



The Infanticide in Marie-Célie Agnant's *Le Livre d'Emma* or Colonized Caring Made Manifest

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Des fées aux pleureuses : les figures de l'accompagnement, du berceau au tombeau

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Article abstract

Le livre d'Emma (2001) by Marie-Célie Agnant recounts the story of Emma Bratte following the murder of her young daughter, Lola. Flore, who is also the narrator of the story, meets Emma at the psychiatric ward where she is confined: she is tasked with acting as an interpreter since Emma refuses to speak any language but Haitian Creole. It is during the sessions with Flore that Emma speaks of "la malédiction du sang", a blood-borne curse originating with the slave trade and colonization. This generational curse refers to the oppression and exploitation that enslaved people were subjected to, related in particular to women's reproductive labor, and the perpetuation of exploitative care into the present. As such, rather than read the infanticide as the result of Emma's alleged madness, I read the commonly perceived violent act of infanticide as the signifier for the persistent defects of configurations of care giving and care receiving in colonial and postcolonial societies.

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The Infanticide in Marie-Célie Agnant's *Le livre d'Emma* or Colonized Caring Made Manifest

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Résumé : *Le livre d'Emma* (2001) de Marie-Célie Agnant raconte l'histoire d'Emma Bratte après le meurtre de sa petite fille, Lola. Flore, qui est aussi la narratrice de l'histoire, rencontre Emma à l'hôpital psychiatrique où celle-ci est internée : Flore joue le rôle de l'interprète auprès d'Emma qui refuse de communiquer autrement qu'en créole haïtien. C'est durant ses échanges avec Flore qu'Emma évoque « la malédiction du sang » qui prend ses origines dans l'esclavage et la colonisation. Cette malédiction générationnelle fait référence à l'oppression et à l'exploitation des esclavisé.e.s, notamment en lien avec le travail reproductif des femmes, et la perpétuation d'un *care* d'exploitation dans le présent. De ce fait, plutôt que de lire l'infanticide comme la matérialisation de la folie présumée d'Emma, je propose de le lire plutôt comme le geste permettant de questionner les dysfonctionnements persistants des configurations du *care giving* et du *care receiving* au travers du prisme des sociétés coloniales et postcoloniales.

Abstract: *Le livre d'Emma* (2001) by Marie-Célie Agnant recounts the story of Emma Bratte following the murder of her young daughter, Lola. Flore, who is also the narrator of the story, meets Emma at the psychiatric ward where she is confined: she is tasked with acting as an interpreter since Emma refuses to speak any language but Haitian Creole. It is during the sessions with Flore that Emma speaks of “la malédiction du sang”, a blood-borne curse originating with the slave trade and colonization. This generational curse refers to the oppression and exploitation that enslaved people were subjected to, related in particular to women's reproductive labor, and the perpetuation of exploitative care into the present. As such, rather than read the infanticide as the result of Emma's alleged madness, I read the commonly perceived violent act of infanticide as the signifier for the persistent defects of configurations of care giving and care receiving in colonial and postcolonial societies.

Mots-clés : Passé colonial, esclavage, *care* d'exploitation, infanticide, soin mortel, voix, Marie-Célie Agnant, *Le livre d'Emma*

Keywords : Colonial past, slavery, exploitative care, infanticide, deadly caregiving, voice, Marie-Célie Agnant, *Le livre d'Emma*

“Liberté ou la mort.” These words appear at the top of one of the original government-printed versions of the Haitian Declaration of Independence, an 8-page pamphlet found at the British National Archives by scholar Julia Gaffield in February 2010¹. This phrase contains the decisive formulation of the independence and sovereignty of the Haitian people. In Marie-Célie Agnant’s *Le Livre d’Emma* (2001), Flore, a young woman of Haitian heritage working in Montréal as an interpreter, meets Emma Bratte, a woman confined to a psychiatric ward after being accused of the murder of her daughter, Lola. For Emma, “Lola devait mourir [...]. Comme [elle], Lola était condamnée²”. Flore is tasked by Dr. MacLeod, the psychiatrist who attempts to unveil the scope of Emma’s “maladie” before the trial, to make sense of the woman’s disjointed narrative as Emma will refuse to answer the doctor’s questions in French and will only speak Haitian Kreyòl. Throughout the novel, Emma will not say much about the killing of her daughter, only that through this brutal act, she took an already forsaken life (“condamnée”) – a life irremediably enmeshed with personal and collective historical trauma, that of the transatlantic slave trade. Particularly, “la malédiction du sang” to which Emma refers invokes the transmission of a genealogy of violence, suffering and abandonment inscribed into women’s bodies.

During her sessions with Flore, Emma unburdens herself of the memories of the lives of the other women in her family, endorsing the role of storyteller after Mattie, the cousin of her late grandmother Rosa. Reminiscing on her childhood, Emma compares living with Mattie to a “long apprentissage” as the woman had laid out for her the historical circumstances that are responsible for “la malédiction du sang”. Mattie, a voice of the past, explains to Emma, who then tells Flore

¹ See Julia Gaffield (ed.), *The Haitian Declaration of Independence. Creation, Context, and Legacy*, Charlottesville, University of Virginia Press, 2016, in particular the Preface and Introduction by David Armitage and Julia Gaffield.

² Marie-Célie Agnant, *Le Livre d’Emma*, Montréal, Les Éditions du remue-ménage, 2001, p. 162. All subsequent references to this edition are abbreviated to *LE* followed by the page number in the main body of this article.

that, “le mal dont souffre [Fifie] (Emma’s mother) vient de loin. Il coule dans nos veines, nous l’ingurgitons dès la première gorgée du lait maternel” (*LE*, 108). Rather than being used to maintain life, to meet the needs of others (in this case, of the child) – in reference to Joan Tronto’s definition of “care³” – the act of breastfeeding marks the transmission of the “malédiction venue des cales des négriers” (*LE*, 162) leaving it impossible to free oneself from the legacy of colonial enslavement. “Liberté ou la mort” – does it mean, then, that the infanticide committed by Emma can be understood, within the context of colonial enslavement and its legacy, as a rebellious act against the inescapability of an interminable past? This article begins by exploring the infanticide as the manifestation of colonized care, that is a form of caring that is distorted, that has mutated from within the violent system of colonial enslavement, and from then on, is maintained due to a failure to reckon with the experiences and voices of enslaved women of the past. This leads eventually to an examination of the conditions for decolonial caring practices inaugurated by Emma’s transmission of history and Flore’s acquired attention.

Colonized act of caring made manifest through breastfeeding

When one thinks of “care”, one may think of attentiveness, solicitude, or responsibility to self, others and the world – these are all potential synonyms for the word (Merriam Webster). In fact, in their readings of *Le Livre d’Emma*, scholars like Maria Adamowicz-Hariasz or Robert Sapp have acknowledged that an act of recovery, of “recuperation of repressed memory⁴” is performed

³ Joan Tronto defines the act of caring as a practice “aimed at maintaining, continuing, or repairing the world” in *Moral Boundaries. A Political Argument for an Ethic of Care*, New York, Routledge, 1993, p. 104.

⁴ Robert Sapp, « Transmitting the Legacy of Créolité in Marie-Célie Agnant’s *Le livre d’Emma* », *The French Review*, vol. 92, n° 4, 2019, p. 32.

in the “translation/transmission project between Flore and Emma⁵” enacted through orality. There is, of course, a possibility of caring contained in the act of transmission of memory, the attention to and liberation of a silenced legacy taking shape to which we will return later. But I rather want to look first at the colonizing of the act of nurturing that will eventually result, in the novel, in destructive relationships, especially to the self and between mother and daughter. Considering the act of infanticide, in and of itself, in “le roman féminin antillais”, Antoinette Marie Sol comments on its historical ambivalence looking at “les deux faces de l’infanticide” – an act led, on the one hand, by “l’amour (épargner un être cher et innocent des horreurs de la servitude)”, and on the other, by “la haine (du système esclavagiste, du maître, de soi)⁶”. The infanticide, as inscribed within the historical context of colonial enslavement, may be understood, after Sol, as liberatory (giving the example of Evelyne Trouillot’s first novel *Rosalie l’infâme* (2003) where the story takes place in the French colony of Saint-Domingue (present-day Haiti) during the mid-XVIIIth century); and in the present, with the example of Agnant’s novel, as a “repeated gesture”, or as the perpetuation of an act of resistance to escape a repressed and silenced existence. But, is Emma only just “repeating the gesture” (“répète le geste”) performed by the women of her family following their rebellious Bantou ancestor, Kilima?

Rather, the stakes of the infanticide extend well beyond the idea of intergenerational repetition. For indeed, even if there is repetition, recurrence of the infanticide, how is it that such an act is reenacted from one generation to the next? Among the women of Kilima’s lineage, the intergenerational transmission of memories of violence occurs, I argue, through the act of

⁵ *Ibid.*, p. 33.

⁶ Antoinette Marie Sol, « Histoire(s) et traumatisme(s) : l’infanticide dans le roman féminin antillais », *The French Review*, vol. 81, n° 5, 2008, p. 972.

nurturing, through breastfeeding as colonized caring. For indeed, during a session with Dr. MacLeod and Flore, Emma retraces the long history of colonial appropriation and control over women's bodies, as it appeared to her in a dream, interlinking exploitation and the practice of breastfeeding. Emma describes a slave market scene where she stands among a group of enslaved women: "Tout comme jadis on nous enchaînait pour que nous donnions nos mamelles pleines de vie à tous les petits Blancs pour protéger les blanches mamelles de leurs blanches mère, nous donnions à tous le lait de notre savoir" (*LE*, 30-31). Here, breastfeeding is incorporated into an extractivist practice where the giving ("donner le sein" in French), nurturing gesture is obliterated under the effect of colonial coercion to care. The breasts of the enslaved are hereby commodified, their existence being incorporated into an exploitative system of caregiving labor. After recounting her dream, Emma opens her blouse and exposes her breasts before bursting out of tears (*LE*, 31). By uncovering her breasts, Emma links them directly to the legacy of women's abuse and suffering she is burdened with. Breastfeeding as nurturing practice (as well as breast milk) is thenceforth overwritten by the enslaver becoming a colonized act of caring.

Rejecting the *lait du savoir*

And yet, is there not any way to extract breastfeeding, or simply the act of nurturing, of caring for others, from the colonial and its legacy? Emma did breastfeed her child, Lola – does that mean that the "malédiction du sang" described by Mattie has been transmitted to Emma's daughter, locking her existence into silenced suffering? During one of Flore's visits to Nickolas Zankoffi, Emma's former lover and Lola's father, she asks him about Lola and Emma as well as his relationship to the child. He describes a seemingly loving relationship between mother and daughter, as "Emma la dorlotait beaucoup, elle semblait l'aimer" (*LE*, 97). The tendency towards

“anti-family” (or “antifamille”) – that Édouard Glissant identifies in *Le Discours antillais*⁷ as, first, the coupling of man and woman to the profit of the enslaver and, then, the refusal to bear or raise a child in such conditions – is, however, reenacted through Emma’s attempt to terminate her pregnancy (*LE*, 40) and, eventually, through infanticide. Prior to committing infanticide, though, Emma attempts to liberate the experiences and voices of women from the vault of colonial history, to, one might say, overturn the *malédiction* and reappropriate “le lait [du] savoir” (*LE*, 31). For indeed, Emma confides in Flore her project of writing a doctoral thesis on slavery, so as to reconstitute the omitted past and in particular reclaim the voices suppressed from archival records. For Emma, the writing of her doctoral thesis consists in taking responsibility (as the bearer of a historical legacy of violence and resistance) as well as for historically dispossessed lives by challenging the ways in which history is written from the perspective of the most privileged, the exploitative receivers of care. This means, for her, to resist a version of history that is “tronquée, lobotomisée, excisée, machée, triturée puis recrachée en un jet informe” (*LE*, 22), as well as reckon with the constitutive violence of slavery and colonialism. Quite significantly, too, Emma enrolls as a doctoral student in Bordeaux, one of the most important French slave-trading ports – this points to the imperative to record and reclaim a history that has been suppressed in particular in the French context.

That being said, though, Emma’s thesis is eventually rejected by the examination committee due to “un manque de cohérence” (*LE*, 65), or so they said. When the act of writing may have served as a possibility to “retracer une forme de narrativité⁸” for the silenced voices of the enslaved while

⁷ See chapter entitled « Familles sans foyers ? » in Édouard Glissant, *Le Discours antillais*, Paris, Gallimard, 1997 [1981], p. 166-171.

⁸ Fabienne Brugère, *L’Éthique du care*, Paris, Presses universitaires de France, 2011, p. 43.

also extracting Emma from a legacy of suffering and death, her written legacy is not accepted, her existence as part of that society is denied. The character, then, comes to realize that her desire for (self-)telling (by way of the reclaiming and telling of a personal and collective history) is impossible within a constraining and hegemonic system that denies her voice (“Ils ont refusé d'entendre ma voix”, Emma tells Flore) (*LE*, 158). Such denial of voice, then, culminates in the restraining psychiatric institution. As Sapp notes, in the face of denial of voice, “Emma must find another way to tell her story⁹”. What, the reader must ask, will it be? But before that, let us point out that, looking at the chronology of events in the narrative, Emma commits infanticide on her daughter following her attempt at reclaiming knowledge, after being forced into silence again, without having broken the “malédiction du sang”. Put differently, the colonizing of the breasts, in particular breast milk and the act of breastfeeding itself, is dismissed, but not yet reckoned with. As the novel opens with the conversation between Dr. MacLeod and Flore, who is about to meet Emma, at the psychiatric ward, both the silencing of Emma culminating in the oppressive structure of the psychiatric institution and her readiness to resist a debilitating system are set in tension.

Pathologizing of Emma or the psychiatric hospital system?

When Flore meets Emma for the first time, the woman's existence is enveloped in a world that pathologizes her action. She has become “la patiente” and Dr. MacLeod only interacts with her so as to assess her mental health prior to the trial. Through Emma's interactions with both the doctor and the social worker, she is, moreover, exclusively perceived as the perpetrator, the murderer of her daughter, as the chronological sequence of events the reader is presented with – that is the

⁹ *Ibid.*, p. 247.

malédiction, the attempt to break the curse, and finally the infanticide – is disqualified as a valid or even possible interpretive framework for her actions. Rather, from within the psychiatric ward, the infanticide is locked in an isolated timeframe, ruled as “*acting out*” or “*passage à l’acte*” (*LE*, 65), which points to the assumed absence of conscious awareness of the meaning of the action committed. For Dr. MacLeod, a temporal causal sequence of events is clearly unthinkable. Throughout her interactions with social services and the healthcare system, Emma is therefore systematically met with misunderstanding as she falls out of codified means of communication and assessment. The few encounters between Emma and care providers (“la travailleuse sociale” [*LE*, 14], and Dr. MacLeod), then, result in a failure to communicate. For example, when Flore receives Emma’s medical dossier, the social worker expresses her inability to understand, to connect with “the patient” – “Si vous voulez mon avis sur Emma, je n’en ai pas. C’est trop complexe, trop étrange. Je n’ai pas les clefs pour comprendre” (*LE*, 14). Emma is here made opaque as she cannot be assimilated into the codified transparency of the psychiatric world into which she is forced. But, because she is made illegible, opaque through the perception of others, her voice is once again not heard.

This being said, Emma renegotiates the terms of her incomprehensibility: she will not be made incomprehensible, but rather, will make herself opaque by formulating “une opacité choisie comme protection contre la réduction occidentale” as she insists on speaking Kreyòl¹⁰. In fact, Dr. MacLeod explains to Flore that Emma understands French perfectly, and speaks the language just as well. The reclaiming of her voice, at least partially through the use of Kreyòl, is what somehow challenges the rhetorical strategies of the dominant discourse, and brings the doctor to

¹⁰ Lesley S. Curtis, « “Vite elle se referme” : L’opacité dans *Le livre d’Emma* de M-C Agnant », *Women in French Studies*, vol. 21, 2013, p. 73.

seek the help of Flore tasked to work as an interpreter in order to return Emma to transparency. Confronted with such explicit demand for transparency, Emma's turn to Kreyòl reveals her intention to sabotage Dr. MacLeod's discursive control – adopting a mocking tone, Emma notes the success of her oppositional attitude. In reaction to Dr. MacLeod's seeking the help of an interpreter, Emma retorts: “Tu t'es amené du renfort, petit docteur ?” (*LE*, 11). Facing an interlocutor who asserts, at least discursively, a posture of domination, the rhetorical stratagem, contained in the adjective “petit” appended to the noun, momentarily interrogates the pretense of authoritative knowledge. For indeed, from within the psychiatric ward, Emma is not heard. Among the notes collected by Dr. MacLeod before Flore is brought in to assist with translation, he reports: “[...] il n'y est question que du bleu : le bleu du ciel, le bleu de la mer, le bleu des peaux noires, et la folie qui serait venue des bateaux négriers” (*LE*, 8). The historical genealogy of Emma's suffering is, one may think, quite clearly hinted at, even more so in light of the entirety of the narrative, but the doctor's fixation with an oppressive clinical language impinges on his capacity to hear and further alienates Emma. Dr. MacLeod's empirical observation of Emma, therefore, remains out of sync, distant: as we access his inner thoughts, the reader becomes aware of the sterility of his clinical reasoning, in the sense that it denies historization of *folie*. He observes: “Emma s'abîme dans sa folie, peut-on encore la sauver ? lit-on sur le visage du médecin” (*LE*, 25). Within such a restrictive framework, the solution to the doctor's inability to understand why Emma says the things she says or does the things she does is to consider her irreversibly ill, deviant, other. In retaliation, as with Frantz Fanon giving up on the psychiatric system when he resigns from his position at Blida-Joinville psychiatric hospital in 1956, Emma's turn to Kreyòl short-circuits the hold of a codified clinical discourse. Fanon writes in his resignation letter: “La folie est l'un des

moyens qu'a l'homme de perdre sa liberté¹¹." "Liberté ou mort." It may seem like Emma has already made her choice, as horrid as it may appear.

The liberation of voice and reinterpretation of *accompagnement*

The transmission of oral histories that occurs between Emma and Flore, unbeknown to Dr. MacLeod, intervenes at a crucial moment in the narrative: following the infanticide but prior to Emma's suicide. In an anti-psychiatric, anti-clinical gesture, with or rather through Flore, Emma's voice enters the realm of the heard. Conjointly, Flore gradually learns to listen to Emma's voice, providing a counter-story to the medical and legal discourses surrounding Emma until then. In fact, as Adamowicz-Hariasz justly notes, at the onset of the novel, Flore is not in a listening posture: after meeting Emma for the first time, she admits to herself, "[...] avec Emma, je ne peux pas, je le pressens, je ne pourrai pas" (*LE*, 13). Just like with Dr. MacLeod missing the intersection of Emma's suffering with the colonial legacy of violence that the woman seeks to rehabilitate through transmission, in one way or another, Flore at first refuses the *lait du savoir*.

Gradually, though, Flore abandons herself completely to the stories Emma passes down to her; "[elle] devien[t] une partie d'Emma" (*LE*, 18). Through the process of listening, Flore weaves together "Le livre d'Emma", the written account of a long chain of oral transmissions recounting women's experiences of loss, slavery, and resistance related to the colonial past and its aftermath. Scholars, who have already contributed to the scholarship on *Le Livre d'Emma*, have turned their

¹¹ For a longer excerpt of Fanon's resignation letter to the Blida-Joinville psychiatric hospital, see Virginie Vautier, « Le patriotisme amer de Frantz Fanon », *Inflexions*, vol. 2, n° 26, p. 115-119. For more on the intersection Fanon's psychiatric work and colonialism, see *Les Damnés de la terre*, Paris, La Découverte, 2004 [1961].

attention to the liberating potential of orality which Emma's exchange with Flore exemplifies¹². As there is suffering in silenced memories, there is liberation in orality, as it suggests reclaiming historicity¹³. Orality, in the novel, is what escapes the clinical ordering of reality performed by Dr. MacLeod, and becomes conveyor of historical knowledge. I wish to pick up from the liberation of voices and consider the possibility of decolonial caring located in the practice of listening. After Françoise Vergès, "décolonial" "désigne la lutte pour la déconstruction de la colonialité du pouvoir"¹⁴. Now, we know that the act of nurturing, of feeding the *lait du savoir* has been colonized with the commodification and appropriation of the "mamelles pleines de vie" by the enslaver. The *malédiction* has then been passed on as the knowledge of the colonizing of care and its legacy has not yet been reckoned with, liberated from the hold of historical silencing. Through the image of breastfeeding her child that Emma recalls during one conversation with Flore ("Je me suis souvenue de tout cela lorsque j'ai décidé d'allaiter Lola" [LE, 84]), are we, then, to assume that, for her, the *malédiction* was passed on to Lola in this way, feeding her with repressed memories? "Liberté ou la mort."

But, the act of attentive listening that we see performed by Flore accomplishes what Emma's rejected thesis fails to do, for there is the promise of undoing the *malédiction* embedded in the liberation of Emma's voice and, henceforth, the knowledge of colonized caring. While prior to her encounter with Flore, Emma is caught within an institutional framework that negates the

¹² See Maria Adamowicz-Hariasz, « Le Trauma et le témoignage dans *Le Livre d'Emma* de Marie-Célie Agnant », *Symposium*, vol. 64, n° 3, 2010, p. 149-168 ; Lisa Connell, « Ce Corps qui écrit : L'Écriture et la corporalité dans *Le livre d'Emma* de Marie-Célie Agnant », *Nouvelles Études Francophones*, vol. 31, n° 2, 2016 ; and Robert Sapp, Transmitting the Legacy of Créolité in Marie-Célie Agnant's *Le livre d'Emma* », *op. cit.*

¹³ For example, the authors of *Éloge de la Créolité* embrace oral storytelling and recenters its historical significance privileging the presence of orality in writing, "une littérature qui ne déroge en rien aux exigences modernes de l'écrit tout en s'enracinant dans les configurations traditionnelles de notre oralité". See Jean Bernabé, Patrick Chamoiseau and Raphaël Confiant, *Éloge de la Créolité*, Paris, Gallimard, 1993, p. 36.

¹⁴ Françoise Vergès, *Le ventre des femmes. Capitalisme, racialisation, féminisme*, Paris, Albin Michel, 2017, p. 22.

possibility of self-expression, of her having a voice, that is her own voice, the act of transmission is reactivated when Emma begins entrusting Flore with her life story and those that were passed down to her by Mattie. Emma's coming into existence, then, occurs in language, through voice. In her philosophical exploration of subjecthood, Sandra Laugier argues that voice is what defines the subject – having, using voice is about “*being alive*¹⁵”. In effect, then, the suppression of voice negates the foundation of the individual as a subject. Thus, with no voice to claim, the subject is made absent – becoming a voiceless body. There is clearly a passing down of voices between the two women as Flore describes the combined action of listening and receiving:

J'écris pour dire tout ce qui brûle dans mon corps et dans mon sang, et que je ne parviens pas à t'exprimer lors des séances avec le docteur MacLeod, pour que vive à jamais ta voix, toi que personne n'a jamais écoutée. J'écirai jusqu'à ta dernière goutte de haine, et ta voix, tel un grelot, résonnera jusqu'à la fin des temps. (LE, 35)

As such, the act of listening is also where the promise of decolonial caring is embedded: the *malédiction* as well as Emma's “haine” come undone as Flore reckons with a genealogy of colonized caring that was Emma's burden, and entertains the possibility of caring differently. The voiced and, later, recorded interaction between Flore and Emma, thus, escapes, at least momentarily, the tendency to overlook and/or invisibilize the coloniality of care, turning the historically exploited carer into the deviant, the guilty if they seek to disrupt the cycle of domination and violence.

And yet, while Flore's attentive act of listening gestures towards the reclaiming of a voice to listen to and to reckon with, Emma is still denied access to self-expression in the larger dominant structure – which leads to her committing suicide. A few weeks before she commits suicide, Emma is informed that she has been judged inept to stand trial, and therefore, to champion her own

¹⁵ Sandra Laugier, « Voice as Form of Life and Life Form », *Nordic Wittgenstein Review*, Special Issue, 2015, p. 74.

individual voice over society's limitations. For Emma, standing trial would mean being able to “affronter les juges et mettre un peu de plomb dans la cervelle des journalistes” (*LE*, 162). But, by the end of *Le Livre d'Emma*, Emma is fully awakened to the fact that she will not be granted her own voice in the public conversation: as she is, once again, refused an incursion outside of the walls of the psychiatric ward, she is also not allowed to speak for herself, to be heard. “The subject is not a foundation; it is eternally claimed, absent, *demandé* ... the subject must *support* the voice, as it must action,” Laugier argues¹⁶. Then, in dialogue with Laugier's argumentation about voice, when Emma's voice, her version of events, is repressed, forced to withdraw behind the imposed boundaries on her body, the body ceases to exist. Or, Emma's story being transmitted to Flore, her voice is rescued from her confined body which only then ceases to be.

For indeed, in the narrative's chronological sequence of events, the act of transmission, the liberation of voice, does occur before Emma commits suicide. It is, then, precisely through the act of transmission accomplished through Flore's attentive listening that the terms of Emma's *accompagnement* can be expressed, or rather, reinterpreted – that is the liberation of voice to reveal something about the colonality of caring, so far unacknowledged, and the violence inherited from it. Differently, for Emma, freedom meant death. By jumping into the river, Emma commits her final act of resistance: against the imprisonment of body and voice within society as well as the psychiatric ward, Emma is finally liberated as she has embarked on “la route des grands bateaux” reclaiming ownership of heritage and history so far denied. And yet eventually, Flore's emerging awareness of and connection to this history offsets the stronghold of a society that exerts repression and control on voices that seek to rehabilitate a shared history of suffering and oppression. By the

¹⁶ *Ibid.*, p. 79.

end of the novel, Flore notes, for example, a more pronounced disconnect between her and Dr. MacLeod as, “[elle a] appris à utiliser d’autres codes, [elle a] découvert d’autres repères. Le médecin ne peut plus la suivre” (*LE*, 64) – which perhaps consolidates the hope that the knowledge of such history will invite to decolonize past and present forms of caring. Here, the *lait du savoir* may have been retrieved, finally free from the colonized act of nurturing. As Flore maintains knowledge passed down to her by Emma in the realm of the known, she might also be equipped with the means of decolonizing her existence as well history as presented in the *grands livres* (*LE*, 23) – the “official” and recorded history. At stake in the patient conversation between the two women, is both the liberation of voice for Emma, but also, for Flore, the knowledge of the past to move forward – to learn “[s]on nom de femme, avant celui de négresse” (*LE*, 167).