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Dr. Betty Elsa Jacob
Assistant Professor,
Department of English, CMS
College Kottayam
(Autonomous), Affiliated to
Mahatma Gandhi University,
Kerala, India

Trauma, Marginalization, and the Limits of Care in *The God of Small Things*: A Postcolonial Medical Humanities Reading

Betty Elsa Jacob

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Abstract

Arundhati Roy's *The God of Small Things* (1997) offers one of the most incisive literary examinations of trauma, caste, and systemic violence in contemporary Indian fiction. Although not typically categorized as a "medical novel," its preoccupation with the wounded, stigmatized, and marginalized body positions it centrally within the concerns of postcolonial medical humanities. This article reads Roy's text as a critique of the social and political anatomy of suffering, showing how biomedical institutions, legal structures, and systems of caste and gender discipline bodies into silence. By tracing the embodied trauma of characters such as Estha, Ammu, and Velutha, the essay demonstrates how illness, injury, and psychological wounds are never merely biological events but deeply entangled with oppressive social orders. The article also argues that the postcolonial Indian medical system—shaped by colonial epistemologies of hygiene, propriety, and respectability—functions as a disciplinary framework that selectively recognizes or denies suffering based on caste and gender. Ultimately, the novel challenges the presumed neutrality of medicine, revealing how care becomes a site of violence, exclusion, and abandonment for marginalized subjects.

Keywords: God of Small Things, Medical Humanities, Postcolonialism, Caste, Trauma, Systemic violence

Introduction

Arundhati Roy's *The God of Small Things* has been studied extensively for its insights into caste politics, forbidden love, environmental degradation, gender oppression, childhood trauma, and postcolonial melancholia. However, its value as a medical humanities text remains understudied despite the novel's continuous focus on suffering bodies—violated bodies, stigmatized bodies, unwanted bodies, silenced bodies. Postcolonial medical humanities, an emerging interdisciplinary field, interrogates how colonial histories, caste structures, institutional violence, and social hierarchies shape experiences of illness, pain, and care. By examining how colonial medicine, caste-based exclusions, and patriarchal norms organize bodily suffering, the field expands traditional medical humanities beyond Western biomedical narratives to include global systems of inequality.

At its core, *The God of Small Things* exposes the limits of care in a society deeply structured by caste, gender, and colonial legacies. It depicts how the biomedical system—along with legal, familial, and religious institutions—fails to recognize the suffering of those rendered *illegal* or *unworthy* by dominant social orders. The novel foregrounds trauma not simply as a psychological event but as an embodied symptom of entrenched historical and political violence.

This article argues that *The God of Small Things* reveals how trauma, illness, and bodily suffering are shaped by intersectional factors—caste, gender, patriarchy, and coloniality—and that medical care in the novel is never neutral but highly politicized. Through close reading and theoretical grounding in postcolonial medical humanities, trauma studies, caste theory, and disability discourses, the following sections develop a comprehensive reading of Roy's novel as a critique of the limits of care in postcolonial India.

Corresponding Author:
Dr. Betty Elsa Jacob
Assistant Professor,
Department of English, CMS
College Kottayam
(Autonomous), Affiliated to
Mahatma Gandhi University,
Kerala, India

Postcolonial Medical Humanities: Conceptual Foundations

Postcolonial Medical Humanities provides a critical lens through which to examine the intersections of colonial history, social inequality, and embodied suffering. Expanding the concerns of traditional medical humanities, which emphasize narrative, empathy, and the doctor–patient relationship, this interdisciplinary framework foregrounds the structural forces that shape experiences of illness and care. Rather than viewing medical systems as neutral or universally benevolent, Postcolonial Medical Humanities interrogates how colonial legacies, caste hierarchies, and gendered power relations continue to influence whose suffering is acknowledged and whose remains unrecognized.

The field draws on postcolonial theory (Fanon, Said, Spivak, Bhabha), histories of colonial medicine (Arnold, Anderson, Harrison), and critical medical humanities, situating illness within a matrix of racialized, caste-marked, and gendered inequalities. Colonial medicine did not merely heal bodies; it classified, disciplined, and hierarchized them. These classificatory systems—distinguishing ‘pure’ from ‘polluting’, ‘civilized’ from ‘primitive’, ‘healthy’ from ‘degenerate’—persist within postcolonial medical and legal institutions. The result is a biopolitical order in which certain lives are valued and protected while others are marginalized or rendered disposable.

Central questions animate this framework: How do colonial and caste structures shape access to care? In what ways are medical institutions implicated in sustaining inequality? Whose pain is legible within medical discourse, and whose is silenced?

Postcolonial Medical Humanities argues that illness is never merely biological; it is produced and exacerbated by structural violence. Trauma, stigma, and psychosomatic suffering reflect not only individual experiences but also the cumulative effects of historical oppression. For instance, Fanon identifies a distinct cluster of illnesses observed among Algerians who were detained in colonial internment camps. He classifies these conditions as fundamentally psychosomatic—organic disorders that arise as the body’s response to situations of intense conflict. Psychosomatic pathology, in this framework, refers to ailments whose origins are psychic rather than purely physiological. For Fanon, such disorders represent the body’s attempt to negotiate the pressures of colonial violence: the physical symptom simultaneously functions as a sign of distress and an imperfect mechanism of survival. The organism, he suggests, seeks out the “lesser evil,” redirecting psychic conflict into somatic channels in order to avert total psychological collapse^[1].

Extending this example to the Indian context, it could be understood that the Dalit communities, women, indigenous groups, and other marginalized populations continue to encounter diagnostic bias, neglect, and institutional indifference—echoes of colonial classifications and caste-based segregation.

¹ This discussion draws on Frantz Fanon’s analysis of psychosomatic disorders among Algerian prisoners in *The Wretched of the Earth*, particularly in the chapter “Colonial War and Mental Disorders,” where he describes the body’s “cortico-visceral” response to colonial conflict as both an adaptation and a symptom of structural oppression.

Another key concern is the relationship between language and pain. Trauma often exceeds the capacity of narrative, resulting in silence, muteness, or fragmented expression. Elaine Scarry famously argues that pain shatters the very structures of expression: “Physical pain does not simply resist language but actively destroys it.” In other words, pain does not merely exceed description—it unravels the linguistic and narrative capacities through which subjects make sense of their worlds. When pain becomes overwhelming, words collapse into cries, silences, or fractured phrases. This dissolution of language is not merely an individual failure but signals the breakdown of the social frameworks that should receive, interpret, and respond to suffering^[2]. Within Postcolonial Medical Humanities, such narrative ruptures are read as diagnostic: they expose histories of marginalization, the erasure of vulnerable voices, and the institutional inability—or refusal—to recognize certain forms of pain as worthy of attention. Literature, therefore, becomes an important archive through which these silenced or unspeakable experiences can be accessed. Fictional narratives highlight the emotional, cultural, and political dimensions of illness that biomedical language frequently overlooks.

By situating medical care within broader frameworks of caste, gender, coloniality, and biopolitics, Postcolonial Medical Humanities shifts attention from individual pathology to systemic injustice. It calls for a decolonized understanding of health—one that acknowledges how histories of oppression continue to shape contemporary experiences of the body, trauma, and care. Bodies, according to Mbembe, in many postcolonial contexts, are marked by differential forms of power—power that determines whose lives are protected, whose are exposed to slow injury, and whose are forced to endure conditions that make life barely sustainable. This distribution of vulnerability is neither accidental nor natural; it is produced through political, racial, and colonial logics that govern which bodies are permitted to thrive and which are abandoned to premature death^[3].

As a theoretical lens, the postcolonial medical humanities enables a more comprehensive reading of how literary texts represent suffering and how medical and legal institutions participate in the regulation, abandonment, or erasure of marginalized bodies.

In the Indian context, caste further stratifies access to healthcare and recognition of suffering. Dalit bodies are routinely treated as polluting, inferior, or unworthy of care, while patriarchal ideologies position women’s illnesses as either moral failings or matters of shame. Roy’s narrative in *The God of Small Things* foregrounds these social

² Scarry’s formulation is foundational in medical humanities; her argument that pain “destroys language” offers a theoretical framework for interpreting silence, incoherence, and narrative fracture as the effects of unacknowledged or structurally produced suffering.

³ This formulation draws on Achille Mbembe’s concept of necropolitics, which theorizes modern sovereignty as a power exercised through the capacity to dictate “who may live and who must die.” Mbembe argues that colonial occupation, racial hierarchies, and militarized governance create zones where populations are “kept alive in a state of injury,” subjected to forms of slow death and unlivable life. See Achille Mbembe, “Necropolitics,” *Public Culture* 15, no. 1 (2003): 11–40.

determinants of health by dramatizing how marginalized characters experience abandonment, surveillance, or punishment within systems of care. The novel traces the intertwined stories of Ammu, Velutha, and the twins, revealing how caste and gender regulate not only desire and mobility but also bodily vulnerability. Velutha's Dalit identity renders him perpetually under surveillance and ultimately expendable, culminating in his brutal killing under the guise of institutional authority. Ammu's own suffering—produced by marital abandonment, social ostracism, and the policing of female sexuality—remains medically unrecognized and socially dismissed. By dramatizing the abandonment, punishment, and misrecognition experienced by those marked as lower-caste or transgressive, Roy's narrative underscores how health and illness are shaped less by biology than by entrenched structures of inequality.

Postcolonial medical humanities therefore focuses on the politics of whose suffering is acknowledged and whose pain is ignored or pathologized, highlighting the ways institutions reproduce colonial or caste-based hierarchies. It examines how trauma becomes embedded in the body when social structures deny recognition. Roy's novel becomes a powerful site through which these dynamics are illuminated.

Trauma and Embodied Memory in *The God of Small Things*

Trauma in Roy's novel is multidimensional. It is psychological, physical, generational, and structural. The body becomes a repository of memories that cannot be articulated, and language proves inadequate to convey the depth of pain. Three characters—Estha, Ammu, and Velutha—exemplify how trauma becomes embodied and how social structures exacerbate suffering.

1. Estha's Speechlessness: The Psychosomatic Body

Estha's trauma after being sexually abused by the Orangedrink Lemondrink Man is represented not merely as a psychological crisis but as a corporeal shutdown. His subsequent silence—his “Quietness”—is a psychosomatic response.

Trauma studies scholars emphasize that traumatic events often exceed the capacity of language, producing bodily symptoms such as muteness, numbness, hypervigilance or dissociation. Cathy Caruth's influential work in trauma studies underscores the fundamental disjunction between the experience of trauma and its articulation. For Caruth, trauma is defined not by the violent event alone but by the impossibility of fully grasping it in the moment of its occurrence. This temporal delay—what she describes as the “gap” in understanding—renders the event resistant to immediate narration. As a result, trauma often returns not as coherent memory or speech but as bodily symptoms: muteness, freezing, compulsive repetition, or other non-verbal manifestations of distress. In this sense, the body becomes the site where unassimilated experience is registered, particularly when language falters. Caruth's formulation thus provides a critical foundation for understanding why, in postcolonial contexts marked by structural violence, suffering frequently appears in fragmented or somatic forms rather than in stable narrative expression [4].

⁴ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996), 6–7.

Estha's refusal to speak illustrates this phenomenon. His trauma is compounded by guilt and shame imposed by family and society. No one intervenes to help him. No medical care is offered. No adult recognizes his psychological suffering. The medical system's absence here is telling: Estha's trauma is rendered invisible because child sexual abuse, particularly involving boys, is culturally unspeakable. The failure to acknowledge his wound is part of the violence he endures.

2. Ammu's Tuberculosis: Social Illness and the Stigma of Womanhood

In *The God of Small Things*, Ammu's tuberculosis emerges not merely as a biomedical condition but as a manifestation of social and structural marginalization. Her illness is deeply entangled with her position as a divorced woman in a patriarchal and caste-conscious society, where widowed or divorced women are often considered morally suspect or socially contaminating. Her tuberculosis is compounded by stigma, shame, and the lack of familial or societal support, demonstrating how illness cannot be disentangled from the broader social environment in which it occurs.

Gita Sen and Caren Grown note that “women's illnesses are often interpreted as moral failings or a consequence of social transgression rather than medical conditions, producing neglect and stigmatization within families and institutions”. [5] Ammu's disease is read not solely through a medical lens but as evidence of her social and moral marginality. Her status as a divorced woman with limited economic resources magnifies the neglect she faces, both within her family and in healthcare institutions. The hospital, far from being a space of healing, functions as a site of containment, rendering her body socially and morally disposable. Partha Chatterjee reinforces this understanding, asserting that “the body of the marginalized subject is a site on which the state and society inscribe indifference, discipline, and exclusion, rendering certain lives disposable” [6]. In Roy's narrative, Ammu's death in an overcrowded hospital and her rapid, unceremonious cremation exemplify this intersection of social stigma, institutional neglect, and structural violence.

By situating illness within social and structural contexts, Roy's text aligns with the Postcolonial Medical Humanities approach, which emphasizes that diseases like tuberculosis cannot be fully understood without attention to caste, gender, and economic oppression. Ammu's suffering thus becomes a lens through which the novel critiques societal and institutional failures, highlighting how structural inequalities shape experiences of illness, care, and bodily recognition.

3. Velutha's Death: The Ultimate Expression of Caste Trauma

Velutha's brutal death is the most explicit depiction of institutional violence in the novel. After being falsely accused of rape—a crime he did not commit but was assumed capable of due to his caste—he is beaten nearly to death by the police. He is denied medical care and left to

⁵ Gita Sen and Caren Grown, *Development, Crises, and Alternative Visions: Third World Women's Perspectives* (New York: Monthly Review Press, 1987), 172.

⁶ Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton: Princeton University Press, 1993), 14.

die. His body is treated as unworthy of treatment, emblematic of how Dalit suffering is routinely ignored by state institutions.

Velutha's trauma extends beyond the physical. It includes generational and historical trauma rooted in caste oppression. His death exposes the intersection of state violence, caste discrimination, and the failure of medical institutions. It also reflects Fanon's claim that the colonized or racialized subject is always already considered dead or dying within colonial medical logic. As Fanon argues in *A Dying Colonialism*, colonial medical practice can be a site of violence rather than healing: "the doctor ... becomes the torturer who happens to be a doctor⁷". This suggests that within colonial regimes, colonial medical logic effectively treats the colonized subject as disposable — a body already marked for death or abandonment.

Medical Institutions as Extensions of Caste and Colonial Power

A central argument of this article is that *The God of Small Things* depicts medical, legal, and bureaucratic institutions not as neutral or humanitarian spaces but as mechanisms that reproduce caste, gender, and class hierarchies. These institutions—hospitals, police stations, and government offices—operate within a socio-political order in which the state exercises uneven forms of surveillance, discipline, and abandonment. Agamben's theorization of institutional spaces as "the camp"—"the space that is opened when the state of exception begins to become the rule^[8]"—provides a useful framework for understanding how Roy's Kerala functions for marginalized characters. In such a regime, institutions do not guarantee protection; rather, they manage and contain vulnerable bodies, reflecting Agamben's claim that in modern biopolitics, the decision on life and death passes through the administration of bodies and the calculated management of life^[9].

Foucault similarly insists that institutions like the hospital, the prison, and the school are no longer neutral spaces; they are instruments for the administration and transformation of individuals^[10]. The treatment of characters such as Velutha and Ammu demonstrates how these systems discipline and punish those deemed socially inferior, revealing how caste and gender become biopolitical categories shaping access to care, justice, and recognition. Mbembe's *Necropolitics* further sharpens this reading: the police violence inflicted on Velutha and the medical neglect that leads to Ammu's death exemplify the state's power "to dictate who may live and who must die^[11]." For these characters, institutional encounters do not offer relief but instead produce conditions of unlivable life, marking them as socially dead long before their physical destruction. Roy's narrative thus exposes how ostensibly humanitarian institutions operate as instruments of exclusion and violence within a deeply stratified social order. Roy exposes how these systems selectively distribute

⁷ Frantz Fanon, *A Dying Colonialism*, trans. Haakon Chevalier (New York: Grove Press, 1965), 128.

⁸ Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford: Stanford University Press, 1995), 168

⁹ Agamben, *Homo Sacer*, 121.

¹⁰ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage, 1975), 143.

¹¹ Achille Mbembe, "Necropolitics," *Public Culture* 15, no. 1 (2003): 11.

care, recognition, and justice, thereby determining whose lives are valued and whose are rendered disposable.

The Hospital as a Site of Exclusion

Ammu's experience in the Ayemenem hospital reveals how medical institutions mirror the social hierarchies of caste, gender, and respectability. Although she is technically admitted as a patient, the atmosphere around her is one of disdain rather than care. Roy notes that she died in a government hospital, where nobody knew her name, a fate that underscores how her identity—as a divorced woman, economically dependent and socially stigmatized—renders her unworthy of attention. The hospital staff treat her less as a suffering patient than as a transgressor of moral codes. Her body becomes a silent warning, a lesson in patriarchal discipline. As quoted earlier from Sen and Grown, women's illnesses, rather than being treated as legitimate medical conditions, are frequently interpreted as signs of moral weakness or the result of violating gendered norms of propriety. This tendency to read sickness as social transgression produces patterns of neglect, judgment, and inadequate care within both families and institutions.^[12] Ammu's treatment exemplifies this: she receives only the minimal care required to maintain bureaucratic procedure, not the empathetic attention afforded to socially sanctioned women. Her death, unclaimed and rapidly cremated, illuminates how medical institutions participate in the social abandonment of marginalized women.

Velutha's encounter with the medical system exposes an even more violent dimension of institutional power. After being beaten nearly to death by the police, he is brought to the hospital not to be healed but to be processed. Roy writes starkly that they brought him to the hospital at midnight. By then he was already dead. His Dalit identity ensures that he is perceived not as a patient but as a disposable body; the hospital room becomes indistinguishable from the police lock-up. The indifference of the medical staff—who do not treat, touch, or even speak to him—reproduces the logic of untouchability within a supposedly humanitarian institution. Velutha's fate embodies the necropolitical calculus wherein the institutions decision of who may live and who must die functions. This is evident from what Comrade Pillai tells Inspector Mathew that Velutha does not have the backing of his political party. This leaves us questioning whether the Comrade's support would have made a difference in saving Velutha's life.

The hospital, which should symbolize care, instead becomes an extension of state violence, confirming Roy's broader critique: that in postcolonial Kerala, medical institutions function as apparatuses that regulate, discipline, and erase marginalized bodies rather than heal them.

Legal Institutions and Biopolitics

Foucault's framework of biopolitics helps to illuminate how Roy's legal and medical institutions determine the value of lives based on caste and social respectability. Biopower operates not only through overt violence, but through decisions about who receives care, who is punished, and who is abandoned^[13]. In *The God of Small Things*, these

¹² Gita Sen and Caren Grown, *Development, Crises, and Alternative Visions: Third World Women's Perspectives* (New York: Monthly Review Press, 1987), 172.

¹³ Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975–1976*, trans. David Macey (New York: Picador, 2003), 247.

institutions collectively administer slow violence against marginalized characters.

Velutha's fate in *The God of Small Things* exemplifies what biopolitical theorists describe as the selective exposure of certain bodies to death. His presumed guilt is not determined through evidence but produced through caste prejudice: as a Dalit man who transgresses spatial and sexual boundaries, he is already positioned as criminal before any investigation occurs. Michel Foucault argues that modern power takes charge of life by dividing populations into those who must be protected and those who may be abandoned to death [14]. Achille Mbembe extends this insight by suggesting that marginalized subjects are often reduced to "a status of the living dead," rendered killable within everyday institutional practice [15].

In this framework, Velutha's brutal arrest and subsequent death constitute a form of biopolitical elimination: his Dalit identity marks him as outside the circle of protection extended to *proper* citizens. The police, acting as agents of the state, enact what Mbembe calls the sovereign power "to dictate who may live and who must die." [16] His killing is thus not an aberration but a predictable outcome of a caste-based social order in which some lives are systematically devalued and rendered disposable.

Ammu's treatment by legal authorities also reveals how the system disciplines women who violate social norms. Her complaint against the police is dismissed outright, not because of lack of evidence, but because her social position invalidates her claim. As a divorced woman, her credibility is pre-emptively dismantled. Even after her death, the legal apparatus continues to diminish her: she is denied the dignity of being brought home, and her body is disposed of with bureaucratic indifference.

Estha's interrogation by Inspector Thomas Mathew embodies another mode of biopolitical violence. The questioning forces Estha to internalize shame and guilt, shaping his bodily and psychological sense of self. The repeated exposure to institutionalized abuse and surveillance—through police intervention, bureaucratic oversight, and social policing—inscribes trauma that persists into adulthood, shaping his silence, withdrawal, and fragmented sense of self. As Veena Das notes, violence becomes lodged in the body over time, sedimented into the very tissues of everyday life [17], a framework that helps explain Estha's long-term psychic and somatic consequences. Through Estha, Roy illustrates how legal institutions do not merely punish the body—they reshape subjectivity.

Though the novel is situated in post-independence Kerala, the structures of medicine, law, and family continue to carry colonial assumptions. Roy's narrative demonstrates that political decolonization does not automatically transform the cultural and institutional logics that governed colonial rule. Instead, colonial values—particularly ideas about societal hierarchy, propriety, hygiene, and bodily regulation—

continue to shape how characters are understood, judged, and punished.

Western Norms of Propriety

Ammu's relationship with Velutha transgresses both caste boundaries and the colonial moral frameworks that continue to shape sexual norms in Kerala. As Partha Chatterjee observes, colonial authorities and their institutions frequently exercised control over bodies, shaping and enforcing moral behavior, especially regarding sexuality and social stratification [18]. In Roy's narrative, Ammu's love for Velutha is judged through these overlapping lenses of caste and colonial propriety: her sexuality is perceived not as a personal choice but as a site of social danger. The Syrian Christian community's internalization of Victorian moral codes—emphasizing female chastity, domesticity, and social conformity—renders Ammu's desire transgressive and socially illegitimate. Ammu's *punishment* at the hospital—her anonymous death, the refusal to allow her children to accompany her body, the quick disposal of her remains—reflects the bureaucratic reinforcement of these intertwined moral codes. Her body becomes a site where colonial and caste ideologies converge to impose social discipline.

Colonial Constructions of the "Polluting Body"

Colonial medicine often construed colonized bodies as diseased, contagious, or inherently unhealthy. As Gyan Prakash observes, colonial medical discourse produced hierarchies of health and sickness that mapped directly onto racial, caste, and class divisions, rendering certain bodies more expendable than others [19]. In India, these constructions intersected with the caste system, which identified Dalit bodies as ritually polluting and socially expendable. Velutha's treatment in *The God of Small Things* exemplifies this entanglement. His beaten body is not seen as a site in need of healing but as an object of contamination—something better left unattended. The refusal to treat him echoes both casteist notions of untouchability and colonial-era medical discourses that ranked bodies based on purity, productivity, and moral worth.

Postcolonial Bureaucratic Neglect

Roy's depiction of hospitals, police stations, and administrative offices exposes the continuities between colonial bureaucracy and postcolonial governance. Procedures take precedence over people. Forms, signatures, and institutional convenience determine the fate of individuals. This bureaucratic lethargy prolongs suffering rather than alleviating it. Ammu's final days, marked by administrative indifference, and Velutha's death under the watch of idle hospital staff, highlight how postcolonial institutions perpetuate structural violence inherited from colonial rule.

Medical care becomes another modality of state control, not an antidote to suffering but an extension of the administrative machinery that sorts, disciplines, and discards bodies.

¹⁴ Michel Foucault, *The History of Sexuality*, vol. 1 (New York: Pantheon Books, 1978), 136–137

¹⁵ Achille Mbembe, "Necropolitics," *Public Culture* 15, no. 1 (2003): 40.

¹⁶ Achille Mbembe, "Necropolitics," *Public Culture* 15, no. 1 (2003): 11.

¹⁷ Veena Das, *Life and Words: Violence and the Descent into the Ordinary* (Berkeley: University of California Press, 2006), 25.

¹⁸ Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton: Princeton University Press, 1993), 112.

¹⁹ Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton: Princeton University Press, 1999), 112.

The Failure of Language: Silence, Stigma, and Unspeakable Pain

A central concern in *The God of Small Things* is the inadequacy of language to capture the magnitude of trauma. Roy's fragmented narrative style, with its non-linear chronology, abrupt shifts in perspective, and frequent lapses in narrative continuity, mirrors the fragmented nature of traumatic memory. Language, in the novel, is shown repeatedly to fail its speakers, leaving characters unable to articulate pain, desire, or injustice in ways legible to those around them. This failure is not only aesthetic; it has profound social, psychological, and medical implications, reflecting how trauma becomes embodied when silenced.

Estha's Silence as a Medical Narrative

Estha's refusal to speak following his sexual abuse by the Orangedrink Lemondrink Man is one of the most striking examples of language's failure. His muteness is not merely symbolic; it functions as a psychosomatic symptom of trauma, a bodily manifestation of unresolved psychic injury. In medical humanities and trauma studies, such silence is recognized as a critical indicator of unprocessed pain and psychological distress. Estha's silence underscores the societal and familial failure to acknowledge and respond to childhood trauma. The adults around him—his parents, extended family, and caretakers—either misunderstand or dismiss his suffering, leaving him with no communicative outlet. His muteness represents the intersection of individual and systemic neglect: the body becomes a repository for trauma that society refuses to name or recognize.

Ammu's Unspoken Anger and Desire

Ammu's experiences of pain and desire are similarly constrained by social and gendered norms. As a divorced woman in a patriarchal and caste-conscious society, Ammu's emotional and bodily experiences are heavily policed. Her longing for Velutha, her frustration at familial oppression, and her physical illness are largely unvoiced, both to other characters and within the narrative itself. Roy portrays Ammu's suffering as multilayered: physical, psychological, and social. The stigma attached to female desire, divorce, and bodily autonomy renders her pain illegible. Her inability to articulate her distress is intensified by the anticipation of social censure, demonstrating how societal constraints produce silences that are simultaneously protective, punitive, and harmful.

Velutha's Inexpressible Oppression

Velutha's suffering exemplifies the structural impossibility of articulation within caste hierarchies. As a Dalit man, any attempt to speak against injustice risks violent reprisal; his very existence is socially policed. Velutha's silence is therefore both imposed and internalized, reflecting the unspeakability of caste-based trauma. His experiences—physical brutality, social exclusion, and the criminalization of his intimacy with Ammu—cannot be safely articulated within the social framework of Ayemenem. In this way, Roy's narrative highlights how trauma is not merely private but is socially constituted: the constraints of caste, gender, and morality determine which bodies may speak and whose pain may remain silent. Velutha's muteness, like Estha's, is a bodily inscription of injustice and marginalization, marking the intersections of social oppression and embodied suffering.

Implications for Medical Humanities

From a postcolonial medical humanities perspective, the failures of language in Roy's novel illustrate the profound consequences of socially mediated trauma. When pain cannot be expressed or recognized, it becomes a psychosomatic burden, affecting both mental and physical health. Estha, Ammu, and Velutha each exemplify how silence functions as a symptom of structural neglect. Their experiences challenge conventional notions of medical neutrality and reveal that trauma and illness are inseparable from the social, cultural, and political contexts in which they occur. Roy's text thus not only documents unspeakable suffering but also interrogates the very capacity of language, narrative, and institutional care to render trauma visible and acknowledged.

Intersecting Structures of Oppression: Caste, Gender, Patriarchy, and Colonial Residue

Roy's narrative demonstrates that suffering in *The God of Small Things* is never an isolated experience; it emerges from intersecting structures that regulate bodies, restrict access to care, and determine whose lives are considered valuable. Caste hierarchies, patriarchal norms, family authority, and colonial residues work together to shape the experiences of trauma and illness. Roy anatomizes these structures, showing how they collectively produce, exacerbate, and silence suffering.

Caste and the Denial of Care

Caste functions as one of the novel's most powerful determinants of who is granted care and whose suffering is rendered invisible. Velutha's death is the clearest example of caste-based medical exclusion. After the police arrest and brutally beat him, he is brought to the hospital in a near-dead state. Roy describes him as drenched in urine and blood and lying unattended on the floor, beyond medical reach. No doctor tends to him; no nurse acknowledges him. His body is treated not as a patient's body but as an untouchable object.

The narrator notes chillingly that "Nobody thought he would live. No one even tried" (Roy 312). These sentences encapsulate the logic of caste within medicine: the Dalit body is already constructed as disposable, already outside the circle of those whose lives matter. The hospital's refusal to intervene becomes a form of institutional violence, continuing the brutality inflicted by the state. Velutha's death thus emerges not as an accident but as the intended outcome of a caste-coded system of care in which Dalit suffering is illegible, unaddressed, and structurally permitted.

Gender and Medical Neglect

Women in the novel encounter a different but equally pervasive form of medical marginalization. Ammu's illness and eventual death expose how patriarchal structures shape the medical gaze. After being expelled from the family home, Ammu falls ill and is taken to the Ayemenem hospital, where her condition is met not with care but with bureaucratic coldness. Roy writes that Ammu was treated as a "millstone around everyone's neck," a burden whose suffering elicited irritation rather than sympathy (Roy 161). Her tuberculosis — historically associated with stigma, weakness, and moral judgment — is subtly coded in relation to her status as a divorced woman. The hospital clerk's

instruction that Ammu's body must be removed immediately after her death because they do not encourage such cases demonstrates how moral judgment infiltrates medical practice. Ammu's pain becomes illegible because it disrupts patriarchal expectations of feminine purity and obedience. Her body is treated as socially contaminated — a violation of propriety — rather than a patient deserving care.

Patriarchal Family Structures as Extensions of Biomedical Power

The family functions in the novel as a microcosm of broader systems of biopolitical regulation. Patriarchal authority determines which bodies are protected and which are restricted, replicating the logic of institutional control. Chacko, as the male head of the family, wields disproportionate authority over household decisions. His sexual affairs are tolerated as "Men's Needs," while Ammu's sexuality is considered deviant and punishable (Roy 169). This contrast illustrates how patriarchal privilege mirrors institutional bias: Chacko's moral failings are absorbed and excused, while Ammu's are pathologized. When Ammu's relationship with Velutha is discovered, the family acts not as a sanctuary but as an extension of carceral logic. Ammu is locked in her room, interrogated, and eventually expelled. Rahel recalls the scene of her mother being held *prisoner*, a description that aligns familial punishment with state violence. The family's response mirrors the disciplinary power of medical and legal authorities, demonstrating how private structures participate in the regulation of female bodies.

Colonial Residues in Bodily Control

Though the novel is set decades after independence, colonial norms continue to shape how illness, desire, and deviance are interpreted. The Syrian Christian family in Ayemenem has internalized Victorian ideals of propriety, sexual discipline, and class hierarchy. These colonial residues persist in judgments of bodies that deviate from the expected norm.

Ammu's desire is framed not only as a caste violation but also as a transgression of colonial morality — a breach of respectability. Roy notes how the community viewed women like Ammu through a colonial-Christian lens, where female sexuality outside marriage signified moral decay. Likewise, Velutha's body is read through colonial frameworks of pollution and excess. When Baby Kochamma refers to him as "the Paravan," with emphasis on the smell and physicality of his laboring body (Roy 78), she invokes both casteist and colonial tropes of the polluting native.

Such residues shape medical and legal responses. Illness becomes a moral category; transgressive bodies are treated as aberrant. Colonial and caste-based hierarchies thus converge to produce a regulatory regime that governs desire, controls bodily autonomy, and silences suffering.

Conclusion: *The God of Small Things* as a Postcolonial Medical Humanities Text

The God of Small Things may not be a medical narrative in the conventional sense, yet it operates as a profound critique of the cultural, political, and institutional conditions under which bodies suffer. Roy's novel anatomizes the uneven distribution of care, the hierarchies that shape whose pain becomes visible, and the historical forces that dictate how

certain bodies are treated within medical and quasi-medical spaces. Through its layered portrayal of trauma, affect, and embodied marginality, the novel offers an incisive entry point into the concerns of postcolonial medical humanities. Throughout the narrative, Roy dismantles the myth of medical neutrality by revealing the extent to which medical and state institutions are imbricated in systems of caste oppression, patriarchal control, and colonial residue. The hospital that refuses to treat Velutha, the bureaucratic indifference to Ammu's illness, and the intrusive policing of bodily and sexual autonomy all demonstrate that medical authority is never detached from social ideology. Roy shows that institutions do not simply fail the marginalized—they actively participate in reproducing vulnerability by legitimizing stigma and codifying social hierarchies in their practices of care.

The novel further exposes how marginalized bodies are abandoned at the intersection of caste, gender, and class: bodies that become sites of discipline, exclusion, and erasure. The response to Velutha's broken, dying body and the unceremonious handling of Ammu's remains underscore a biopolitics in which some lives are rendered disposable and others are deemed worthy of medical attention. In this sense, Roy's narrative dramatizes how trauma is routinely silenced—through shame, through social regulation, and through the denial of institutional recognition.

Reading *The God of Small Things* through a postcolonial medical humanities lens also reveals its insistence on rethinking the frameworks through which we understand suffering. By foregrounding the lived experiences of those denied care and exposing the systemic violence embedded in the everyday, Roy compels us to see that illness, injury, and pain are inseparable from political context. Her narrative insists that healing cannot occur without confronting the structures that produce harm.

Thus, the novel emerges as a vital decolonial medical humanities text. It challenges readers to interrogate how colonial legacies continue to shape biomedical assumptions, how caste and patriarchy mediate access to care, and how institutional violence is often normalized in the guise of order and morality. More importantly, it gestures toward an ethical reimagining of healthcare—one attentive to social difference, responsive to marginalized bodies, and committed to dismantling the systems that perpetuate suffering. Roy's novel not only narrativizes trauma; it demands a decolonial praxis of care that recognizes the political life of pain and the necessity of justice in healing.

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