

Narratives of Care and Vulnerability: A Politics of Caregiving in Amandeep Sandhu's *Sepia Leaves*

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Abstract

Caregiving has gained critical attention in contemporary literary studies as a framework for examining vulnerability, relational ethics, and the everyday practices of responsibility. While unpaid caregiving in Indian English fiction is often represented within the familial domain where emotional labour, moral obligation, and social precarity intersect, it has rarely been examined as a political, ethical, and narrative practice in its own right. This article explores caregiving in *Sepia Leaves* as a form of affective and ethical labour shaped by experiences of mental illness, ageing, and dependency. The novel presents care not simply as sentimental or individualised action but as a relational practice structured by intimacy, exhaustion, silence, and endurance. The study argues that caregiving functions as a mode of relational survival that simultaneously sustains families and exposes inequalities in the distribution of care within domestic structures. Through close reading, the article demonstrates how vulnerability extends beyond the care recipient to encompass the caregiver, whose identity is continually reshaped through prolonged emotional and physical labour. The narrative reveals the fragile boundary between duty and compassion, situating caregiving within broader social, cultural, and ethical contexts. By interpreting caregiving as a political practice of everyday life, the article shows how *Sepia Leaves* complicates dominant biomedical and institutional models of care. Caregiving is thus presented as an ongoing negotiation shaped by memory, relational interdependence, and moral accountability. This study contributes to literary and medical humanities scholarship by positioning caregiving as a critical lens through which vulnerability, ethics, and the politics of care in contemporary Indian fiction can be understood.

Keywords: Caregiving, Mental Illness, Medical Humanities, Vulnerability

Caregiving has emerged as an important concern in contemporary literary and medical humanities scholarship, particularly in discussions of vulnerability, relational ethics, and the politics of everyday life. Although unpaid caregiving is frequently represented in Indian English fiction within domestic and familial contexts where emotional labour, moral obligation and social precarity intersect, it has seldom been examined as a political and ethical practice that reshapes subjectivity and relational identity. Literary narratives offer a crucial space for examining caregiving not simply as an act of compassion or duty but as sustained affective, physical, and moral labour shaped by cultural expectations, institutional limitations, and interdependent relationships. Amandeep Sandhu's *Sepia Leaves* provides a compelling narrative framework through which caregiving can be understood as a lived and relational practice emerging from mental illness, ageing, and familial responsibility. The novel foregrounds the everyday realities of caregiving within a domestic environment

structured by uncertainty, silence, stigma, and emotional endurance. By focusing on Appu's experience as a child-caregiver to his mother 'Mamman,' the narrative reveals how caregiving extends vulnerability beyond the ill subject to include those who provide care. In doing so, the novel challenges idealised representations of caregiving as redemptive or self-sacrificial, instead of presenting it as a continuous negotiation shaped by fatigue, memory, obligation, and relational dependency. This article argues that *Sepia Leaves* constructs caregiving as a form of relational survival situated at the intersection of care ethics, vulnerability theory, and medical humanities. Drawing on Carol Gilligan and Joan Tronto's work on care ethics, Martha Fineman and Judith Butler's conceptualisation of vulnerability, and medical humanities scholarship on narrative illness, the article examines how caregiving operates as ethical labour produced under conditions of institutional absence and social stigma.

In the modern professional discourse, medical humanities transform the definition of illness not as a biomedical state but as a lived experience, which entails complexity through narrative, relationality and moral accountability. It is in this theoretical frame through which caregiving can be found as a key site where medical failure, emotional labour and moral obligation are combined in radical ways. Care ethics goes even further to enhance this point of view by redefining ethical inquiry not in the abstract principles but in the enduring practices of attentiveness, responsibility as well as responsiveness. When these standpoints are read together, they reveal how the focus of the narrative is enlightened in *Sepia Leaves* as a type of care giving that is realised as ethical labour that is subjected to the conditions of doubt, institutional neglect and relationships of vulnerability.

The development of care ethics may be viewed as a strategic counterargument to more traditional, abstract, and rule based ethics which sets the principle of autonomy and rational self-determination high above the demands of relational interdependence. Researchers like Carol Gilligan and Joan Tronto have argued that care should be understood as a contextual, relational and praxis centered ethic that is predicated upon attentiveness, responsibility and responsiveness, and is not a contingent upon generic moral principles (Gilligan 19). This theoretical structure is particularly relevant in instigating texts of the literature that preempt caritative home care under conditions of living or everyday life, where moral behavior is determined by proximity, memory, and an affectionate imperative, as opposed to ethical discourse. In the setting of *Sepia Leaves*, care is embedded into the daily rhythmical patterns of domesticity and appears in the form of repetitive, often unnoticed emotional and corporeal labour. Care is not provided as extraordinary or heroic intervention but as a regular reaction to sickness, old age and dependence. The ethical responsibility of the care giver will therefore arise through a process of enduring relational intimacy and not external endorsement or moral pay. This description coincides with the statement that care is "a practice that maintains life and helps nurture relationships; this is the case even where such practices go unnoticed or undermined in the larger social frameworks" (Tronto 105). The novel does not try to romanticise the notion of caregiving as inherently rewarding. Scenes of emotional exhaustion, retreat, and silent ire break the rosy tale of caring as a self-sacrificing love. *Sepia Leaves* expresses care as ethically challenging and emotionally demanding by prefiguring the ambivalence of the caregiver, and thus confirms the argument that moral life is made up of

conflicting demands and not black and white ethical solutions raised by Gilligan (Gilligan 65). Care, in this text, is not described as a redemptive gesture but a precursor to survival in a relationship.

The politics of caregiving in *Sepia Leaves* becomes visible through the representation of care as a compulsory familial responsibility instead of a voluntary ethical choice. Caregiving in the novel is normalised as an expected duty within the family structure, which renders the labour of care largely invisible despite its profound emotional and temporal demands. The caregiver's reconfiguration of daily time, emotional resources, and personal identity is absorbed into cultural narratives of duty and sacrifice, leaving little space for the acknowledgment of caregiver fatigue without the accompanying burden of guilt. In this way, caregiving operates as a form of moral labour that is socially necessary yet insufficiently recognised. This condition is evident in Appu's persistent vigilance toward his mother. His caregiving is defined not by decisive intervention but by sustained attentiveness to her condition. The moment when Mamman remains seated for hours, "she sat like that: an hour, two hours, three hours..." (Sandhu 37) this illustrates caregiving as a practice structured by waiting, observation, and emotional endurance. Such attentiveness reflects Joan Tronto's understanding of care as an ethical practice grounded in responsiveness to vulnerability and relational responsibility (Tronto 105). Appu's watchfulness constitutes ethical labour precisely because it operates in conditions of ambiguity, without institutional guidance or measurable outcomes.

From a medical humanities perspective, this scene also reveals the limits of biomedical rationality in addressing chronic mental illness. The absence of diagnosis, treatment clarity, or institutional support foregrounds illness as lived temporal experience shaped by uncertainty and repetition. Caregiving therefore fills the ethical and relational space left unaddressed by medical structures. The routine nature of caregiving – its repetition, emotional vigilance, and lack of external reinforcement demonstrates how the politics of care is embedded in ordinary domestic practices. This representation resonates with Martha Fineman's argument that care labour is both structurally indispensable and systematically unacknowledged within social and institutional frameworks (Fineman 20). By foregrounding the mundane yet emotionally demanding work of attentiveness, *Sepia Leaves* exposes the moral and emotional costs of caregiving that are culturally naturalised within family life.

Building on care ethics, contemporary scholarship on vulnerability challenges the liberal conception of the autonomous and self-sufficient subject. Judith Butler and Martha Fineman conceptualise vulnerability as relational and structurally mediated, emerging through social interaction and unequal distributions of responsibility, recognition, and support (Butler 31; Fineman 8-10). Vulnerability therefore cannot be confined to the visibly ill or dependent body; it must be understood as relational, cumulative, and socially produced. Care ethics similarly rejects the assumption that vulnerability belongs only to the care recipient, instead recognising it as unevenly distributed across caregiving relationships. In *Sepia Leaves*, Appu's role as a child-caregiver demonstrates how vulnerability extends to those who provide care, particularly when caregiving responsibilities begin early in life. His reflection, "I felt that my friends and neighbours silently pitied me and it made me uncomfortable. I

didn't know what to do," (Sandhu 161) reveals how caregiving produces emotional isolation and social discomfort. Caregiving thus becomes not only a response to vulnerability but also a condition that generates new forms of precarity for the caregiver. The narrative traces how caregiving gradually reorganises the caregiver's emotional life through processes of deferral and restraint. Personal desires, emotional expression, and even fatigue are postponed in order to maintain stability within the family. This gradual accumulation of responsibility produces what may be understood as relational precarity. Vulnerability in the novel does not appear as a sudden crisis but develops through repetition, silence, and endurance. In this way, *Sepia Leaves* challenges the binary distinction between the dependent subject and the responsible subject by presenting vulnerability as shared yet unevenly distributed across relationships.

Appu's caregiving experience demonstrates how emotional risk accompanies responsibility, making caregiving itself a site of vulnerability. The novel therefore presents vulnerability not as something alleviated through care but as something intensified and sustained through caregiving labour. Care ethics and vulnerability theory together highlight relational interdependence, while the politics-of-care framework draws attention to the unequal allocation of caregiving responsibilities. As Joan Tronto argues, care is inherently political because it raises questions about who provides care, under what conditions, and at what cost (Tronto 121). Within domestic spaces, caregiving frequently becomes feminised, unpaid, and morally expected labour that is rarely negotiated or socially recognised. *Sepia Leaves* reveals how this unequal distribution of responsibility produces emotional vulnerability not only for the ill subject but also for the caregiver.

Beyond its thematic representation of caregiving, *Sepia Leaves* functions as a narrative space that recognises and bears witness to the labour involved in caregiving. Within medical humanities scholarship, narrative engagement with illness and care is often understood as a counter-discursive practice that foregrounds lived experience against the dominance of biomedical rationality. As Havi Carel argues, illness narratives shift attention from diagnostic frameworks and curative expectations to the phenomenological experience of living with illness (Carel 74). In this sense, storytelling becomes an ethical act of recognition, drawing on memory, reflection, and attentiveness to everyday practices of care. The narrative structure of *Sepia Leaves* participates in this ethical work by giving voice to caregiving experiences that remain marginalised within both family discourse and institutional medicine. Appu's reflective narration allows grief, frustration, affection, and uncertainty to coexist without requiring moral resolution or narrative closure. Caregiving in the novel is not represented as a process that leads to healing or transcendence; instead, it continues through repetition, memory, and relational endurance. The act of narration itself becomes an extension of caregiving, preserving experiences that might otherwise remain unspoken or socially invisible. By situating caregiving within reflective narration, the novel presents care as an ethical practice grounded in recognition rather than measurable outcome. Narrative testimony transforms silence into witnessing and makes visible the affective labour embedded in everyday caregiving. In this way, *Sepia Leaves* aligns with medical humanities approaches that view storytelling as a form of ethical engagement with illness and dependency. Caregiving in the novel therefore exceeds the boundaries of personal obligation and emerges

as a political and ethical condition shaped by relational responsibility, memory, and narrative expression.

In *Sepia Leaves*, caregiving is shaped not only by illness itself but also by the social governance of illness. The novel suggests that the heaviest burden of caregiving emerges not simply from Mamman's schizophrenia but from the collective denial of that illness within familial, social, and institutional contexts. This denial produces a politicised distribution of caregiving responsibilities in which care becomes privatised within the immediate family. From a care-ethics perspective, such conditions reveal that caregiving is never neutral; it raises questions about who assumes responsibility for care, who withdraws from it, and how caregiving labour is socially recognized (Tronto 120). When responsibility is unevenly distributed, caregiving becomes both a moral obligation and a site of structural inequality. The response of Mamman's natal family, particularly, Nanaji and Guddi Aunty illustrates this moral distancing. Their refusal to acknowledge Mamman's illness allows them to remain socially unburdened while caregiving responsibilities fall entirely on Baba and Appu. Appu recalls, "For around fifteen years, I kept going back to them with the same question, and they always denied me a rational answer... they had built a wall of denial around themselves" (Sandhu 109). The metaphor of the "wall" suggests an active form of emotional and ethical withdrawal rather than simple ignorance. Denial functions as a protective strategy that shields certain family members from responsibility while intensifying the caregiving burden on others. Care ethics helps interpret this refusal as moral withdrawal that redistributes caregiving labour unevenly across relationships. Those who deny illness are effectively released from responsibility, while those who acknowledge it are compelled to sustain caregiving over time. In this way, *Sepia Leaves* reveals how caregiving is structured by social recognition and denial as much as by illness itself. The novel demonstrates that caregiving becomes a political condition when responsibility is shaped by silence, stigma, and unequal participation within family and social networks.

In the medical humanities perspective, a long-term denial of illness is also a narrative injustice failure (Charon 128). Denial of illness is subjected to lack of socially legible story. The status of Mamman cannot be termed, negotiated or even contextualised without compromising family honour. Appu realises that any conversation about the illness of Mamman poses a risk of social disruption, but the continued silence is what maintains continuity. In the light of care ethics, this type of relationship is constructed as a coercive moral economy: the caregivers are obligated to withstand distress without producing social imbalance. This is being expected when Appu sees that not only the neighbours do not challenge or lend a hand, but also reply with a tacit dismissal, "I felt that my friends and neighbours silently pitied me and it made me uncomfortable. I did not know what to do" (161). This episode is a revelation of how silence works at various levels. Social pity will replace the dialogue and will not allow the process of caregiving to become a collective issue. The indecisiveness shown by Appu when he says he did not know what to do is not based on the fact that he did not take care of people, but rather he did not have the ethical space to express it. The medical humanities stress that this kind of silencing negatively contributes to suffering because it places caregivers off the communal understanding and support. Care is unseen exactly due to its omnipresence and invisibility.

One of the major issues of the medical humanities canon is the way clinical authority shapes and, in some cases, limits or even obliterates the reality of living well with illness and care (Charon 128). The scholarship in this domain is much more severe in revealing the overwhelming presence of power in the domain of diagnosis, therapy and professional speech. In *Sepia Leaves*, medical authority is not used to alleviate suffering; instead, it redefines ethical responsibility taking it out of institutional context and placing it on family caregivers. The uneven distribution of responsibility among the family members becomes even more visible in the novel's portrayal of medical authority and institutional care. While the family initially turns to medical intervention with the expectation of guidance or treatment, clinical encounters often intensify uncertainty instead of alleviating it. From a medical humanities perspective, such moments reveal the limitations of biomedical frameworks that prioritise diagnosis and management while overlooking the relational and emotional dimensions of illness (Charon 128; Carel 74).

In *Sepia Leaves*, medical authority does not eliminate caregiving responsibility but instead contributes to its displacement into the domestic sphere. This displacement is particularly evident when Mamman is hospitalised and subjected to shock therapy. The doctor's suggestion that "she has to be sent to Ranchi or an asylum somewhere" (Sandhu 81) reduces Mamman's condition to a logistical problem requiring institutional relocation. The language of clinical recommendation lacks emotional engagement and offers little support for the family's ongoing caregiving responsibilities. Medical intervention, in this instance, appears detached from the lived experience of illness and care. The situation becomes more ethically complex when responsibility is implicitly redirected toward the family. The suggestion that the family should examine the causes of Mamman's illness shifts the locus of failure away from medical limitation and toward familial accountability. Care ethics highlights how such moments transform caregiving into moral burden without institutional partnership. Instead of functioning as collaborative care, medical authority withdraws from sustained engagement, leaving Baba and Appu to manage the long-term realities of caregiving. The failure of shock therapy further exposes the limitations of cure-oriented medical models. Baba's observation that the medicines "only make her dull... not really a cure" (Sandhu 166) reflects a growing recognition that clinical treatment does not resolve the relational consequences of illness. Mamman's condition becomes more manageable but not meaningfully improved, reinforcing the distinction between medical control and emotional care. Medical humanities scholarship emphasises that such experiences reveal the gap between clinical success and lived well-being.

Care ethics further intensifies this critique by raising the question of who assumes responsibility for care when medical institutions withdraw from sustained engagement. The physician's recommendation that Mamman be sent to an asylum is presented without any framework of collective responsibility, counselling, or long-term support for the family. Such a response implicitly absolves the medical system of continued involvement while simultaneously increasing the caregiving burden on Baba and Appu. Care, in this context, ceases to function as a shared social responsibility and becomes privatised within the domestic sphere under the guise of professional inevitability. The delegation of responsibility to the family reveals how institutional disengagement transforms caregiving into unpaid and

emotionally demanding labour that must be sustained without external recognition or assistance. The ethical implications of this withdrawal become more pronounced when the doctor suggests that the family should examine the reasons Mamman “went mad in the first place” (Sandhu 81). This statement illustrates how medical authority can moralise illness by shifting the locus of failure from clinical limitation to familial responsibility. Instead of acknowledging the uncertainty and limits of psychiatric treatment, the clinician redirects accountability toward the caregiver. From a care-ethics perspective, this represents a profound ethical failure, as caregiving is reframed from compassionate responsibility into a position of suspicion and blame. The relational foundation of care is thereby compromised, and caregiving becomes entangled with guilt and moral scrutiny. This moment also demonstrates the emotional consequences of institutional authority for caregivers. Baba’s frustration and helplessness reflect the emotional burden produced by such encounters, while Appu’s silent witnessing of the exchange deepens his awareness of caregiving responsibility. Medical humanities scholarship suggests that caregivers often experience secondary trauma when they must absorb not only the suffering of the patient but also the humiliation or dismissal encountered within clinical settings. Appu’s presence during this interaction intensifies his role as caregiver, as he is compelled to manage emotional tension within the family while internalising the risks associated with seeking institutional help.

In *Sepia Leaves*, caregiving emerges as an embodied practice shaped by vulnerability, silence, and institutional limitation. The narrative reveals care not as an exceptional moral act but as sustained emotional and ethical labour embedded in everyday domestic life. Through Appu’s experience as a child-caregiver, caregiving becomes a process that gradually reshapes subjectivity, redistributes vulnerability across relationships, and transforms responsibility into a condition of endurance. The novel demonstrates that illness alone does not determine caregiving; social responses to illness such as denial, stigma, and institutional disengagement play an equally significant role in structuring the conditions under which care is provided. As medical intervention remains uncertain and episodic, caregiving continues within the family as unpaid and largely invisible labour. Responsibility is sustained through attentiveness, repetition, and emotional restraint, revealing how care operates within unequal distributions of support and recognition. By foregrounding the caregiver’s perspective, the narrative challenges distinctions between the dependent and the responsible subject. Vulnerability appears as relational and cumulative, shaped by proximity to illness and the long-term demands of care. The emotional life of caregiving unfolds through silence, deferral, and persistence, making care both a site of ethical responsibility and a condition of risk. The narrative act itself becomes a form of recognition, preserving experiences of caregiving that remain unacknowledged within medical and social discourse. Care continues without resolution, cure, or moral closure, existing instead as an ongoing negotiation shaped by memory, obligation, and relational survival. In this way, *Sepia Leaves* renders visible the moral and emotional costs of caregiving while revealing how care is sustained through ordinary practices that often remain unseen.

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