

# Shattering Silence: Trauma, Care, and Resistance in Gayathri Prabhu's Memoir *If I Had to Tell It Again*

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**Abstract:** Working at the intersection of narrative medicine, care ethics, and trauma theory, this article attempts to examine the nuances of narration of mental illness experience in India through a close reading of Gayathri Prabhu's memoir, *If I Had to Tell It Again: A Memoir* (2017). Rejecting traditional autobiographical insights, Prabhu breaks up narrative sequences and incorporates dialogue to illustrate the complexity of depressive affect, inter-generational trauma, and caregiving within a patriarchal familial context. In the context of narrative medicine, bringing together the tripartite components of attention, representation, and affiliation, accentuates memoir as a relational witnessing space that relocates the deafening silences blocking access to mental illness and domestic violence into a critical politics of empathy and destigmatization. It explains how narrative takes on the unavoidable local cultural stigma, institutional inadequacy of the Indian mental healthcare system, and discourses pertaining to mental illness in Indian society within which they function, and what it means for caregiving that must be negotiated as not only an act of sacrifice, subservience but also of resistive self-care. Informed by theoretical traditions of embodied care (Hamington), political care (Tronto) and relational ethics (Noddings), as well as postcolonial feminist critiques of care, this article examines Prabhu's memoir as a tentative itinerary of grief and healing that refuses to move towards closure and linearity. It argues that the memoir's aesthetic tactics, ranging from strategic opacity to embedded theatrical formats, serve as ethical mechanisms that shield its vulnerable subjects while activating a collective sense of responsibility. This study situates Prabhu's text as not just a personal testimony but as a transformative praxis that navigates the liminality of vulnerability, interdependence, and justice by furthering the need for critical discussions around caregiving, mental health and questions of socio-political accountability in India.

**Keywords:** Gayathri Prabhu, narrative medicine, care ethics, mental health stigma, intergenerational trauma.

## Introduction

Gayathri Prabhu's *If I Had to Tell It Again* (2017) is a searing representation of depression, substance abuse, and caregiving, positing a candid and complex account of the author's troubled relationship with her father, the alcohol addicted, clinically depressed SGM. The memoir foregrounds and interrogates centuries-old cultural silence and taboo around mental health and abuse in Indian families. The 'About the Book' section describes it succinctly: "Sixty-six years of a lifetime gone... A daughter's difficult love for a flawed, passionate, larger-than-life father" unfolds amidst "conflicting memories of clinical depression, intense togetherness, mourning, healing, and the shattering of spaces between childhood and adulthood" (Prabhu 2017, 117). Significantly, the memoir appeared in 2017, precisely as the World Health Organization was launching its global campaign to raise awareness on depression, making Prabhu's narrative an important entry point into contempo-

rary discussions on mental illness and caregiving. Understanding the aesthetics of care as centring relationality, empathy, and ethical responsibility within narrative practice is therefore key to any analysis of this memoir. This theoretical lens draws richly on the embodiment ascribed to caregiving through Maurice Hamington's theory of embodied care, and on the role of vulnerability and interdependence that characterizes its heart. In parallel, Nel Noddings' relational ethics provides a philosophical clarification of care as a dynamic and reciprocal process with an emphasis on attentiveness and responsiveness in human relationships. (Noddings 2010) Together, these points detail the way the memoir works as an ethical act that seeks to involve its readers not at the level of the intellect in a step toward understanding but rather affectively, one step beyond the realm of cognition and into the realm of empathy and moral consideration.

Dismantling the line between form and content, Prabhu's memoir itself becomes an act of care through its novelistic structure of fragmentation and non-linearity and incorporation of other dramatic forms. Untraditionally, she offers a one-act play embedded in the narrative, which actually reflects a contrivance of art and ethics to mirror the fragmented subjectivities created by trauma and caregiving. Her honesty shines through as she contemplates the nature of writing, "I sit to write. A million eyes watch. Faces materialize as I type... it was as if only writing could tackle the work of grieving" (Prabhu 2017, 81). This experimental narrative mode unsettles closure and linearity, rendering the disjunction of memory and emotional experience and opens up an embodied experience of vulnerability and relational complexity for the reader. And indeed, as Urvashi Bahuguna pointed out in her thoughtful review, the memoir is unique in the Indian context, in that it "questions, without excess sentiment, what it means to love and despise, admire and resent one's father—all at the same time" (Bahuguna). This dialectical tension foregrounds the ethical engagement of the memoir with care, which avoids reductive narratives of victimization or simplistic redemption (Bahuguna). Instead, Prabhu engages memory and mourning in a profoundly dialogic and palimpsestic mode that gestures toward the many voices and subjectivities layered together in spaces of family life. Her manipulative ambivalence is illustrated vividly: "Love and anger. Perhaps the difference was not evident to him till the end... Forgiveness is a complicated affair" (Prabhu 2017, 12).

A faculty member at the Manipal Centre for Humanities with research interests in medical humanities and narrative medicine, Prabhu's academic and literary grounding adds technical finesse through her weaving of the clinical aspects and ethics of mental health into the fabric of the memoir. This reasonably positioned interdisciplinary discursive matrix allows for a bridging of literary affect with socio-medically driven cultural insights, both personal and situated within the culture. Her style derives, partly, as she notes in the interview to Bahuguna, a unique approach to alluding to the works of predecessors: from writers such as Anne Sexton, Virginia Woolf, and Paul Kalanithi, all of whom investigate the overlap of bodily trauma, medical practice, and innovative narrative techniques, albeit in different forms. (Bahuguna) In exploring mental illness through the prism of care ethics, Prabhu's memoir aligns with broader feminist and care ethics interventions that reconceptualize caregiving as a multidirectional relational practice enveloped in moral ambiguity and political complexity (Tronto 1998), (Hamington 2004). The memoir's fragmented form resonates with María Puig de la Bellacasa's articulation of "matters of care," which foregrounds not merely human interactions but also interdisciplinary attentiveness toward sustaining non-exploitative relationships with the world and others (Bellacasa 2017). Thus, caring is not reduced to a singular act but understood as an ongoing ethical project entangled with vulnerability and power.

The memoir houses the moment of "embodied care," as Hamington would explain, interlocking the narrative fragmentation with the dramatic form: "In front of K, what appeared catastrophic in my head, a tidal wave, turned into a puddle..." (Prabhu 2017, 77). This excerpt is an example of how a rendering of affective response breaks a normative social silence about suffering and allows for and encourages empathy in and for the community. Here too, in her formulation of the interplay between memory, trauma, and love, Prabhu lays bare the frictions that arise from caregiving, one

that comes with a tinge of the extravagant, owing to the compelling weight of both duty and also, the contradictory elusiveness of feeling. The stark transparency of the memoir is obvious here: "There is his corpse lying on the floor... I just want him gone from the house... When the van from the morgue comes to pick him up, everyone urges us to touch his feet, to ask for his blessings. It is expected... You first, an old man points to me... I bend down, my fingers touch his feet". (Prabhu 2017, 117) This gesture is intimate yet socially marked, it captures a clash of personal mourning and cultural obligation. In addition, the memoir highlights the downstream legacy of trauma and mental illness, in which the disruption of childhood security results in an anguished adulthood. As Prabhu recalls, "The only world that had felt complete till then was the one constructed by my father... My father's best coping mechanism was to moan and long for death". (Prabhu 2017, 77) From there, the reader grasps the emotional desolation that can be encased in familial ties. Its frequent alteration between remembering and testifying is at once poignantly expressed—wherein she cites the muted trauma of her life when she states that "I mourned for the loss of a gifted life, for the loss of a father . . . To this day I can tell him little of my life, especially the part he didn't hear, but should have been told about" (Prabhu 2017, 82). Such revelations open up a window for readers into the private cracks of personal anguish.

In this context, Prabhu articulates the paradoxical nature of caregiving in the shadow of mental illness not as a linear or unidirectional act but one embedded in negotiation and even at times a breakdown of communication. When the affairs stumble into a public crisis — neighbourhood harassment cases during her youth, for example — Prabhu offers us an intimate glimpse into the agony of weighing idealism and self-preservation: "He and I talked on the phone and I followed it up with a detailed letter. What should I do? I knew he was terrified about a daughter in her early twenties getting into permanently damaging trouble... It felt as if I was testing him for the first time". (Prabhu 2017, 79) This exchange highlights the paradoxically vulnerable nature of unstable caregiving relationships, thwarted by mental chaos. Further, the paper explains its theoretical framework of care ethics, narrative medicine, and trauma theory, which provides a layered methodology to understand the representation of care within trauma and depression as demonstrated by Prabhu through her memoir. At the core of this approach is the ethics of care, which goes beyond traditional justice-based frameworks by focusing on relationality, interdependence and embodied acts of caring (Tronto 1993; Hamington 2012). As Joan Tronto (1993, 21) explains, care is not just a moral idea but also a political one: "to rethink humans as interdependent beings" and to "prescribe an ideal for more democratic, more pluralistic politics" (Tronto 1993, 21). By pointing out the systemic failure to care for people with mental illnesses, this type of political care ethics sets the individual story of Prabhu within a larger conversation about social responsibility and community care (Engster and Hamington 2015).

Within this framework, narrative medicine brings depth by prioritising the 'honouring of stories' alongside the embodied experiences of illness and suffering, which resonates deeply with Prabhu's narration of depression and trauma. Charon describes the elements of narrative medicine as "attention, representation, and affiliation", and this definition emphasizes the effects of the act of storytelling as it relates to developing empathetic connection (Charon 2005). Memoir studies offers an attention to the self-telling body, whereby autobiographical narration equally negotiates identity, memory and affective registers in a way that shapes the emotional and expressive register of Prabhu's output. This oscillation between personal vulnerability and cultural critique is what gives the memoir its critical structure, its affective power and stylistic complexity, leaving the readers to contend with immutable familial and societal taboos surrounding mental illness in India. Prabhu's memoir stages an important cultural intervention, simply by talking about mental health at all.

Drawing on Mahadevan's critique of care ethics as failing to attend to the needs and ways of knowing of individuals in postcolonial contexts, Prabhu adopts a care ethical view of attentiveness to interdependency and dependence, one which places relational moral obligations at the very centre

of both public and private domains. This might echo the political care ethics imperative of “involve the relatively disenfranchised in the political world” and generate “authentic welfare progress,” in the neoliberalized and patriarchal context (Tronto 1993; Hamington 2018). As Prabhu writes in her interview with *the Scroll*, this memoir aims to “move beyond blame and guilt,” (Bahuguna) and reframes care as something other than a moral indictment, but as a transformative praxis of understanding and reconciliation. Drawing on care ethics, narrative medicine, and memoir studies, the theoretical framework explains how Prabhu’s narrative performs a radical reconfiguration of care that is simultaneously intimate, locally contextualized, and politically fraught, thus contributing to urgent discussions around mental health, kinship, and justice in contemporary India.

This article critically reflects on Gayathri Prabhu’s memoir as a paradigmatic text on the intersection of narrative medicine, ethics of care and postcolonial literary studies, moving the analysis outside its enclaves and making its claims to disrupt the cultural silences inscribed around mental illness, caregiving and familial trauma in the Indian sociocultural context. This intervention contends that the radical structural design of the memoir, its fragmentation, polyphony, and intertextual infusion of theatre, acts not only as an aesthetic mechanism, but also as an ethical practice that performs relational care and its trepidations, transforming care from a one-dimensional familial or therapeutic duty into a multidirectional, affective, and politicized relationship. The article examines how Prabhu’s memoir disrupts linear models of recovery and highlights the ways in which it insists on the intricacies of vacillation amidst presence/absence; remembering/forgetting; and love/loss and situates her narrative in relation to models of embodied care (Hamington), relational ethics (Noddings), and the methodology of narrative medicine (Charon).

The first part describes the theoretical foundations supporting the ethical significance of the memoir, explaining its engagement with contemporary ethics of care and narrative medicine, and it emphasizes Prabhu’s contribution to dismantling hegemonic discourses of mental illness by projecting a contextually anchored postcolonial ethic of care. It also describes the memoir’s forms of brokenness—that is, its fragmentation, its non-linear timing, and the embedded one-act-play that gives voice to the practice of writing in its visible absence—showing how they imitate the rhythms of bodily care and loss in a way that places the text in the very process of re-configuring one’s relational and moral life. In the second part, the analysis is moved forward by a close reading of particular narrative moments embodying the negotiation of filial ambivalence, the dialectics of trauma memory and remnants, and the socio-cultural agonistics of mourning and death. In the process, it shows how Prabhu’s act of testifying is not just a cathartic expression but functions as a politically significant story of ethical witnessing and community feeling deliberated in the interest of combating stigma surrounding mental illness and articulating a more humane social imaginary.

### **Theoretical Foundations and Ethical Aesthetics of Care in Prabhu’s Memoir**

The archipelago of narrative techniques, fragmentation, and the one-act play, layers of points-of-view, enacts the same aesthetics of care that Prabhu develops in her prose here: a deeply attentive, empathetic, and relational skillset aimed at tending the needs of a deeply imperfect parent. But in the memoir itself, the care work is described as the sort of “the kinds of boundaries that lovers in new relationships valiantly try to put in place,” (Prabhu 2017, 105) all the while, balancing close attachment with the wish to retain some semblance of a separate identity. Conceptualising care as a form of ethical attentiveness and connectedness that cannot be reconciled with boundaries between self and other, Prabhu’s form therefore articulates the non-linear, emotionally complicated relationality of being a caregiver within a broken home. In contrast to the linear, principle-based stories that critics of care ethics suggest cannot fully illuminate the situated dialogical and corporeal aspects of care, Prabhu purposely avoids any teleological closure or tidy moral solution by arranging her book as a series of fragmented narratives. The discontinuous fragments of the memoir echo the disjointed rhythms of caregiving, Prabhu’s father, SGM, and how “her days felt delicately bountiful,” (Prabhu

2017, 105), accompanied by a seemingly textured inner world environment. This bureaucratic arrangement accords with Smith and Watson's idea of relational autobiography, thus contextualizing self-storying as deeper interconnections and exchanges with other people's lives and stories, and thereby placing Prabhu's personhood and emotional labour within her father's imperfect, much-disputed legacy (Hamington 2004). The text suggests that caregiving, too, is a process of 'ungrounding and extrication,' a struggle signified by moments of vulnerability and resilience alike.

The first chapter of the memoir, immediately after SGM's death, reevaluates the work of grief as caring work, placing care at the very beginning of narration: "It was as if only writing could tackle the work of grieving," (Prabhu 2017, 81) Prabhu writes, highlighting how narrative itself becomes a form of ethical witness, a trace of the memorial work that must follow. This entry into narrative is how Joan Tronto believes care takes place as a "perennial mode of practice" that is central to human life, one which can help us continue, especially in times of vulnerability, like grieving and loss. (Hamington 2018, 313) As a result, even in the opening lines of the memoir, caregiving is established as a deliberate and ethical endeavour, not simply background or affective residue. The memoir revolves around the one-act play "Leap", serving as a performative and dialogic site of care. It is an imaginative drama that allows Prabhu to speak with her father after his death, creating a kind of liminal site that serves as both empathetic engagement and potential reparative practice. This performs narrative medicine tenets because the essentiality of storytelling and listening has been argued as central to healing and ethical responsiveness. In this space, SGM's perspectives, which are otherwise occluded, have a voice, disrupting the simplistic victim/perpetrator binaries that can narrow caregiving narratives (Hamington 2004; 2012). In doing so, Prabhu encourages a relational ethos to counter the voyeuristic consumption of trauma, something she frames as necessary to disrupt the way memoir is traditionally read (Tronto 1999).

Adding complexity to this dialogic ground is the sliding of voice between the first-person, third-person focalization, and imaginative point-of-view in the memoir itself. This narrative polyphony is a form of engagement, what Nel Noddings characterized as care that necessitates "rich proximal engagements," and recognition of the particularities of the relationship (Noddings 2017). Through this ventriloquizing of her father's inner world, Prabhu makes the memoir a site where ethical self-making happens; the compassion and ambivalence in her writing meld to create a portrait of her father that is neither hagiographic nor reductive but instead genuinely humane. Such dynamics refract the tensions of familial loyalty and estrangement, a duality allegorized by the memoir's gut-punching encounters with the father's tumultuous history: between his "wrathful" moments of physical chastisement to a reactionary inquisition of sorts, she recalls, "You danced in front of the screen as frenzied mobs climbed the dome and chipped away... I remember something inside me curdling slowly" (Prabhu 2017, 70).

Stylistically, Prabhu's prose exhibits a "sparkling" polish that comes from a poet's reticence and an honest but restrained prose. The slow pace and careful language here safeguard the potential vulnerability of both narrators and readers, establishing a community of shared emotional attunement instead of exploitation of pathos. This kind of calibrated balancing of emotional disturbance and narrative decorum welcomes readers into the labour of ethical care, giving them richly entangled examples of a slow, gentle, and responsible attentiveness; the attentiveness of care itself. The careful framing of the memoir mimics the work of caregiving in essence, where "the process appeared to be a mystery to everyone but Chinna," (Prabhu 2017, 93) the family's labrador, who "continued her watch over every shade of emotion as it washed over me" (Prabhu 2017, 93). In this, Prabhu's literary work performs the precise attentiveness that is at the heart of caregiving. Chinna is a significant presence, a force imbued with the potential of unconditional and embodied care, juxtaposed with the tumultuous and ultimately failing human relationalities in the memoir. This faithful canine companion personifies the steadfast, nonjudgmental nurture on which the narrator's very existence relies, "Of course, I will take her. Yes, yes, yes" (Prabhu 2017, 105). Built on embodied care theories



that focus on materiality and multispecies relationality, Chinna invites us to think of what Puig de la Bellacasa has called a “matter of care” in which ethical webs can include non-human actors. Through this kind of interspecies caregiving, care is not presented as an isolated event but rather as something that extends beyond human-human relationships (Bellacasa 2017), thereby making visible the relational field of the memoir and the complex meanings of care.

Prabhu’s story is not only a telling of a complicated father-daughter relationship, but a manifestation of care as labour of attentiveness, relational negotiations, and ethical imagination. This fragmentation directly counters dominant linear memoir conventions and provides a polyphonic, performative, and embodied narrative in which care and caregiving are rendered as modalities of narrative in their own right. Innovation of this kind resonates with broader movements within care ethics that advocate practice beyond dualistic separations (e.g. of self/other, victim/perpetrator), and that value embodied knowing while embracing relational complexity. As the memoirs convey through its exposition of the ambivalences and torments of caregiving, “there is nobody as tough as you, as gifted,” even when “I am a weepy mess and have done everything wrong and now lie shattered in a million shards” (Prabhu 2017, 93). Such contradictions provide the ethical texture of care work as a practice lived.

Finally, the narrative based in familial modes of storytelling, the drive for SGM’s spirit to continue to recount and reshape a life narrative after decades, locates caregiving within layers of inherited memory and feelings. As the memoir explains, “Forty years of telling and listening, many details had gone on to become shamelessly distorted, but nobody cared,” (Prabhu 2017, 51) demonstrating that relational narratives are both stabilizing (a telling) and a process of disruption (an editing) of the self. Prabhu’s own memoir-writing then contributes to this legacy by employing narrative strategies that bear witness to suffering, paved with potential avenues of ethical remembrance and care. Prabhu’s memoir stands as a significant meditation on the ethics of life writing, particularly in the contentious field of truth disclosure and familial intimacy. In the memoir, the autobiographical pact, which understands life writing as dependent upon a promise of veracity between author and reader, is deftly negotiated, but so too is a reticence to compromise the dignity of those represented. As Prabhu herself puts it, they are simply being reticent because, in her words, she wanted “to tell their version too.” (Bahuguna) This ethical sleight of hand — a typical prevarication of the memoirist — signals the work of managing a narrative-sufficiency versus vulnerability paradox. In this way, Prabhu places her writing into the heart of emerging frameworks for care ethics that place relational responsibility and obligation as fundamental to autobiographical practice. (Charon 2008; Couser 2011)

Certainly, Prabhu’s use of biography as a narrative strategy leads to the realization that autobiography is always a biography of others, a true text whose tensions expose the inherent possibility that self-narrative can erode the person-in-text’s right and dignity, both their personhood and status as subject. The memoir, by enacting this tension, falls in with the contemporary models of life writing ethics that demand that the author take a reciprocal duty of care beyond that of merely exposing the self. (Couser 2011) Indeed, this orientation aligns with Joan Tronto’s articulation of care as a form of individual care but also a means of collective responsibility, in which the memoirist does not simply tell her own story but protects the relational net through which this story is threaded. Essentially, Prabhu’s memoir does not fit the trope of a confessional self-exposure for the voyeuristic eye. Instead, she names the reader as an interlocutor, a fellow worker in an ethical labour that surpasses authorship. A second dialogic posture moves as a care-ethical relation, making it necessary for readers to witness the suffering and the mourning so that the differences between teller and listener, caregiver and cared-for, seem irrelevant. This position echoes in relational and interpretive obligations in bioethical dialogue on narrative ethics; here, this obligation is metaphorically extended to the reader (as witness), with the reader being urged to accountably and empathetically absorb the testimony contained within the memoir.

The ethics of care reflected in the memoir is also embodied in the memoir through its affective and temporal architecture, which favours a pacing that tiptoes through the complex landscape,

moving slowly, reflecting rather than moving linearly forward. The rhythm of the text mirrors the rise and fall of caregiving and invites dwelling in painful, tender, and ambivalent moments of family life (Watson 2016). These non-linear temporalities exemplify what narratologists have named “oscillations across temporalities” (118); that is, direct, chronological progression is upturned for a time more layered and felt. The temporal complexity thus cultivated not only calls for a generic mode of reception attuned to ambiguity and the multi-faceted texture of memory, but it also creates empathic attunement in the reader. This pace of narration fosters what could even be called a kind of “narrative competence” flowing in the reader that deepens the capacity for absorptive listening and interpretive discernment necessary for ethical witnessing and narrative medicine (Charon 2008). But there are also moments of opacity and elliptical allusion, leaving the reader puzzling over the hermeneutic conundrums of the memoir. This narrative fog acts as a ‘protective care mechanism,’ a way to ensure the safety of fragile family members while keeping the ethical contract that sustains the work intact. The opacity makes the reader’s job more complicated, but it also resists demands for interpretive tasks that reductively call for exhaustive transparency. Rather, it highlights one of the central paradoxes of the ethics of life writing: that truth-telling does not always mean unmediated disclosure. Prabhu’s occasional silences and oblique references are not omissions but tacit requirements of relational respect and its self-restraint, gestures that signify ethical care, which often places limitations on itself in its ability to respond comprehensively to pain, its inability ever fully to reveal it.

Within the Indian postcolonial context, Prabhu’s memoir has a specific cultural and political significance. It interrupts a literary trajectory geographically and thematically limited by the language of obligation, sacrifice and honour, which generally works against the frank discussion of mental illness and family suffering. Focusing on what it calls “the sort of suffering that only families can inflict and endure,” (Prabhu 2017, 81) the memoir interrupts long-held silences and takes back care, which is a “perennial mode of practice central to all human activity,” that is foundational to almost any human act, from mourning to memory (Hamington 2018, 313). In effect, this ethical tale performs a larger socio-ethical critique that foils neoliberal market logics, privileging the individual over existing interdependent community connections. The sentiment resonates with critics like Kanchana Mahadevan, who highlight deficits of the “welfare state”, and continues to be consistent with Tronto’s political theory surrounding the need for public, collective attention to vulnerability and care.

### **Navigating Trauma, Care Ethics, and Relational Vulnerability in Prabhu’s Narrative**

Through her memoir, Prabhu crafts a poignant and transformative discussion that blends the complexities of trauma theory and care ethics to illuminate the different ways care responds to vulnerability within the context of depression and substance abuse: “The only thing that stayed constant, that gave him some release from the dark shadows in his head was the drink, quite watery in the early years, then dense bitterness straight from the bottle” (Prabhu 2017, 15). As Prabhu wrestles with the implications of her father’s life—a life marked by clinical depression and alcoholism—she avoids facile and judgmental generalizations that often reduce these struggles to symptoms of character weakness or political defeat. Instead, her representation of depression becomes a contradictory “dreadful affliction”, a “destructive force” (Prabhu 2017, 82) — a phenomenon that requires careful ethical attention yet eludes reductionist dualities. Representations such as this encourage readers to think of care as an interdependent and embodied practice of response, localising suffering not within a pathological individual subject but within relational ecologies. Set within a larger spectrum of narratives regarding mental illness directed towards “humanizing struggles” against not only the abyss of the internal pathology but also against the oppressive yoke of external social stigmatization, the memoir’s multidimensional negotiation with depression is itself another form of pathologizing the disease. Prabhu’s testimony echoes the ‘empathy over judgement’ service that mental health memoirs broadly fulfil: the memoir reveals the key points of lived precarities that can be shared with those sensitive to the plight of other humans traversing their own vulnerabilities to

systemic societal judgements. Thus, her father's alcoholism is generated not only as a self-destructive drive, but as a failure of care, ideologically rooted in patriarchy and informed by an intimate, familial context:

Please, please, where is that bottle I gave you? Give it to me. Just one peg, just one peg, I promise. Which father should I have listened to? The one who was spiralling into addiction or the one who needed alcohol to make it through one more night, one more day? It was a great burden on someone barely a teenager. A great guilt too. Love was to be my undoing as much as his. (Prabhu 2017, 15)

Prabhu's story quietly questions this arrangement by exposing the boundaries of his care while being careful not to resort to the easy righteousness of moral condemnation. Through her method, she reveals ethical complications surrounding care within kinship networks where love and harm are in precarious tension with one another (Hamington 2012). Another notable aspect of Prabhu's memoir is its courageous 'shattering of familial silence' on both physical and emotional abuse, which she presents not as an indication of care, but its stark absence:

It was not just the regular drinking, with me, his daughter, made the keeper of the bottles, or the way he recoiled from the demands of parenthood, but the way the anguish radiated from his entire body, sometimes taking the form of intense chills, the dragging feet and bent back that returned very late from work, the surges of anger (one day he emptied my entire writing table out into the streets), the way he bit his lips and groaned that he could not bear it. (Prabhu 2017, 65)

Using relational care ethics, she gently critiques her father's toxic behaviour, fully destabilizing binary structures of victim and perpetrator, in trying to care (and thus also trying to care for herself) as she attempts to understand his actions through care. This ethical attitude enhances debates and discussions about caregiving in the present, when fraught family dynamics around care are so often ones where care is withheld or used as a weapon of harm. Prabhu's memoir foregrounds the tradition of trauma narrative theory that recognizes the act of writing the memoir itself as reparative, framing the inheritance of depressive affect as a site of "self-care and resistance". These acts operate as ways to "process pain" and exercise power over broken and silenced stories (Eakin 2004). The origins of the memoir are revealed through an extended and deeply corporeal struggle with grief as an elemental visceral "outpouring" that played out over "three years," underscoring writing as a therapeutic exercise and act of witnessing in a dialogical engagement with intergenerational trauma (Bahuguna).

In the process, it calls upon writing not just as a form of catharsis but as a kind of witnessing that calls upon ethical responsibility and social empathy. Prabhu is trained in medical humanities and also advocates for mental health, which equips her to reflexively critique psychiatric care and institutional responses with the caveat that they must be placed within the larger cultural stigma around mental health in India: "That is why, to be silent, I tell myself, would be to collude with the collective denial and discomfort about mental illness. I learnt this about child abuse as well – the most valuable advice is to talk about it, to tell someone, and even though the telling is just a start, it is needed. Otherwise, the shame is muted and the muted stays shameful, slowly snuffing out one's spirit. This is why one writes a memoir. This is why one tells strangers. We carry the invisible, and perhaps the telling can honour it, make it real and seen" (Prabhu 2017, 85). She painstakingly details how this stigma creates loops of "silence and denial" that further entrench both familial and social abandonment of mental illness, and thereby, solidifies socio-political lack of access to care (Hamington 2012). The memoir thus becomes an important cultural text, serving as a graceful and stinging political intervention — the memoir not only interrogating domestic and familial care but also the larger sociopolitical infrastructures that continue to marginalize the mentally ill.

The memoir is, in this sense, a model for narrative medicine, which the discipline defines as a healing practice whereby "attention, representation, and affiliation" work to benefit both the writer and the reader. As a text where mirroring embodied experiences of depression, alcoholism, and abuse are made materially accessible by narrative, Prabhu's text is a potent site for the work of



'bearing witness'. This act of testimonial creates the 'empathy and recognition' that are so central to the process of destigmatization and to the larger project of healing. She writes,

I sit to write. A million eyes watch. Faces materialize as I type. ... No deliberation was needed – the writing tumbled out within a couple of months after his death. But the tears did not tumble, not even a drop. It was as if only writing could tackle the work of grieving. (Prabhu 2017, 81)

For this reason, the memoir is much more than a personal catharsis but becomes a "political concept" that democratizes care and accountability into the direction of "more just and caring humane society" (Tronto 1993, 21). Furthermore, Prabhu uses complex narrative strategies, such as story-within-story motifs and multiple narrative voices that are themselves dialectically played out: trauma in memory and identity in otherness. Such complexity mirrors some of the recent reflections of scholars about the neurobiological and cultural rhythms directing the vague delineation of autobiographical identity formation, while pointing out that the trauma memory has a continuum of "continuity and discontinuity" elements in it (Eakin 2004). In creating its prism, these strategies place a relational transparency and vulnerability at the forefront, refracting, luminously, the emotional nucleus of trauma. Such an architectural framing allows the memoir not just to track the experience of pain, but also to investigate the opportunities for reparative work in the broken landscapes of family and psyche.

In order to ground these abstractions in narrative texture, Prabhu tells of her father's death and the conflicted rituals surrounding it, caught between traditional expectations of filial duty and her own emotional limits. She writes that her father as part of "his script, his fantasy about death" "had donated his body to the local medical college," wanting "to be cut up by medical students," (Prabhu 2017, 117) a mixing of personal private experiences with the desire to be practiced upon: to be dissected as a living text. Through this material articulation of care and death, we are presented with an opportunity where we may reconsider the structures of normative filiation practices that collectively elicit ethical subjectivities and gesture towards different techniques of moral response. Despite the typical request by family members to touch the feet of the dead body, Prabhu remains dry-eyed; her behaviour at that moment represents a painful duality towards her late father, indicative of the paradoxical play of love and loss throughout the memoir: "I have no tears to offer him – they had all dried up long ago. I had just wanted him gone, hadn't I? And he did keep his word, even if it took him two decades to drink his liver to death. I had sworn in his hearing that I would not cry when he died, not a drop, for I was sick of bearing the weight of such a father" (Prabhu 2017, 7). Through the length and breadth of the memoir, there are visceral embodiments of depression. Prabhu describes it as, "a giant coiled python that nobody can see but you, crushing your bones, swallowing you whole, and then melting you down to nothing" (Prabhu 2017, 84). These words capture her experiential reality through powerful symbols of the deep psychic and physical injury inflicted by ongoing depressive periods. Her honest analysis can extend resistance to depression to include "taking these anti-depressants", medicines that "reduce weepy bouts", indeed "remove soaring joys," compressing the whole emotional range into a "narrow, albeit stable band in the middle" (Prabhu 2017, 102). This ambivalence mirrors the larger dilemmas of psychiatric treatment, where relief is given and taken by perfuming lifeworlds with therapeutic regimes.

Likewise, the way the narrative portrays childhood and adulthood, as liminal and contested ground, unfurls with picturesque imagery. Prabhu describes confronting her past as "a vast continent of ice, and a little icepick in my hand," (Prabhu 2017, 77) the metaphor captures the penalty of unearthing buried memories and dealing with the consequences that colour her adult being. This is exemplified when she describes her encounter with a woman who runs an NGO for women in distress, a woman who embodies the tentative rise of "telling" as a survival mechanism—even as "the words were again showing up as feeble, staccato, inadequate," (Prabhu 2017, 77)—and pointing to the critical beginning of breaking silences and respecting the "invisible" injuries held tenuously in our midst. The book is more than just a memoir, it is memorialising as a "difficult love for a flawed, passionate,

larger-than-life father", (Prabhu 2017, 117) it is memorialising as the coruscating complexity of intergenerational pain and intergenerational care. Because depression, despite the optimism of her mother: "Depression is negative thinking, my mother insists, and one should always 'be positive'. If one believes in God and thinks positive, there can be no depression," (Prabhu 2017, 84) cannot replace the grief and hard reality it often causes. It is a "dreadful affliction. . . it seems to warrant silent suffering, as much as the silent moving on," (Prabhu 2017, 83) that follows families around and that, as this memoir also talks about, exposes the limits of facile tales of the redemptive power of resilience. In its complex intertwining of the personal, the cultural, and the moral, Prabhu's memoir is a work of relational witness and relational care, imploring editors and scholars alike to revolve the full horizon of compassion in the face of mental illness and trauma that split family and self.

At the heart of Prabhu's memoir, then, is an explanation of caregiving as a gendered practice and a patriarchal family structure that situates female subjectivity as subsumed within roles of self-sacrifice and emotional labour: "He got to travel, see different parts of the country, his responsibilities to his parental hearth were taken care of early, even as his own family grew. He had found just the sort of wife he wanted, the docile kind who would stay at home and take care of his needs, and his children were daughters, just as he wanted, and they learnt their lessons from him quickly enough" (Prabhu 2017, 14). Given the patriarchal context underpinning the narrative framework provided by the memoir, caregiving is contextualized as a form of relational labour engaged in dutifully within a negotiated dialectic of sacrifice and subservience. The sequences that Prabhu describes reflect an appreciation of caregiving that is not simply a role defined by passive compliance; rather, it is complicated, aching and living with responsibility and love that cannot be separated from suffering, endurance, and survival: "So blinding was that fury, so close to the surface, blinding him and us. Intense anger. And then intense love. Soon after the beatings, the rage also beaten out of him, he would return to the room to cuddle and fuss over our little bodies. Love and anger" (Prabhu 2017, 12). A difficult love that, as she admits, "only families can inflict and endure", infused with care that's at once tender and excruciating. This calls to mind important reflections on gendered autobiography, who argue that in the narrated 'I', "the visual marking of gender may contradict the narrative" and critically highlights that "the shaping of subjectivity and the twisting of narrative form can be called into being, co-constituting one another" within discourses of care (Pavlovic 2013).

Prabhu's narrative resonates with feminist care ethics that understand care not as a binary, but "a continuum or perhaps a spiral" comprising "rich proximal engagements, and deeper caring" (Hamington 2012). Her story acts out an ethical-political intervention that speaks with the historical contextualization of care as relational practice embedded in structural inequities by Joan C. Tronto (1999)—a reclamation that painfully complicates the general dismissal of care in masculinist cultures. (Hamington 2012) In this context, the memoir performs what Peta Bowden calls "a place for caring in citizenship," asking, "to what extent evaluation of care is deeply entrenched within valued masculinist elements of culture" (Tronto 1999, 117). In so doing, Prabhu disrupts the private/public binaries that are often claimed to be so radically insurmountable by situating caregiving as a central moral and political practice: fraught, contested and conditional, yet full of transformative and healing potential.

The two themes — silence and disclosure — are perhaps the most significant threads running throughout the memoir, about her father and his addictions to alcohol and clinical depression. The movement through these angry, conflicted territories is a precise case for trauma recovery theorists like Judith Herman, wherein silence becomes both a shield and a weapon (Herman 2015). Cultural imperatives of silence around mental illness create a silence enforced from without, even as disclosure, burdened with the risk of social and personal interruption, constitutes an act of rupture and empowerment. Prabhu's pledge to publicly tell her story is a wilful refusal to participate in 'the collective denial and discomfort about mental illness,' (Prabhu 2017, 85) creating narrative agency, and making room for collective witnessing and care. In her ethical position, her silence-breaking is

claimed as necessary to speak to the invisible injuries that “slowly [snuff] out one’s spirit” (Prabhu 2017, 85). Her telling is grounded in a relational ethic, one that acknowledges complexity and multiplicity, as she urges when contemplating writing about her dead loved one: “When you write about a dead person you loved, you must tell their version too” (Bahuguna) and how storytelling and caregiving are intertwined acts of remembering and accountability.

However, Prabhu’s account is privileged in the memoir, which sacrifices complex or dense representation for the sake of narrative focus; her mother and sister appear in Prabhu’s story only in broad strokes. The narrow focus of this narration reflects the relational autobiography and feminist ethics of care paradigm, but opens an area of potential tension regarding individual subjectivity versus family relationality. The emphasis on the singular ‘I’ and internal genealogies may end up sidelining the other family perspectives, and reharmonizing hegemonic dynamics that the memoir works to undo. Subtle shifts in the narratives pepper Prabhu’s recounting, such as the claim that “He had always been a popular man, much loved, generous to a fault to his neighbours, even if angry towards his own family”, (Prabhu 2017, 117) offering a suggestion of gaps in emotional investments between kin but not building on these alternative accounts. This selective emphasis on narrative raises some issues around whose care is included in care narratives and the ethical challenges of doing justice to the multiple subjectivities contained in our most intimate family histories.

By contrast, placing Prabhu’s memoir in relation to the larger body of mental health autobiographical writing reveals its unique contribution—not least in juxtaposition with more canonical works, such as Kay Redfield Jamison’s *An Unquiet Mind* (1995), which foregrounds manic-depressive illness through authorship and sensibility of interior, aesthetic and creative affect in a predominantly Western orbit. In deviating from this centrality of the individual, Prabhu locates mental health discourse in the webs of family, culture and the socio-political that is endemic to Indian realities. There is a locational specificity to her narrative that pushes at dominantly Western paradigms that isolate mental illness from social and political life. Through this, she reflects on the coping mechanisms, “My father’s best coping mechanism was to moan and long for death”, (Prabhu 2017, 77) enforcing the sense that her coping was tragic futility moving through crushed nodes of despair in social bounds. In addition, Prabhu’s memoir opens up the geographic range of mental health narratives by framing care as both emergent and dialogic, rooted in cultural scripts and structured positions. Thus, her writing is both an act of grieving and a process of recovery—against her expectations, death arrives; “like an unfinished narrative”, (Prabhu 2017, 81) that demands her authorship to attain closure. In her moments of private torment, there were no tears, she admits: “But the tears did not tumble, not even a drop. It was as if only writing could tackle the work of grieving” (Prabhu 2017, 81). This explains the importance of the story as a psychic reconciliation. Her memoir finally refracts the intersubjective terrains of suffering and survival in which she is enmeshed: hers is “about the sort of suffering that only families can inflict and endure”, (Prabhu 2017, 117) it is a searing testimony that shuns the family romance, and, instead, embraces layers of complexity, contradiction and grit likely only familiar to those in the throes of caring for another when that other is mired in mental illness.

## Conclusion

Gayathri Prabhu’s memoir is not simply another beguiling example of the autobiographical form, but a pressing or perhaps playful, and even ironic, intervention in the overlapping worlds of care ethics, narrative medicine, and postcolonial studies. In its nuanced, indelible, and inevitable articulation of mental illness, familial caregiving and intergenerational trauma, particularly in the Indian socio-cultural and patriarchal context, the memoir becomes a relational witnessing that is and that acts as both profoundly personal and definitely political. The use of fragmentation, non-linearity, and performative dramatic modes in the memoir reinforces its ethical obligation to counter simplistic teleologies of healing and closure and renders caregiving and grief, not as moments in time, but

rather as ongoing, fluid processes of ambivalence and vulnerability, and as struggles over the power differentials that are embedded in patriarchal nature of families. The article argues that this ethical aesthetic encourages a nuanced reorientation of care as a multidirectional and affectively-laden practice, one that requires a somatic attunement to interdependency and relational responsibility that extends beyond the traditional biomedical or neoliberal configurations. Prabhu reflexively engages with psychiatric paradigms and cultural stigmatization that reveals tensions between institutionalized mental health care and lived experience and underscores the inadequacies of simplistic versions of resilience and redemption. In addition, the memoir—both by design and through the courting of fragmentary references and muted information—centers relational regard and self-constraint as fundamental forms of ethics in the large project of life writing together as testimony, thus destabilizing the normative, institutional and cultural demands for unqualified transparency in contexts such as the academy.

Through a close reading, the article shows the ways in which the narrative in Prabhu's memoir centres affective complexity and socio-cultural critique and invites readers into a posture of ethical participation defined by empathy and moral responsiveness. This perceived therapeutic function of the memoir reclaims an embodied form of self-care and resistance—an act of writing that works towards a reparative dimension to a fraught inheritance of depressive affect and familial split; here, the memoir itself. An intersection of narrative medicine and memoir studies, it defines the corporeal selves that tell the stories that provide a worthy site for subverting stigma and centering marginalized voices in mental illness. The analysis reveals an important role played by the memoir in contemporary discussions of kinship, trauma, and justice in postcolonial India, calling for culturally located care frameworks that are sensitive to the socio-political nature of vulnerability and abandonment. In this way, Prabhu's work indicates an aporia, or a potential rupture, in which literature might move beyond its apolitical role to become a site, or a salve, of ethical reckoning and collective healing, inviting scholars, practitioners, and readers to engage viscerally with the complex spaces of memory, trauma, and care that makeup our human condition.

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