



Exploring Marginality: A Medical Humanities Reading of Arundhati Roy's *The God of Small Things*

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Abstract

This research offers a critical medical humanities reading of Arundhati Roy's *The God of Small Things*, arguing that the novel is not only a critique of caste, class and gender, but also a narrative of embodied and psychic marginalisation. Drawing on critical medical humanities, theories of embodiment and vulnerability, trauma studies and intersectionality, the article explores how the "small things" of everyday harm, humiliation, surveillance and emotional neglect accumulate to shape bodies, minds and life chances. Using qualitative, hermeneutic close reading and thematic analysis, it focuses on key episodes between Velutha and Ammu and between the twins, Estha and Rahel, with particular attention to scenes of bodily violence, psychological rejection and institutional betrayal. The discussion is organised around three interlinked domains: (1) the psychic marginalisation of children, in which Estha's muteness and Rahel's barrenness illustrate the afterlives of developmental trauma; (2) the embodied vulnerability of caste- and gendered subjects, crystallised in Velutha's tortured body and Ammu's social and physical wasting; and (3) the systemic failure of caring institutions—family, church, police, law and medicine—which reproduce, rather than relieve, suffering. The essay argues that *The God of Small Things* functions as a counter-archive of health and injury, imagining lives that exceed formal diagnostic and curative regimes. It concludes that Roy's postcolonial fiction should be read as a vital interlocutor for medical humanities, capable of decentring Anglocentric, clinic-centred models of illness and care and foregrounding structural violence and caste-based marginality.

Keywords: Arundhati Roy, *The God of Small Things*, Medical Humanities, Trauma; Embodiment, Caste, Structural Violence

Introduction

Arundhati Roy's *The God of Small Things* (1997) has long been read as a powerful postcolonial narrative about caste, gender, and the politics of memory in late-twentieth-century Kerala. Yet its sustained attention to the damaged body, to psychic wounding, and to the everyday economies of care also makes it an important—though underexplored—text for the medical humanities. The medical humanities have been broadly defined as “any interaction between the arts and health,” a field in which literature, history, philosophy, and the social sciences collaborate to illuminate how illness, suffering, and care are shaped by culture and power. Within this field, narrative medicine has emerged as a key approach emphasizing “narrative competence,” the ability of clinicians and scholars “to recognize, absorb, interpret, and be moved by the stories of illness” (Charon, 2001). Recent scoping reviews and conceptual essays argue that narrative medicine and the wider medical humanities can deepen our understanding of patient experience, clinical empathy, and health systems when they engage seriously with complex literary texts and diverse cultural archives.

At the same time, critical developments within the field have pressed medical humanities beyond the clinic to address structural violence, social suffering, and the uneven distribution of vulnerability. Scholars such as Wainwright and Turner conceptualise “embodiment and vulnerability” as central categories, insisting that social hierarchies are lived and inscribed on the body as pain, debility, and exposure to harm. Others emphasise that medical humanities must be attentive to marginalised voices and non-Western traditions, foregrounding how race, caste, class, gender, and coloniality shape both who becomes ill and whose suffering is heard. This “critical” or “regional” medical humanities seeks not only to humanise medicine but also to interrogate the historical and political conditions under which bodies and lives are made precarious. *The God of Small Things* offers an especially rich site for this kind of inquiry. Set in Ayemenem in the late 1960s and narrated from the fractured perspectives of twins Rahel and Estha in adulthood, the novel explores how caste stratification, patriarchal control, communal politics, and state violence converge on vulnerable bodies and minds. Critical work has shown how Roy's narrative dramatizes the oppressive “Love Laws” that regulate intimacy along the axes of caste and gender, and how characters such as Ammu and Velutha figure resistance and subaltern identity within these constraints. Trauma-oriented readings further demonstrate how the novel's non-linear structure, its recursive returns to a few catastrophic events, and its emphasis on silence and unspeakability enact the long afterlife of childhood and collective trauma. In these accounts, Ayemenem becomes a microcosm of postcolonial India where intimate suffering is inseparable from wider histories of caste oppression and political repression.

What has received less sustained attention, however, is the extent to which Roy's

novel can be read as a narrative of marginality in explicitly medical-humanities terms. The text is saturated with scenes of bodily risk and injury—Velutha’s brutal beating in police custody, Ammu’s gradual physical and social wasting, Estha’s muteness, Baby Kochamma’s chronic ailments and pettiness, and the subtle somatic markers of anxiety and depression in the twins. These are not presented as isolated “cases” but as manifestations of what developmental trauma theorists describe as the compounding impact of repeated, relational harms that reshape cognition, attachment, and bodily regulation over time. Such harms are inseparable from the “small things” of everyday life: gestures of neglect, shaming, surveillance, and exclusion that mark certain characters as permanently out of place. Reading these elements through medical humanities foregrounds how marginality is lived as an embodied condition—of chronic stress, anticipatory fear, and constrained possibilities of care.

A medical humanities lens also highlights how *The God of Small Things* stages competing forms of knowledge about suffering and healing. On one level, the novel exposes the failures of institutional medicine and law: the hospital is peripheral, the police enact lethal violence, and formal systems of justice collude with caste and class power. On another level, the narrative constructs alternative, often fragile spaces of care—in the twins’ imaginative world, in the brief refuge of Ammu and Velutha’s relationship, and in small acts of attention and solidarity. These “counter-narratives” resonate with medical-humanities debates about the limits of biomedical discourse and the need to value lay, subaltern, and affective knowledges of illness and distress. In this sense, Roy’s text not only represents marginalised subjects but also challenges dominant narrative forms through which illness and recovery are conventionally told.

This article therefore proposes a medical humanities reading of *The God of Small Things* that foregrounds marginality as a nexus of caste, gender, class, childhood, and postcolonial history. Drawing on narrative medicine, theories of embodiment and vulnerability, and trauma studies, it asks three interrelated questions: How does the novel represent the embodied and psychic consequences of marginality for its central characters, particularly the twins, Ammu, and Velutha? In what ways do Roy’s formal choices—non-linear temporality, shifting focalisation, recurrent motifs—mirror or resist dominant “illness narratives” as theorised in medical humanities? What ethical possibilities of attention, empathy, and critique are opened when *The God of Small Things* is read alongside contemporary debates about vulnerability, care, and social justice in medical humanities?

By addressing these questions, the article aims to extend the geographical and conceptual scope of medical humanities beyond Euro-American clinical settings, demonstrating how a postcolonial Indian novel can illuminate the entanglements of structural marginalisation, bodily harm, and subjective suffering. In doing so, it suggests that literary texts like *The God of Small Things* are not merely illustrative “cases” but

critical interlocutors that can reshape how the medical humanities conceptualise marginality, health, and the ethics of witnessing.

Literature Review **Small Things and Marginality in Literature**

The God of Small Things by Arundhati Roy (1997) has spawned a lot of criticism on postcolonial, feminist, and cultural studies. Initial reviews focused on the presentation of subalternity in the novel, the oppression of caste and caste politics in the postcolonial South, the way in which intimacy and belonging are governed by the Love Laws across caste and class lines (Rahman, 2015; Farooq, 2016). Historians have also emphasized the disjointed, nonlinear storyline of Roy as an expression of revealing the little things of daily domination that forms a cycle of systemic violence against Dalits, women, and children (Bharti, 2020; Ghosh, 1999).

A sizeable body of criticism is centered on gendered marginality. The women of the novel Ammu, Baby Kochamma, Mammachi, are employed by Al-Quaderi, Islam and Sultana (2011) as negotiators of complicity and resistance within patriarchal systems, and the marginalised and oppressed women discussed by Pawar (2014) are restricted in their agency by the family, church and state. Collectively these studies chart the intersection of caste, and class and gender inequalities to generate what can be termed as everyday injuries of humiliation, exclusion and inhibited mobility albeit without necessarily using the vocabulary of health and medical humanities.

The nexus of caste and gender has been given the more recent work a stronger focus. The comparative analysis of Untouchable and *The God of Small Things* by Roy and Jose (2023) theses that gender-caste hegemony leads to forms of victimization that are engraved on the bodies and psyches of the main heroines of the two books. Gender inequality and feminism in the novel are also predicted by Margjani and Tawami (2022) who view the transgressive desire of Ammu and Dalit identity of Velutha as structural overdeterminations of caste patriarchy. Asghar, Ahmed and Fatima (2020) build on this questioning by placing the description of Roy of the marginalized groups, in comparison with other South Asian writings, noting the spatial and discursive segregation as defining some forms of life as being expendable. Combined, these works define *The God of Small Things* as a text which is important in contemplating marginality as a stratified social phenomenon.

The Childhood and Embodied Suffering in the Novel by Roy

A second significant school of thought resorts to trauma theory to explain the disordered temporality and child-centred narration of the novel. The article by Outka about trauma and the temporal hybridity is very influential and states that the nonlinear narrative

of the novel and flashbacks that are revealed through recursion encode the belatedness and repetition that defines traumatic memory. Based on the psychoanalytic and postcolonial trauma research, Outka implies that personal traumas (the river drowning, sexual violence, separation of the twins) cannot be detached once the historical trauma of colonialism and caste.

Continuing this, Giri (2020) interprets Estha and Rahel as archetypical representatives of traumatic distress among children and demonstrates how muteness, social insulation and ambitionless adulthood of these characters indicate unresolved childhood trauma. Sharfudden (2023) goes further to establish a theoretic framework of trauma to explain the palimpsest of pain in the lives of the twins where personal and communal trauma of a caste-stratified society is intertwined. Other works look at postcolonial childhood in a broader sense and postulate that the child look serves as an exploratory space in which the text criticizes the adult modes of political and social violence.

These trauma-based readings implicitly address the issues of major concern in the medical humanities such as memory, psychological distress, and embodiment of suffering, but seldom position the novel within the context of illness histories, medical diagnoses, or treatment discourses. Rather, trauma is handled as a metaphorical or even socio-psychological disease. Incorporated effects of caste segregation such as gendered violence and emotional neglect concerning health, wellbeing and survivability are under-theorised.

Gendered Violence, Embodiment and Politics of Injury

By preemptively anticipating the way power is written on bodies, feminist critique on the novel by Roy provides a significant point of access to a medical humanities approach. The article by Sheba Jose (2021) *The Trauma of Being a Woman* maintains that Ammu, Mammachi and Baby Kochamma are clear examples of varying forms of female oppression, which could be domestic violence, internalised misogyny, and theorizes trauma as both corporeal and psychological. Ilahi (2024) adds to this by reading Roy and Begum Rokeya to demonstrate that women emancipation is still an elusive dream because patriarchal institutions still dominate the body of women in terms of sexuality and labour.

Haque (2025) pays attention to Baby Kochamma to illustrate how deprivation, jealousy and vindictiveness build four lives of destruction, hence the connection between affective economies (envy, resentment, shame) and such slow deterioration of mental health. Critical discourse analyses also follow the process by which power relations and oppressed voices are constructed by language, focalisation of the story and silencing, which displays the discursive violence that comes before and justifies physical violence.

Although this literature provides a rich source of information on gendered as well as caste-related violence, it still leans towards the conceptualisation of such phenomena as

aspects of sociology or psychoanalysis, but not as the aspects of health. The terms like chronic stress, intergenerational trauma, or the social determinants of health, which are in the focus of medical humanities and the social health, are rarely mobilised to understand the manifestation of marginal lives in the novel. This allows a reading that is more clearly concerned with the ways of being marginalized as illness, disability, psychological breakdown and premature death.

The Medical Humanities to Critical Medical Humanities

Medical humanities developed as a discipline that seeks to discuss with medicine literature, philosophy, history and the arts as a means of empathy, critical thinking and moral awareness in clinicians. Some traditional theorizing, like the model of classicism by Charon, suggests that listening to patients carefully improves the ability of physicians to be emphatic, reflective and trusting. A ten Have and Patrao Neves (2021) and Crawford et al. (2015) reference work defines medical/health humanities as interdisciplinary areas, which appeal to literature, ethics, history and the arts to question illness, suffering and healthcare systems.

Recently the field has taken an alternative turn of being critical. Atkinson et al. (2015) differentiate between the medical and the health in a critical medical humanity and proposes a focus on community-based arts, activist practices and cultural theory to discuss more extensive operations of inequality. According to Viney, Callard and Woods (2015), critical medical humanities should be able to entangle themselves with politics, economics and culture and leave behind instrumental concept of literature as somebody humanising medicine. Bibliometric evidence of Wang et al. (2025) indicates that medical and health humanities are becoming more involved with the field of public health, social justice and health disparities, and there have been boundary blurring between clinical and societal contexts in general.

Scholars like Hooker, Phillips and Carr (2023) suggest a more global and postcolonial approach to health and medical humanities in global health that decenter Anglocentric approaches and prefigure topics of colonialism and environmental crisis and structural inequality. This is in line with larger arguments on structural violence in health, which frame racism, casteism, sexism and economic exploitation as types of violence which systematically limit life opportunities and access to care.

Nevertheless, there is still, according to Saleh and Zidan (2024), in their article on Toni Morrison Home, a perceived theoretical gap of medical humanities when it comes to addressing race and colonialism literatures, even though these texts have long been obsessed with illness, bodily injury and social illness. Their writing is also a good example of the way a critical medical humanities approach can be used to unravel the relationship between trauma, racism and healthcare and African American fiction, though comparative

applications to South Asian or more precisely Indian Anglophone fiction is still uncommon.

The Less Known Landscape of Marginality as Health Postcolonial Literature

The questions of health and medicine have only recently been linked to issues of colonialism and caste structure vulnerability to violence, poverty and dispossession, an issue long studied on postcolonial literary studies. Within the Indian context, subalternity, caste, gender and political corruption have been viewed in the context of criticism on *The God of Small Things* (Sehgal, 2015; Rahman, 2015; Asghar et al., 2020), and the psychic costs of these regimes of power on feminine bodies and desires have been examined through studies of trauma (Outka, 2011; Giri, 2020; Sharfudden, 2023).

However, this considerable body of scholarship does not often cast these problems in terms of health, illness or care, or explicitly deploy medical humanities paradigms, including narrative medicine, structural violence, or health humanities. Similarly, the studies conducted in medical and health humanities continue to be predominantly focused on clinical practices, professional training and Euro-American literature, and relatively limited attention to South Asian postcolonial fiction, or caste-based marginalisation.

Determining the Gap in the Research

Combined, the current literature makes *The God of Small Things* a textual paradigm of marginality, tracing the intersection of caste, gender, class, and childhood in order to create trauma and social exclusion. Trauma and feminist critics have detailed the representations in the novel of psychological distress, bodily damage and gradual loss of wellbeing, but they have not read these as health stories in the meaning expressed by medical and health humanities. Meanwhile, critical medical humanities have demanded the decolonisation of the discipline and an interest in structural violence but has barely ever included South Asian Anglophone fiction in its own corpus.

The article fills that gap by providing a medical humanities reading of *The God of Small Things* that understands marginality not just as a sociopolitical situation, but as a collection of materialized pain, disability, mental distress and untimely death. Based on the critical medical humanities, structural violence and trauma theory, the paper discusses how the novel by Roy reforms the experiences of caste and gendered oppression into the narrative of illness and suffering, and how these narratives undermine the climate of clinical definitions of health. This way it aims to make contributions both to Roy scholarship, in the form of a renegotiation of marginality in terms of health, and to medical humanities, in the sense of introducing a significant postcolonial Indian text to a discipline that still struggles with its own Anglicocentric and biomedical prejudices.

Theoretical Framework

The present paper rides on synthesized model of critical medical humanities, embodiment and vulnerability, theory of trauma, and intersectionality/ postcolonial critique to explain the marginality of *The God of Small Things*.

The significance of medical humanities is discussed concerning the critical theory.

Critical Medical Humanities

The concept of humanising medicine through reception of literature, philosophy and arts first emerged as the medical humanities, most famously in the paradigm of narrative medicine developed by Charon who concentrated on narrative competence - the ability to recognize and interpret illness stories (Charon, 2001). However, somewhat more recently has come scholarship that suggests a critical of medical humanity that goes beyond the clinic to challenge power, inequality and structural violence. The medical and the broader context of health as distinguished by Atkinson et al. (2015) presupposes taking into consideration community, culture and politics, whereas the field of study is urged by Viney, Callard and Woods (2015) to assume an entangled state in the social theory, economics and postcolonial critique.

This article does not view the novel as a tool to create empathy but as a place of theory that shows how caste, gender and classes generate discriminated vulnerability to damage. Critical medical-humanities lens would then re-read the text by Roy as a narrative of health, suffering and institutional constraints of care not as a socio-political allegory.

Embodiment, Vulnerability and Structural Violence

The analysis also employs the embodiment and vulnerability theories which support the thesis of experiencing social hierarchies through the body in the form of pain, being debilitated and vulnerable to harm. Wainwright and Turner (2003) defined vulnerability as a condition in which, the bodies are dissimilarly susceptible to damage by social, economic and political forces. Such an idea is conceptually aligned with structural violence where those systems are embedded such as racism, casteism, and patriarchy that produce patterned harm and untimely deaths by restricting the opportunities of life and access to care.

It is through reading *The God of Small Things* in this framework that the reader finds themselves at the imprints that the bodies of the characters (Velutha is beaten, Ammu is wasting, Estha withdrawing) carry of the insidious and sudden violences of caste, gendered policing and state repression. Marginality is thus theorised to be an embodied status rather than being a figurative or a symbolic status.

Trauma, Memory and Narrative Form

Another pillar is the theory of trauma specifically the work associating trauma with narrative disturbance. Outka (2011) proves that the lateness, repetition and fragmentation of the traumatic memory is represented in Roy by his non-linear temporality and recursivity. The developmental trauma research is also oriented on the concept that recurring harms of relationship, including neglect, humiliation, continuous fear, etc., alter the affect regulation, and body modes over the course of time.

The combination of these concepts allows the analysis to perceive the disordered time of the novel as the silences and repeated scenes as the formal equivalents of the traumas which erase the demarcation line between the psychological stress and the social trauma. This is not about treating trauma as an individual pathology but in response to caste and gender violence which becomes systemic.

Intersectionality and Postcolonial Marginality

Finally, the framework incorporates the intersectionality and postcolonial theory to describe how various axes of identity attempt to construct various layers of marginality. Intersectional approaches, which developed out of the Black feminist thinking, insist on the collaboration of such categories as gender, class and race (or caste) defining the forms of privilege and oppression. Postcolonial critics of Roy also reveal in the novel that the caste, colonial legacies and local politics through which the social order has been created to render some people expendable or unthinkable.

This work exploits intersectionality to follow the means in which caste gender classes childhood intricacies organize susceptibility to violence and forsaking in *The God of Small Things* and the postcolonial frame is kept of view of the wider histories of colonialism, nationalism and regional politics in which those intimate injuries are bounded.

Methodology

The research design used in this work is a qualitative, interpretive research because it is based on close reading and thematic analysis of literature, which are suitable in investigating how one novel can encode experiences of marginality, suffering and care within its language and narrative structure. The analysis is not grounded in human respondents but instead on the text itself blueprint as data, so that *The God of Small Things* is viewed as a rich narrative case in which questions of paramount concern to critical medical humanities can be addressed.

Research Design

This practice is loosely hermeneutic and constructivist: meaning is conceived to develop due to a reciprocating dialogue between text, theory and reader, as opposed to being merely discovered in an impartial manner. This is in line with traditions of qualitative approaches focusing on depth of interpretation, contextual sensitivity and reflexivity in relation to the reading position of the researcher. Close reading techniques are used together with a loose version of thematic analysis, which is viewed as a systematic but theoretically informed method of discovering and determining meaning patterns in qualitative data (Braun and Clarke, 2006).

Since the purpose is to theorise the embodiment and narration of marginality, the methodology similarly conceptually (but not procedurally) relies on the constructivist grounded theory to focus on the iterative coding, memo-writing and theory-building based on the data (Charmaz, 2014). This does not entail complete grounded theory generation, but it takes a loan of its logic of going between emergent categories and textual evidence that substantiates or makes them complex.

Corpus and Data Selection

The primary corpus consists of Arundhati Roy's novel *The God of Small Things* (1997), read in a standard English-language edition. Within this text, the analysis focuses on:

1. Episodes where bodies are explicitly at risk, injured or marked (e.g. Velutha's beating, Ammu's physical decline, references to illness, death and disability).
2. Passages that foreground psychic distress, silence, withdrawal, shame or dissociation, especially in the twins Estha and Rahel.
3. Scenes involving institutions and spaces that can be read as sites of care, neglect or surveillance (family home, police station, church, workplaces, state apparatus).
4. Recurrent metaphors and images (the river, the History House, smell, touch, temperature, bodily fluids) that carry connotations of contamination, fragility or precariousness.

These selections are not exhaustive; rather, they are purposive, chosen because they are particularly dense in references to marginality, embodiment and vulnerability as theorised in the critical medical humanities and trauma studies.

Analytical Procedures

The analysis proceeded in four overlapping stages:

Familiarisation and Preliminary Noting

1. The novel was read (and re-read) in full, with initial marginal notes marking instances of bodily injury, illness, psychological disturbance, institutional interaction, and explicit references to caste and gendered marginality.
2. During this stage, memos were kept on how these scenes resonated with concepts such as structural violence, trauma, embodiment and narrative ethics from the theoretical framework.

Initial Coding

1. Relevant passages were extracted into a working document and coded line-by-line using descriptive and interpretive codes (e.g. “caste-marked body,” “chronic fear,” “silenced child,” “shaming gaze,” “failed care,” “policed desire”).
2. Codes remained open and overlapping at this stage, allowing for multiple readings of the same passage in line with Braun and Clarke’s recommendation to treat thematic analysis as an iterative, reflexive practice rather than a rigid algorithm.

Development of Thematic Clusters

1. Codes were then grouped into broader thematic clusters that correspond to the article’s analytical sections, such as “embodied marginality,” “psychic wounding and trauma,” “spaces of care and neglect,” and “gendered and caste-based policing of intimacy.”
2. These themes were continuously checked against the full text to avoid over-reliance on a small number of emblematic scenes and to ensure that counterexamples and ambiguities were incorporated rather than suppressed.

Theoretical Integration and Narrative Analysis

1. Finally, the emerging themes were read through the lenses of critical medical humanities, embodiment and vulnerability, trauma theory, and postcolonial critique outlined in the theoretical framework.
2. Particular attention was paid to narrative form: shifts in focalisation, non-linear temporality, repetition of key episodes, and the distribution of voice and silence were analysed as formal choices that themselves convey the experience of marginality and trauma. Outka’s work on trauma and temporal hybridity in Roy’s novel provides a methodological precedent for linking narrative disruption with traumatic experience.

3. Through this process, the methodology moves from detailed textual description to conceptually informed interpretation, seeking to show how Roy's novel can be understood as a narrative of health, suffering and structural injury.

Reflexivity, Validity and Limitations

Given the interpretive nature of literary analysis, reflexivity is crucial. The researcher's disciplinary training, familiarity with South Asian contexts and commitments to feminist and anti-caste perspectives shape what is noticed and how it is read. To enhance interpretive rigour, the analysis:

1. Triangulates between different strands of theory (critical medical humanities, trauma, postcolonial and feminist criticism) rather than relying on a single lens.
2. Seeks convergent evidence across multiple scenes and motifs before advancing interpretive claims.
3. Attends to textual resistance—moments that complicate or undermine the neat application of theoretical categories.

The study's main limitations lie in its focus on a single novel and its non-empirical character: it does not include readers', patients' or clinicians' perspectives, nor does it claim generalisability in a statistical sense. Instead, its value lies in analytical generalisation—offering a theoretically rich reading that can inform broader debates about marginality, health and narrative within the medical humanities, and potentially be tested, adapted or challenged in future work on other postcolonial texts.

Findings

Marginality of caste and gendered subjects, psychic marginalisation of children and absence of functional social and institutional care systems are three areas of marginality that one can closely explore in *The God of Small Things* in the context of a medical humanity. It is with these spheres that the novel expresses through a hybrid idiom, which continuously adds to medical terms at the diagnosis, symptoms, cuts and scars, and unveils the violence of social pathologies versus the health issues of an individual (Roy, 1997; Tickell, 2003).

Psychic Marginality and Split Child-Subject

To begin with, the novel shows childhood as the innocent location but the primary location where social and political violence is somatised. The twinship of Estha and Rahel is being rather pre-diagnostic and pre-disciplinary constituted: "Such amorphous early

childhood, when memory was just beginning to form (Roy, 1997, p. 4). This undefined temporal and mental state are predetermined by the symptoms which the trauma theorists call the experiences that go beyond the narrative mastery (Caruth, 1996).

The memories of the abuse that were not authorised and the suffering that Estha experienced as remembered by Rahel, - she has other memories too she has no right to have... And these are small things, only" (Roy, 1997, p. 5) are the smallest signs of an intersubjective close clinical communication where the borders between the self and the other are broken. The novel anticipates thus prevailing trends on the trauma studies based on intergenerational and vicarious trauma especially among children who have observed violence and social exclusion. These scenes resemble in-house written case history, in a medical humanities perspective. The novel documents the successive stage of developing the symptoms of mutism in Estha, the emotional abandonment of Rahel and their sexual aloofness and makes the literary expression a diagnosis. Another argument that the analysis of the novel make is that Roy as a representative of the post-traumatic stress intrusive memory and time dislocation through his fragmented chronology and frequent flashbacks (Ng, 2005; Giri, 2020).

Social Pathology of Caste, Embodiment and the Love Laws

The second cluster of findings is associated with the direct inscription of caste and gender in the body as long-term trauma. The narrative continues to repeat the Love Laws... which tell how to love who. And how. And how much" (Roy, 1997, p. 33), that makes of them a kind of pathology of legal code of conduct that regulates intimacy, touch and proximity of the body. The affection between Ammu and Velutha as well as the affection between the twins, regardless of the caste and class are also taken to be the signs of the opposition to such code, which the community attempts to rectify with the help of punitive violence.

Crossing of caste and labour, physical vulnerability, Velutha *The God of Small Things* in various critical readings lies there. His Paravan status has resulted in permanent exposure to checking, policing and ultimately to spectacular punishment. Critics of modernism also note that the scene in which Roy is being tortured by the police with broken bones, internal bleeding, paralysis, prefigures medical care on his injuries to note the critique of the casteist state violence rather than simply shock the reader. The recent health-humanities issue of structural violence and inequitable distribution of injury and care is anticipated in that respect in the novel.

The marginality of the bodies takes place on their edges in terms of social visibility stressed in incorporated spatial metaphors in the text. It is not until very late in the novel that we hear that Estha and Rahel received Edges, Borders Boundaries Brinks and Limits (Roy, 1997, p. 5) and the critics, as they were, interpret this to mean that they had left the

land of the undivided childhood, into the realm of rigid categorization of caste, class, gender and respectability. These are social, psychological, and corporeal borders, and this means that social control and corporality are two closely intertwined ideas.

Silence, Trauma and Somatisation of Psychological Distress

The third key point is that Roy is always in a habit of projecting psychological distress into body idioms. The silence in Estha (including that) is not merely a metaphor, but a lifelong manifestation of the withdrawal following the trauma. The narrator points out that once it went quiet, it stuck and it was contagious in Estha (Roy, 1997, p. 11), which is semantically like a sign of a chronic disease in a patient history. This silence is an invasion agent of its action and it propagates, engulfs, deprives the language and the parallel to the psychiatric literature on severe depressive and dissociative conditions is very high.

Similarly, the barrenness of Rahel and her failure to sustain any relationships in her adulthood can also be attributed to the latent effect of unsolved grief in the loss of Sophie Mol and his battering parting with his twin. Critics have also proposed that Roy has set his dramatization of the psychic harm of the twins on child-trauma research, in which the phenomenon of exposure to extreme events at a young age has long-lasting impacts on the regulation of affections and the integrity of identity (Altaf, 2024; Giri, 2020). The metaphors of medicalisation in the novel such as viable, die-able age, dormant, a quietness that spread, etc lead to the connection being drawn without reducing the characters to diagnostic identities.

Care Institutions Were Abandoned and Politics of Witnessing

Finally, the story brings out the failure of the institutions supposed to be institutions of care including family, church, police and even the very medicine. Instead of protection, these systems produce and naturalize violence: the family operates to criminalize Velutha; the church operates to work on the respectability of the caste; the police operate to brainwash brutal corporeal punishment. Recent studies highlight the way the novel by Roy shifts the emphasis on the personal illness to the one that is shared by all pointing out that violence in *The God of Small Things* is both a matter of discourse and one that is promoted under the law, religion, and medicine.

The text represents an anti-archive of the records in the view of the medical humanities. The police record, the hospital account, the legal account of the so-called crime committed by Velutha all of this is implied but never receives the ultimate ruling. Roy offers, rather, an affectively thick and densely embodied story of pain that cannot be avoided. The novel thus simulates the so-called attentive listening of narratives of pain and stigma as practised by narrative medicine which anticipates how the marginalised subjects

such as children, women who have gone through divorce, workers in the Dalit community, are systematically marginalised in the mainstream diagnostic and legal mechanisms (Charon, 2006).

Discussion

The God of Small Things can perhaps be fruitfully interpreted as an embodied and psychic marginal story rather than a socio-political one as it has been proven in this paper. In the previous criticism, which touched on caste, class and gender, subalternity and social exclusion have been regarded as the most significant elements of marginality (Rahman, 2015; Farooq, 2016; Asghar et al., 2020). The hegemony of gender-caste is demonstrated to create some forms of victimhood against Ammu, Velutha and the twins as presented in the feminist and intersectional readings (Al-Quaderi et al., 2011; Roy and Jose, 2023; Sheba Jose, 2021; Ilahi, 2024). The contemporary analysis agrees to these stories but refocuses them through critically medical humanities where an accent is also a focus that those relations of power are ascribed on the body as pain, debility and vulnerability. The tortured body of Velutha and the gradual wasting of Ammu and muteness of Estha are not mere metaphors, they represent the caste and the patriarchy as a health-making machine, which health theorists would term as structural violence.

Trauma-based explanations of the novel are also affirmed through the results and refreeze their medical-humanities implications. According to Roy and his non-linear story and retrogressive temporality and, to use the words of Outka (2011), the formal forms of trauma, Giri (2020) shows that the twins are the embodiment of the trauma in children. Going further along this line, it has been suggested in the present paper that this text resembles an illness narrative that lacks a diagnosis: the silence of Estha and the emptiness of Rahel are assertively and painstakingly explained in terms of chronicity, but no clinical vocabulary in the novel. In the narrative medicine context, Roy offers a complex narrative medicine account in the sense of Charon (2001), but a narrative that cannot be reversed or cured, and in this regard, medical humanities have a hard time listening to the afflicted lives which cannot even be integrated into the medical therapeutic framework.

The example of the critical medical humanities in the novel is what becomes known as the tangle between health and politics, law and religion (Atkinson et al., 2015; Viney et al., 2015). Most vulnerable people are discarded consistently by the family, church, police and legal system and marginal or complicit to formal medicine. This, once more, is echoed in the demands to globalise and decolonise medical humanities with demands to pre-empt the future of medical humanities by forecasting situations like South Asia where caste, gender and the authority of postcolonial states encroach on exposure to harm, and access to care (Crawford et al., 2015; Hooker et al., 2023; Wang et al., 2025). The novel by Roy thus is a counter-archive of care: it re-writes injuries and silences that

the official record would just push under the carpet or explain through the argument that has been advocated by Saleh and Zidan (2024) that the medical humanities has been theoretically lagged in its response to race and coloniality and systemic violence.

This reading of Roy scholarship brings to the postcolonial and feminist analysis of trauma, which is the case, a health-based approach to the analysis. It illustrates that the Aye Menem love laws and codes of respectability is no moral/cultural script, but a body making mechanism that constitute bodies, futures and survivability. Even medical humanities, medical vulnerability and medical care are already theorised in the postcolonial fiction, and there is no hospital or doctor, as depicted in the novel. One should also read *The God of Small Things* as a potentially exemplary text, but as a conceptual interlocutor capable of developing and critiquing the concepts of marginality, illness and care as proposed by the medical humanities.

Conclusion

It is now argued in this paper that *The God of Small Things* can fruitfully re-read as a shifting narrative about health, injury and care and not necessarily a postcolonial family saga. The novel by Roy as shown in the article provides a critical perspective of the already existing postcolonial, feminist and trauma studies (Rahman, 2015; Outka, 2011; Sheba Jose, 2021; Giri, 2020), which help to highlight how the state of marginality as an embodied and psychic fact of existence is being given through the courage of the destroyed body of Velutha, the slow deterioration of Ammu and the silence and unfeeling nature of the twins is not an incidental consequence but The First, it adds a health dimension to Roy scholarship, and demonstrates that the caste, gender and children marginalisation in Ayemenem cannot be debated without mentioning the issue of bodily integrity, psychological survivability and care accessibility. The respectability codes and the Love Laws are unofficial biopolitical systems and they decide who is entitled to the bodies of whose they will caress or defend or destroy. Second, it belongs to the ongoing process of decentremment and complexification of medical humanities through the introduction of a caste-marked literary work of a South-Asian provenience into the field that remains mostly still dominated by Euro-American and clinic-focused discourse (Crawford et al., 2015; Hooker et al., 2023; Wang et al., 2025). The Roy novel is an excellent illustration of why illness, trauma and care can be theorised through the contexts in which peripheral to the centre role take place among hospitals and physicians and where law, religion and kinship are the primary agents of mischief. The research has procedurally shown how close reading and thematic analysis that is informed by critical medical humanities, embodiment and trauma theory can yield an analytic generalisation of the tethering of social structure and health without reductive literature into case vignette. Its greatest weakness is its focus on a single text and its absence of empirical interaction with the readers, clinicians or

communities. The next level of research can be to compare South Asian novels that depict caste, communal violence or environmental crisis or introduce Roy and bring him to dialogic relationships with clinicians and medical students in narrative-medicine pedagogy. All in all, it is possible to conclude that *The God of Small Things* may be considered a significant text to a decolonised, structurally sensitive medical humanities. It calls on the readers to see what the caste, gender and the power of postcolonial states have caused to inflict sluggish and spectacular harm, and it questions the discipline to be in a position to accept the reports of suffering that is chronic, care that is disjointed and no cure available and to live in a challenging ethics of attention, grief and criticism.

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