

“Your own guilty story”

Rethinking Care Relations through David Chariandy’s *Soucouyant*

The metaphor of a silver tsunami to represent population aging continues to dominate popular discourse despite trenchant criticisms of the harm the ominous figure wreaks (Barusch 181-82; Charise 1-3). The comparison implies that baby boomers ride a wave of potential disability that will swamp younger generations who wait on the shore, never having had the security, opportunities, and freedom of the seniors who now threaten to rain down upon them. The sustained use of the metaphor promotes the idea that population aging results solely in greater numbers of so-called frail older people who require health supports and levels of care that will be costly to younger generations, while it ignores myriad other ways that an aging population might be figured.

Amid this already panicked popular discourse, dementia encapsulates the worst way to grow old, a monster under the bed that reassures those who do not experience it that they are perhaps not old after all (Chivers, *Silvering Screen* 21, 35). Mainstream and alternative media as well as policy and public commentary consistently depict “succumbing” to dementia as a moral failure on the part of the state, the family, and the individual. Dementia is the ultimate symbol of that failure not only because of the pressures of memory loss but also because it represents an economic, social, and cultural burden (Medina, *Cinematic Representations* 18). Magazines, op-eds, popular science, and policy commodify and prescribe Fitbits, volunteering, Sudokus, green tea, regular naps, and meditation, emphasizing preventative measures whose efficacy is uncertain and available only to those who can afford such

activities and products. Alongside prevention, the predictable yet currently unfeasible goal of cure dominates the public record, leaving little room for the more salient but more costly question of care, let alone the broader questions of what it means for a population to age.

Drawing on critical age studies that, as Stephen Katz explains it, “critique the practices by which current forms of knowledge and power about aging have assumed their authority as a form of truth” (22), I offer a close reading of David Chariandy’s twenty-first century debut novel *Soucouyant: A Novel of Forgetting* to show how literature can broaden the figurative landscape that dominates popular discourse about an aging population. Literature like *Soucouyant* that features dementia offers an (often untapped) opportunity to reorient the popular imagination away from medicalized fixations on an elusive cure and social preoccupations with overwhelming economic implications of care towards transformations in meaning, value, and the self. It frequently does so by focusing on what memory means to identity, society, and culture. Relatively rare among dominantly white depictions and considerations of dementia, *Soucouyant* challenges the assumption that being able to remember is inherently valuable. The novel raises questions about how cultural memory combines with illness to affect care relations, especially among groups who are expected to do care work rather than receive care. Chariandy’s novel shows that dementia is about more than simply memory loss, and it also demonstrates the necessity to contextualize memory. As such, the novel offers a means to bring dementia and aging into critical multicultural, race, and diaspora studies as well as to bring central contributions from those fields into age studies.

Soucouyant’s narrator returns home to Scarborough, a scenic and storied suburb of Toronto, ostensibly to care for his mother, Adele, a Trinidadian Canadian woman with early-onset dementia,¹ whom he had abandoned two years prior despite knowing about her condition. Upon his arrival, he concocts fictions—“guilty stories”—to make sense both of his return and of what he perceives upon returning (125). The guilty stories on which the novel relies are at the same time compelling and telling of the deep need to reorient how we write and think about care for an aging population, especially since they challenge dominant assumptions that valorize memory as well as risk obscuring the ongoing care work performed by Adele’s friend Mrs. Christopher. Chariandy adds to these guilty stories Mrs. Christopher’s detailed accounting of her time and work over decades, something she knows about better than most because she came to Canada, like Adele,

through the West Indian Domestic scheme that granted eligibility for permanent residency after one year of service. Thus, my critical age studies reading of *Soucouyant* illuminates what the humanities might bring to reimagining the political economy of aging, reliant as it is on an inequitable global flow of labour. This approach surfaces the tensions that arise when unrecognized care contributions are taken into account to address the oft-ignored question of who cares for the racialized caregiver.

Literary Perspectives on Aging and Dementia

Novels that feature older characters often adopt an intergenerational mode of storytelling, typically as a way to articulate not only familial relations but also care relationships (Chivers, *From Old Woman* 33-78). The youngest generation appears to have more reason to hope and panic about the future, as well as the most to benefit from care choices made for the older family members. Those older family members represent cultural heritage and a treasure trove of family stories that connect the younger generation to a past that threatens to slip away with their memories. The middle generation tends to be angry, distant, and, at best, wracked with guilt about the care choices they make for and with their parents. Especially in so-called multicultural novels published in a Canadian context since the 1980s (such as *Obasan*, *Tamarind Mem*, *The Jade Peony*), the oldest characters often symbolize the home country left behind. These characters contribute to the plot as ciphers of identity and authenticity for the future generations. The younger people endeavour to gather stories from the failing seniors while they can, in order to remain connected to a past that risks fading away from memory.

Fictional characters with dementia are not always particularly old; in fact, the texts in which they feature tend to focus on the enhanced tragedy of early-onset dementia such as that experienced by Adele. This pattern exaggerates the expression of loss associated with dementia. In memoir, fiction, and cinema, often not only a relatively young person develops dementia but also a person with an especially bright mind, such as Iris Murdoch or Alice Howland. Chronological age aside, characters with dementia have a condition (often an illness) that typically comes later in life and that threatens the central thing for which social and cultural texts encourage audiences to value older adults, the way that they connect younger generations to a familial past. As such, people with dementia come to stand for unsuccessful aging so as to amplify by contrast the normative figure of the successful ager who puts pressure on others to conform to an

impossible standard.² People with dementia appear in the popular record as costly, useless, embarrassing, and, most poignantly, at risk of losing the capacity to connect family members with their past. Their chief potential value in the commodified system, as containers of cultural knowledge, slips away along with their apparent capacity to narrate in the expected language and genres.

Literary formulations repeatedly frame dementia as horror and, in the process, they emphasize the divide between generations that motivates the tsunami metaphor mentioned above.³ Even when not overtly deploying horror, these formulations frequently traffic in the exploitable idea of a classic unreliable narrator (such as in Mordecai Richler's *Barney's Version* and Emma Healey's *Elizabeth Is Missing*) along with the comic potential of the senile old fool (such as in Muriel Spark's *Memento Mori*). They also consider the potential loss associated with dementia to be of family and cultural history, such as in Amy Tan's *The Bonesetter's Daughter*, while the gain is in what material goods an older character with dementia leaves to the next generation, a theme treated humorously in George Eliot's *Middlemarch* as well as in Barbara Pym's *Quartet in Autumn*. Dementia plots frequently indulge in gothic tropes, as Marlene Goldman argues, offering the examples of the fall of the older woman, uncanny doubling, and the monstrous feminine as depicted in Sheila Watson's *The Double Hook* and Michael Ignatieff's *Scar Tissue* as well as Lisa Genova's *Still Alice* ("Purging" 69-88). Such stories amplify what Margaret Morganroth Gullette is most famous for identifying as master narratives of decline. But they have the potential to do much more (Chivers, *From Old Woman* xvi), including adding to the popular imagination of what late life entails and who is entitled to good care so that dementia symbolizes something other than failure. The aforementioned titles offer intriguing ways to think about dementia as rife with narrative potential, but they also paint a telling picture of the whiteness that continues to dominate age studies.

Literature offers the means to reimagine what population aging might signify globally, especially if accompanied by increasing rates of dementia. As Hannah Zeilig explains, "[i]nsights from literature are truly insightful . . . where the author and her/his work are contextualised properly, when their depiction and representation of age are interrogated rather than accepted and when they are understood as one in a number of cultural discourses" (29). Contextualizing *Soucouyant* includes considering racialized flows of labour migration, Canadian multicultural policy, and twenty-first-century

population aging as underpinning the dominant age ideologies it refuses to perpetuate. As I have argued elsewhere, literature holds the potential “for theorizing old age because of its capacity to work with vivid individual examples that remain individual while relevant to a wide range of experiences” (*From Old Woman* xxxviii). As such, literary gerontology “can balance social and cultural narratives of aging with the physical dimensions of aging to develop rich models for new understandings of late life,” particularly necessary when unpacking the symbolic resonances of dementia in narrative, those that make it resonate as the worst possible way to grow old (*From Old Woman* xxxvii). Anne Davis Basting pushes this further, claiming that “understanding the depiction of the self in the crisis of Alzheimer’s can also teach us the meaning and value of the ‘whole’ self. Exactly how does one achieve a ‘self’? Who are we without memory? Is a ‘self’ possible when the ability to construct narrative through memory is broken?” (88). I return this idea to the question of care by considering how *Soucouyant* expands assumptions about care relations to reveal the oft-ignored perspective of the racialized caregiver who comes to require care. What is more, my analysis brings out of the margins of social gerontology into the purview of literary gerontology the role friends such as Mrs. Christopher play in care networks.

Dementia in *Soucouyant*

Soucouyant charts dementia as literal as well as figurative. In the novel, dementia is not primarily a medical issue, and the central characters subtly reject the institutional logic of the Canadian health care system, a logic which also makes no space for their full experience. As symptoms of memory loss begin to appear, Adele and her husband, Roger, doubt but tolerate the Western medical tradition. As the narrator explains:

Both Mother and Father didn’t want any more scans or questionnaires. They were suspicious about the diagnostic tests which always seemed to presume meanings and circumstances which were never wholly familiar to them in the first place. They were especially suspicious about medical institutions and offices. The scissors and hooks which certainly lurked in those antiseptic spaces. The bloody and jaggedly-sewn cures. Patients’ heads opened up and then roughly laced back like old washekongs. (39)

As Adele’s memory transforms, she starts to mumble references to a traditional healer who laid cobwebs on burns. She also remembers what remedies went with what ailments in Trinidad. Although he mentions healing (35, 181, 182, 193), Chariandy never poses it as a way to cure or even alleviate the

symptoms that cause Adele's family discomfort to the extent that they each abandon her in their own ways. The focus remains on Adele's humanity, symbolized by what the narrator's parents perceive to be the ontological failure of the doctors, hospitals, and tests: "[m]y parents never felt satisfied with how the medical specialists were articulating Mother's new being" (40).

More than synapses, plaques, tangles, and infections, the novel draws on the soucouyant figure to present the cause of Adele's dementia as trauma and cultural pain (Goldman, *Forgotten* 324-27). When the narrator of *Soucouyant* explains his mother's behaviour to a police officer, he offers a rare explicit mention of dementia:

"She has presenile or early-onset dementia."

"Dementia," he repeats as he writes.

"Dementia?" asks Mother, softly.

"It means that she's forgetting," I explain, "or that she's confused, or even . . . even that she's remembering. . . ."

"Thank you, sir. I know what dementia is. Well, I guess that's about it for now."

"Wait," I say, "I should explain. . . ."

"Yes?"

"She . . . she saw a soucouyant." (65-6)

Whereas for the police officer, dementia signifies symptoms and a rote response, for the narrator, dementia is about cultural memory, monsters, stories, and memory changes that include new forms of remembering. Rather than separating her from a cultural context she can no longer remember, Adele's memory loss launches her back into an agonizing tale of colonial violence, dislocation, and racism.

The "Soucouyant" and Dementia

How dementia is figured and understood affects care. Chariandy's novel ties dementia to Adele seeing a soucouyant, forgetting seeing the soucouyant, and then *forgetting to forget* having seen the soucouyant, all of which pertain to who takes care of Adele as her symptoms of dementia increase. Chariandy embeds an explanation of this figure into the text of the novel, pedagogically guiding readers not familiar with the cultural context he investigates:

A SOUCOUYANT is something like a female vampire. She lives a reclusive but fairly ordinary life on the edge of town. She disguises herself by dressing up in the skin of an old woman, but at night she'll shed her disguise and travel across the sky as a ball of fire. She'll hunt out a victim and suck his blood as he sleeps, leaving him with little sign of her work except increasing fatigue, a certain paleness, and perhaps, if he were to look closely on his body, a tell-tale bruise or mark on his skin. (135)

This layered liminal figure is an old woman, monster, and shape-shifter who feeds on others and leaves them drained but unaware. Daniel Coleman demonstrates how “soucouyant stories are inventions that can be explained in rationalistic terms: soucouyants are scapegoats of people who fear or despise elderly women, and the legend of their bloodsucking power rationalizes people’s desire for their lands and property” (62). The novel teases out a connection between dementia and the soucouyant, suggesting a comparison between the effects of dementia and of this monster that also pertains to rationalizing fear.

The monstrosity of the soucouyant surrounds dementia but is not attributed to it. Instead, the soucouyant remains enigmatic throughout the eponymous novel. For example, each chapter begins with puzzling handwritten letters, initially a backwards letter “s,” then the letters “s” and “o” struck through, and then the letters “s” and “u” (7). Each chapter heading adds another piece to the word that stretches to “soucouyan” by the final chapter (173). These scrawlings mirror the gradual unveiling of the soucouyant as a figure that helps explain the context for Adele’s memories and memory loss. Similar to these scrawls, early in the novel, the monster appears in the fragments that the narrator hears Adele tell herself: “Soucouyant? Mother said aloud to herself one day. ‘I saw one in the morning. A morning thick with burnt light. I walking a narrow path of dirt, you see, my ankles painted cool by wet grasses’” (23). Building on such fragments, the most full and literal evocation of the soucouyant comes towards the end of the novel in a scene that portrays more fully a pivotal moment from Adele’s youth. The soucouyant is evoked through the inhumane effects of a traumatic fire, caused when Adele’s mother—attempting to protect Adele—goes to the military base at Chaguaramas to confront American soldiers who had engaged her for sex work in Carenage. A soldier douses Adele and her mother in gasoline, and young Adele, wanting to flee her frenzied mother, ignites her mother’s clothing, accidentally turning her into a “ball of fire” like the soucouyant. This manifestation of the soucouyant figure is what Adele continues to struggle to forget she saw.

Hints of this traumatic story appear early in the novel, when as a result of her dementia Adele no longer suppresses the memory of when her mother “wore a dress of fire before it go ruin her” (24). The narrator remembers perceiving his grandmother (Adele’s mother), whom he met during a childhood trip to Carenage, as a monster because of the burn scars that remain: “She was a monster. Someone with a hide, red-cracked eyes, and blistered hands. Someone who would claw her stiffened thumb across her

eyes and try to smile through the ruin of her mouth” (116). But although Adele describes her mother ablaze as a soucouyant, and although the narrator describes his grandmother as monstrous, the novel does not allow readers to settle on her as the sole soucouyant figure.

Decades later in Canada, Adele’s burn scars hint at the suppressed story of the fire, the one that Adele is beginning to forget to forget. With the first appearance of a scar comes Adele’s first explicit mention of Chaguaramas. The narrator describes the “lacy roughness” of a scar on Adele’s chin as “a braille, it told a story” (24). The next time Adele fingers her scar, the narrator picks up the “lacy script,” recounting a condensed version of what she had told him about falling on a sharp object as she turned to help her mother (35). This chin scar seems to unite the narrator with his mother, but when Adele’s wig slips to reveal “glistening pink skin infected with purple and brown. The corrugations and whorls like an organ exposed to the air,” the narrator freezes (122). The chin scar invites the story of Adele’s attempt to escape from the traumatic blaze, but when Adele’s burn scars show that Adele too was momentarily ablaze, like a soucouyant, the storytelling momentarily ceases. These corporeal marks situate both Adele and her mother as monstrous not because of the societal costs of dementia that motivate current ageist popular discourse but because of the dangerous memories that begin to unfurl when scars surface.

The novel draws on the soucouyant figure not only to track Adele’s memory shifts but also to trace colonial legacies of trauma that pressure characters in contemporary Canada to force forgetting and to tolerate painful but less physical forms of racist violence. For Jennifer Delisle, “The soucouyant is a symbol of both personal and cultural memories, a vampiric force that is both frightening and compelling, and that cannot be escaped” (6). In reading the soucouyant as a figure related to but not representative of dementia, I consider not only memory and memory loss but also the care relations that develop among those who are compelled to both remember and forget. Those who care for Adele need to understand what she means when she says or cannot quite say that she saw a soucouyant, especially as they learn that the soucouyant is inescapable.

“A bruise still tender”

In addition to conjuring dementia, memory, and memory loss, the vampiric soucouyant figure summons the monstrous effects of generations of unfairness and injustice that span countries and centuries. The soucouyant links the US

invasion of Trinidad in the form of a military base at Chaguaramas and the related expulsion of “many blacks and South Asians [who] had been living on the Chaguaramas peninsula for generations” with the racist immigration policy that makes Adele’s residence in Canada dependent on undervalued care work (Chariandy 178). The figure connects those layers of colonization and dislocation to the everyday racism experienced by her family members and neighbours in Canada who try to take on care roles, each in their own bumbling insufficient way. As the narrator explains, “[d]uring our lives, we struggle to forget. And it’s foolish to assume that forgetting is altogether a bad thing. Memory is a bruise still tender. History is a rusted pile of blades and manacles. And forgetting can sometimes be the most creative and life-sustaining thing we can ever hope to accomplish” (32).

Throughout *Soucouyant*, bruises signify the insidious diasporic effects of the colonial violence that created the conditions that allowed for the blaze that caused Adele’s and her mother’s scars. Bruises begin to appear on the first page of *Soucouyant*, with what at first seems simply to be an apt description of the “bruised evening sky” in Scarborough, which puzzles the “old woman” Adele has become (7). As the bruises accumulate, to characterize the narrator’s brother (16) as well as to signify racialized violence in Canada (49) and Trinidad (184), it becomes clearer that even those marks on the sky are the “tell-tale bruise[s] or mark[s]” (135) that signal an encounter with the soucouyant who haunts Scarborough as she haunted Carenage. The “mysterious bruise” the narrator discovers as he dresses for Adele’s funeral connects him with the traumatic events in Chaguaramas in that it signifies the passing of a soucouyant (141).

The bruises also embed the narrator within care relationships Adele has forged in Canada, such as with Bohdan, a young autistic boy she cared for without charging his family, and Meera, a neighbour who has mysteriously moved in seemingly to care for Adele. Both Bohdan and Meera gaze at the mysterious “dark brown egg” that appears on the narrator’s forehead on the day of Adele’s funeral as though she has passed it on to him (143, 151, 141). Like the soucouyant figure, the origins of these bruises are at times certain and at other times mysterious. They imply not only the passing of the soucouyant but also the fashioning of care relationships. Bruises mark the characters Adele cares for—the narrator, the narrator’s brother, Bohdan, and, more obliquely, Meera—so that the novel’s compelling oft-quoted reference to memory as a “bruise still tender” insinuates how care relations are enmeshed in cultural memory (32).

As indicated by its subtitle, “a novel of forgetting,” rather than offering a dementia narrative about the importance of preserving memory, *Soucouyant* explores the value of forgetting, especially how forgetting abets survival: “forgetting can sometimes be the most creative and life-sustaining thing we can ever hope to accomplish” (32). Rather than situate memory loss as shameful, the narrator figures memory itself as a carpet stain, a shameful thing that can almost be hidden but never quite removed (14). As Adele’s grip on planned forgetting loosens, some memories dissipate, as is typical in such stories, but other memories—long stifled—creep back in, specifically the memories of internalized colonial violence that have resulted from and in familial trauma. The narrator reluctantly learns about this dislocated past through his mother’s lapses *from* forgetfulness rather than lapses *into* forgetfulness. For example, “[Adele] might be standing near the kitchen window, looking out over the rippled granite of the waters, when a word would slip from her mind and pronounce itself upon her lips. ‘Carenage,’ she might say, almost surprised that she had done so” (22). Dementia ironically draws him into the valuable cultural memories his mother embodies at the same time as it changes the care relationship with his mother. The novel is about, as the narrator puts it, “What . . . you do with a person who one day empties her mind into the sky” (39). That is, it is about how you care for someone with dementia while taking into account cultural and historical contexts that also implicate you.

“No ghosts here”?

In narrating dementia, then, *Soucouyant* does not centre Western medicine but focuses instead on legacies of racism and traumatic memory tied to global circuits of care work. As a second-generation Canadian, Chariandy has spoken about how he was nervous about appropriating the soucouyant figure (Dobson and Chariandy 810). He uses his novel to argue that the figure can inhabit Canadian space. Poet Earle Birney famously writes, “[i]t’s only by our lack of ghosts / we’re haunted” (18). When Adele refers to an autistic boy she has seen other kids tormenting as “a ghost,” the narrator chides her: “Don’t be silly, Mother. There are no ghosts here” (113). Chariandy’s wry projection indicates he has deliberately placed the novel in relation to a colonial CanLit tradition that imagines Canada to be a blank space, while injecting it with spectral forces from outside Canada. The novel is partly about challenging the myth of widely inclusive Canadian multiculturalism—showing that having an official governmental policy of multiculturalism doesn’t lead to widespread feelings of belonging. As Chariandy explains in an interview with Kit Dobson,

I wanted my title to suggest that the protagonist of the novel, a second-generation Caribbean immigrant based in Canada, was engaging with a cultural legacy that seemed, at least on the surface, to be attached to a very different space, a legacy that seemed, at times, to be remote, otherworldly, and spectral, and yet hauntingly present at the same time. The soucouyant functioned for me as a means to explore the language and “ghosts” of precisely such a “remote” cultural legacy. (811)

The soucouyant is both spectre and representative of a cultural heritage that Chariandy evokes to convey “a particular state of sensing but not really knowing one’s origins” (811). For Chariandy, then, the soucouyant is about both “generational identity and cultural dilemma,” connecting dementia to those key elements more than to biomedical contexts (810).

The surfacing memories that ironically accompany Adele’s dementia connect the racism the narrator and his family experience in Canada with the legacies of slavery and effects of US imperialism more directly experienced by his parents. Adele’s condition manifests as one more way she does not fit into a community that was meant to offer great hope and opportunity but has never delivered. While she had experienced vituperative racism based on white Canadians’ interpretation of her appearance such as when she was asked to leave a restaurant or when squatters smeared feces on her apartment wall in letters that spelled out “Go Back” (50, 77), now her dementia offers strangers a means to explain away differences. When Adele slips out to join a Heritage Day parade, the narrator panics to find his mother mid-parade wearing only shoes, pantyhose, multiple pairs of underwear, and a bra. Echoing the previous scene where people react to Adele’s incongruous presence in the restaurant, other people at the parade stop, stare, and whisper. But unlike in the restaurant, this time no one voices racist disdain to her, and a kindly older couple guides her home, where the narrator stands frozen. This time, now that symptoms of dementia are so publicly revealed, the crowd saves its racist assumptions and remarks for the narrator: “My god, what’s he waiting for . . .” and “Have you noticed them? . . . The boys? They’re *always* like that. They’re always shrinking away and skulking about. They never meet your eyes . . .” (62) and “his *mother*, for god’s sake. And he just *stands* there. I mean, what kind of people are we allowing to live here anyway” (62). The racist assumptions shift from what Adele ought to be and where she ought to go to what her son ought to be doing for her, now that her dementia means that she is the one who requires care rather than the one hired to do care work.

Guilty Stories

Soucouyant is at least as much about the narrator's "guilty stories" about his mother's care as it is about Adele's struggles to remember to forget her childhood guilty story. Adele's condition had offered him and his brother "special freedom" as teenagers, so that they could skip school and leave town without surveillance and almost without guilt (15). Now, the narrator repeatedly assumes that a woman around his age, Meera, who has moved into his mother's house during his absence, is a nurse (10, 33, 53, 55, 65). Indeed, Meera cares for Adele—massaging her, feeding her, putting her to bed, and knowing her movements, preferences, desires, and fears. When the narrator confronts Meera with "[y]ou're not a qualified nurse at all. You're just studying economics or something . . ." (124-25), she reveals his deeply lacking interpretive skills, retorting "I never once said I was a nurse. That was you. Your own convenient belief. Your own guilty story" (125).

The guilty stories about the people who surround his mother gradually transform into, generously speaking, poor interpretations. Those interpretations are based on the narrator's vested interest in believing that though he left Adele to fend for herself, he had not abandoned her. Curiously, they arise from his perception that despite his absence he is somehow her central caregiver. Through such misreadings, Chariandy refutes the idea that care for ill older family members is a largely economic burden. The narrator needs these guilty stories as he unknits past tales of trauma, dislocation, racism, and family horror, not in order to get back to being a productive member of neo-liberal society but to assure himself he was justified in his departure and is equally justified in his return.

Meera has her own guilty story that draws her into a care relationship with Adele. For the narrator and Meera, Canada has always felt like a land of not fitting in and of oppression rather than a land of hope and promise, as it had at times been for Adele initially, and as Meera's mother, Antoinette, stridently insists it can be for her daughter. Meera shares with the narrator and Adele a history of enduring racist abuse within their suburban neighbourhood. As a child, Meera joined neighbourhood kids in making crank phone calls to Adele, who they referred to as "the wandering lady" (157). For the most part, her calls were mild, making Adele unwittingly repeat puns about "Hugh Jazz" (25), "Oliver Clothesoff," and "I.P. Freely" (160). Meera even yearns for a connection, asking Adele questions "motivated by something approaching simple curiosity. Maybe even care" (160). But when Meera's graduating classmates exhibit their deep racism, she passes her rage onto

Adele, this time demonstratively crank calling her to tell a cruel story about an accident involving her family, with “charred flesh and guts that spilled like rope,” unwittingly tapping into Adele’s past trauma to the horror even of each “white-shocked face” of her peers (165, 166).

Unlike her mother, who persists in perpetuating the “immigrant success story” she has managed to construct, Meera resists the hopeful trajectory her university scholarship promises, choosing instead to move in to care for Adele (155). Meera’s move also builds on deeper connections forged during Meera’s youth when she had chosen Adele as a target onto which to ricochet her own experience of being othered. Meera escapes the pressures of the future, flunking out of college, by retreating to help Adele whom she has in the past persecuted, finding a place to live, read, and form care relationships that connect her to a cultural past her assimilated mother refuses to remember.

“Man can’t take care of you”

The narrator does not learn much from his bumbling misreading of Meera’s role, moving on to damagingly misinterpret the position of Adele’s friend Mrs. Christopher, his “Mother’s best friend for as long as [he] can remember” (86). They had been young domestic workers together in the 1960s, but she is introduced in the novel as a moody older woman, with a key to Adele’s house, a keen knowledge of the care involved, and a poor opinion of the narrator. She describes Adele’s condition to the narrator as “[s]he losing herself. She going she own way,” showing that, unlike the medical system, Mrs. Christopher works to articulate Adele’s “new being” (131, 40). The narrator is aware of one story about their past when the two young unmarried domestic workers went on a reckless road trip, momentarily free of the unfair systems that governed their existence as domestic workers. Mrs. Christopher—so named even though she has never married—prophetically cautions Adele against stopping to pick up a man, saying, “[y]ou too foolish to know. Man can’t take care of you. Friends, husbands, son, they all the same. They does leave you” (90). Indeed, Adele’s son yearns to tell Mrs. Christopher that he too is losing himself and going his own way. He is on the verge of telling her that he is going to leave Adele to her care yet again, assuming he can buy Mrs. Christopher off with compliments about “the strength of the black women of her generation” and money (132).

Adele dies before he can make that misstep, but motivated to recognize their long friendship, the narrator arrives on Mrs. Christopher’s doorstep with what he believes to be a magnanimous offer of \$10,000 from the sale of Adele’s

house. To his astonishment, Mrs. Christopher has a balance sheet of her own that calculates the costs of the care work she has provided over the years:

“In-home care at standard wages for 254 weeks.” (The hours of each week here written most carefully in different coloured inks.)

“General living costs for patient.” (Also broken down weekly.) “Monies earmarked and available to be drawn out of Adele’s bank account on a monthly basis for precisely these services and necessities.” And finally, “Payment Owing.” I’m looking here at the figure: \$100,344.10. She’s actually included the ten cents. And this is just the latest subtotal. (147-48)

Mrs. Christopher knows the value and costs of care, having been part of the West Indian Domestic care worker scheme with Adele. Both the women’s opportunities to come to Canada were based on a racialized trafficking of labour that continues to this day and upon which multiple care systems rely, as Mrs. Christopher’s ledger sheet attests.

Through the final exchange between the narrator and Mrs. Christopher, Chariandy challenges the familiar story of generational unfairness which recounts that older people are stealing opportunities from future generations. Of Mrs. Christopher, the narrator opines, “there’s obviously no such thing as fairness in this world or any hope of reasoning with that whole idiotic generation before me” (149). But Mrs. Christopher is not only a friend as well as the only person who never abandons Adele; she also understands the value and devaluing of her seemingly invisible labour and mocks the narrator’s feeble effort at restitution. As Camille van der Marel explains it, “[Mrs. Christopher] also keeps a larger tab, one that records not only the care required by an individual losing her memory but her own memories of exploitation and discrimination” (22). Mrs. Christopher disallows the narrator and readers to invest in the guilty fiction that the narrator’s care is paramount or even adequate. While he imagines he would need to remind her to watch out for Adele’s toenails, Mrs. Christopher has consistently cared for Adele but also knows her well enough to be the one to arrange her funeral and give the eulogy. She has done so out of friendship, based on their joint histories of exploitative and discriminatory labour migration. As such and for Adele as well as herself, Mrs. Christopher will not abide and can no longer afford guilty stories.

Conclusion

Adele and Mrs. Christopher’s friendship fortifies the novel’s representation of dementia as about more than a loss of family memories. The anguish throughout *Soucouyant* arises not from dementia but from dislocation and a racism that follows Adele from Carenage to Scarborough. The soucouyant figure signifies

colonialism and dementia as doubly haunting, so that the marks she leaves—the scars and the bruises—mark relationships that link racism with dementia. They signify the marks people make on each other, some lasting and some fleeting yet tender. Mrs. Christopher doesn't see the soucouyant, doesn't talk about the soucouyant, and is the one significant character who does not manifest bruises or scars. She is also the character who knows and performs care work for Adele, consistently if invisibly and without pause.

Soucouyant questions the apparent monstrosity of memory loss as well as the dominant popular focus on cure in its thoroughgoing exploration of the relational selves that emerge through long-term care. The novel thus exposes the myriad underlying tensions of care systems, revealing their cultural specificity that often passes as neutrality. Evoking the soucouyant figure, the “novel of forgetting” contextualizes the imperative to preserve memory as a sign of humanity within an intergenerational diasporic tale of dislocation, trauma, and care. It shows that *when* dementia is about memory, memory itself must be contextualized. As Goldman puts it, “[r]ather than portray dementia as an isolated biomedical disease, *Soucouyant* represents pathological forgetting within the larger social context of the gendered and racialized, traumatic history of the Afro-Indian diaspora” (*Forgotten* 326). *Soucouyant* imaginatively articulates the values and risks of what Anne Basting refers to as forgetting memory and the privilege associated with being able to do so.

But the “novel of forgetting” is not only about forgetting to forget. It also offers an astute reckoning with the contemporaneous political economy of care. Not about purchasing products or commodifying dementia, the novel might appear to skirt the circuits of capital associated with population aging that lead to women like Adele and Mrs. Christopher continually contributing much needed, undervalued care work. Aging in this novel is not *reduced* to the economy, but Adele's place within the care economy affects how she is able to age and ail compared with the relatively wealthy white people who dominate popular stories about dementia. The novel investigates care relations, but it uniquely does so without ignoring the bottom line that someone always has to be there to do the gritty bed and body work of care.

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NOTES

- 1 As I discuss below, the novel does not go beyond dementia as a diagnostic category, participating arguably in a broader popular slippage among forms of dementias associated with late life such as Alzheimer's, Parkinson's, and Lewy Body.
- 2 For a critical perspective on the concept of successful aging, see Katz and Calasanti.
- 3 To read more about the effects of literary framings of dementia, see Chivers, "Seeing the Apricot"; Falcus; Medina, "From the Medicalisation"; Sako and Falcus; Swinnen; Swinnen and Schweda; Zeilig.

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