

Mental Disorders and Father-Daughter Relationship: An Analysis of Gayathri Prabhu's *If I Had to Tell It Again**

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Abstract

*A balanced mind and stable mental health are imperative for a quality life. Literature, by recounting the stories of mental illness, demystifies the concept of psychological disorders and promotes inclusivity. The act of writing about subjective experiences of mental disorders aids the author in finding relief from feelings of stress and anxiety. Hampered mental health inadvertently affects emotional, psychological and social well-being. This research paper attempts to analyse psychological instability as recollected in the book *If I Had to Tell It Again: A Memoir* by Gayathri Prabhu. The memoir foregrounds the conflicting memories of mental disorder and depression, experienced by a father and a daughter, by delving into the complex dynamics of their relationship. The father's incessant thoughts of suicide arise due to a sense of loss and low self-esteem. His reluctance to accept the illness delays or prevents the acquisition of coping skill mechanisms. These unmanaged, distressed feelings are detrimental to the psychological development of the daughter. Conspicuously, traumatic childhood experiences, unsupportive sociocultural factors, and poor parenting can contribute to the triggering of mental disorders at any stage of life. Tenets of psychoanalytical theories of depression are employed for the critical examination of the text. Narratives about psychological disorders proclaim the need to preserve and restore mental health to evade the diffusion of life and death instincts.*

Keywords: Attachment; Childhood Trauma; Depression; Mental disorder; Suicide

Introduction

Physical and mental health are indispensable for leading a quality life, as hampered mental health can inadvertently affect emotional, psychological, and social well-being. Nevertheless, the intricate social relationships of individuals since childhood (particularly with the primary caregiver) and other biological factors can also predispose them to becoming affected by mental health issues, thereby making life experiences more challenging. Psychoanalysts, psychologists, sociologists, neuroscientists, and many others have been analysing biological and psychosocial factors contributing to the imbalances in the brain and the resulting mental disorders.

Literature across various cultures and historical periods has explored the theme of mental health and the intricacies of the human mind. William Shakespeare's *Hamlet*, in which the titular character delves into madness (feigned or real) and Lady Macbeth's descent into madness due to guilt and psychological trauma are classic examples. Charlotte Perkins Gilman's portrayal of postpartum depression in *The Yellow Wallpaper*, and Sylvia Plath's struggles with depression and suicidal thoughts in *The Bell Jar* are notable examples from English Literature. Currently, depression and anxiety are among the leading causes of global health-related issues

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(Santomauro et al. 1701), and literary texts on depression, especially personal narratives, play a crucial role in sensitising the public and aiding doctors in formulating treatment methods by understanding the disabling life experiences of patients. The application of psychoanalytic theories facilitates the critical comprehension of literary works that detail the subjective experiences of depression.

If I Had to Tell It Again: A Memoir (2017), authored by the Indian novelist Gayathri Prabhu, offers an explicit portrayal of her encounters with clinical depression, the process of healing, conflicting emotions, and mourning, spanning from her childhood to adulthood. The clinically depressed father, represented as SGM throughout the memoir, was reluctant to admit the pathological condition, and strongly influenced the cognitive behaviour and physical and psychological well-being of his daughters. Gayathri Prabhu, the eldest and cherished daughter, grapples with the profound impact of her father's erratic behaviour, culminating in the recognition of her own clinical depression. The offspring gets unwittingly influenced by the father's depression due to genetics and the developmental environment. This shows that not only the depressed person but also the entire family is affected by the impact of the illness (Dachew et al. 1-2).

Theoretical Framework

Depression, one of modern India's most prevalent psychological conditions, is similar to Sigmund Freud's concept of 'melancholia,' enunciated in his critical treatise, 'Mourning and Melancholia,' written in 1915 and published in 1917 (Jansson 2; Dozois 171). In India, the ubiquity of mental health issues is surging critically and about 197.3 million people were afflicted in 2017, out of which 45.7 million people were affected by depressive disorder (Malik et al. 1). Analyses of depressive feelings from a psychoanalytical standpoint were heralded by Freud and subsequently followed by Karl Abraham. Freud's interpretations of the psychogenesis of depression elucidate the differentiating mental features of melancholia, such as:

a profoundly painful rejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment. (244)

Except for the disturbances in self-regard present in the melancholic state, the rest of these characteristics have been ascribed to the condition of 'mourning'. As asserted by Freud, mourning "is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on" (243). He believes that melancholia can also be caused by the loss of a loved object (245). However, the complexity lies in the patient's inability to consciously perceive what he/she has lost. This mental state is assumed to be a pathological disposition because of the unknown loss which results in the internal work responsible for the impoverishment of ego and melancholic inhibition (Freud 245-246). Unlike a mourning individual who gradually learns to dissociate the self from the lost object and reorients emotional fervour towards other dimensions of life, a melancholic individual is subjected to enduring ambivalent and conflicting emotions for the loved object which is lost. Freud perceives that this ambivalence in love relationships causes the patients to even contemplate committing suicide. This ideation of self-destruction makes melancholia much more dangerous (250-252).

Sigmund Freud's concept of 'Melancholia' has been highly influential in the field of psychoanalysis, which theorises the roots and impact of pathological depression among humans. He "made the first real step towards the discovery of the mechanisms of that illness" (Abraham 419). Later, Karl Abraham extended Freud's theories of psychosexual development and identified that the fixation of the libidinal energy at any particular stage of development,

especially the oral stage, can lead individuals to depressive symptoms (Abraham 457; Armstrong 116). Freud argued that melancholia can also be a reaction to the loss of a loved object, where the loss is often unconscious to many people (245). Abraham irrefutably supports Freud's concept and affirms that "an attack of melancholic depression is ushered in by a disappointment in love" (Abraham 456). He analysed that successive disappointments in love during childhood can cause a severe injury to infantile narcissism and consequently, the child's feeling of being completely deserted induces the first attack of depression (458-459). The psychogenesis of melancholia is intimately entwined with disappointments in early life or afterwards, and the recurrence of these primary disappointments is capable of triggering the inception of melancholic depression in later life (Abraham 459-460).

In addition to this, certain concepts related to depression from object relations theory and attachment theory are also used for the analysis of this paper. The object relations theory, which evolved from the psychoanalytical theories of Freud, examines both external and internal objects and the significant role of internalised objects in the existence of depression in an individual (Herbert et al. 220). The attachment theory, formulated primarily by John Bowlby "posits the need for stable attachment figures to provide a safe haven for an infant early in life. The existence of this relationship with an adult attachment figure is thought to be vital for normal psychological development as it is thought to foster positive, supportive, and adaptive social interactions" (Herbert et al. 221). Many object relations theories of depression explicitly support the idea "that depression is associated with a continuing pattern of poor attachment that is laid out in childhood and continues into adulthood" (Herbert et al. 231). According to Bowlby, the attachment system maintains proximity to the caregivers in ensuring care and safety (Cawthorpe et al. 31). His theories are predominantly grounded on the secure base that the infant child feels with the primary caregiver. Disruptions in this felt security leave "the adolescent prone to low self-esteem, anger and an increased likelihood of experiencing feelings of depression" (Cawthorpe et al. 31).

Mental Health Struggles of the Father

The author's father, SGM, suffered from depression for more than two decades, but he refused to either acknowledge or treat his condition. This emotional instability echoed a generational pattern as his father was also more prone to mood swings and explosions of rage. SGM was hostile towards his mother for experiencing profound loneliness, and the lack of love and affection between the family members. This indicates that the internal object relations and the insecure attachment with the maternal figure might be the underlying reasons for his mental health difficulties. Karl Abraham ascertains that a depressed person would have endured early and recurrent disappointments in love during his/her childhood days (Armstrong 116). The father's encounter with unanticipated setbacks, including the loss of the opportunity to become a doctor, the loss of love from his girlfriend, and the loss of trust in relationships due to his honesty and innocence, marks the causes for melancholia in his later years.

The father's self-destructive thoughts are passive; he does not intend to commit suicide but instead profoundly desires death through alternative means, which is driven by his deep disappointment and sense of meaninglessness in life. Consequently, he labels himself as unlucky and a failure (Prabhu 4). Therefore, as a self-strategy to prevent the disturbances of depressive thoughts, he surrenders to substance abuse and waits for a gradual death. Freud recognises the paradox in the ideations of suicide. He emphasises that the self-love inherent in the ego is so enormous, and it is inconceivable that the ego can comply with its own destruction (252). The detachment from the loved object and the persistent self-denigrating thoughts exacerbate narcissistic, destructive behaviour. The father's loved object remains uncertain because of the lack of acceptance and appropriate treatment for the illness. However, it is conspicuous that he lost, or rather, sacrificed ambitions for familial interests. His relationship

with his mother was complex, and he experienced a profound sense of disillusionment in his attachment to her. The intense drive to become a doctor and the dejection of losing the opportunity led him to think about donating his body to the local medical college. These compromises and sacrifices of his love objects, consciously or unconsciously, since his childhood, possibly affected his later psychological well-being.

SGM, the father, possessed a habit of writing diaries for decades and also of artistically telling stories. Then, he purposefully negated certain elements that might pose questions to him. The act of writing and storytelling can be another coping method the father adopted for survival. In her father's jottings in the diary, Gayathri discovers writing in bold and rounded letters that, although familiar, have turned shaky and often illegible. She finds fragmented writings, poems and inspirational quotes by famous and anonymous thinkers (Prabhu 8). The man had been trying to fight against physical and psychological vulnerability through sporadic writing. By continuously remembering the inspirational quotes and proverbs, he aimed to forget the thoughts of dying. His cognition and actual behaviour contradicted each other by expressing cravings for death while he simultaneously wished to lead a better life. These fragmented writings exemplify the symbolic deficit and the structural distortions due to the depressive condition.

Self-criticism and low self-esteem dominate the melancholic condition. The inexhaustible talents of the father fail to make him infallible because of self-reproach, whereby he declares himself a failure. Accordingly, the father strives to undo his failings and restore the love objects through his daughter. Compromises and sacrifices get pushed aside, and emotional cathexis is directed solely at the daughter's achievements. The perpetual humiliations, disappointments, and heartbreak during his childhood and adulthood adversely affected his cognitive power and behaviour. As if he is unable to distinguish the difference between love and anger, the daughter is brutally beaten. We see that feelings of love and anger are at an extreme, as he becomes more affectionate instantly after the brutal thrashings.

Depression and Father-Daughter Relationship

Sigmund Freud's theories indicate that the loss of a loved object culminates in feelings of melancholia. Gayathri Prabhu, being raised through a complex and unhealthy relationship with her father, hardly experiences the paternal love, affection and care that every child desires to enjoy. This father-daughter bonding aligns with the concept of insecure attachment as per attachment theory. Studies reflect that inconsistent or neglectful caregiving substantially affects the social development of the daughter (Jain 77). Here, the father represents the loved object whence the causes of her depression are rooted. An ambivalent attitude, mixed with love and hostility, has evolved in the daughter's psyche towards the loved object due to his arrogant and autocratic behaviour. In Freud's terms, "owing to a real slight or disappointment coming from this loved person, the object-relationship was shattered" (Prabhu 249). The daughter might have developed a detached internal representation of her father due to his apathetic behaviour, and feels emotional numbness after his death. Moreover, the father persistently indulges in thoughts about death, and this, in turn, prepares the daughter to accept death instantly and makes her feel relieved from the pain of "bearing the weight of such a father" (3).

The Attachment theory proposes that the primary caregiver or parents must function as the source of protection or security. This psychologically perceived security is significant for the mental health of the child. Here, the aggression and violence of the father create a wound in the mind of the daughter which shatters the concepts about the loved object. The daughter expects a father to be lovable, caring, affectionate and understanding, but in Gayathri's case, her silence and pain remain unnoticed by the paternal figure. At a certain point, she admits, "Love, our undoing. So much love. It was love that manifested in the strangest ways. In fear, in pride, in violence, in encouragement, in neglect, in drink" (18). Gayathri's hatred towards

her father, who was angry at the family, is evident when people lament his untimely and unfortunate death. The fear of being judged by society might have forced him to be a generous and popular man among the neighbours. As per Freud's findings, "The patient's self-evaluation concerns itself much less frequently with bodily infirmity, ugliness or weakness, or with social inferiority; of this category, it is only his fears and asseverations of becoming poor that occupy a prominent position" (248). Similarly, the father also hesitated to disclose his financial crisis for fear of being called an unsuccessful man by society. The hostility stems from the atrocities of the paternal figure or disappointment from the loved object that drags her to melancholia. She never laments for her dead father, instead, forgives him for taking away all her happiness. The father's intense manifestation of love and affection through aggressive means to produce expected accomplishments in children's lives and careers negatively impacts their psychological well-being. He constantly put her in unsafe situations and never taught her any coping skills to overcome the mental dilemma. Gradually, she feels unworthy, unimportant, and fraught (21).

Poor parenting and the difficulty in perceiving the aspirations of the children unwittingly destroy the happiness of childhood. Gayathri mentions "I was like the canned laughter for your jokes, the straining ears for your stories, the devoted spectator" (38) and the memories of early childhood, before the father's depression, implicitly indicate the pain for the lost love. The father fails to understand the daughters' feelings and what served as a source of their happiness. He prided himself in raising his daughters not in a conventional way but with the freedom to abide by their career goals and dreams (28). Despite holding certain beliefs, the father was oblivious to the effective parenting techniques which could have influenced the mental well-being of his children.

Accepting a particular psychological condition by the patient necessitates effective curing of the disease. Gayathri's father "never acknowledged the vortex of darkness as depression" (Prabhu 29). The repudiation of the depressive state as genuine suffering due to unfortunate circumstances and negligent attitude towards medical treatment coerced him into addiction to alcohol. The aftermath of this illness extremely influences the rest of the family members for they are forced to tolerate his unpredictable mood swings. A timely diagnosis of the illness (irrespective of the father's identification of the symptoms as signs of weakness), and her willingness to seek proper medication facilitate Gayathri's recovery from the genetically inherited clinical depression.

Childhood Trauma, Depression and Healing

Alexa Negele et. al. assert that "Traumatic experiences in childhood can be found in most multifactor models on etiopathogenesis as a psychosocial aspect of depression" (1) and they expound the conceptualization of trauma in two different frameworks. Type I trauma arises from a "sudden and unexpected single event," while Type II trauma refers to "prolonged or repeated exposure to extreme external events" (Negele et al 2). Both SGM and Gayathri share childhood traumatic experiences in varied intensity and form. SGM had to abandon his dreams of becoming a doctor by joining the village school to fill the one vacancy required for running the institution, where he had to choose commerce or arts instead of science. Repressed aspirations and visions of a contented life perniciously affected the ego, giving rise to a sequence of deleterious episodes that whipped up intensified feelings of depression. The father's attitude towards his daughters reflected the prejudiced approaches of his own mother towards her children. The throes of depression made him aggressive as though his protest was against the losses, urging to reclaim them through his offspring. Nevertheless, the daughter implores for his love and to behave normally, emphasising that "Your love hurt just as much as your anger did" (Prabhu 79). At the age of six, when she failed to memorise the tables in mathematics, her father burned her skin with lighted cigarettes and sometimes brutally beat her

either with his hand or with a stick or belt. The absence of a confidante with whom she could internalize positive object relations, and share her experiences of physical assault, worsens her mental condition. According to the father SGM, parenting was aimed at instilling discipline by developing the ability to refuse. Therefore, he trained Gayathri and her sister since their childhood to decline every offer. Irrespective of the yearning or need, the children were forced to say 'no'. This continuous suppression of desires affected the children's psychological development.

Several studies on childhood trauma document the association between sexual abuse in childhood and chronic depression in adulthood (Negele et al. 2). Gayathri was sexually abused and exploited by the mathematics tutor appointed by her father. Unknowingly, the parents sent her on an overnight bus journey with the man. She feels that "a girl child without sensible parents is like a fenceless field, open to encroachers" (Prabhu 104). The insecurity and pain frighten her. Her inability to share such experiences burdened her with sleepless nights. Studies ascertain that women who experience childhood sexual abuse are more likely to be afflicted by major depression (Kendler et al. 1475). Here, both parents fail to protect their daughter and also undermine her sense of security.

The strategy to manage depression adopted by the father was based on passive self-destructive thoughts and longing for death. However, Gayathri strives to treat the childhood wounds and demonic shadows when she realises that she has been suppressing her worries as a dependable coping strategy for a decade. She then explores the evasiveness of the character of depression: With depression, all you have is a clinical diagnosis, some pills and a few words to describe the indescribable, all of which evaporate rapidly in the face of 'be positive', 'get exercise', 'be strong', 'move on' and the unspoken urgings to act like it never happened. ... the visible signs of the illness are slow to emerge. (128)

Gayathri acknowledges the importance of sharing the feelings of depression with someone. Writing a memoir proves to be a coping mechanism to unmute oneself and overcome shame (131).

Here, the father refused to acknowledge his depression and, as a result, never sought medical help, relying instead on substance abuse, which worsened his condition. In contrast, the daughter recognised her illness, sought medical treatment, and ultimately recovered. Gayathri tries to stifle her emotions of acute loneliness, insecurity and hurt. She opens up on the discovery that "sharing is a possibility of healing" (Prabhu 65). As Savitha Malhotra and Ruchita Shah report in their article "Women and Mental Health in India: An Overview" the physical, physiological and psychological development of men and women occur according to the social conditioning and societal power structures they are exposed to (205).

Conclusion

Narratives about mental disorders, such as *If I Had to Tell It Again: A Memoir*, unveil the socio-cultural and psychological factors which contribute to the onset of such illnesses. Traditionally, the psychogenesis of depression has been conceived as a response to or expression of the loss of loved objects. The depressed patient possesses an ambivalent attitude towards the lost object, as Gayathri's love towards her father seems to be as strong as her hatred. Nonetheless, the social conditioning and the power structure existing in society influence the cognitive and psychological behaviour of men and women. In the memoir, it is apparent that the father was always pretentious, strenuously attempting to never be perceived by others as arrogant and unsuccessful in life. His low self-esteem and excessive self-criticism instigate self-destructive thoughts of suicide. The father's pride in being represented as a gentleman in society impeded him from acknowledging his psychological condition as a mental disorder that required medication. Hence, the reluctance to accept the illness and the negligence of symptoms as a normal response to hostile conditions cause delays in seeking medical treatment or hinder the

acquisition of coping skill mechanisms. The father's untreated depression adversely affects the daughter's childhood happiness and sense of security. Perceptibly, traumatic childhood experiences serve as a common factor of depression in adulthood. Unsupportive sociocultural aspects and inadequate parenting can also aggravate the diminution of mental health. The insecure attachment that exists between the father-daughter and the mother-son causes psychological instability and mental disorders. Parenting and its associated processes inherently embody the intricacies and challenges of being a 'good parent.' The inevitability of effective parenting lies in its profound implications for the psychological development of children, particularly in shaping their mental health in adulthood. Effective parenting is scarcely observable throughout this narrative. As a victim of an unhappy childhood and mental health struggles, Gayathri Prabhu, in this memoir, articulates her subjective experiences of psychological disorder and discerns writing as an adaptive strategy to stabilise an imbalanced mind by recounting and sharing stories of agony.

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