇAS AMPUTADAS

**RESUMO.** A imagem corporal é importante na consciência de si, relacionando-se com a experiência existencial de cada um, podendo ser alterada por fatores como a amputação. Assim, as narrativas permitem organizar esta experiência, atribuindo-lhe um significado. O objetivo deste estudo foi investigar as significações construídas por crianças amputadas acerca de sua imagem corporal. Para tanto, foram realizados quatro momentos, gravados e transcritos com três crianças com amputações adquiridas e uma congênita. As narrativas que remetiam à imagem corporal foram submetidas à análise da enunciação. Nos resultados, o olhar do outro foi a principal forma de preconceito, elegendo-se como uma das dificuldades impostas pela amputação. Porém, crianças com amputação adquirida e congênita diferenciaram-se quanto à significação da prótese e à possível aceitação/negação da amputação. Esses resultados demonstram que a significação sobre a imagem corporal é construída de forma singular e estar sensível a estas particularidades pode auxiliar o profissional em sua prática.

**Palavras-chave:** Imagem corporal; amputação; narrativas.

## LOS SIGNIFICADOS SOBRE LA IMAGEN CORPORAL DE LOS NIÑOS AMPUTADOS

**RESUMEN.** La imagen corporal es importante en la conciencia de sí mismo, en relación con la experiencia existencial de cada uno, puede ser alterado por factores tales como la amputación. Por lo tanto, las narrativas permiten organizar esta experiencia, dándole un significado. El objetivo de este estudio fue investigar los significados construidos por los niños amputados por su imagen corporal. Se realizaron cuatro veces, grabadas y transcritas con tres niños con amputaciones adquiridas y congénitas. Se analizaron los relatos que hacían referencia a la imagen corporal de la enunciación. En los resultados, la mirada de la otra era la principal forma de prejuicio, fue elegido como una de las dificultades impuestas por la amputación. Sin embargo, los niños con amputación congénita y adquirida difieren sobre el significado de la prótesis y posible aceptación / denegación de la amputación. Estos resultados demuestran que la

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importancia de la imagen corporal se construye de una manera única y ser sensible a estas características pueden ayudar a los profesionales en su práctica.

**Palabras-clave:** Imagen corporal; amputación; narrativas.

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## Introduction

Body image plays an important role for human beings in the construction of self-awareness, since it is related to the identity and the existential experience of each person. When building their body image, individuals recognize themselves as persons and shape their personality according to their experiences. Each individual elaborates his body image in contact with others through constant exchanges, since this involves perceptions, thoughts and feelings of an individual towards his own body, which can influence the way he understands the environment and even interfere in the relations with other people (Almeida, Zanatta & Resende, 2012).

Body image represents the integration with time and the representation that each one has of his own body is built in a relational/social universe through the interaction of internal and external factors, as Silva (2013) points out. In this perspective, Schilder (1999, p.152) affirms that "body image is not a static phenomenon", but rather an acquired complex phenomenon, constructed and structured in continuous contact with the world and with ourselves.

Several factors are known to potentially alter the body image of individuals. In this sense, the literature points out that one of the main causes of altered body image is the sudden alteration in the body of the people who suffer an amputation (Sousa, 2009; Morais, 2014). Specifically in these cases, it is perceived that the amputated body hurts people's expectations about standards of beauty demanded by society, imposing upon them such patterns to make them feel accepted, desirable and beautiful (Marcuzzo, Pich & Dittrichi, 2012).

Amputations can be congenital - when present from birth, whose etiology is usually genetic - or acquired, when, due to an external cause, it is necessary to perform partial or total ablation of an organic structure of an individual (Silva, 2013). However, whatever the type of amputation (congenital or acquired), as Macedo (2008) recalls, "this event has repercussions with profound psychological implications that go from rejection to the difficulty of creating one's own singularity in relation to others" (p.129).

In this direction, the literature review brings some studies that show the psychological and psychosocial repercussions related to amputation and body image. Gabarra & Crepaldi (2009), for example, presented a review of the literature on the emotional aspects that permeate the life of amputees. They pointed out that there are gaps in the literature on this subject, but pointed out that the main emotional changes related with amputation were depression, anxiety, self-image disorders, and the feeling of isolation and stigma, reflecting negatively on the well-being of these individuals.

Likewise, Batista & Luz (2012) evidenced in their research feelings of loss, dependence, inferiority, disability, as well as depressive reactions permeated by difficulties, limitations and restrictions imposed by the amputation. However, the authors suggest that it is possible for the amputees to revise their prejudiced and stigmatizing values about the social meaning of being a person with a disability, and then to re-signify such values, thus adopting a more reflexive and self-determined attitude.

Morais (2014), in his study of the psychosocial implications of lower limb amputation of adult diabetic patients, also found that these were: low self-esteem, loss of the ideal body, rejection-acceptance process of the body both for oneself and for prejudice of the society, support/lack of support on the part of relatives and professionals, and re-adaptation to this new life. Similarly, the study by Silva (2013), who sought to understand the impacts of amputation on the individual's body image relating it to their psychosocial adjustment, found associations between body dissatisfaction, global self-esteem, satisfaction with social support, depression, anxiety and age.

Finally, corroborating these aspects, we have the research of Barbosa, Guerra, Resende & Andrade (2016). The authors investigated, from the subject's perspective, the feelings and expectations of being amputated and concluded that the process of adaptation of the amputees must involve the perception of themselves, their limitations and their hopes, reflecting on their holistic care. The results of the study

showed that the feelings that emerged were sadness, resignation, sense of uselessness and worthlessness, low self-esteem and pessimism. As for the expectations regarding the future, they were represented by death and use of prostheses, which is characterized by the implantation of a device to replace the missing limb.

In relation to the latter matter, the use of prostheses, Paiva & Goellner (2008) analyzed what cultural meanings amputees attribute to their body image and daily life after the process of becoming a user of prostheses. The participants of this research were adults aged between 18 and 82 years of both sexes, totaling eight subjects. Based on the content analysis of semi-structured interviews, it was noticed that the use of prosthesis rescued the functionality and body aesthetics of the individuals, meaning a way to feel complete, human being.

However, in the literature review, no studies were found aimed at delimiting the significations constructed by children with congenital and acquired amputations about their body image. In this sense, we propose the study of the construction of signification by children with congenital amputations and children with acquired amputations for understanding that, in the first case, children have a bodily experience with an amputated body since birth and they live, since an early age, with this body image. In contrast, a child who suffered the amputation had his body image altered and had to adapt to a new bodily experience - now an amputee, which configures different experiences with amputation and can (or not) determine different significations about the image with regard to amputation.

Thus, our research had as general goal the investigation of the significations about body image in amputated children. As specific objectives, we highlight: 1) to investigate the narrative constructed by these children on the difficulties and/or overcomings experienced as an amputated subject and 2) to raise evidence whether these meanings can be associated with the acceptance or denial of the amputated body.

### **Body image conception**

The concept of body image proposed by Paul Schilder (1981/1999) transcends the neurological barriers and contemplates physiological, psychological and social aspects. For the author the body image is:

the three-dimensional image that everyone has of himself (...) is not a mere sensation or imagination, there is an apperception of the body and, although it was reached through the senses, it is not a mere perception. There are mental representations involved, but it is not a mere representation. There is the immediate experience of the existence of a bodily unit (Schilder, 1999, pp. 7-8).

In his perspective, the author describes that the body image is formed by three components:

Physiological basis – It evidences biological and neurological aspects, considering the bodily experience of the individuals. Such an interpretation translates its integrated view of body image in which perceptual aspects include sensory elements and psychological components.

Libidinal structure – It involves the context of the individuals' life history and their childhood experiences. Thus, their psychosocial tendencies and the construction of body image occur through contact with the external world.

Sociology of body image - For the author, there is a continuous exchange between our body image and that of others, where, in their development, the attitudes, conversations and observations of parents and relatives can increase the children's discovery and interest in their own body. The experience of our body image and the experience of the bodies of others are "closely intertwined" (Schilder 1999: 13). That is, the construction of the body image involves the interaction of the subjects with each other.

Body image, then, structures and is structured by the individual in relation to the world, which inscribes the body and receives inscriptions from it; placing the children in a relational existence, as Fróis & Moreira (2010) point out. These inscriptions refer to the perception that each subject has of his own body and the body of the other that simultaneously help in the construction of the body image. Thus, the body image is directly related to our experience with our body and is constructed along with a universe of meanings. These meanings are constructed along the development of the subject and vary according to the experience of each one, which makes our relationship with the environment unique.

### Body image in amputees

Schilder (1999) states that a child first perceives his own body; however, in the case of body image, his interest in certain parts of the body is awakened when these parts are observed in the body of other individuals. There is then a connection and, as a consequence, an exchange of images from the look or touch of the other. It is at this moment that starts a relationship between observing and being observed, to please and to be pleased. Then comes the meaning of what is ugly or beautiful, what is accepted and what is not accepted as "normal". Based on this premise, the author affirms that the preoccupation with the corporal dimension expressed by people that surround the individual fundamentally interferes in the elaboration of the own body image, since the experiences and sensations obtained in actions and reactions to social relations also contribute for structuring the body image.

Thus, a child who was born with an amputation structured his body image already marked by the lack of a limb, unlike a child who suffered an amputation, in which it was necessary to make a reorganization in his life and the registered sensations of the amputated limbs gradually disappear, giving rise to a new body image. However, in both cases, the (re) structuring of body image may have occurred in a hostile and prejudicial environment which may cause this child not to accept himself as he is, impairing the construction of his identity.

In this perspective, Sousa (2009) investigated the meanings that adults attributed to their experience as amputees, as well as the importance of physical activity for their body perception. The results revealed that, in cases of congenital amputations, the individuals reported that they always accepted their amputation, and the family and the practice of sports showed to have contributed to this behavior. Individuals who suffered amputations described a great difficulty in the process of acceptance of the amputated body, and only achieved the acceptance by means of the use of prosthesis and by engaging in sports activities. However, in both cases (congenital and acquired amputation), the subjects said they were uncomfortable with discrimination and prejudice regarding their body. The author concluded that such attitudes can hinder the establishment of interpersonal relations, reflecting in isolation and inferiority behaviors.

Macedo (2008) developed a literature review about congenital physical disabilities and found that, in terms of interpersonal relationships, people with physical disabilities can experience unpleasant situations, such as: prejudice, discrimination and segregation by the visible body differences in relation to the majority of the people with whom they interact, which can generate negative feelings about their body image. However, it has been suggested that the practice of physical activity can optimize this relationship of the individuals with their own body image through pleasurable experiences, which can promote an attitude of rescue of their identity, influencing their relationships with other people, thus contributing to the process of social inclusion.

However, the amputated body is already loaded with meanings that the culture itself has built upon it, most often stigmatizing persons with amputations. Individuals also construct a meaning about this perception based on a culturally and historically produced, defined and codified system of meanings that is constantly seized by the subjects and transformed into personal meanings that are shaped by the individual experience.

Although amputation in the context of this research takes place in different situations, thus forming distinct experiences of this reality, in both cases children were immersed in a culture whose meanings about body image idealize and value a "perfect body", emphasizing the ideal body, one without marks or imperfections, and discriminating those that escape these stereotypes of beauty. Thus, it is suggested that both children with congenital and acquired amputations are exposed to the effects of prejudice, which can negatively interfere in the way these children perceive and feel towards their own body image. The situation may possibly result in feelings of inferiority and denial of the amputation, since, as we have seen, the experiences and sensations caused by the actions and reactions of others in our social relations are an integral part in the process of construction of the body image. Consequently, children also grasp these meanings constructed upon interpersonal relationships that are established throughout their development.

These meanings about body perception, bodily experience, and being an amputee will be built, spoken, narratively shared by the individual, for narrative is a discursive way of organizing an experience by attributing culturally valued meanings to it. In this sense, it is important that both the child who was

born with an amputation and the one who suffered an amputation be able to later compose narratives to organize their experience as an amputated subject, negotiating and sharing the meanings that he constructed, because in this way he can re-signify them and interpret the experience in his own way, that is, his own body image. In line with this reasoning, Aquino Silva, De Conti & Pedrosa (2014) point out the importance of narrating traumatic events in order to re-signify them.

In this perspective, Iriart & Bastos (2014, p.280) point out that the "narratives materialize and gain meaning within a context, mediated by the system of beliefs, values and meanings, taking into account, for example, the repercussions of socio-historical tensions of contemporaneity" and they offer to the individual the status of author of his own subjectivity. Thus, it is understood that, while narrating his experience as an amputee, a child with limb agenesis or amputation will construct meanings from the interpretation he will make of his experience, thus composing versions about his body image and, consequently, will give meaning to the personal identity. These narratives, in turn, are linked to the social network in which this child is inserted.

### **The narrative and the construction of meanings**

Narrative is an "organizing principle" that human beings use to impose coherence and to structure facts and disconnected objects. It presents "the reflective character of the human experience as an incessant flux between past, present and future, and places the individual in the position of being able to conceive his ways of acting and being, re-evaluating and reformulating culture as an autonomous and historically positioned subject" (Iriart & Bastos, 2014, p.4).

Following this reasoning, it can be inferred that when narrating their experience as amputated individuals, children with congenital or acquired amputations will organize the events that they consider important, reworking such experiences and constructing different meanings. It is in this space of the search for meanings that the interpretation is inserted as the possibility of ascribing meanings. First, the children interpret themselves only based on their experience. Over time, this interpretation begins to be mediated by the word, by the instrument and/or by the physical world, as emphasized by Costas & Ferreira (2011). From this activity come the meanings that constitute the individuals and that constitute their relations with the others.

Thus, amputated children - when conveying a story about their experience to others, will be narrating what they experienced, what happened, because there is no way to separate the said from the lived in the same way that is not possible to separate the narrative thought from the narrative discourse, because one gives origin to the other, since the "thought becomes inextricable from the language that expresses it and ends up molding it," as Bruner puts it (2001, 129).

According to François (2009), "what we tell are events constructed from the point of view of the one who relate them, his reaction to them, what impressed him or not" (p. 36). That is, the same event can be seen in different ways - for a person, the event can be common, and for another it can be surprising; then this event will not be narrated in the same way, i.e. for the author, what guarantees a narrative meaning is the way he considers it, and narrates it.

This definition strengthens the idea that body image is narratively constructed, since, like this, events are experiences and the way children consider such events and narrate them is what will shape their narrative force. By incorporating and subjectively and chronologically ordering events, a personal narrative (on the experience of amputation) produces a plot that integrates cause and effect with the variables of human character and personal motivation.

In this regard, Bruner (1997, 2001) says that meaning is something unique, singular, and proper to each one; it is the manner in which each individual interprets the world around him. That is, by 'producing meanings', the individual performs a cognitive construction of reality. In the same direction, Vygotsky (2001, p.426) recalls that the meaning of the word is inconstant, since "it changes in the process of development of the children and also under different modes of functioning of thought. It is, above all, a dynamic formation rather than static".

In short, we can say that through the narratives, children can organize their experiences and, consequently, re-signify them, elaborating an understanding their experience with the amputated body, and finally configure their body image.

## Method

### Participants and research context

Four male children participated in this study. Of these, a 12-year-old child whose etiology of amputation has a congenital nature, named here "C", was born without the right upper limb, and three children aged 9, 10 and 11 whose amputation was acquired, thus identified as "A1/A2/A3", numbered in the order of growing chronological age. A1 is a nine-year-old child whose amputation occurred on the fingers when playing with a cylinder. A2 is a 10-year-old child who lost both legs at five months of age due to thrombosis. A3 is eleven years old, and his amputation was at the knee level in his left leg when he was hit by a minibus. Their parents or guardians also participated in the research and agreed to sign the Informed Consent Form and answer the semi-structured interview.

We selected children over 9 years of age because, as suggested by Sperb (2010), it is around this age that the child reaches greater autonomy in the elaboration of narratives of personal experiences. Furthermore, Le Boulch (1988) also states that the mental representation of the own body arises between seven and twelve years of age, and this is a very important stage in the structuring of body image because in this moment children aggregate perceptual and cognitive information into lived experiences and into the intellectual sphere.

The research was carried out in three distinct physical rehabilitation institutions, two of public and one of private nature, and only started after approval by the Research Ethics Committee of the Federal University of Pernambuco under Opinion number 199.795, linked to CAAE 01771912.9.0000.5208.

### Design and data production procedures

The case study modality was used in this study, in which each child represents a case, and thus contributes to a multiple case design, according to Yin (2001). This type of research allows an investigation to preserve the holistic and meaningful characteristics of real-life events, as well as the subtleties and peculiarities of each case.

A period of familiarization with the children was initially allowed, consisting in some visits by the researcher to the institution, to try to create a bond with them and also to better understand the dynamics of the institution. The parents who signed the ICF were invited to attend the institution to perform the semi-structured interview whose objective was to obtain information on socioeconomic and cultural aspects, etiology of the child's amputation, daily routine, daily life, etc. The interviews aimed at the understanding of the historical-cultural context in which the interaction between these children and their families took place.

After the period of familiarization, data production started with each child individually. The activities took place in four moments, described below.

First moment: In the first contact, the researcher presented and explained the motive of the meeting. Then, the first session started, whose activity consisted in a collage with the theme: "When I was very little I liked...". Throughout the activity the researcher talked with the child about his past, raising questions about what the child remembered to do when he was younger, what he liked to do most, how and with whom he played, etc. This theme aimed to encourage the child to talk about his past experiences, about his preferences, his wishes, to make him tell about what his life was like when he was younger.

Second moment: In this session, family drawing activities were developed under the theme: "Me and my family". The researcher asked the child to draw his family and as the child drew, the researcher asked about what the child was drawing, asked the child to tell what these people were like, what was his relationship with them, how he felt towards his family, what he liked to do with them, etc.

Third moment: It was characterized by the reading of a children's story that included the physical disability, entitled "The lemon's ear" (Reider & Roehl, 1999). In order to create a playful context, at all times the child was encouraged by the researcher to participate through questions about his opinion, similar facts that have happened to him or to some other child, whether or not he liked the story and the attitudes of the characters and why, as well as to make any other comments that he deemed pertinent.

**Fourth moment:** Initially, the researcher helped the child to review what happened in the previous moments and then explained that now he could talk about his life, tell his story, his desires, his fears, etc., that is, the researcher encouraged the child to speak about his history launching the theme "tell me about you!".

During the sessions, materials such as ball pens of various colors, pencils, rubbers, magazines, scissors, glue, cardboard, white papers, color pencils, crayons and a children's story were made available. The sessions were filmed and generally occurred once a week with duration of approximately 30min.

## Data analysis procedures

After data production, the transcription step was started. This was carried out respecting the requirements of the enunciation analysis proposed by Bardin (2009), keeping the greatest number of linguistic information (register of all the signifiers) and paralinguistic information (annotation of the silences, onomatopoeias, laughs, ironic tones, etc.).

At the end of the transcriptions, the analysis of the narratives began according to the proposal of analysis of the enunciation of Bardin (2009). For this, the first step was to identify the narratives according to the cultural perspective proposed by Bruner (1997) that was adopted in this research, that a narrative (1) arises after canonical break, that is, after breaking up with an expected state of things and (2) it has a scene, an action and characters as constituent elements, where each one of them gains a signification according to the place that occupies within the plot of the narrative.

In the enunciation analysis, each narrative is studied as an organized and singular totality. In this study, the following analytical levels were considered: (1) discourse dynamics and (2) recurrence study. In the discourse dynamics, the objective is to find the intrinsic logic that structures each interview. It is the logical analysis that reviews the relations among propositions. A proposition "is a self-sufficient unit" (Bardin, 2009, p.169). The first step is to divide the text into propositions and then observe the succession of these propositions that evidence the relationships and forms of reasoning. Recurrences are repetitions of the same theme or word in different contexts. Throughout the narrative, recurrences can be an indicator of importance, for example, revealing the psychological investment or of denial of the person in this subject— the incessant returning to the same topic can be a sign of an attempt to convince oneself of an idea; among others.

## Results and discussion

The enunciation analysis of the narratives constructed by the children in the sessions allowed visualizing that all of them represented the prejudice as one of the main barriers/difficulties imposed by the amputation, bringing to the surface the stigma against disability, incapacity and ugliness. This prejudice rooted in society provokes a sense of rejection and inferiority as Moraes (2014) reminds us, which can even lead to social exclusion. For example, A2 would "*feel sad*" when "*other children were calling me lame*". Likewise, C would rather play alone because other children would look at him "*with an ugly face, as if they did not want me to be with them there. Then I did not like to play*".

Thoughts and feelings about the body and their experience refer to the body image, since this is shaped by perceptions provoked by the function and appearance that emerge from a social context (Silva, 2012). Thus the judgment of others towards our body and our appearance also reflects in the way we perceive ourselves and, consequently, in our body image.

More specifically this prejudice was interpreted by the children through the eyes of the others who brought with them judgment. For example, for C, people would look at him as if he were "*a stranger, an animal, something like that. Because everyone was looking at me with the ugly face, strange; I did not like that*". The corporal mark in the amputated individual happens to be configured as stigma, culminating in negative relations with the own body, guiding to the perception of the individual, of the one who looks, from this physical characteristic, which happens to be considered the main one, since it is the most evident (Rafael, Gomes, Duarte, Barreto & Ferreira, 2012). For the child, the gaze was directed at that

mark on his body that stands out for being different from the others, and with that, he soon associated that look with a look of judgment, of embarrassment.

A1 also cited a situation in which he was subjected to prejudice represented by the other's gaze, when his classmate was "*mocking because I had this different hand*". When asked if he was sure that his colleague was referring to him, he answered affirmatively: "*he did not say anything, he just kept laughing ... because I was there*". It is interesting that just the fact "to be there" is justified as the motive of others' mocking. At the same time, the fact of being looked at by the other is thus a call, an irresistible appeal, because it compels the individual and demands a response from him (Le Breton, 2006). So the response of the individual who has a disability is the certainty that they are looking because he has a brand that sets him apart from others.

In the narratives of the children, it was also possible to notice that in an attempt to overcome this prejudice, they seek to be recognized beyond that amputation, emphasizing their abilities. In the case of A1, the child insists on showing the researcher that he knows how to cut, how to play with cars; A2 affirms that he can "*climb on a tree*", and he practices swimming; A3 plays volleyball, goes to the movies and C points out that he is independent in all self-care activities: "*Since I was four years old, I took a shower by myself*", he emphasizes. This movement can generally be observed among amputees, in which they feel "obliged" to show what they are able to do to prove that - despite the amputation - they have certain remaining abilities; this is what Amaral (2001) called "excessive compensation", that is, an attempt to compensate the deficiency with some activity that this deficiency did not prevent the amputee from performing.

Another mechanism of overcoming was the support of the family, narrated by two children (C and A3). Disability brings with it a flood of ambivalent feelings (fear, guilt, anguish, anger) that have a great emotional impact on the family. However, the family has an essential role in the reprocessing of the amputated limb, assisting them in the process of rehabilitation, and must therefore show empathy and understanding (Barbosa, Guerra, Resende & Andrade, 2016). This directly reflects in the (re) elaboration of the body image and, consequently, the acceptance of the amputee (Sousa, 2009). The way A3's family and friends, for example, faced his new reality made the child feel encouraged to face the challenges that were (and are) to come: "*They always said that I was going to get well...*" (A3). In this sense, it is understood that social support is one of the factors that contribute to a better adaptation of the amputee, through the support of friends and family helping the person who suffered the amputation to maintain self-confidence and believe in his improvement (Morais, 2014, Barbosa, Guerra, Resende & Andrade, 2016).

Goffman (1982) pointed out that in the case of people born with a disability, family and education are essential for the social inclusion of children, minimizing the impact of the conflicts generated by their differences. Today, thanks to his parents, C sees himself as a normal person, feels equal to everyone. He understands that his disability can make him different from others physically, but not functionally, that is, the absence of part of his right arm does not prevent him from doing activities that give him pleasure such as riding a bicycle, writing, playing, walking, and this comforts him and satisfies him.

Other limitations imposed by the amputation raised in the children's narratives were physical limitations, that is, the difficulty in performing some activities such as jumping rope, "*running, playing, playing with my brothers*" (A2) or going to "*various places ... More frequently to the mall*" (A3). It is interesting to note that these narratives were observed in children whose amputation is in the lower limb, probably because of the greater impact that this level of amputation causes for individuals to move.

It is also important to highlight the meanings attributed to the prostheses by the children. Prostheses are devices whose function is to replace the missing segment/limb, integrating with the body, becoming part of the subject (Zarb, Hobkirk, Eckert & Jacob, 2013), providing the recovery of function and/or aesthetics. For example, A1 says "*I do not want to. I want it the way it is. When the person touches that thing, it gets out of the place*". In this case - by accepting the prosthesis - the child would have his hand "reconstituted", with a similar appearance to the one before the accident and, depending on the evaluation of the occupational therapist, the child could even use a specialized device to help in the hand function (it would help in some movements, such as picking/dropping) but despite of this, the child emphasizes that he does not want to use it.

The literature indicates that upper limb amputation is very limiting due to the incapacity caused by loss of movement and functionality in the scapula-humeral articulations, hand and wrist joints, and it is



considered to have a worse prognosis when compared to lower limb amputation (Bocolini, 2000). Therefore, the amputee is usually indicated to use prosthesis because this provides a better body image and confidence to the subject, allowing him to perform more confidently his physical abilities, improving his functionality and quality of life (Tonon, 2001).

In a study carried out by Paiva & Goelner (2008) with adults who used prostheses, the authors concluded that the main fear was the unknown, the fear of the non-experienced, the foreign object, and in order to face it was necessary to face the new, overcome the difficulties. Thus, this can cause some people who have been amputated to initially reject the prosthesis because they do not know what to expect, they fear what will come. Although, in this research, the public was composed of children, we can think that this reality is the same for them, because the child also has his fears, doubts and anguishes.

The purpose of technical apparatus is to meet a deficiency, to replace a flaw, to correct a deviation or to increase its function. However, despite the benefits of the use of prosthesis, the amputee may present relevant difficulties for locomotion, transference and postural changes, as well as pain in the stump or phantom, low self-esteem, fear and depression (Carvalho, 2014). Therefore, prostheses are considered "strange" objects to the human body, and for this reason, the amputee needs time to familiarize with the prosthesis and incorporate it into his daily life. Thus, the child seems to reject the prosthesis by the fear of the unknown, even when guided by the researcher as to its utility, because it is something strange attached to his body, is something external to him and therefore requires time for adaptation, for training.

Finally, we noticed that, when speaking naturally about how the amputation occurred, one of the children (A2) seems to use his narratives to overcome what happened, that is, to re-signify this experience: "*She (the mother) said that this in my leg was thrombosis ... When someone asks me, this is what I say*". This brings us to the reflection that one of the most powerful ways of expressing suffering and the experience is the narrative. This gives voice to suffering and allows the individuals to perceive, experience, and evaluate their actions and the value of their lives, as already pointed out by Hydén (1997).

In short, the results presented point out that the eyes of the others were identified by the children of this study as the main form of prejudice, causing several negative feelings about their body. In addition, the main difficulties and limitations imposed by the amputation narrated by the children were the prejudice of others, which (initially) prevented them from feeling good about themselves and their bodies and thus from being able to participate in social groups or activities that they would like to.

However, other limitations were represented with regret, limitations of physical nature, such as not being able to jump rope, walk, play ball and go to the movies without the wheelchair or the help of someone. These data are also found in the literature on amputations, which relate the loss or absence of a function with suffering and pain.

In contrast, children seek to overcome these difficulties/limitations by developing or participating in other activities that give them pleasure, such as sports, family outings or even common games.

Thus, the representation of the prosthesis was differentiated among the children, because for A2 and A3, it symbolized a cry of freedom, the possibility of walking and doing things that would make them happy. But for A1 and C, the prosthesis was an artifact of no use or that would only make life more difficult, respectively.

Finally, it was possible to observe that two children (A2 and A3) presented an ambivalent behavior toward their amputation. Sometimes they feel equal to everyone (they described the activities that they participate, the difficulties they overcome, the social groups that are part of), and at the same time they expose the desire to be equal, to do what all other children can do. However, C and A1 did not present this characteristic, indicating a more stable behavior in the direction of acceptance and denial of amputation, respectively.

## Final considerations

The results of this research point to the need for follow-up, care and listening to children, regardless of the etiology of amputation, considering the singularity of the construction of meanings of each one,

since, upon learning these meaning, it is possible to find answers that better guide the professionals' practices.

Thus, based on the assumption that each subject has a unique nature and peculiar characteristics, we understand that the results obtained in this study can lead us to a deeper understanding of the needs of each child, helping in the relationship and in the dialogue between the child and the world, besides guiding professionals with the proposals of interventions that go beyond theoretical knowledge and technical skills, but which are more specific and effective, child-centered, able to meet their needs, as well as assist them in this process of (re)cognition of the amputated body, thus promoting balance and physical, mental, psychological, emotional and social well-being, that is, providing a better quality of life.

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