

Dementia, Caregiving, and Narrative in Michael Ignatieff's Scar Tissue

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PRIOR TO 2006, MICHAEL IGNATIEFF WAS A HARVARD ACADEMIC and a minor British celebrity known by many for his TV appearances and his star-studded wedding guest list more than for his political aspirations. But his entrance into Canadian politics in 2006 and ascendance to leader of the Liberal Party in 2008 gave him new visibility in his home country. Ignatieff's long absence from Canada—he lived outside the country for more than thirty years—was a primary source of criticism throughout his political career and was often interpreted as a lack of attachment to Canada. In May 2009, the Conservative Party launched a series of attack ads that amplified these sentiments, depicting Ignatieff as a political outsider whose commitment to Canadian politics was new and untrustworthy. According to his opponents, Ignatieff lacked dependability and experience, implying that he could not, or would not, meet the obligations demanded of a head of state. As their "Ignatieff: Just Visiting" advertisements claimed, "he's not in it for you or for Canada. He's just in it for himself."¹ A glowing portrait of the author-turned-Liberal-leader that appeared in the *New York Times* provided Ignatieff with the opportunity to counter such depictions by emphasizing the satisfaction of engagement: "I'm [in Parliament] to be serious. . . . This is the only place I can be a participant, not a spectator. I've been a spectator, and now I'm in the boat fishing. That part of it, from a spiritual point of view, it feels good."² However, accusations of self-involvement and disengagement haunted Ignatieff throughout his short-lived political career, which culminated in the dubious distinction of leading the Liberal Party during an election that produced the worst results in the party's history. As a result, he retired from politics in May 2011 and returned to academia.

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¹ Conservative Party of Canada, *Ignatieff.me*, <http://ignatieff.me/?p=ignatieff#watch> (accessed June 5, 2009).

² Eric Konigsberg, "Running on Book Sense and Charm," *New York Times*, February 1, 2009, <http://www.nytimes.com/2009/02/01/fashion/01ignatieff.html> (accessed March 6, 2009).



In some sense, Ignatieff was easy prey for attacks questioning his sense of commitment since Ignatieff himself has explored the difficulty of ethical responsibility in his literary endeavours, both scholarly and fictional. Ignatieff's political aspirations initiated a new interest in his fiction,³ often as a means of gaining insight into his notoriously elusive character. After his appointment to the leadership of the Liberal Party in 2008, the *Globe and Mail* published an overview describing the plots of his novels and insisting that one should resist the temptation to "read politics and autobiography into the three novels" while at the same time wondering whether Ignatieff "would echo the main character in *Scar Tissue* when he says about the books he has written, 'I know why they're no better than they are, whereas I can't begin to explain why I myself am no better than I am.'"⁴ This sense of inevitable failure runs throughout the novel, which treats the narrator's experience of caregiving during his mother's illness and death. The public persona constructed and criticized by Ignatieff's political opponents does indeed bear an uncanny resemblance to the narrative persona he creates in *Scar Tissue*, which is drawn from the sad experiences of his family but refashioned into a figure whose obsessive immersion into the caregiving relationship becomes at once a narcissistic immersion into self and, paradoxically, a painful act of detachment.

If, as Michael Stickings, Canadian correspondent for the *Guardian*, claims, Ignatieff's political weakness was his failure to "care deeply about this country,"⁵ then Ignatieff's narrator's weakness might stem from caring too intensely, problematically so. The narrator's caregiving practices collapse the boundaries between self and other and reveal the strangely self-involved and even paradoxically detached structure that undergirds his embodiment of the caregiver role. As Michael Valpy explains in his lengthy portrait of Ignatieff for the *Globe and Mail*, many reviewers have interpreted the novel as autobiographical since Ignatieff's mother, Alison, died from Alzheimer's a year before its publication. But the novel is most compelling in its focused scrutiny of the ethical implications of the narrator's involvement in caregiving, which is fictional. As Valpy points out, it was Ignatieff's brother, Andrew, not Michael, who was Alison's primary caregiver. By his own account, Ignatieff visited Andrew and Alison in Toronto once or twice a year. Ignatieff seems to have preferred representation to participation, producing stories and articles about his mother's Alzheimer's that became a source of family conflict. In particular, Andrew has expressed his displeasure with Michael's quasi-voyeuristic treatment of the family's pain. If, as Ignatieff claims, his writing about family is a "process of self-invention," then one might regard *Scar Tissue* as an effort to conjure the relations of care and responsibility that have disturbed and eluded him.⁶

Unlike his brother in the novel, who remains largely distant and unaffected throughout their mother's illness, the narrator struggles to locate a tenable position between spectatorship and participation as his mother's illness worsens, requiring more and more care. The narrator shifts from uncomprehending spectator transfixed by the mysteries of illness and mortality, by

³ Ignatieff has published three novels: *Asya* (Toronto: Viking, 1991); *Scar Tissue* (Toronto: Penguin, 1993); and *Charlie Johnson in the Flames* (Toronto: Viking, 2003). *Scar Tissue* was shortlisted for the Booker Prize.

⁴ Fraser Sutherland, "Michael Ignatieff, Novelist," *Globe and Mail*, February 28, 2009, www.theglobeandmail.com/news/arts/books/article973606.ece (accessed March 10, 2009).

⁵ Michael Stickings, "The Audacity of Michael Ignatieff," *Guardian*, February 23, 2009, www.guardian.co.uk/commentisfree/cifamerica/2009/feb/13/michael-ignatieff-canada-economy (accessed March 6, 2009).

⁶ Michael Valpy, "Being Michael Ignatieff," *Globe and Mail*, August 26, 2006, www.theglobeandmail.com/news/politics/article841745.ece (accessed March 6, 2009).

the fallibility of the body and mind, into an obsessively devoted caregiver whose sense of self blurs into the subject of his care. Initially, he perceives his mother as an afflicted other, but once his father dies and his mother is moved into an assisted-living facility, the narrator pledges his life to caring for her. His life is so singular in its purpose of providing care that he eventually abandons his obligations to his wife and children in order to assist his mother. He even has an affair with his mother's "intuitive," "gift[ed]" nurse,⁷ Miranda, following which he leaves his wife and children to live in a shabby apartment a stone's throw from his mother's new accommodation.

In this essay I address, not the relation between Michael and Alison Ignatieff, but rather the ethical implications of the central relationship between the narrator and his ailing mother in this novel, which explores the repercussions and reverberations of pathological memory loss in old age. In particular, I examine how the narrator's experience as caregiver affects his subjectivity by considering the novel in tandem with ethical theories that privilege witnessing, dependence, and interrelation as integral to survival and subjectivity. The narrator's reaction to ethical obligation presents a compelling test case for considering the confluence of responsibility and identity. *Scar Tissue* treats the confluence of aging, old age, memory, and aesthetics in its representation of dementia's impact on both the afflicted and her caregivers. In its self-conscious exploration of the painful, vexing convergence of theory and praxis in experiences of caregiving, the novel confronts the consequences of helplessness and responsibility, dependence and obligation.

The novel opens with a lament for the past, reproducing, reluctantly, a memory of his mother's final moments of life, a recollection that plagues him with its meaninglessness. It is this haunting memory that provides the impetus for the narrative itself: he clings to the possibility that testimony may emancipate him, that storytelling may somehow "redeem this" and help him to "believe that the banal heartlessness of it all was not for nothing" (1). He longs to replace torturous recollections with comforting images of health, "when she was in her painting clothes, barefoot, sipping a beer, humming to herself, happy and far away. That is how she should be remembered" (1). This opening paragraph introduces both the narrative's subject and its purpose: his vital, vibrant mother "must" be "rescue[d] from her dying, if such a thing can be done" (1). In this sense, storytelling is part of providing care, for both the person and her memory. Prefacing this opening remembrance is an epigraph by Milton: "So by this infirmity may I be perfected, by this completed. So in this darkness, may I be clothed in light." The lines introduce the novel's preoccupation with comprehension, the narrator's eagerness to shed light on the mysteries of illness and death. The quotation is a reference to Milton's blindness, thereby connecting Milton's hope for enlightenment through "infirmity" with the narrator's redemptive quest for insight through blindness. The novel abounds with moments of self-reflexive vision, observations, gazes, and the language of eyes and blindness. Witnesses are often spectators, helpless to comprehend or assuage the suffering they observe. Whether produced by the uncomprehending stare of the narrating son or the mechanical gaze of medical equipment, in Ignatieff's novel sight fails to become insight. This failure of comprehension, which the narrator seeks to redress with his narrative of illness, coincides with a perceived failure of care since, for the philosopher son, care depends on making sense of his mother's dementia-stricken subjectivity. In other words, the narrator maintains a definition of care as understanding, as ordered comprehension that is at odds with the disordered obscurity of dementia.

The unnamed narrator's redemptive narrative quest reflects alchemical desires: the longing to transform suffering into philosophical meaning, mystery into clear truths, incomprehension and

⁷ Ignatieff, *Scar Tissue*, 110. Hereafter, page references to *Scar Tissue* will be given in parentheses in the text.

confusion into knowledge and insight. I argue that the novel's recurring images of blindness and sight reflect the narrator's consuming urge to redeem pain through narrative knowledge. But in his desire to see and comprehend, the narrator transgresses the ethical obligation to respect alterity.⁸ The narrator's obsessive need to penetrate his mother's alterity culminates in an absorption of otherness, an alienation from the world, and a manic pursuit of "selflessness," what he calls "the strange joy of being utterly alone" (176). As he approaches the incomprehensible (dementia, illness, mortality), he retreats from interactions with others, severing the ties of witnessing and responsibility that philosopher Kelly Oliver regards as integral for subjectivity.⁹ I argue that the narrator's belief in care as comprehension results in obsessive, frustrated efforts at "adequation," a term James Meffan and Kim Worthington take from Levinas to describe "the process by which the Other is rendered intelligible ('seen') through representation."¹⁰ Caring for his ailing mother, the narrator confronts a dilemma: he can either deny dementia's unintelligibility and the alterity it imposes upon its victim, or he can lose himself in the mystery of illness, the alterity of mortality. The spuriousness of the duality is irrelevant to the narrator, who remains trapped by an epistemological craving that sees him progress from denying alterity to absorbing it. His goal is to represent alterity and "redeem" it with narrative; but alterity cannot be comprehended or salvaged. Instead, the other's alterity when determined by dementia becomes increasingly assertive, confounding, and distressing, and rather than rendering the other intelligible, the narrator instead seems to absorb unintelligibility, becoming increasingly estranged from those around him. He observes his mother's illness and death, but his witnessing is single-minded, the desire for comprehension diminishing opportunities for the respectful, sympathetic listening that is fundamental to processes of testimonial.

As critics such as Cathy Caruth, Shoshana Felman, Dori Laub, and Kelly Oliver have demonstrated, the witness occupies an integral role in the process of coming to terms with trauma.¹¹ Trauma, the experience beyond comprehension, which returns to haunt its victim, is connected to storytelling since it is, in Caruth's terms, "always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available."¹² The difficulty of "knowing" trauma is integral to the dynamic of the witness and the survivor. The victim must tell "not only the reality of the violent event but also the reality of the way that its violence has not yet been fully known."¹³ In a sense, a tolerance of incomprehensibility is vital for the witness since the traumatic experience is one that surpasses understanding and can be expressed and interpreted only obliquely. Victims tell stories in order to survive. As Laub explains, "There is, in each survivor, an imperative need to *tell* and thus to come to *know* one's story, unimpeded by ghosts from the past

⁸ Here I am relying on Levinas's vision of alterity and its attendant claims on the self. Though I do not adopt the absolutism of Levinas's theory of infinite indebtedness, his claim that subjectivity is a consequence of responsibility is at the heart of much of my analysis. See Emmanuel Levinas, *Otherwise than Being; or, Beyond Essence*, trans. Alphonso Lingis (London: Kluwer Academic, 1991), 117–18.

⁹ Kelly Oliver, *Witnessing: Beyond Recognition* (Minneapolis: University of Minnesota Press, 2001), 7.

¹⁰ James Meffan and Kim L. Worthington, "Ethics before Politics," in *Mapping the Ethical Turn: A Reader in Ethics, Culture, and Literary Theory*, ed. Todd F. Davis and Kenneth Womack (Charlottesville: University Press of Virginia, 2001), 134.

¹¹ See Cathy Caruth, "Trauma and Experience: Introduction," in *Trauma: Explorations in Memory*, ed. Cathy Caruth (Baltimore, MD: Johns Hopkins University Press, 1995), 3–12; Shoshana Felman and Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992); Oliver, *Witnessing*.

¹² Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore, MD: Johns Hopkins University Press, 1996), 4.

¹³ *Ibid.*, 6.

against which one has to protect oneself. One has to know one's buried truth in order to be able to live one's life."¹⁴ But witnessing is a daunting, even disturbing responsibility since it involves listening to suffering that can be neither discarded nor transformed. In other words, the witness can become a vehicle, hollowed by his or her role as receptacle for another's pain. Levinas constructs the witness as such a hollow instrument of the other, one who "testifies to what was said by himself. For he has said 'Here I am!' before the Other; and from the fact that before the Other he recognizes the responsibility which is incumbent on himself, he has manifested what the face of the Other signified for him."¹⁵ Levinas's exacting vision of the survivor-witness relationship echoes his larger claims regarding the ethical responsibilities of the subject, the all-encompassing obligation of the self to the vulnerable other. For Levinas, subjectivity is predicated on obligation and debt, reflecting his belief that selfhood is attached to an awareness of responsibility. Such obligation can be refused, but the refusal brings its own repercussions: "The other haunts our ontological existence and keeps the psyche awake, in a state of vigilant insomnia. Even though we are ontologically free to refuse the other, we remain forever accused, with a bad conscience."¹⁶ *Scar Tissue* depicts both the demands of obligation concomitant with selfhood and the torment that results from the inability to meet those demands.

Scar Tissue's narrator wants witnessing to perform an empirical function, to produce knowledge of the value and meaning of the damaged body before him via the workings of sight. He appeals to what Foucault identifies, in *The Birth of the Clinic*, as the "suzerainty of the gaze," a glorification of the visual stemming from nineteenth-century medicine.¹⁷ Foucault traces the effects of this empiricism—that is, the assumption that "illness is articulated exactly on the body"—on the discourse of pathology, which comes to focus on physical clues and signs and to ignore, even silence, the suffering subject.¹⁸ Within this relatively new medical discourse, "the eye becomes the depository and source of clarity; it has the power to bring a truth to light that it receives only to the extent that it has brought it to light; as it opens, the eye first opens the truth: a flexion that marks the transition from the world of classical clarity—from the 'enlightenment'—to the nineteenth century."¹⁹ The belief in such a penetrating, enlightening gaze haunts Ignatieff's narrator, whose philosophical training conditions him to seek logic and rational answers, to satisfy "philosophy's love of tidiness."²⁰ The medical gaze should enlighten and explain,

¹⁴ Dori Laub, "Truth and Testimony: The Process and the Struggle," in Caruth, *Trauma: Explorations in Memory*, 63.

¹⁵ Emmanuel Levinas, *Ethics and Infinity: Conversations with Philippe Nemo*, trans. Richard Cohen (Pittsburgh, PA: Duquesne University Press, 1985), 109. The "hollowness" of the witness is even more pronounced in Felman's idiosyncratic translation of this passage: "The witness . . . testifies to what has been said *through* him. Because the witness has said 'here I am' before the other.' By virtue of the fact that the testimony is *addressed* to others, the witness, from within the solitude of his own stance, is the vehicle of an occurrence, a reality, a stance or a dimension *beyond himself*" (Felman and Laub, *Testimony*, 3).

¹⁶ Emmanuel Levinas and Richard Kearney, "Dialogue with Emmanuel Levinas," in *Face to Face with Levinas*, ed. Richard A. Cohen (Albany: State University of New York Press, 1986), 27–28.

¹⁷ Michel Foucault, *The Birth of the Clinic*, trans. A. M. Sheridan (New York: Routledge, 2003), 4.

¹⁸ *Ibid.*, 4.

¹⁹ *Ibid.*, xiii.

²⁰ Marlene Goldman, "Introduction: Literature, Imagination, Ethics," *University of Toronto Quarterly* 76, no. 3 (2007): 814. Goldman's phrasing draws on Jane Adamson's article "Against Tidiness: Literature and/versus Moral Philosophy," in *Negotiating Ethics in Literature, Philosophy, and Theory*, ed. Jane Adamson, Richard Freadman, and David Parker (Cambridge: Cambridge University Press, 1998), 108, which examines the tension between literature's embrace of ambiguity and moral philosophy's reliance on "intellectual control."

exposing hidden truths: “The residence of truth in the dark centre of things is linked, paradoxically, to this sovereign power of the empirical gaze that turns their darkness into light.”²¹ The metaphorical image of knowledge as a light shone on a “dark centre” recalls *Scar Tissue*’s epigraph, Milton’s hope that illness may provoke illumination. According to this empirical ethos, care, particularly medical care, involves looking, seeing, knowing. Caregiving involves illuminating the darkness of illness with the bright, clear light of diagnosis.

Perhaps all illness has an impenetrable darkness at its core, but dementing diseases such as Alzheimer’s produce a persistent, and often devastating, obscurity. Alzheimer’s and its attendant dementia provoke anxiety as harbingers of memory loss and the erosion of identity. Though the majority of people who reach old age will not suffer from dementia, awareness of its debilitating power casts a heavy shadow. The aversion to dementia provokes Christine Cassel, former president of the American College of Physicians, to label “dementing illness . . . the single most powerful factor in the negative attitudes about aging that occur in our society and throughout the world. . . . The stereotype of the elderly person as inevitably ‘losing it’ is an enormous barrier to progress in productive aging.”²² Alzheimer’s and other illnesses causing dementia are alarming for their ability to disassemble, or even eradicate, memory, rendering victims strangers to themselves and those who care for them. Ignatieff’s narrator grapples with the profound impenetrability of dementia, which eventually overtakes his mother, his family history, his personal identity, in a cover of darkness that no inquiring gaze can enlighten.

The narrator’s brother, a neurologist, arranges for a variety of medical imaging (X-rays, CAT scans, and PET scans), mechanical gazes intended to show “where we are. How much time there is” (54). The machines produce images of the neurochemical movement within her brain. The medical gaze is all-seeing, producing a Foucauldian penetration of its object. But this gaze is at once all-powerful and impotent, since it provides awareness without any promise of amelioration. The gaze of the PET and CAT scans provides images without insight; for the narrator and his family, the colorful scans initially remain mere images, devoid of meaning, since no interpretation is supplied. Later, when a specialist attempts to provide the missing meaning, the explanations are impersonal and unhelpful. “Your wife will be dead in three years” (57), the doctor tells the narrator’s father. The narrator is unsatisfied with the pronouncement since the diagnosis fails to account for the particularities of his mother as a subject, as more than a dehumanized “case,” or object of scans. “You keep telling me what has been lost, and I keep telling you something remains” (58), he tells the doctor. But her response returns the conversation to the limited insight of the diagnostic gaze: “I just see what I see” (58), she informs him, the circular defense omitting understanding, producing a proliferation of gazes without meaning. The narrator continues to resist this clinical vision of his mother, insisting that what the scans fail to record is that his “mother’s true self remains intact at the surface of her being, like a feather resting on the surface tension of a glass of water” (58). The conflict between these two visions, the starkly clinical scans and the poetically ambiguous image of vulnerability, share a figurative approach to the other, both representing the patient with indirect images. The doctor relies on metonymic interpretation, allowing scans to replace the person, while the narrator conjures a simile to represent his mother’s identity. While different, both analyses attempt to encapsulate a subject in a particular

²¹ Foucault, *Birth of the Clinic*, xiii–xiv.

²² Christine K. Cassel, foreword to *Ethical Foundations of Palliative Care for Alzheimer Disease*, ed. Ruth B. Purtilo (Baltimore, MD: Johns Hopkins University Press, 2004), x.

visual image, transforming an absolute other into a relative other, a form of adequation, the other rendered intelligible through figurative representation.

Though Ignatieff's narrator rages against the dehumanizing clinical gaze, he, too, is removed from the scenes of suffering before him. For example, early in the novel, while his mother is still living at home with his father, the narrator refrains from intervening as he witnesses his parents grapple with the painful, day-to-day struggles of both care giving and care receiving. Awoken by scuffling noises in the next room, the narrator rises from bed and follows his parents from a distance as they shuffle their way down the stairs. He pauses at the landing and watches unseen as his parents begin to struggle at the front door: "At first I thought they were embracing [but] she was fighting to break free of his grip" (74). He observes his mother's efforts to strike his father, their desperate thrashing transformed into theater for a secret audience: they become "like two figures in a tragedy" (75), eventually falling to the floor with a groan. Throughout it all, the narrator remains hidden: "Too late to stop them, too late to lift them up, I stood on the stairs watching my parents sobbing on all fours in the dark" (75). The scene is an arresting demonstration of vulnerability and suffering that inspires a kind of inverted voyeurism in which the narrator spies on his parents, not for pleasure, but for pain. He watches as a spectator, divorced from the drama that unfolds, grimly aware of, as well as somehow sequestered by, his inability to alter or assist those before him. He becomes paralyzed by watching the suffering of others, once again unable to participate.

After his mother's death, the narrator embarks on a crazed philosophical project to examine the condition of "selflessness," attempting, in the process, to initiate his own freedom from selfhood. It is notable that his project explores an attitude often associated with the performance of care: that is, the selfless attention to the needs of another. But for the narrator, in accordance with his attitude toward illness and loss throughout the novel, his approach to selflessness is a self-reflexive inquiry into the personal repercussions of tragedy. This solipsism has a powerful antecedent when, shortly after his mother's diagnosis, the narrator conducts a morbid lecture on illness and death with his mother in the audience. The narrator cannot understand why his mother flees the auditorium as soon as the lecture concludes. He insists that his lecture was "about [his] own death, not hers," but his wife is more perceptive: "I don't care what you thought you were doing. Think about what it sounded like to her. You were saying to her, 'You are going to struggle, and it won't make all that much difference because you are going to die, and all of us are going to have to accept that'" (69–70). This solipsism recurs in his aesthetic response to aging, expressed in his philosophy of "selflessness." His attempt to adopt his mother's pathology, to exist without selfhood, is an attempt to flee from responsibility by denying his very response-ability. As a self-less creature he is removed from the relational identity that comes with human dependence and obligation. His flight from others becomes a joyfully manic escape as he transforms his disposal of interrelation and identity into a quest for "purity" (176). He describes the project as "filling the empty place in my day which had once been taken up in the nursing home" but also insists that the writing is in no way "a compensation for anything, or . . . a working out of some unresolved emotion" (176; unlike the novel itself, which is meant to redeem). Instead, he acknowledges only "enormous relief that the long ordeal was over. I suddenly felt the strange joy of being utterly alone" (176). The referent of "ordeal" has many possibilities: care for his mother; obligations to his wife, his girlfriend, his children—all these responsibilities must be discarded to achieve the pureness of being he seeks. But the example he provides for "selflessness" and the "fullness of pure being" is one of degradation. He describes author Malcolm Lowry's final experience of "fullness" as he lay dying in an incontinent "heap," ac-

knowledging that the silencing of the self came “at the cost of [Lowry’s] sanity” (176). The narrator’s failure to comprehend the illness and suffering he has witnessed (his mother’s illness, the deaths of both his parents) leads him to seek a territory beyond comprehension, going so far as to embrace the debasement that coincides with complete alienation. He longs to find a way to live without the knowledge and the understanding that have failed him, without human connection, without response-ability and the obligation it engenders.

But the obsession does not last, and he looks back on his “manic treatise” with embarrassment once he has abandoned his quest (179). He continues to live in his “efficiency apartment,” from which he can “see the nursing home and [his] mother’s room, now dark” (192). Despite such keen sight into the outside world, he has trouble recognizing or even discerning his own reflection since his “eyes have disappeared” (193). Instead, he sees only “the shadows of two former faces,” which hover “behind the outlines of my jaw, my eye, and my forehead. Now at last, as I look at the night reflections in the glass, I see Mother, Father, the faces of the dead” (193). In his attention to the details of his mother’s deterioration, his own identity has blurred so profoundly that he cannot distinguish himself from the former objects of his care. For the narrator, care is an all-encompassing dedication that hollows the caregiver, transforming him into a receptacle for another’s needs, desire, even identity. This profound amalgamation leaves him struggling to carve out a discrete space of identity once the object of care has departed, wondering, “What was mine? What was the margin beyond inheritance?” (193). He longs, still, for enlightening vision.

But time, change, and illness thwart perfectible knowledge. The novel’s final pages address the problem of blindness head-on, encapsulating the desire for illumination, the frustration of ignorance, and the obsession with preserving the past. The narrator recalls a vivid scene from his time as caregiver when he brought his ailing mother a photograph of himself as a child, ostensibly to comfort her, though his desire for recognition and validation is apparent. But his mother’s response to the gift is shockingly vicious:

I wanted to pin this picture up on the bulletin board beside my mother’s bed. I had already laid the pin in the centre of the top margin of the picture when I placed the photo in her hand. She held it there for a second and stared carefully at this image of a child who was once her son. Then with sudden, savage deliberation, she removed the pin and jabbed at the picture, puncturing both of my eyes. (198)

The narrator’s interpretation is quick but shifting, changing in accordance with his philosophical perspective: “there was not a shadow of a doubt as to what she intended. It had been a blinding. Now, of course, I understand. If you hold the picture up to the light, radiant illumination streams through the eyes. It is the light streaming from the terrain beyond the gates of truth” (198). The narrator reincorporates his mother’s expression of anger, confusion, resentment, appreciation, frustration—the list can go on and on, so mysterious is dementia—into his own themes of concealment and revelation, falsity and truth, protecting him from the opacity of alterity. The narrator’s responses to the punctured photograph reflect his belief in limitless illumination and insight, his refusal to acknowledge the alterity of illness. Once again, an expression of care, giving his mother a photograph of her young son, initiates a process of self-reflection. In effect, the mother’s illness functions as a catalyst igniting the flames of self-interpretation. It is not the image’s eyes but “my” eyes that are wounded by the pin. The narrator envisions his own future when he witnesses his mother’s suffering.

The novel’s final paragraphs treat the self and its miserable fate: “This room will soon become a prison. The doors will be locked. . . . The faces of my wife, my children and my brother

will blur, decompose and then reform into the image of jailers. My own hands, my own face, my own thoughts will seem alien to me" (199). Despite the defacement of the narrator's portrait, it is the mother whose image becomes distorted and then lost as the narrator effectively uses her suffering to anticipate his own. When he looks at her, it is his own fate, his own struggles and desires, that he sees. In this sense, the mother's photographic blinding suggests a profound and painful insight into her son's blind attention, an uncanny awareness of the implications of his care. His mother's story, which he promised to deliver at the novel's outset, has become his own narrative, his obsession with family inheritance²³ initiating the conflation of "she" and "I."

For Ignatieff's narrator, care is an all-encompassing activity, a dedication of one person to another that verges on the devotional. But such devotion has serious consequences for the caregiver and the various relationships that contribute to his identity. Care becomes suspect as the narrator's attention to his mother becomes an exclusive focus, an inquiring gaze into his mother's illness that transforms into solipsism after her death, undermining feminist visions of care as mutually beneficial. Ethics-of-care philosophers typically regard caring as involving labor and relationships—as relational practices that emphasize mutual recognition and development and foster well-being, social bonds, and cooperation—and as the productive result of human interdependency.²⁴ However, Ignatieff's narrator approaches caregiving not as a means toward well-being but as an occasion for inquiry and exploration, regarding his mother's alterity as a "philosophical problem" (53) in need of an impossible solution, or, in other words, a story in need of redemption, as he explains in the novel's opening pages.

Though caring involves both givers and receivers, reciprocity is often limited by ability, and for many philosophers of care and ethics, the emphasis is primarily on the needs of the other. In her definition of "care," Diemut Bubeck describes it as "fundamentally other-directed and beneficial to others."²⁵ Care is "*committed to the flourishing and growth of individuals yet acknowledges our interconnectedness and interdependence.*"²⁶ But such an unflagging commitment to the other can be at odds with modern glorifications of personal independence, making both dependence and devotion into identity handicaps. The struggle between caring devotion and self-protection appears repeatedly in *Scar Tissue* as the narrator attempts to negotiate the expectations of care as a "morally appropriate reaction to another's needs."²⁷ For Derek Attridge, encountering the other involves the

²³ The narrator's preoccupation with ancestry and inheritance mimics Ignatieff's own obsession with family legacy, which has manifested itself in two family memoirs. *The Russian Album* (New York: Penguin, 1987) conjures the experiences of his father's family in their move from Russia to Canada. More recently, he has explored his mother's heritage in the seemingly politically inspired *True Patriot Love: Four Generations in Search of Canada* (Toronto: Penguin, 2009), which chronicles four generations of the Grants.

²⁴ See, in particular, Patricia Benner, Suzanne Gordon, and Nel Noddings, introduction to *Caregiving: Readings in Knowledge, Practice, Ethics, and Politics*, ed. Suzanne Gordon, Patricia Benner, and Nel Noddings (Philadelphia: University of Pennsylvania Press, 1996), vii–xvi. See also Virginia Held, *The Ethics of Care* (Oxford: Oxford University Press, 2006); Maurice Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics* (Urbana: University of Illinois Press, 2004); Eva Kittay, "When Caring Is Just and Justice Is Caring: Justice and Mental Retardation," in Gordon, Benner, and Noddings, *Caregiving*, 257–76; Nel Noddings, "The Cared-For," in Gordon, Benner, and Noddings, *Caregiving*, 21–39.

²⁵ Diemut Grace Bubeck, "Justice and the Labor of Care," in *The Subject of Care: Feminist Perspectives on Dependency*, ed. Eva Feder Kittay and Ellen K. Feder (New York: Rowman and Littlefield, 2002), 160.

²⁶ Hamington, *Embodied Care*, 3.

²⁷ Sarah Clark Miller, "Need, Care and Obligation," in *The Philosophy of Need*, ed. Soran Reader (Cambridge: Cambridge University Press, 2005), 142.

“impossibility of finding general rules or schemata to account fully for him or her. . . . The experience is an encounter with the limits of one’s power to think and to judge, a challenge to one’s capacities as a rational agent.”²⁸ And though one may not comprehend or know the other, he or she will make demands, demands of responsibility and obligation that often outrun the capacity of the self. In *Scar Tissue* the narrator encounters the alterity of his closest relative, and the ensuing relations of dependence and responsibility challenge his own sense of self.²⁹

In *Camera Lucida*, Roland Barthes explores the uncanny status of the photograph, which evokes past and present simultaneously, allowing one to be at once object and subject: “the Photograph is the advent of myself as other: a cunning dissociation of consciousness from identity.”³⁰ For Barthes, the photograph produces a kind of double vision as the viewer witnesses both the image and its genetic referents, the subject and its relations: “The Photograph is like old age: even in its splendor, it disincarnates the face, manifests its genetic essence.”³¹ As a result, photographs can provoke vertigo: seeing oneself in a photograph produces a blurring as one experiences being “neither subject nor object but a subject who feels he is becoming an object . . . a micro-version of death.”³² Though they are different genres, *Camera Lucida* and *Scar Tissue* share a mournful, reflective tone. Like the fictional narrator of Ignatieff’s novel, Barthes wrote *Camera Lucida* in response to his mother’s death. Encountering a photograph of his mother as a child, Barthes “shudder[s] over a catastrophe which has already occurred. Whether or not the subject is already dead, every photograph is this catastrophe.”³³ Photographs conjure death in their attestation of what “has been” and is no longer. There are echoes of Barthes in Ignatieff’s unease with photographic traces, to which he confesses in his family memoir *The Russian Album*, published six years prior to *Scar Tissue*. In *The Russian Album* he contrasts recollection with photographic evidence, lionizing the former as restorative, denigrating the latter as merely documentary: “Memory heals the scars of time,” he writes. “Photography documents the wounds.”³⁴ *Scar Tissue* appears to continue this dichotomous interpretation: setting out to heal through narrative remembrance, it eventually stumbles over untreatable photographic wounds. In this case the “wounding” is literalized in the punctured eyes of the narrator’s photographic self, an injury that speaks to the impotence of recollection to heal the wounds of dementia, a condition that manifests itself in the dismantling of memory. The defaced photograph calls attention to that which the narrator (like the author) would prefer to forget: that some wounds persist, deep and unhealable, refusing all efforts at care and repair. There are, perhaps, some wounds that demand respect and nothing more. A

²⁸ Derek Attridge, “Innovation, Literature, Ethics: Relating to the Other,” *PMLA* 114, no. 1 (1999): 24.

²⁹ Stan van Hooff stresses the self-oriented aspects of care, going so far as to construct caring as a “self-project,” that is, a demonstration of self: “my faithfulness to what I care about, my commitment to it, is an expression of my deep care. . . . And deep care provides the internal motivational strength so to act. When one acts caringly, one implicates oneself in what one does, and that is why it matters” (*Caring: An Essay in the Philosophy of Ethics* [Niwot: University Press of Colorado, 1995], 47).

³⁰ Roland Barthes, *Camera Lucida: Reflections on Photography*, trans. Richard Howard (New York: Hill and Wang, 1981), 12.

³¹ *Ibid.*, 105.

³² *Ibid.*, 14.

³³ *Ibid.*, 96.

³⁴ Ignatieff, *Russian Album*, 7.