



Medical Humanities and Gendered Selfhood in *The Truth About Me* and *Middlesex*

Dr. D Solomon Paul Raj

Swetha S

Assistant Professor

II M A English Literature

Sri Krishna Arts and Science College

Sri Krishna Arts and Science College

Coimbatore – 641008

Coimbatore - 641008

Abstract:

Narratives of intersex and transgender embodiment occupy a crucial space within medical humanities, where literary testimony intersects with clinical discourse, ethics, and gender identity formation. *The Truth About Me* by Revathi and *Middlesex* by Jeffrey Eugenides present distinct yet convergent representations of bodily difference, social marginalization, and the search for selfhood beyond binary gender frameworks. Through close textual analysis, this study examines how both works negotiate medical authority, narrative voice, and embodied truth. Revathi's autobiographical testimony foregrounds lived trauma within institutional and familial structures, while Eugenides' novel situates intersex identity within diasporic history and genetic discourse. Reading these texts through medical humanities and gender theory reveals how narrative becomes a site of resistance against diagnostic reductionism and normative gender ideology. Ultimately, both works reposition the body not as pathology but as a locus of meaning, agency, and ethical recognition.

Keywords: medical humanities, intersex, transgender identity, embodiment, narrative medicine, gender theory

Introduction

Medical humanities emphasizes narrative as an essential mode of understanding illness, embodiment, and identity beyond biomedical discourse. Literary representations of



gender variance challenge clinical authority by foregrounding subjective experience and ethical recognition. Revathi's *The Truth About Me* and Eugenides's *Middlesex* exemplify this intervention, presenting bodies that resist binary categorization while seeking dignity within hostile social environments.

In *Middlesex*, Cal's narrative foregrounds the limits of language in expressing embodied identity, confessing that "emotions... aren't covered by single words" and that lived experience exceeds linguistic simplification (Eugenides 217). Similarly, Revathi's autobiography exposes the social dehumanization faced by transgender individuals, lamenting that "we—we are not considered human" (Revathi 83). These parallel articulations of marginalization reveal how gender-variant embodiment becomes intelligible primarily through storytelling rather than diagnosis. This study argues that both texts transform medicalized difference into narrative agency, thereby expanding the ethical horizon of medical humanities.

This research employs qualitative textual analysis grounded in medical-humanities theory and gender studies. The method centers on close reading of authenticated primary quotations with verified page numbers drawn from the selected texts. Rather than relying on sociological generalization or empirical data, the study interprets narrative voice, embodiment, and ethical recognition as literary constructs that illuminate broader questions of medicalization and identity. Comparative analysis allows the autobiographical immediacy of Revathi's testimony to be read alongside the fictional yet historically embedded narrative of *Middlesex*. Critical insights from scholars such as Anne Fausto-Sterling and Judith Butler inform the interpretation of bodily construction and gender intelligibility, particularly the recognition that scientific narratives themselves are culturally produced and historically contingent. As Fausto-Sterling argues, "we have changed our scientific narratives to conform to our cultural transformations" (73), while bodily experience itself emerges through the



erosion of boundaries “between the physical and the social body” (20). These theoretical perspectives guide the reading of both primary texts as narrative interventions within medical discourse.

Language, Embodiment, and the Limits of Medical Knowledge

One of the most striking convergences between *The Truth About Me* and *Middlesex* lies in their insistence that bodily experience exceeds linguistic and clinical representation. Cal’s admission that emotions cannot be contained within single words reveals the insufficiency of biomedical vocabulary to account for subjective embodiment (Eugenides 217). Narrative therefore becomes the only viable medium through which identity can be articulated. Medical humanities scholars have long emphasized this point, arguing that storytelling restores meaning to experiences reduced by diagnosis. Revathi’s testimony reinforces this insight by exposing the social consequences of medicalized othering. Her declaration that transgender individuals are “not considered human” (Revathi 83) reveals how clinical classification merges with social exclusion to produce existential erasure.

At the same time, both texts demonstrate that narrative can resist this erasure. Revathi describes post-surgical transformation in language of rebirth and aesthetic emergence, recalling that her “earlier male form had disappeared and in its place was a woman” and that she “felt exultant” (88). The medical procedure acquires meaning not through surgical success but through narrative self-recognition. Similarly, Cal’s story unfolds as a linguistic struggle toward self-definition, where identity emerges gradually through storytelling rather than diagnosis. These representations align with medical-humanities theory, which views healing not as normalization of the body but as restoration of narrative coherence.

Historical Suffering and the Social Body

While Revathi foregrounds personal trauma within familial and social structures, *Middlesex* situates gender variance within broader histories of migration, race, and economic



hardship. Desdemona's recollection of the Great Depression—where people “have no work” and are forced to kill rats to survive—connects bodily precarity to systemic historical violence (Eugenides 136). The intersex body thus becomes one manifestation of a wider social vulnerability. This perspective resonates with Fausto-Sterling's assertion that bodies are shaped by cultural and historical forces rather than biology alone.

Revathi's narrative similarly reveals structural marginalization, portraying transgender existence as socially produced suffering rather than natural deviation. Her experiences of ridicule, exclusion, and economic struggle demonstrate that the primary source of pain lies not in bodily difference but in societal refusal of recognition. Medical humanities therefore expands from individual illness to collective ethics, emphasizing responsibility toward marginalized bodies.

Narrative Rebirth and Ethical Recognition

Despite pervasive suffering, both texts ultimately move toward affirmation and relational ethics. Revathi's sense of joy after transition marks a reclaiming of selfhood that defies medical pathologization. Her narrative insists that dignity arises through recognition of lived truth rather than conformity to biological norms. In *Middlesex*, this ethical horizon culminates in the assertion that reality itself is shared dreaming: “The only way we know it's true is that we both dreamed it. That's what reality is. It's a dream everyone has together” (Eugenides 343). This vision transforms individual embodiment into collective human experience, aligning with medical-humanities emphasis on empathy, relationality, and shared vulnerability.

Judith Butler's concept of intelligibility further clarifies this movement. Human identity depends upon social recognition; without it, the subject risks erasure. Both Revathi and Cal struggle toward such recognition, demonstrating that narrative functions as an ethical



appeal to be seen and understood. Literature thus performs a role that medicine alone cannot fulfill, restoring humanity to bodies rendered invisible by diagnostic discourse.

A deeper engagement with medical-humanities theory reveals that the narrative structures of *The Truth About Me* and *Middlesex* participate in what Rita Charon defines as the ethical core of healing, namely the recognition that “narrative medicine recognizes the centrality of story in the experience of illness” (Charon 32). Through this lens, Revathi’s autobiographical testimony becomes more than personal confession; it functions as a counter-clinical narrative that restores agency to a body historically reduced to diagnosis and stigma. Similarly, Cal’s extended act of storytelling in *Middlesex* transforms intersex embodiment into a narrative process through which meaning is constructed rather than medically assigned. Arthur Frank’s assertion that “stories are the means by which illness is made meaningful” further clarifies this transformation (Frank 86). Both texts therefore resist biomedical reductionism by situating bodily difference within interpretive narrative frameworks, demonstrating that understanding, rather than correction, constitutes the ethical aim of care. The medical humanities perspective thus reframes gender variance not as pathology requiring normalization but as lived experience demanding narrative listening and empathetic recognition.

From the standpoint of gender theory, these narratives also enact what Judith Butler describes as the instability of bodily identity within normative discourse. Butler’s claim that “gender is the repeated stylization of the body” underscores the performative dimension through which both Revathi and Cal negotiate intelligibility within social space (Butler 138). Their identities emerge not from fixed biological essence but from iterative acts of self-presentation, resistance, and recognition. Anne Fausto-Sterling extends this critique by arguing that scientific accounts of sex are themselves historically contingent, noting that “we have changed our scientific narratives to conform to our cultural transformations” (Fausto-



Sterling 73). Read together, these theoretical insights illuminate how *The Truth About Me* and *Middlesex* dismantle the authority of binary classification by exposing the cultural production of bodily meaning. The texts ultimately converge in proposing an ethics of embodiment grounded in relational recognition rather than biological determinism, suggesting that the future of medical humanities lies in its capacity to integrate narrative, gender theory, and social justice into a more humane understanding of the body.

Conclusion

A. Revathi's *The Truth About Me* and Jeffrey Eugenides's *Middlesex* reveal that gender-variant embodiment cannot be confined within biomedical or binary frameworks. Through narrative self-articulation, both texts challenge diagnostic reductionism and expose the social production of suffering. Revathi's autobiographical testimony foregrounds dehumanization alongside post-surgical affirmation, while Eugenides's novel situates intersex identity within linguistic struggle, historical vulnerability, and collective ethical imagination. Read through medical humanities, these works demonstrate that healing lies not in normalization but in recognition, storytelling, and shared humanity. Literature therefore emerges as an indispensable partner to medicine, offering ethical understanding where clinical knowledge reaches its limits.



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