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Dismantling the Crutch: Narrative Prosthesis and the Rise of Medical Humanities in Contemporary American Prose

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Abstract:

This paper examines contemporary American disability narratives at a moment of significant narrative and ethical transition, where literature reconsiders how illness and impairment are told, heard, and understood. Inspired by David Mitchell and Sharon Snyder's concept of 'narrative prosthesis', the study reflects on how literary traditions have long relied on disability as a structural or symbolic device. This paper explores how contemporary writers resist these conventions by foregrounding illness as an ongoing, embodied reality focusing on recent developments within medical humanities and narrative medicine. These novels capture the voice of the patient, the emotional uncertainty of illness, the fragmented time of illness, and the act of listening ethically. The authors of these works invite readers to share in their human experience of vulnerability, dependence, caregiver, and resiliency. The narratives that emerge from these works are open-ended, unfinished, and about actual people who live outside of traditional medical or biomedical narratives because they encourage the reader to engage in more meaningful ways with human suffering. This research argues that this shift in the use and creation of narratives in literature represents a substantial shift towards more thoughtful, humane, inclusive, and ethically responsible literature.

Keywords: Narrative Prosthesis, Medical Humanities, Crip Theory, Contemporary American Fiction, Lived Materiality, Structural Competency.

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Introduction

For decades, disability was treated as the ‘crutch’ upon which Western narrative stood, according to the argument made by David T. Mitchell and Sharon L. Snyder in their landmark work of disability literary theory, Narrative Prosthesis: Disability and the Dependencies of Discourse (2000). They argued that, as a ‘crutch,’ disability was consistently used as a means to symbolize some kind of moral failing, a tool for the able-bodied protagonist’s maturation, or a condition which must necessarily be ‘solved’ through death or a cure.

For these authors, this ‘narrative prosthesis’-an appendage onto which discourse hooks itself to lend itself meaning and structure-subordinated disabled bodies to plot and perpetuates ableism in using them as simple symbols rather than complex presences. In Victorian narratives, from Jane Brontë to those written mid-century, disability either signifies aberrance or is framed by heroic triumph and rarely includes the agency or complexity of disabled individuals beyond their impaired condition. In the twenty-first century, however, a paradigm shift in literature representations of disability has emerged with the advent of the Medical Humanities – a field that couples clinical practice with subjective, bodily experiences of illness.

It has become rearticulated as a means by which identity, social protest, and relational ties are navigated and where disabled bodies cannot be flattened into symbols or fixed by an appeal to curative interventions. By aligning Literature and the Medical Humanities in an endeavour to consider ‘illness experiences on their own terms’, such as the work by Rita Charon, Narrative Medicine (2006), these stories critically dismantle eugenicist implications inherent in biomedicine, reimagine narrative agency, and cultivate empathy towards bodies for whom cures will never be found, “embracing” the prosthetic’ potential of disability. It may just even be possible that these novels are models of our capacity for care in relation to a non-curable world and may offer us a way to reside in bodies that survive.

Objectives

- To analyse how narrative prosthesis operates in traditional American literature as a device for plot resolution.
- To identify shifts in contemporary prose toward medical humanities-inspired representations of illness and disability.
- To demonstrate how these narratives, foster ethical listening and structural competency in readers.

Hypothesis

Contemporary American fiction, dismantles narrative prosthesis by privileging open-ended, embodied depictions of disability, thereby promoting more inclusive and ethically responsible storytelling that challenges biomedical closure.

Scope of the Study

The study focuses on contemporary American prose that explores disability, illness, and embodiment through the ideas of narrative prosthesis, medical humanities, and crip theory. It looks closely at how selected texts present illness not merely as a literary device, but as a real and ongoing human experience shaped by vulnerability, care, dependence, and ethical complexity. At the same time, the study is limited to American fiction and does not claim to represent disability writing from all literary traditions or cultural contexts. It also relies on textual interpretation rather than reader responses, clinical evidence, or a wider empirical survey, so its conclusions are best understood as literary and interpretive rather than universal.

The Prosthetic Story's Architecture

In order to understand the current shift in storytelling, it is necessary to examine the use of "prostheses" in American literature through a history of both the 19th and 20th centuries. One illustration of the concept of "narrative prosthesis," brought to life through many of the

authors of *The Narrative of a Mystery* and *The Story of My Life*, ultimately refers to four phases of the character with a disability. First, the author will create a setting to focus on a "deviant" individual. Second, the author will make a point to explore the origins of the disability. Third, the character's disability will serve as the story's overarching "metaphor," and finally, the author will provide the character with a "cure" at the end of the narrative. (In this case, this would indicate that the disability is only a narrative device for story resolution and does not have its own existence). Accordingly, the contemporary author may refer to the lisp of a character as being a "disabled" character or the "disability" of the character based on a previous act or an event that needs to be "corrected" (Mitchell & Snyder 47), this point is further stated through the use of American realism's own relationship between a crippled and "damned" soul, which was established by the use of the character's limp to indicate a past sin, or provide an illustration of his or her current lack of resolution. The doctor, through the doctor's unprejudiced view of care, has a "clinical gaze," which does not take into account "narrative truth." Many writers today have taken a different approach; they are increasingly open to using "narrative medicine," which is defined as writing in the context of a patient's story.

Changing the Neuronarrative's Clinical Perspective

The modern "neuronarrative"—fiction that focuses on neurological difference or trauma—is one of the main locations of this change. *The Echo Maker* (2006) by Richard Powers is a prime example of this shift. Following a car accident, the main character, Mark Schluter, develops Capgras syndrome, which makes him suspect his sister Karin of being a fraud: “My sister? Do you believe that you are my sister?... You have a mental illness if you believe you are my sister. Mark's condition would probably be a metaphor for the "alienation of modern man" in a conventional prosthetic narrative, but Powers focuses the story on the highly specific biological realities of the brain, describing how "neurological damage has cut some of the crucial links between emotional and cognitive areas."

Powers emphasizes the conflict between clinical diagnosis and subjective experience of the broken self by integrating the Medical Humanities viewpoint. Instead of treating Mark's brain as a puzzle that needs to be solved by an able-bodied hero like neurologist Daniel Weber, the story compels the reader to adopt a neurodivergent viewpoint, as demonstrated by Mark's reflection, "But that's when it started, the switching and imposters... Find a sandhill and make a vow to him. Examine its brain. Here, disability explores the biological contingency of human identity rather than serving as a vehicle for a moral lesson, echoing the novel's observation that "Time didn't age you; memory did." Powers, who highlights how Capgras targets “only the people closest to him”, reject reductive explanations.

Powers rejects the "cure" narrative; the conclusion embraces a new, permanently changed state of being rather than restoring the status quo. Uncertainty persists despite Mark's apparent recovery; his final recognition of Karin is accompanied by the qualified serenity of "Just as good as the real thing," suggesting a landscape and life that endure in their flaws. This is consistent with analyses that observe that trauma "resolves[s] itself through repetition," changing without completely disappearing. In the end, *The Echo Maker* invites readers to consider the frailty of identity beyond metaphor by cantering neurological materiality, thereby modelling narrative medicine.

The Illness Memoir: Transitioning from Metaphor to Materiality

The prosthetic function of disability is further undermined by the emergence of "autopathography," or illness memoir, in modern American letters. Suleika Jaouad's *Between Two Kingdoms* (2021) and Paul Kalanithi's *When Breath Becomes Air* (2016) both reject the "warrior" or "triumph" clichés that are frequently imposed on ill people by drawing on their medical training and personal experiences.

The author's dual identities as a patient (the observed) and a doctor (the observer) subvert the narrative prosthesis in Kalanithi's memoir. He challenges the clinical gaze from within, contending that "the physician’s duty is not to stave off death or return patients to their old lives, but to take into our arms a patient and family whose lives have disintegrated and work until they can stand back up and face, and make sense of, their own existence" (Kalanithi 139). In describing the process of dying without a miraculous recovery, Kalanithi deprives the reader of the comfort of a narrative "fix," thus insisting on the legitimacy of a crippling existence. This is the essence of the Medical Humanities: the understanding that the "story" of a life does not end when the body fails to be "fixed."

The Rejection of Resolution and the "Crip" Aesthetic

The idea of rejecting the closure of a story has significant political implications in contemporary literature. The way a narrative story has treated disability can be defined as "unstable" until the disability itself has been resolved normally through either death or miraculous recovery of character. The actions taken to resolve disabilities within the narratives of these characters often represent "narrative violence" according to Crip Theory, a branch of disability studies, in that they reflect an oppression of people with disabilities. Contemporary authors such as Leslie Jamison, author of The Empathy Exams, examine and critique the "performative" nature of being ill. As an actor for students in a medical school setting, Jamison looks at how the complex, unpredictable nature of actual pain does not correspond to a simple list of symptoms that can be measured and documented. Jamison uses this article to demonstrate that contemporary literature is evolving toward representing a more "chronic aesthetic." In this way, chronic illness is represented by its cyclical and repetitive experience, which according to Alison Kafer, can be considered "crip time," instead of representing a solely linear path toward recovery (Kafer 27). In relation to this new approach to experiencing time, the nature of time as a "resource" that must be managed for the purpose of productivity is

replaced by an experience of timelessness and stagnation that does not conform to the traditional narratives associated with American individualism.

The Racialization of the Medical Gaze and [1]Intersectionality

The medical field refers to this understanding of patients' symptoms as structural competency. The medical humanities also provides a theoretical framework for thinking about a patient's symptoms, their biological nearness-environment interaction, and how that plays into a patient's body. This has evolved from Mitchell and Snyder's philosophy on how a visible physical impairment primarily impacts a person's physical existence in our world, to exploring the impact race and class may have on determining who has a disabled identity and who is considered to be in a state of "debility" (having nothing capable of producing dysfunctional body mass). Works of modern American literature, such as Claudia Rankine's *Citizen: An American Lyric*, expose this idea that a person's body is continuously being monitored by society and medicine. Thus, there becomes a shift in view of narrative prosthesis; the impairment being evidenced is not seen as fixed but rather affects the entire collective. The cumulative effect of micro aggressions and systematic racism creates a force (e.g.; stress on the body) disabling bodies from accessing societal support. Rankine illustrates this by providing her reader with a non-personal experience or account of how white supremacy affects the physical experience. Rankine's work not only serves as "poetry," but also provides an extensive clinical description of the health of a nation; the "body politic" represents the "patient" relative to the framework of how the medical humanities exist.

Body Horror as Criticism: The Human and the Automated

The use of "body horror" as a critique of the medical-industrial complex is a major trend in modern American fiction. Writers such as Ottessa Moshfegh and Carmen Maria Machado to

[1]Intersectionality is a perspective that investigates 'how intersecting power relations influence social relations across diverse societies as well as individual experiences in everyday life' (Collins & Bilge, 2020).

emphasize the alienation of the medical gaze use the grotesque. The protagonist's attempt to "cure" her existential gloom with a pharmacological haze in Moshfegh's *My Year of Rest and Relaxation* is a sinister parody of the American preoccupation with chemical fixes for structural issues.

These writers highlight the horror of a body that is viewed as a machine to be adjusted rather than a site of human experience by exaggerating the "prosthetic" nature of contemporary medicine, where identity is created through pill bottles and psychiatric labels. This is consistent with the criticism of biomedical reductionism by the medical humanities, which contends that treating a person's "parts" frequently erases the "whole."

Crip Time and Productivity Resistance

It is observed that the modern fiction has a visible impact on deconstructing narrative prostheses. While traditional Western narratives tend to be "productive", meaning moving towards a climax and closure, "crip time" (which is explored further in the work of Ellen Samuels and Alison Kafer) is slow, stagnant, and repetitive. One central character, Jude St. Francis, in Hanya Yanagihara's massive novel, *A Little Life,* is diagnosed with chronic pain that doesn't ever "improve."

Here the sheer size of the book-more than 700 pages-mirrors the pacing. With no payoff in the form of a cure for Jude's suffering, the reader is compelled to languish. By foregoing the "prosthetic" cure as a means to end the narrative and tie things up neatly for the reader, Yanagihara forces a confrontation with the experience of prolonged trauma and transforms a potential sprint towards recovery into a marathon of care, which adheres to the medical humanities ideal that even lives with extensive suffering have narratives that carry worth.

Conclusion

The move from the "prosthetic" towards the Medical Humanities reflects a shift within not only American but also global literature. Across the globe, authors have found a way for the disabled body to be and represent itself outside of Mitchell and Snyder's cycle of disability awareness, diagnosis, normalization and eventual closure. This shift is readily apparent in a comparative cross-cultural analysis; within the works of psychological thriller writers from Japan and Nigeria, for instance, disabled women have been reclaiming their agency and overcoming surveillance practices. This has resulted in novels that don't simply "fix" the character for the sake of the reader's peace of mind, but rather that "fix" the reader's perception of what a valuable human life is.

This transformation aligns with the rise of crip theory, which re-frames chronicity and disability as modes of resistance to neoliberalism. It aligns with "crip aesthetics across the Atlantic," the works and movements that disrupt ableist power structures in UK, US, and European art. India's RPwD Act 2016's emphasis on "temporal drag," the intentional slowing down of narrative speed to honor psychosocial disabled lives, disrupted "chrono normativity" in South Asian literature.

Global Health Humanities now integrate critical disability studies to prioritize lived experiences over medical models, such as in Bangladesh's work on "scar injuries." These shifts in turn reflect a broader movement, evident in the growth of digital scholarship on Book Tok and other online platforms where readers are increasingly responding to and amplifying intersectional voices. Perhaps the 'crutch' was never disability itself, but instead, metaphors, we use to keep us safe and unaware of our own vulnerability- a point illuminated at the intersection of narrative prosthesis and Medical Humanities. This includes the intersection of crip feminism from India with engineered prosthetic design focused on holistic embodiment. From Indian memoirs and journals to analyses of transatlantic works, the world of literature is embracing

crip aesthetics and narrative medicine in a move toward narratives that walk along with-rather than gaze at- a disabled body in its complex and irreducible humanity.

Works Cited

Charon, Rita. Honouring the Stories of Illness through Narrative Medicine. Oxford University Press, 2006.

Jaouad, Suleika. Between Two Kingdoms: A Memoir of a Life Interrupted. Random House, 2021.

Kafer, Alison. Feminist, Queer, Crip. Indiana University Press, 2013.

Kalanithi, Paul. When Breath Becomes Air. Random House, 2016.

Linton, Simi. Claiming Disability: Knowledge and Identity. New York University Press, 1998.

McRuer, Robert. Crip Theory: Cultural Signs of Queerness and Disability. New York University Press, 2006.

Powers, Richard. The Echo Maker. Farrar, Straus and Giroux, 2006.

Rankine, Claudia. Citizen: An American Lyric. Graywolf Press, 2014.

Snyder, Sharon L., and David T. Mitchell. Narrative Prosthesis: Disability and the Dependencies of Discourse. University of Michigan Press, 2000.