Between Mothers and Daughters: Acts of Care and the Reclamation of Self in Geetanjali Shree's Fiction

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Abstract

This study will explore the multifaceted nature of caregiving, with a particular focus on the intergenerational exchange between mothers and daughters in Indian families. Caregiving is often understood as unpaid labour; however, it is actually a much more nuanced relational endeavour influenced by diverse factors in which it is situated, which may be emotional, cultural, and economic (Breier 2021). In these families, daughters are often seen as primary caregivers, a role that is reinforced by social norms and beliefs about intergenerational filial duty. Caregiving varies greatly among families, influenced by factors such as financial independence and dependency norms, often creating an unequal burden for women. This paper grapples with these issues by exploring Geetanjali Shree's *Mai* (2017) and *Tomb of Sand* (2018), honouring the lived experiences of adult daughters who engage in the multifaceted and complex realities of caregiving. The narratives also reveal the complexity of caring for their mothers, particularly in relation to the mother's struggle to reclaim her identity, which has been largely obscured by the normative role of caregiving.

Keywords: older mother, adult daughter, caregiving, maternal thinking, relational dynamic

Introduction

The interdisciplinary field of medical humanities has emphasized how literature serves as an important primary source for tracing the history, culture, and anthropology of medicine (Thomas, Carlin, & Carson 2015). A novelist, poet, or essayist who writes about illness, healing, or caregiving is never writing in a vacuum. Rather, that writer's story about ill health is produced within and is informed by the social, political, and epistemic conditions of that writer's time. In fact, even when works of literature tell stories about caregiving, despite being fictionalized, they are still constructed through the selective synthesis of lived experience, embedded in moments of emotional or ethical intensity. Hence, these narratives possess a particular authority; they reveal not only what caregiving feels like, but also how it is imagined, restricted, and contested in specific cultures. This paper, hence, attempts to position caregiving within an intersectional framework concerned with the power relations, structures, and moral assumptions embedded in the representation of age-centric health conditions. Besides, the blind spots in informal care systems are also divulged: the rendering of invisible emotional labour, the routinization of moral conundrums, and the rendering of forms of suffering that biomedical discourse struggles to comprehend.

Using this approach, the study claims that literary portrayals of care are not secondary to medical knowledge but play an integral role in critically reevaluating the limits and potentials of today's healthcare approaches, especially when it concerns older subjects. To understand these narratives, one needs to connect their representational world with the material, relational world in which caregiving takes place. What narrative accounts expose is not an isolated reality of ethical tensions, emotional intensities and systemic loopholes. Rather, they are manifestations that correspond to the lived arrangements and relational structures through which care is organized and sustained. In this conception, care is not simply a feeling or a moral sentiment but a network of socially connected everyday activities

that make human life possible. According to Carol Gilligan, care is about seeing and responding to need (1993). This entails understanding caregiving within the filial space, and literary representations reflect the same relational dynamics that care theories have suggested: the gendered division of labour, the moral reciprocity between caregivers and care receivers, and the emotional labour that gets neglected in the biomedical model. Also, it becomes important to understand the lived experiences of care as it relates to contemporary understandings of care (dynamic, relational, embedded in gendered exchange within the families). These processes inform the stories being told and are also reflected therein.

The essential need for continuous care becomes particularly salient during the latter stages of life, characterized by individuals experiencing heightened vulnerability, incompetency, and dependency. This condition reconfigures the identity of older entities as 'targets of care', positioning them at the receiving end of the relational dyad that encompasses the material, corporeal, and affective dimensions of caregiving. Additionally, care for older individuals manifests in myriad forms, spanning the continuum from temporary to permanent and informal to formal arrangements. Nevertheless, the family remains the heart of elderly care, where the intricacies of intergenerational ties between carers and those cared for are most vividly woven (Weicht 2015). The ethical imperative inherent in elderly caregiving becomes more apparent when viewed through the lens of intersubjective responsibility. Emmanuel Levinas says this responsibility is epitomized by the moment of intersubjectivity where one becomes 'I-am-for-the-other' (110). In essence, this state involves a gesture akin to giving care: extending oneself beyond personal boundaries to offer support to another individual while also being receptive to the support provided by others. As articulated by Levinas, this profound ethical imperative associated with care and caregiving resonates with the Indian philosophy of intersubjective responsibility, embodied in the concept of *seva*, reflecting a shared sense of respect, moral duty, and commitment toward older parents. Adult

children frequently exhibit an internalized tendency to cohabit with and provide care for their ageing parents, motivated by the affection and the painstaking efforts dedicated to their upbringing. Therefore, the cultural discourse around *seva* underscores the primacy of moral obligation and normalizes the ministrations of informal caregiving[i]. The concept of "normalcy" weighs heavily in carers' narratives, yet it should not be misconstrued as a call for a standardized and homogenized view of caregiving approaches/practices for older individuals. Rather, providing *seva* encompasses both care and a considerable exercise of power, often revealing the vulnerabilities of ageing individuals that symbolically position them at the periphery of everyday domestic life (Lamb 2009). Through the process of *seva*, one gets to observe and comprehend how ageing bodies and identities undergo a significant transformation, from being self-reliant subjects to recipients of care, and from embodying authoritative roles to adopting a more passive self (Weicht 2015). This shift impinges on the identity of the care receiver as it erodes the traditionally respected status of older adults, contributing to heightened instances of neglect, loneliness, and declining health. These changing dynamics also prompt us to question how ageing is experienced in reality.

In critical gerontology, the third age (defined as 60 years and above) refers to a stage of later life that is commonly associated with active ageing. It is envisioned as a period that is autonomous, focused on personal growth, and free from the burdens of adulthood. However, in the Indian context, this ideal quite often conceals more than it reveals. The promise of freedom from full-time caregiving, childbirth, child-rearing or one's constant domestic burden is rendered unevenly, especially along gender and class divides. Many Indian women do not find the third age relieving or liberating in the true sense of the term. The years of balancing unpaid domestic work, intergenerational care, and frequently interrupted participation in the workforce mean that their old age begins from a structurally disadvantaged position. Gendered expectations of "being needed," "being available", or "being self-sacrificing" do

not disappear when they can no longer go on caring for ageing parents, spouses or adult children. As a result, with old age, they often become a source of emotional strain or social guilt (Freixas, Luque & Reina 2012). Thus, the third age in India is far from being a neutral phase or a universally liberating phase for women. Although gender is not the only source of differential treatment of individuals, it is often shaped by the sedimentation of caste, class, and geographical location, but gender is the one that often becomes the axis on which these forms of treatment get most intensified. Therefore, ageing in this scenario should not be viewed as a natural process, but rather as a unique experience constructed socially, politically, and materially (Fahey & Holstein 1993). Thus, caring, too, from the purview of ageing studies, is not a linear process; rather, it brings complexity and contradictions, and is influenced by filial responsibilities as much as by expectations.

Once primarily framed as domestic labour entrusted to women (Gilligan 1993; Wood 1994), care in contemporary times has been recognized for its dynamic and relational traits. This shift in understanding draws into consideration the intricate connections and emotional negotiations between caregivers and care receivers, thereby rendering the experience multiple layers of meaning, emotional depth, and reciprocal impact, which transcends its erstwhile utilitarian framing (Robinson 2011; Blum & Murra 2017). In addition, this relationship naturally occurs within the family, operating at the intersection of our embodied being and socially mediated roles, where caregiving is viewed as a form of biological work alongside a socially formed practice (Dey & Tripathi 2022; 2024). Additionally, the family is highly influenced by gender role constructs, which determine the family unit and the distribution of roles within the family (Lloyd, Few & Allen 2009). The gendered distinctions, of course, reveal the space where cultural expectations and biological realities intersect with kinship dynamics and care practices. As women continue to shoulder the primary role in 'kin keeping' and caring for older family members (Chodorow 1978; Gilligan 1993; Shifren 119), it

becomes crucial to understand how the discursive frameworks that shape and perpetuate these gendered perceptions are particularly relevant within the Indian context. A prevailing feature in India is the gendered division of caregiving roles, where the responsibility largely falls on female family members. Woven deeply into the fabric of cultural norms, this expectation places women, whether as daughters, daughters-in-law, or wives, at the forefront of caregiving, a role defined by tradition and societal obligation (Lamb 2009; Raja 2009; Dey & Tripathi 2022; 2024). Although widely interpreted as an expression of love and commitment, this practice often obscures the emotional, physical, and economic toll it exacts, especially on daughters navigating these responsibilities within patriarchal frameworks (Ramanathan & Kochuvilayil 2025).

A feminist analysis of the mother-daughter relationship owes to Adrienne Rich's *Of Woman Born*, where in the chapter "Motherhood and Daughterhood" she makes the famous claim that "the cathexis between mother and daughter - essential, distorted, misused - is the great unwritten story" (25). Rich identifies the patriarchal forces that have historically misrepresented this primal relationship and envisages new forms of connection to empower women through a reassertion of maternal and filial power. In *Maternal Thinking*, Sara Ruddick (1989) further extends this discussion as to how, throughout history, women have borne the greatest burden of caring for children. Her observation is relevant far beyond infancy, carrying over into the professions of elder care. Although these patterns transform over time, they continue to shape the dynamics of caregiving, influencing how care is offered and received in the later stages of life. Carol Gilligan's 'ethics of care' (1993) can also be contextualized in this regard, where she observes that girls' developmental trajectories emphasize attachment to mothers, fostering greater individuation compared to boys who navigate through separation processes. This divergence contributes to the formation of gendered identities, with intimacy and relationality being more closely associated with feminine identity. Consequently, women often self-evaluate based on caregiving capacities

(Gilligan 1993) and demonstrate an inclination toward empathizing with and understanding perspectives divergent from their own. Therefore, the process of a woman's becoming a carer and navigating this role presents significant challenges, and fictional narratives have endeavoured to capture the plight of carers and the evolving nature of their relationships with those they care for. The 'empathic tie' (Chodorow 8) is predominantly found in women, prompting questions about whether female carers perceive themselves as merging with those they care for, almost becoming one with them. Alternatively, they may simply share the experiences of the individuals under their care on a deep, empathetic level, while maintaining an awareness of their distinct identity and individuality.

Drawing on these threads of caregiving, this paper analyses Geetanjali Shree's *Mai* (2017) and *Tomb of Sand* (2018) as two literary case studies, both rooted in urban middle-class Indian milieux, to understand the role of the adult daughter as caregiver and interlocutor in the recovery of maternal subjectivity. This type of inquiry aligns closely with Elizabeth Jackson's exploration of "the ways contemporary Indian women novelists are challenging images of motherhood in India" (13). By seeing motherhood as dynamic rather than fixed, and by focusing on the mother/daughter relationship, especially as sites of negotiation, rupture, and renewal, this study contributes to the larger discourse of Indian motherhood by answering the questions of how contemporary writing by women challenges established narratives about femininity, care and maternal duty. In *Mai,* the life of the older mother is characterized by an ever-present silencing, her interiority buried under the routine and repetitions of care. Her daughter intervenes in the generational transmission of her mother's invisibility, seeking to redeem her mother from the emotional detritus of an existence dominated by duty. In contrast, *Tomb of Sand* is centred around Ma, a widow in later life, who enacts a radical break from societal expectations through a reclamation of self. In this instance, the daughter not only performs a caretaking function but also enables her mother's

rediscovery of autonomy and voice. These narratives gesture toward a reconceptualization of care, not as an obligatory burden, but as a domain where resistance, healing, and agency can coexist. Both protagonists, Sunaina in *Mai* and Beti in *Tomb of Sand*, navigate an intricate emotional landscape filled with love, loss, guilt, and yearning. The choices of being single, independent women without children displace them from normative constructs of femininity and family. Their departures from accepted female roles allow them the privilege of relative freedom. Their departures from conventional gender roles allow them to take a different position, freer (at least in part) from the relational dependencies and expectations that come with being a woman in a patriarchal family. This freedom positions them to reconceptualize care again as a choice, not a moral obligation - it is an act driven not by obligation, but by intentionality. In this manner, care does not become a place of loss initially, but instead, care is a choice- a choice that enables the carer to regain control of time, emotional investment, and relational boundaries.

This inquiry weaves together two distinct trajectories. The first, surfacing in *Mai*, captures a daughter's perspective who witnesses her mother's sense of self being demolished under the daily weight of domestic tasks. The mother's selfhood is so overwhelmed by caring duties that the practice of care obscures the boundary, or distinction, between what she must do and who she is. In contrast, *Tomb of Sand* exemplifies the second thread where caregiving enables Ma's physical and symbolic deferral from being a passive dependent to that of an emancipated and self-determined subject. This shift invites several compelling questions: How do daughters, as caregivers, undertake the emotional labour of focused love? How do ageing mothers respond to this care, whether they stay rooted in historically prescribed roles or begin to engage with new possible ways of being? The study relies on close reading and interpretive analysis, paying particular attention to the character development, spatial dynamics, and symbolic gestures embedded in Shree's texts. Care is understood not only as a

thematic concern but also as a structuring principle through which the complexities of gender, age, and memory are articulated. Through this interdisciplinary lens, caregiving is understood as a contested site, where agency may coexist with sacrifice, and where the private act of tending to another may also hold transformative significance.

The Intergenerational Imprints of Familial Caregiving in *Mai*

Families, both as relational frameworks and as structured social institutions, occupy a central position in perpetuating patterns of privilege and systemic disadvantage. Simultaneously, they possess the potential to nurture resistance and become spaces where empowerment is cultivated (Baber & Allen 1992). Within such familial structures, one lesser-examined yet crucial dynamic is the phenomenon of projective identification, a psychoanalytic process wherein one individual unconsciously transfers difficult or unprocessed emotional material onto another (Bion 1962; Waska 2021). This psychological mechanism often works in tandem with the intergenerational transmission of unsymbolized trauma, through which the emotional residues of unresolved pain in one generation subtly shape the inner worlds of those who follow (Abraham & Torok 1994; Waska 2021).

These dynamics take on a specific emotional weight in caregiving relationships, particularly between ageing parents and their daughters. Daughters frequently find themselves not only responsible for providing physical and emotional care, but also implicitly tasked with carrying and making sense of their parents' past psychic wounds, those never spoken, never resolved. The act of caregiving, in this light, becomes more than a practical or emotional obligation; it becomes a deeply layered process, one in which love, duty, and unspoken histories converge. Contemporary Indian fiction, particularly within the oeuvre of Geetanjali Shree, begins to prioritize this emotional space. Shree's writing highlights the tensions of the

mother-daughter relationship, where daughters have achieved social mobility and economic independence, and re-establish connections with their mothers, who have often been silenced agents for years due to patriarchal impositions. Her narratives demonstrate these connections or explorations, and her characters do not just portray individual struggles; they embody the struggle that all women have faced in bridging the distance constructed by patriarchal structures that have been maintained to undermine women's identities. The storytelling manifests as an act of reclamation, where identity, memory, and resistance are rewritten through moments of tenderness, conflict, and mutual recognition. For example, *Mai* depicts the mother as a bent and bowed figure, which is indicative of her physical burdens or those taken on by nature (Shree 2017). Her hunched posture serves as an image, a metaphor for years of labour and sacrifice, later verified on a doctor's note indicating that her spinal discs had deteriorated from the strain on her body. Always in motion and responding to others, the children perceived her as indefatigable; she was always giving of herself while taking nothing in return. Her exhaustion was never acknowledged, and she came to embody a form of care so relentless that it became indistinguishable from self-erasure.

For women like Mai, these social scripts require a kind of virtuous endurance, where they are valued for caring for others and maintaining the family while suppressing their desires, choices, and even dissatisfaction. Rajeshwari Sunder Rajan (1993) demonstrates how such external expectations become internalized, becoming part of women's identity and their ability to imagine what is possible for their own lives. This 'stagnation' that Mai embodies in the narrative is not simply a failure of will or ambition. Instead, as Sunder Rajan observes, this stagnation is the product of deeply entrenched cultural scripts regarding femininity and virtue. Societal expectations of women's roles extol female caring, endurance, and invisibility while condemning female autonomy or self-assertion as selfish or transgressive (95). This creates a crisis, both in literature and in lived experience; women either unwittingly conform

to these roles and experience a loss of self or assert their distinctiveness and risk being ostracized, feeling guilty, or being in conflict. In Mai's case, the burnout of caregiving and the erasure of her subjecthood are not presented as choices but as inevitable outcomes of her gendered position. Her children's struggles are thus also 'choreographed': they feel compelled to resist Mai's fate yet find themselves haunted and shaped by it.

While Mai cares for the needs of others, her own children see her and feel an empathetic drive to save her from the emotional and physical weight that the family imposes on her. The children's need to save her can be interpreted as a form of projective identification because the children are projecting their conceptualization of Mai's fear and suffering onto themselves. Nonetheless, the patriarchal oppression within her space further complicates Mai's role. The children's loyalty to their mother, hence, is developed into an unspoken mission: they perceive themselves as protectors, wishing to save her from the external and internalized oppression she carries, sometimes unconsciously. However, Mai does resist the very change her children seek, as she has internalized the expectations placed upon her over the years. Eventually, the narrative arrives at a point where the children understand Mai as "weak, a puppet" (Shree 60). They see her fragility and express their own intense desire to extract her from the prison that defines her life (Shree 2017). However, they must account for the fact that Mai's complication in the processes and within her psyche is complex; she is the representative manifestation of precisely what her children want to repair; she resides in a web that is difficult to disentangle (Knight 2018). Through her reinstatements, Shree uncovers the emotional and symbolic costs of care and analyses the social conditioning of women to remain quiet about their pain while continuing to support the family.

The children's persistent efforts to protect Mai are driven by a profound desire to save her from a life they perceive as marked by helplessness. What initially begins as a response grounded in affection and familial duty gradually evolves into a mix of sympathy and quiet

resentment. This transition relates to projective identification, whereby the children, unable to properly integrate their own emotional discomfort, begin to project feelings of helplessness and frustration onto Mai. Mai's withdrawal and emotional isolation are misunderstood as an intentional act, rather than being recognized as indicators of her conditioning and distress (Spillius & O'Shaughnessy 2013). Over time, this misunderstanding leads to a widening emotional gap as the children find it more challenging to connect with her and reclaim their mother's subjectivity. This gulf exemplifies how projective identification can quietly build a wall between people and obfuscate the complexity of the other emotionally (Waska 2021). Subodh, Mai's son, is particularly ensnared in this dynamic. He takes her chronic silence and resignation not as effects of lived experiences but as conscious deliberations. As his frustration intensifies, he reaches a point where her implied dependence becomes intolerable enough to make him emotionally withdrawn as a way to cope.

In contrast, an evocative moment of insight arrives for Sunaina when Mai narrates her own mother-in-law's suffering, a memory crystallized in the image of the grandmother's bald spot, worn down over the years by domestic abuse. This recollection becomes a pivotal turning point for Sunaina, helping her to understand how the women of her family bore the brunt of patriarchal oppression alongside physical and emotional neglect for years. It is in this moment of realizing the intergenerational trauma that the daughter begins to see her mother through a compassionate lens. The overlapping roles of women in these narratives, as daughter, daughter-in-law, and mother, create a nexus through which care, obligation, resentment, and recognition flow. As suggested by Chodorow (1978), such multiplicity promotes what she terms an "empathic" mode of relating across generations, because the daughter's relation to her mother is always processed through her varying positionality. A daughter is not only a daughter; she is also a future mother, a present daughter-in-law, or a caretaker-in-waiting. Many daughters, hence, direct a smouldering rage toward their mothers,

which often goes unarticulated. This is not rage towards something that their mothers have done, but rather it is what they have suffered. The anger comes from seeing mothers (and grandmothers) accept "whatever comes" (Rich 243), whether it be patriarchal demands, domestic drudgery, emotional neglect, conflated marital silencing, or the insidious lesser-than status of self. The mother's suffering in *Mai* thus becomes a site both of rupture and of recognition. The daughter's assessment of her mother's passivity is often wrapped up in her desire to inscribe a different narrative, one where her care is not simply dutiful but transformative.

Sunaina's growing awareness links the silence and endurance of previous generations with Mai's present state of being. She struggles to protect her mother's fragile autonomy while negotiating her evolving identity, which refuses to be entirely consumed by caregiving or self-abnegation (Spillius & O'Shaughnessy 2013). What makes her condition particularly striking is that although she is "excluded by the vocabulary of maternity" (Ruddick 46), which means that she doesn't have a role or social recognition that is legitimate in the way mothers do, she nonetheless thinks and acts maternally. By doing this, she enters into the long, historically feminized lineage of care work, which is always expected from women but is seldom recognized as labour. Sunaina's maternal mode of thinking does not confine her to self-sacrificial stereotypes but rethinks responsibility, intimacy, and ethical relations. Through the process of caring for Mai, Sunaina moves beyond witnessing suffering towards a reinterpretation of suffering. She reclaims her mother's history as her own and then reclaims a place in that history. Thus, her care becomes both an inheritance and a form of quiet resistance: she seeks to honour these women while also establishing a more conscious, self-reflective position within the gendering of care.

Mai had come to represent something they could never allow themselves to become, the embodiment of stagnation, of existing without ever truly 'being.' The children, now

adults, had an inherent dislike of these possibilities. But the reflexes of self-sacrifice, the little ways of neglect of their needs for others began to resurface in the children, especially in Sunaina. The silent strength and stoicism of Mai, her resistance to being anything but herself, had somehow been imprinted on her. She could not escape the weight of her mother's impact, even when she was trying to exist differently. Even when relationships in her life were faltering, she could detect the resonance of their mother's unresolved struggle in her life. The intersection of their lives being made out of their mother's existence was distinctly felt: "You and your sister only have one thing in life, your mother" (Shree 24). It was a bitter pill to swallow that the siblings had tried to run from, but it accompanied them into adulthood, making it impossible to escape the past they could not escape, and perhaps, never wanted to escape.

Their hearts were also heavy with anguish for Mai's imprisonment as their father's body lay in the aftermath of a shattered life, encased in plaster after an accident. Everything he did, including showering, dressing, and eating, was only possible with Mai's support. Mai was bound to him, holding his hand as she guided him through every movement, with her life centred on his needs. The helplessness they felt for her grew in magnitude as they stepped away from their work, took time out from their lives, and came back to her repeatedly, only to find her engulfed in the throes of caregiving. Mai's situation is not the result of any one form of vulnerability but is an intersectional situation arising from a layering of gender, social expectation, and structural dependency, which gets exacerbated with age (Skucha & Bernard 2000). Gendered expectations constantly define women and mothers, even at a later stage, who are expected to provide care, as if their moral worth reflects their service. Older women like Mai are often assumed to "naturally" continue caring, even as their own care needs increase. Older individuals are often considered less economically productive and less socially visible, which can lead to them being more compliant. Because they appear

dependent on their children, spouses, or extended family, they allow others to have more power over their day-to-day decisions. Such perceived dependency diminishes their agency. What appears to be a domestic issue is actually a structural problem. This is a moment where gendered obligation, ageist ideologies, and enforced dependency come together to close off her possibilities for self-determination. The children, hence, felt caught in a cycle of wanting to rescue her but also sensing that she was drifting away from them. The event made Sunaina see Mai for the trapped individual she was, whose life was being bound by forces she had no control over. The incident seemed to dissolve any anger Sunaina had felt towards her mother, and the disdain faded into an insidious, exhaustive sadness that had begun to alter the nature of the relationship between mother and daughter.

In the aftermath of Mai's death, the remnants of her mother's life, scattered like ashes, seemed to murmur tales left unresolved. Each tale began with a promise but ended before it could be fulfilled, leaving lingering questions: Who was Mai? The woman they had been trying to 'save', the person they wanted to liberate? Furthermore, by attempting to associate her with their ideas of purpose or meaning, had they taken something away from her? Ruddick notes that maternal thinking also involves recognizing and responding to the needs of others, while simultaneously mediating one's own sense of self or identity (1989). Subodh's insistence that Sunaina get past her fixation on their mother brings forth another aspect of maternal thinking, the precarious relationship between responsibility to care for others and responsibility to care for oneself. Subodh sees Sunaina's attachment to Mai as a liability or hindrance to her own development, without an understanding that Sunaina is compelled to acknowledge and understand their mother's experiences. Sunaina could not concede that Mai was 'nothing'; rather, she knew that the world had never allowed Mai to be anything on her own terms. She came to understand that Mai never aspired to make her a facsimile, and that, even if she had wanted to, Sunaina could never fulfil her mother's existence. She resolved not

to adopt the martyrdom that governed Mai's life. Instead, she found a way forward that could honour her mother by exercising all of the agency that Mai had been denied. While Sunaina understood that suffering might be ahead, she vowed that her suffering would not resemble Mai's. While her mother's fire had burned quietly, contained within, Sunaina's would not be hidden. It would burn fiercely, unapologetically, even if it left scars in its wake. For Sunaina, the act of fighting, of refusing to disappear, affirmed her existence.

Reclaiming Autonomy through the Caregiving Space in *Tomb of Sand*

Intergenerational care is also vividly portrayed in the novel *Tomb of Sand*, where, in the context of a family, the daughter's role extends beyond physical care and attempts to weave together her mother's fractured identities. In the novel, the husband's death opens a range of psychological and emotional shifts which the octogenarian widow is just beginning to apprehend. The narrative conveys this remarkably in the memorable reference to her "lying in their room ... a corner of the house" (Shree 16), surrounded by objects laden with the memory of her late husband, his cane, the teapoy, even his denture, all frozen in time. In her seminal work, Uma Chakravarti (1995) emphasizes how the life trajectory of an Indian woman is socially and emotionally structured through her relationship with her husband. The cult of *pativrata* (the idolized notion of the dutiful, self-effacing wife) not only affirms her identity in marriage but also inextricably binds her identity to her husband's life. Therefore, widowhood thrusts women into a precarious state of social liminality. It is synonymous with a 'living death' (Chakravarti 1995) in terms of emotional experience, but also in terms of social erasure: the widow is made invisible, untouchable, and finally irrelevant to the household that was once her life.

Shree's evocation of this tragic transition is articulated through what might be called a palpable presence of absence, which is a narrative strategy that suggests loss is not an event but an atmosphere. The observation "She was vigilant, ever-ready and awake... Everyone's breath passed through her, and she passed through everyone's breath" (Shree 18) not merely indicates fatigue but also attests to the mother's lifelong involvement in this regime of unacknowledged labour. The portrayal is not merely affectionate; it also indicates an indifference fix that is a time-worn structural imposition on women. The mother is a crucial figure in the family, but the work that makes her the centre of family affairs often goes unnoticed and unpaid. Eva Kittay's (1999) work on dependency care is particularly helpful in this context. According to Kittay, caregiving is most important for the sustainment of life, yet gets systematically downgraded and erased by patriarchal-capitalist forces. The identity of the caregiver is constructed through continuous emotional expenditure, which is a form of labour. It requires submission to the care of the cared-for. The mother does not just represent a "nurturer" in this light; she is a subject whose selfhood is produced relationally and thus eroded relationally. When one loses their primary relationship anchor (in this case, her husband), for a woman, the loss is not just of a companion but of the very structure through which her personhood has been perceived. The disintegration that comes after is therefore not the pathology of the individual but of a social order which links a woman's self to her usefulness within the family.

Shree portrays this by using materiality as a narrative focus. Household items serve as carriers of absence, which are modified into mnemonic residues of a domesticity. The normal becomes strange, and the home becomes a site of haunting. The idea of "family phantoms" (Abraham & Torok 1994) is another useful thread here. The mother possesses not only her own unprocessed grief but also the unspoken demand and trauma of the familial-patriarchal structure itself. Not being able to grieve is not a personal failure on her part but rather a

symptom of how patriarchal kinship denies women the right to grieve for themselves. In a sense, she is a living repository for what cannot be said, the personal trauma of loss and intergenerational trauma of gendered obligation. The old woman moving towards "cold wall riddled with cracks" (Shree 17) is a metaphor. On one level, it marks her descent into marginality, as she moves toward the very edges of the domestic world she once sustained. The wall serves as a literal and figurative boundary. First, it hurdles the enclosure of her affect. Second, it becomes the limit of her utility. Ultimately, it signifies a point where the self dissolves. The rifts illustrate how the other end of her world began to crack, mapping the psychic rupture caused by her widowhood. Yet, we should not reduce her exceptional withdrawal to mere suffering. Uma Chakravarti's critique of widowhood (1995) shows that widows, even in tightly monitored patriarchal spaces, sometimes manage to resist. Contrary to the expectation that women swiftly adjust to new patterns of care and duty, the mother's withdrawal functions as a refusal. Her silence, which is often interpreted as resigned acceptance of her position, is in fact a withholding of affective labour, a refusal to rejoin the order that only sees her as a labourer. Consequently, her act of withdrawing quietly is not thoughtless but situated and political. By refusing to engage in emotional labour with family members, she asserts a tenuous but meaningful form of agency. The story makes the canonical representation of the grief-stricken widow nuanced by exposing how quietude, stillness and disengagement can serve as a counter-conduct that resists re-assimilation into the patriarchal scripts of widowhood. The mother's apparent disappearance from the rhythms of domestic life is a disappearance simultaneously from and refusal of the structures that once claimed her.

This collapse is not just an individual issue but also part of a larger system that uses female agency. The mother's stubborn refusal to stand up, followed by, "No, I will noooot" (Shree 18), may be initially considered as mechanical resistance, but builds toward intentional

obstinacy. What makes her "no" strong is neither its loudness nor its force, but its breach of the gendered scripts that make her recognisable within the household. According to Judith Butler (2004), the work of the subject comes into being through repetition that is in accord with the norms. A refusal interrupts this repetition. The mother refuses to reiterate the caregiver role that will restore her to construed femininity and widowhood. Butler also emphasizes that norms compel bodies to act in such a way that preserves their social intelligibility. The mother's act of remaining seated, her embodied insistence on stillness, creates a moment in which intelligibility falters. She no longer performs the acts for which she is known: attentiveness, responsiveness, and self-sacrifice. Therefore, her 'no' is unsettling as it creates a non-coherence, a gap in the normative framework on which the family relies. Butler points out that when someone becomes unreadable in the frame, it lays bare the contingency and fragility of the norms that structure that frame.

Her conception of vulnerability further complicates the notion that refusal must take place as an active act of defiance. Vulnerability does not just exist; it can also be an act that causes us to reorient ourselves in relation to it. The mother's vulnerability, her exhaustion, her body's insistence on inertia do not mean she has lost her agency; it means her agency exhibits differently. The act of refusal thus brings forth an agency out of constraint, that is, action which Butler asserts occurs precisely because one is located within the context of oppression. Importantly, she also considers how subjects are compelled to recreate themselves after losing something. To comply with social norms, one must manage their mourning properly and ultimately resolve it, allowing the subject to return to being productive and serviceable in relation to others (Butler 20). What the mother resists is the demand to be "put together again" as a useful one. Reluctance to accept loss symbolizes a pushback against grief's conformative temporality, which signals immediate restoration of order. In fact, she exists in a type of temporal disjunction, an insistence that the world slows down for her. Thus, the mother's "no"

disrupts both gendered performativity and normative time. Therefore, it demonstrates how, within structured forms of kinship, there is scope for refusal that is not overt or dramatic yet highly destabilizing. Through Butler's lens, the mother's act is to be understood not as a failure to cope but as a refusal to be reabsorbed in normative structures seeking to manage, contain, and regularize her grief.

This act of maternal disavowal does not occur in a vacuum; it resonates across generations, challenging normative systems of care and obligation. The mother's refusal to be reabsorbed into a cycle of domestic care serves as the threshold to reimagining relationships. Within this disruption, the daughter's response emerges, not as a reversion to duty, but as an affective gesture founded in shared vulnerability. What follows is not merely a daughter caring for a mother, but a relational exchange that fluctuates between positions. In this way, the narrative shifts from a consideration of negative agency to a sense of quiet solidarity, where care becomes a space where inter-generational injuries are re-negotiated, and potential new ways of being together emerge. Beti, the daughter, now assumes a maternal role and attempts to revive her mother's will to live (Noddings 1984). The story cleverly recalls how Ma quietly paved the way for Beti to have her freedom when the world was keeping her bound. In her youth, Beti lived with a family embroiled in debates and complaints about culture, tradition, and safety. Ma, always trying to mediate, became a stretched "tagged" figure in these never-ending disputes. One wonders how incredibly tiring it must have been, yet beneath the surface of these battles, the mother expressed defiance. She opened doors, or rather, opened a window. A window which became the secret escape hatch for the daughter. While the house resonated with allegations: 'No! She must not go!' (Shree 32), Beti climbed through the window and was thrust into her freedom. Ma knew and allowed her daughter to escape, silently but steadfastly.

Within the current narrative frame, Beti's decision to return and care for her ageing mother embodies attentive love, grounded in life, growth, and belonging (Ruddick 1989). Her care is an act of resistance to a patriarchal landscape that attempts to silence and render women, especially older women, invisible and voiceless. When she observes Ma's subtle, incremental shifts, rooted in desire, Beti acknowledges the necessity of creating a space that supports her mother's liveliness. The fact that Ma finds new energy to disregard the routines that once ruled her days demonstrates, once again, how attentive love has the capacity to create a space for both the caregiver and care receiver to maintain their existence and maybe support one another's growth. Beti's filial devotion reflects an inherent trait of caregiving that is more than a duty in the Indian context; a relational practice where personal identity, insecurities, and emotional attachment are navigated (Ruddick 1989). As an adult daughter in a caregiving role, she appears to strike a delicate balance between her own emotional needs and those of her mother. This attempt does not manifest through grand gestures, but rather through the quiet, everyday acts of care: drawing a bath, preparing a meal, or ensuring a restful sleep for the older woman, which reaffirms her worth and vitality. Such conscious attentiveness aligns with Ruddick's idea of "attentive love" as a sustaining force that offers comfort and renewal (Ruddick 1989). Through her caregiving, Beti supports Ma's physical and emotional recovery and participates in a subtle reweaving of their shared narrative, one marked by mutual restoration, recognition, and the slow unfolding of healing.

In return, Ma welcomed the respite, which this space represented. She slept deeply, without interruption, as though it stripped her of the time-worn fatigue it carried. When she rose again, her eyes were different. No traces of fatigue, the shadows of humiliation were erased. Her eyes appeared to refocus, drinking in the world anew, taking in the collective present, with all its promise, like someone arriving in an unfamiliar but inviting landscape. Beti's was not an unchallenging role, however. Her nights quickly devolved into

sleeplessness, constantly alert to her mother's sounds and movements. Each new supine twitch, each unfamiliar snore brought forth another wave of maternal hyper-vigilance, as if the older woman was a "glass doll" (Shree 184). Yet watching over her mother filled her with gratitude; the burden of care, outweighed by the quiet joy of her old mother, who was finally at ease. For Ma, this new space became more than a physical refuge. It became a place of transformation. Although projective identification is not explicitly addressed, it suggests a dynamic process that facilitates an implicit affective dialectic between mother and daughter. As the daughter communicates her care and concern for Ma, the mother becomes willing to let go of the remaining resignation that she has held on to for so long.

Seen through Sara Ruddick's notion of attentive love (1989), a practice rooted in committed, reflective, and responsive care, the morning ritual of sipping tea on the balcony and the act of physically supporting her mother become more than gestures of affection. It emphasizes how Beti's caregiving is not simply an emotional or filial duty but a morally engaged practice of "attentive" seeing. Ruddick describes attentive love as a discipline that demands one recognize the other in their full, fragile humanity. Beti's care aligns with this: by attending closely to her mother's bodily rhythms, emotional hesitations, and long-muted desires, she actively participates in the reconstruction of Ma's world. This attempt also reframes the mother-daughter dynamic. Beti's actions are not acts of redemption or benevolence but of witnessing: she recognizes Ma not as an ageing body in need of assistance, but as a subject who has survived decades of patriarchal containment. The move to Beti's home marks a shift from a life lived under coercive domestic expectations to one shaped through mutual, attentive engagement. Thus, Ruddick's framework helps us see that Beti's care enacts a form of resistance, an insistence that Ma's identity need not be curtailed by the roles she once inhabited. Intimacy thus becomes a significant resource in both adult and later stages of life. This is not because women possess some innate aptitude for emotional

labour. Rather, socialization through gender has long taught them how to care, pay attention and stay relational. What they were once required to do as duty can become, in later stages, a generative skill that fosters belonging, connection, and community. In assisting Ma in rediscovering relationships, exploring new routines, and forming attachments to people like Rosie Bua, Beti cultivates this capacity to bond. Ma's daughter continually paying close attention to her offers her great comfort, but more importantly, it creates the conditions through which Ma is able to re-enter the relational world and social arena and have a fundamentally enriched sense of belongingness, which is especially valuable in old age (Chodorow 1978).

Crucially, this attentive love also exposes Beti to her mother's past suffering. Ruddick further emphasizes that genuine attention inevitably includes an ethical confrontation with pain (1989). As Beti observes how "shrivelled" her mother had become in the old family home, she recognizes the violence of quiet patriarchal expectations that had, for years, demanded Ma's shrinking. Beti's determination to remove her mother from that site is not merely protective; it is an ethical response to the injustice of a life lived in diminishing rooms and diminishing regard. Her silent plea, "Live, Ma, live in every way you can!" (Shree 257) echoes the Ruddickian belief that care requires fostering another's flourishing, even when the world has long denied it.

Ageism further complicates this terrain. The narrative foregrounds how older people's voices are often politely dismissed, their desires minimized, and their agency assumed to be in decline. Ruddick's attentiveness challenges such cultural assumptions by insisting that ageing does not nullify the need for recognition. In Beti's home, Ma's renewed engagement with everyday tasks, crushing garlic, grinding fennel, brewing tea, becomes a quiet assertion of presence. These actions, instinctive yet deeply meaningful, demonstrate how attentive love restores a sense of competence and selfhood that ageist environments routinely erode.

Through Beti's "attentive love," Ma's subjectivity has the possibility of emerging again, no longer crushed by years of compliance. Each small act, like talking to people, greeting neighbours, and trying out different things, shows her reconnection with her embodied self. Attentive love thus serves as a catalyst for late-life self-fashioning: Ma begins to see herself not merely as an ageing dependent but as a person with preferences, humour, curiosity, and relational exchange. Their relationship thus becomes a site where persistent hierarchies are reworked through 'attentive love' in daily practice, which empowers both the giver and the recipient.

Conclusion

The relationship between mothers and daughters, among family relationships, is the one that provides the relational basis for understanding ourselves. The mutual relationship between the mother and daughter is characterized by dependence and affiliation, serving not only as a primary site to negotiate identity but also as a means to cope with the demands of care. Geetanjali Shree, through her work and with great empathy, captures such lived experiences, drawing on mother-daughter relationships in the phase of life when they are undergoing the setbacks of old age. Through projective identification and attentive love, one can explore how caregiving is always a mediated and contextual process. Caregivers and receivers engage in a personal, temporary dialogue through which feelings and roles are exchanged and transitioned. These representations challenge traditional representations of a female caregiver who assumes the role without question. Instead, they portray a woman whose normative expectations are called into question, and in which normative expectations are reassessed, and potentialities for gendered roles are reinterpreted. In this light, care work can be framed not

only as a site of disconnection, disengagement, and conflict, but also as a new site of reconnection, re-engagement, and new possibilities.

Another important thread that runs through works like Shree's acknowledges difference and recognizes the different experiences and relationships that are often sidelined from dominant discourses of care. In this difference, the reader is forced to ask: Who sets the standard of care? Whose contributions and emotional efforts are acknowledged and recognized? Whose still remain unacknowledged? In India, the conception of the ideal "dutiful daughter" has a powerful hold on women. Furthermore, it shapes expectations and often mandates maternal and/or parental caregiving, which often has a strong emphasis on self-denigration. In Shree's fiction, characters like Sunaina and Beti complicate the simplicity that these roles offer. Through self-denial, these characters present their individuality in relation to the societal script. In such connections, a form of empathy is born that cares but limits. The care obligation focuses on the other for intimacy, but generally obscures the structural and gendered inequities that support it. Can the ethics which cushion practice empower or re-empower the very systems they are intended to disrupt? In what ways does the glorification of the ideal daughter, who invests herself in her caregiving role, sustain cycles of burnout and erasure? Due to these challenges, one is forced to articulate not merely personal responsibility or practical care, but to rethink care as co-imagining with others, decentring both the emotional and physical, and re-imagining care as something to be shared by all, rather than individual sacrifice by each.

Notes

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[i] Informal caregiving for older individuals entails unpaid and non-professional assistance and support provided by family members, relatives, friends, or informal networks to address the needs of the subject who require help due to age-related limitations, health conditions, or disabilities. Informal caregivers assume critical roles in aiding with daily activities such as bathing, feeding, dressing, and managing instrumental tasks like finances, and providing emotional support through companionship and comfort. Nevertheless, these traits are often

discursive associations and are neither exclusive nor conditional. Even in paid arrangements within old age residential homes, characteristics of informal care can be observed (Weicht, 2015).

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