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**The Unreliable Narrator's Deconstruction of the Illness
Narrative in Lauren Slater's *Lying: A Metaphorical Memoir***

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Abstract

Within the larger scope of life narratives, illness narratives occupy a significant space both as honest expressions of often silenced, marginalized experiences and medically important accounts of how illnesses manifest in individuals. However, their sensitive nature necessitates that they are subjected to the overwhelming expectations of authenticity, evidence, and agency in order to be seen as legitimate. Lauren Slater's illness memoir *Lying: A Metaphorical Memoir* (2000) challenges these expectations by constructing its narrative through lies, metaphors, and an apparent dismissal of the conventional autobiographical pact. This approach acts as a deconstruction of both the expectations of life narratives and how they specifically manifest in the perception of illness narratives. As Slater makes a different pact that prioritizes emotional truth over factual events, she asserts her agency and presents an authentic, candid, and multifaceted account of chronic illness that refuses to offer a conventional, digestible, marketable story of triumph against adversity.

Keywords: Lauren Slater, Illness Narrative, Epilepsy, Chronic Illness, Unreliable Narrator

**Lauren Slater’ın *Lying: A Metaphorical Memoir* Adlı Eserinde
Güvenilmez Anlatıcının Yapısökümcü Hastalık Anlatısı**

Öz

Sıklıkla göz ardı edilen ve ötekileştirilen deneyimleri açık bir şekilde ifade eden ve hastalıkların bireylerde ne şekillerde görüldüğünü anlatan ve tıp açısından da önemli olan hastalık anlatıları, yaşam öyküleri türü kapsamında önemli bir yere sahiptir. Ancak, hassas bir anlatı türü olduklarından, okuyucular tarafından haklı görülmeleri için güvenilirlik, kanıt ve yetki gibi baskın beklentiler oluşmaktadır. Lauren Slater’ın *Lying: A Metaphorical Memoir* (2000) başlıklı eseri, öyküsünü yalanlarla, eğretilmelerle ve otobiyografik sözleşmenin açıkça reddedilmesiyle anlatarak bu beklentilere meydan okumaktadır. Bu türden bir yaklaşım sayesinde yaşam öykülerine dair beklentilerin ve bu beklentilerin özellikle hastalık anlatılarına dair algıları nasıl etkilediğinin yapısökümcü bir analizi ortaya çıkmaktadır. Slater, gerçek olaylardan çok duygusal gerçekliğe önem veren farklı bir sözleşme yaparak, kendi hikayesini anlatma yetkisini savunur ve kolay okunan, kolay satılan, ve zorluklara karşı kazanılan zaferlerin işlendiği alışlagelmiş bir öz yaşam öyküsü sunmayı reddederek, özgün, içten ve çok yönlü bir hastalık anlatısı ortaya çıkarır.

Anahtar Kelimeler: Lauren Slater, Hastalık Anlatısı, Epilepsi, Kronik Hastalık, Güvenilmez Anlatıcı

I exaggerate.

Lauren Slater

Introduction

In *Illness as Metaphor* (1978), Susan Sontag regards certain illnesses as visual aesthetic or vague allegory and states that “illness is not a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most

resistant to, metaphoric thinking” (8). With this perspective, Sontag challenges the romanticization of and “the punitive or sentimental fantasies concocted” (8) about illness, and questions the mindset that portrays chronically ill individuals as only triumphant stories since they are infantilized and their day-to-day struggles are ignored. However, what if one’s condition as a chronically ill person is informed by various, contradictory illnesses and symptoms which are difficult to comprehend? What if these symptoms distort one’s memory and opinions, and make it difficult to grasp their personal situation? What if the only way one can express the story of their illness is by framing it as a “slippery, playful, impish, exasperating text, shaped, if it could be, like a question mark” (Slater 170)? This is how Lauren Slater describes her illness memoir, *Lying: A Metaphorical Memoir* (2000). Her illness narrative gives an account of her experiences with a chronic illness and she constructs her life story on lies. She utilizes her unique style to have an open conversation about the nature of various, overlapping symptoms, one of which is compulsive lying, society’s expectations from her as a chronically ill person, and demands of life writing, specifically illness memoirs, to tell a cohesive, precise, easily marketable story. In a genre defined by telling one’s own life story, *Lying*’s utilization of the unreliable narrator does not betray the conventional autobiographical pact, but acts as a “subversion of the autobiographical conventions and imperatives of the genre” (Donaldson 1). This allows Slater to create a unique voice through which she paints a vivid picture of a life complicated by several physical and mental illnesses intersecting in complex and often uncategorizable ways. Lauren Slater’s controversial approach to life writing and her incorporation of lying serves to not only deconstruct the traditional tenets of life narratives, but also the specific expectations of illness narratives as Slater challenges the common infantilization and simplification of disabled people and asserts her agency by avoiding “the clean narrative lines of many illness memoirs” (Haas). This creates a new and a contemporary autobiographical pact, which maintains that “what matters in knowing and telling yourself is not the historical truth, which fades as our neurons decay and stutter, but the narrative truth, which is delightfully bendable and politically powerful” (Slater 168). This contemporary pact is the perfect conduit for people with illnesses and disabilities to separate themselves from the neat categories they are pigeonholed in and create a truly authentic illness narrative as opposed to yet another example of a dramatized story of triumph against adversity.

Lying: A Metaphor for Emotional Truth

As a genre that allows authors to tell their life story, life writing is built upon a “different set of expectations from those established in either the verisimilitude or suspension of disbelief of the novel or the verifiable evidence and professional norms of biography and history writing” (Smith and Watson 14) which allows it to intertwine facts with the emotional interpretations of those facts. While this allows the authors to impart their journeys from unique perspectives, a certain amount of factual information and evidence is still expected of the authors as this affords them authenticity and reliability in the eyes of the reader. This arrangement between the author and reader, which Philippe Lejeune calls “the autobiographical pact,” determines the attitude and the expectations of the reader (203). As such, distortions of truth or outright fabrications are not elements that are traditionally seen as compatible with life writing as the medium aims to impart the authentic experiences of the author.

Slater’s *Lying* is situated at the intersection of these elements. On the surface, the book can be summarized as an illness memoir where Slater discusses her childhood, adolescent years, and her struggle with epilepsy and all the other psychological disorders that came with it. As a memoir, the purpose of the narrative is to convey Slater’s pain caused by her various illnesses and to contextualize the symptoms. However, her symptoms include compulsive lying and loss or distortion of memory, which complicates her life narrative as “with a psychosocially disabled I telling the story, empirical truth is no longer a given feature” (Price 20). As the story progresses, the act of lying becomes the cornerstone of her narrative as an inescapable symptom and a significant feature of her character and “challenges and defies readers’ expectations for truth and transparency in memoir” (Donaldson 1).

Slater’s rocky relationship with truth starts at a young age through a combination of medical and psychological elements. Her epilepsy diagnosis is positioned as the main reason for her compulsive lying and justified from a scientific standpoint since “some epileptics are liars, exaggerators, makers of myths and high-flying stories. Doctors don’t know why this is, something to do, maybe, with the way a scar on the brain dents memory or mutates reality” (Slater 10). As memories are one of the building blocks of life writing, these dents on memory further complicates the narrative’s foundation. Slater states that her

illness makes her forget memories, affect the way she experiences fresh memories, and even force distorted or wrong memories upon her in what she calls involuntary recall or nostalgic incontinence:

It happens, doctors say, because temporal areas of the brain get stimulated from pre seizure firings, and a door opens, and through it pours the past. Some neurologists say that the memories are meaningless and not even accurate, random spurts from a hyperactive brain; others say the scenes that rush up are loaded with deep clues as to who and what we are. I myself don't know what to think. (113-14)

This means that even the memories Slater claims to be true cannot be trusted. The blatant admission of false recollection within the narrative shows that "memory is increasingly recognized to be an active process, full of elisions and distortions, so that even the most scrupulous memoir contains convenient lacunae and favorable rewritings of the past" (Grisolia 455). By combining "the fallibility of memory with the slippery nature of illness and diagnosis" (Cantrell 76), *Lying* examines and questions the claims of most life narratives as conduits of perfectly remembered and conveyed memories.

Lying is also framed as a conduit for real life problems and sufferings as Slater frames her Munchausen's syndrome as "a fascinating psychiatric disorder, its sufferers makers of myths that are still somehow true, the illness a conduit to convey real pain" (88). Within this context, the literal facts might be false but the motivation, the circumstances, and the problems that lead to the lies are true and relevant. As such, Slater's dishonest nature also emerges as a coping mechanism in a life of neglect and abuse. The most prominent dynamic within the narrative is Slater's volatile and codependent relationship with her mother who is also a compulsive liar: "She rarely spoke the truth. She told me she was a Holocaust survivor, a hot-air balloonist . . . From my mother, I learned that truth is bendable, that what you wish is every bit as real as what you are" (Slater 10). This attitude teaches Slater that a lie told with conviction becomes a reality. As a child, Slater is especially focused on her mother's moods, desperately needing her to be happy, to her detriment: "I watched her like I should have watched my sinking sickening self" (16). Her mother's neglect causes her to seek solace elsewhere. She tries to bridge this emotional

gap by lying to gain affection as she “take[s] control of her illness by purposefully having seizures in the emergency rooms of various Boston hospitals . . . wakes up to hands reaching out to her, providing her with the nurturing touch and care that her mother cannot or will not give her” (Donaldson 4). This leads to hospitals becoming her primary home: “I loved socializing with the nurses, who liked me . . . the sheets were softer than at home, and people touched you kindly . . . The rest of the world began to feel far away, a land I no longer knew how to live in. I felt bad for everyone in this land, and I looked at them with scorn” (65). As Slater continues her habit of lying into adulthood in service of fulfilling emotional needs, her interpersonal relationships become fraught with dishonesty and toxicity. She constantly struggles against her instincts and tries to leave her comfort zone in order to live a more truthful life. However, her lies become a tangled web and as the people around her refuse to see her truth, she seeks comfort in the familiar territory of inaccuracy. When her plan to tell the truth to her AA group backfires and her friends reject her truth as what they think is a kind gesture, Slater starts to make herself believe she really is an alcoholic: “I got confused, and my fact blew away, and I found myself back in the world I knew best . . . a world of so many stories—I am an alcoholic I am not an alcoholic; I am an epileptic I am not an epileptic” (164). As such, the narrative displays “the intimate, inseparable bonds between the ‘illness’ and the ‘patient’” (Grisolia 455) by positioning the narrated I’s lies within the story both as a symptom of her illness and a coping mechanism she uses to ease the pain caused by her illness and emotional problems.

Life writing often utilizes a direct connection between the reader and the narrating I that is separated from the narrated I as a character within the narrative. While the narrated I may indulge in lies, the narrating I is expected to be candid towards the reader. However, the narrating I of Slater’s authorial voice also engages in lying, blending facts, vague information, and blatant lies in her inner monologues so that the lying voice cannot be separated from the themes and prose of the book. She defines her autobiographical I as, “My name is Lauren. . . . I am not a fiction, but nor am I a fact, because a fact implies literalness, a fact implies permanence, and someday I shall die. And when I do, I hope to have my life laid out, the soul of the story articulated at last, it is true, yes. This is true, yes” (129). In this life narrative, the soul of the story takes precedence over factual evidence.

Slater's dubious story that always "walks the fine line between ambiguity and deceit" (Cantrell 81) forms the basis of the metaphorical aspect of the narrative as any given concept, action or even character, which has the potential to be false and is created specifically for symbolic purposes. Within this larger framework, Slater interpolates individual elements that act as emotional culminations and metaphorical centerpieces. First and foremost, the essence of the narrative, her epilepsy exists in an ambiguous state where it may be a truthful diagnosis or a metaphor to "describe [Slater's] own predilection for exaggeration" (Cantrell 76). Slater utilizes the imagery of epilepsy as an allegory for movement, neglect, and anxiety, stating "I have epilepsy. Or I wish I had epilepsy, so I could find a way of explaining the dirty, spastic glittering place I had in my mother's heart" (Slater 6). This element continues as Slater's violent symptoms force her to learn how to fall without causing damage to her body. Similar to epilepsy, falling also becomes both a tangible action in her life and a metaphor she can utilize to make sense of her situation. Slater has trouble mastering the art of falling for fear of letting go. In her mind, falling symbolizes leaving behind her rigid nature, which she has cultivated for the sake of her mother. When she finally learns to surrender and fall, this act "transforms into a metaphor for survival [as] being fallen, imperfect and rebellious is a relief" (Galbus 101). The metaphorical imagery of falling is at its most profound in the false story of Slater falling into an empty grave as a child. As she confesses she was "just using a metaphor to try to explain [her] mental state" (Slater 49), she also details the reasons for this daydream. For her, wanting to fall is an impulsive desire, signifying the strength in letting go as "Didn't divers leap from cliffs forty feet into the air? Didn't they enter the crystal water without so much as a smack?" (49) As she asks, "Doesn't the body bend and ripple in all sorts of ways we would never believe it could?" (50), she is trying to assert her control over her body that has always moved on its own through the convulsions of epilepsy. The imagery of people she trusts reaching out for her, paired with the imagery of rebirth out of soil and a metaphorical cardinal who had been holding her back leaving her mouth all, culminate in an intense and surreal scene where the emotionality outweighs the outright lies in a life narrative. Ultimately, the metaphorical devices of epilepsy, lying, and falling all intertwine as the symptoms of the same problem when she states, "we create all sorts of lies, all sorts of stories and metaphors, to avoid the final truth, which is the fact of falling. Our

stories are seizures. They clutch us up. They are spastic grasps, they are losses of consciousness. Epileptics, everyone of us; I am not alone” (197). As all of these elements are rooted in her illness, emerging as a symptom or as a coping mechanism, “Lauren’s illness, whether it is epilepsy or lying, comes to symbolize her journey from childhood to adulthood by signaling a movement from naivety to understanding, and from innocence to shame” (Cantrell 84). The entire narrative, from the biggest set pieces to the minutest detail, is potentially a metaphor and reality at once.

Despite the brash nature of Slater’s metaphorical narrative littered with openly admitted falsehoods and constructed symbols, the established expectations of life narratives constantly loom over *Lying*. As Hayward Krieger states in the introduction of the book, “Using metaphor as a literary technique is not a new concept in fiction; however, using, or suggesting, the use of metaphor as a valid vehicle to convey autobiographical truths . . . is a new and unsettling idea” (9). Slater herself constantly discusses this with conflicting opinions. As “the main function of Lauren’s narration, which is simultaneously confessional and self concealing, is to habitually interrupt herself and disrupt a ‘normal’ mode of selfhood” (Cantrell 78), this reoccurring metatextual insertions become vital in the disruption of life narrative conventions. There are certain instances where she argues with herself as she states, “Is metaphor in memoir, in life, an alternate form of honesty or simply an evasion? This is what I want to know” (149) or tries to convince the reader of the legitimacy of her unique voice as she asserts, “Sometimes, I don’t even know why the facts should matter. I often disregard them, and even when I mean to get them right, I don’t. I can’t” (114). Through her inner monologues, she contemplates “the blurry line between novels and memoirs” as she asks, “everyone knows that a lot of memoirs have made-up scenes; it’s obvious. And everyone knows that half the time at least fictions contain literal autobiographical truths. So how do we decide what’s what, and does it even matter?” (Slater 125-26) She also acknowledges the difficulty of situating this book in the canon of memoir in terms of marketing:

This is a difficult book, I know . . . The seizures are real or something else. I am an epileptic or I have Munchausen’s. For marketing purposes, we have to decide. We have to call it fiction or we have to call it fact, because there’s no bookstore term for something in between, gray matter.

If you called it faction you would confuse the bookstore people, they wouldn't know where to put the product . . . You would lose a lot of money. (125)

With these reflections, she reveals a glimpse of vulnerability regarding her own perception of her memoir's transgressions within the canon of life writing.

However, Slater also asserts that the complex and conflicting layers of her narrative are crucial in telling her story truthfully. Slater explains that lying was what gave her a voice in the first place as she struggles to express herself when she tries to omit lies from her narrative entirely: "I was falling into whiteness. A terrible silence surrounded me. I wanted to mark the page, but I couldn't think of a thing to say, or who I was, or even how to spell my name, now that my stories were gone" (129). Slater also connects lying to the nature of creating narrative itself as she states, "The neural mechanism that undergirds the lie is the same neural mechanism that helps us make narrative. Thus, all stories, even those journalists swear up and down are 'true,' are at least physiologically linked to deception" (129). Holding on to this conviction, she does not relent, insisting on labeling this book as a nonfiction memoir despite the potential loss of ambiguous marketing. Her strategies of translating her narrative are uncompromising and she does not water her story down or make it more coherent and structured to make it more comprehensible. In her analysis of *Lying*, Kate Cantrell states, "The primary use of metaphor in confessional memoir is to serve a creative or constitutive purpose rather than a mere illuminative function, since whatever it is a metaphor expresses cannot be said directly. In other words, the truths a metaphor conveys cannot be expressed otherwise" (77). As such, Slater's insistence becomes a struggle for agency and autonomy. Her plea, "My memoir, please. Sell it as nonfiction, please" (129), shows the importance of preserving the integrity and intent of one's authentic life story despite the potential disruption it might cause within the established canon of life writing.

Since illness narratives "offer us a disquieting glimpse of what it is like to live in the absence of order and coherence" (Hawkins 2), *Lying* utilizes "digressions, omissions, gaps, and silences about certain things, in contradiction" (Smith and Watson 79) in order to create a thematic coherence instead. While the seemingly incoherent narrative might confuse readers, the internally consistent nature of Slater's

narrative “invites readers into the confused space that she says she has occupied throughout a life of illness” (Grubbs 26). As Slater never stops her deceit, self-questioning, or her confusing prose, the incoherence becomes a part of the candid picture she paints of herself. As her therapist, Dr. Neu states, “In one sense you lied, but in another sense you didn’t, because trickery is so hinged to your personality style, and, therefore, you were only being true to yourself” (156). Slater utilizes this thematic coherence to recontextualize agency and authority, which are often used to establish the author’s unique voice, to facilitate “the act of claiming a past” (Smith and Watson 154), to establish the reader’s confidence in the author’s freedom to tell one’s story with no limitations or manipulations, and to assert her authentic self not as a hyper realistic portrait, but what she describes as “a portrait of the essence of me” (135). Therefore, despite her self-conscious monologues, Slater is able to gain full agency, authority, and authenticity simply through her insistence on utilizing an unconventional voice. By claiming, “speaking metaphorically about one’s experiences can convey the ‘truth’ of the matter as well as or better than speaking only about diagnostic ‘facts’” (Grubbs 26), Slater breaks the traditional autobiographical pact and makes a new, different type of pact that promises to tell the reader not the factual truth but the emotional truth.

Slater’s unconventional approach has also drawn some criticism. Elizabeth Donaldson states, “Slater’s strategy in *Lying* is problematic on several levels. Traditionally, a memoir writer has an implicit contract with her readers to base her story in fact, not fiction or metaphor, and some readers are unwilling to permit Slater’s sweeping alterations in the terms of that contract” (3). However, the risky strength of this unconventional pact has also been recognized. As Laura Miller states, “Slater is not above manipulating her readers, while technically avoiding inaccuracy, if it will make the tale more potent. This recklessness is both the kernel of her talent and her nemesis; she is forever threatening to cross the line” (Miller). *Lying*’s factually incoherent but emotionally honest unreliable narrator recontextualizes the narrating I’s position as “the object of investigation, remembrance, and contemplation” (Smith and Watson 1) and utilizes a concept that is traditionally believed to be incompatible with life writing to access the core of life writing: taking control of one’s own story.

An Undiagnosable Illness

While discussing the specific ways *Lying* subverts life narrative tropes, it is crucial to also situate it within the canon of illness memoirs. In *Reconstructing Illness: Studies in Pathology*, Anne Hunsaker Hawkins asserts that accounts of illness were rare before 1990s and they first appeared in the publishing world in the 1950s (4). While the illness narratives in the 1950s focused on uplifting self-help stories “intended for patients recently diagnosed with the same condition as the author”, the 1990s saw an emergence of narratives that “criticised the dehumanising effects of modern healthcare” (Vickers 388). Prominent examples such as Norman Cousins’s account of life threatening illness in *Anatomy of an Illness* (1979), William Styron’s depression narrative in *Darkness Visible* (1990), and Susanna Kaysen’s experiences in a psychiatric hospital in *Girl, Interrupted* (1993) helped establish this genre within the canon of life narratives.

The popularity of illness narratives amongst readers is connected to the nature of chronic illness as “not just as an individually but as a socially transformative experience” (Nettelbeck 163). As people struggle with difficult conditions that isolate and transform them, illness memoirs emerge as “our modern adventure story [as] life becomes filled with risk and danger as the ill person is transported out of the familiar everyday world into the realm of a body that no longer functions and an institution as bizarre as only a hospital can be” (Hawkins 1). These narratives both offer representation for chronically ill people and bring their isolated experiences to the healthy masses as “the injustices they detail often feel quite personal . . . each patient dwells on the particular loneliness of suffering internally in the absence of external signs, of appealing for help again and again but never receiving it” (Ahuja). Furthermore, as “the disabled represent a minority that potentially includes anyone at anytime” (Siebers 11), these accounts also remind healthy people the fragile and fleeting nature of their own health.

Since life writing positions the author as “simultaneously a socially responsible real person, and the producer of a discourse” (Lejeune 200), the author in illness narratives is expected to be an authority regarding their illness, being able to show evidence, speak with agency, and craft their narrative carefully so as not to cause stigma or suspicion as “in this ableist world, autobiographical narrative is

often just one more tool used to grind [disabled people] down” (Price 31). Within this context, *Lying*’s approach to chronic illness may be interpreted as dangerous. While Lauren Slater’s career as a clinical psychologist gives her some authority on the matter, her use of lies and metaphors has been criticized for its potential effect on narratives regarding people with chronic illnesses who are already marginalized. G. Thomas Couser states, “The ethical crux of *Lying* is not that Slater may be lying about having epilepsy, but that in exercising prose license she commits herself to an essentializing and mystifying characterization of a still stigmatic disability” (141). However, her narrative does not mythologize her condition, but allows her to properly decipher the ambiguous and difficult nature of her illness. As Slater “encodes boundaries and warning signs in her narrative that signal her desire to create a safe space where her personal stories can be shared” (Cantrell 83), her illness memoir does not attempt to provide universal truths about epilepsy, but to facilitate an honest conversation about living a life complicated by various physical and mental illnesses which affect one’s mental state and stunt one’s emotional growth.

While the book displays a number of physical and mental illnesses Slater suffers from, the core illness of the narrative is epilepsy. The story starts with her illness distorting her perception of certain sensations: “I could see the sounds she made, the high piano notes pink and pointed, the low notes brown and round” (Slater 11). This is followed by smells, a common symptom preceding epilepsy episodes, as she also states: “My epilepsy started with the smell of jasmine, and that smell moved into my mouth. And when I opened my mouth after that, all my words seemed colored” (10). However, despite these symptoms, Slater constantly questions the core of the book as an account of epilepsy: “I don’t know . . . whether . . . I am just confusing fact with fiction, and there is no epilepsy, just a clenched metaphor, a way of telling you what I have to tell you: my tale” (10). While the ambiguous nature of epilepsy in *Lying* has been the topic of debate, Dr. James S. Grisolia also draws attention to the effect of epileptic symptoms in one’s life regardless of their origins: “Much recent research attests to the psychiatric morbidity of chronic epilepsy, and some surveys find little difference between patients with organic and psychogenic epilepsy. *Lying* certainly forces professionals to rethink this division between the ‘true’ and the ‘false,’ including how and whether such a distinction really impacts a person’s life”

(455). As Slater clearly demonstrates, her life is undeniably changed by a series of symptoms and behaviors she presents as epilepsy and it becomes clear that “in Lauren’s strange, warped world where the truth is slippery, her epilepsy makes literary, if not literal, sense” (Cantrell 84). Regardless of the source, the fact that she experiences epileptic symptoms and seizures is undeniable.

Throughout the narrative, Slater battles with other types of illnesses such as depression, anxiety, and Munchausen’s syndrome. While these illnesses can be observed in her behavior, she puts these specific diagnoses under scrutiny by discussing doctors’ trouble with diagnosing her with one particular illness: “Diagnosis itself is a narrative phenomenon, because the same symptoms that doctors saw as epilepsy in one era of my life, they saw as borderline personality disorder in another era of my life, and then as post-traumatic stress disorder in yet another era, and as bipolar, and as Munchausen’s, and as OCD, and as depression and, once, even, as autism” (Slater 169). Due to a lack of help from professionals and the dismissive attitude of those around her, Slater has trouble parsing through her situation as “the complex of psychiatric and neurological symptoms she has experienced over the course of her life has left her as confused about her medical situation as we are” (Grubbs 34). She puts the emphasis on the specific symptoms as they affect her life instead of clear categories in which professionals place ill people. Slater even criticizes the basic idea of a universal diagnosis by discussing the fluctuating nature of scientific facts:

Take salts and your skin diseases will go away; a pink bath helps you breathe. Epilepsy today is definitely a physical thing, but two hundred years ago it was definitely a demon. You can be cured, today, with drugs, but long ago the same cure came through stork’s dung, the liver of a she-goat, an amulet of stones taken from the stomach of a swallow at the waxing moon. (165)

The belief systems of a certain time frame designate the facts but these can be debunked and made obsolete in the future. This perspective aids in her focus on the emotional truth of her story while discarding the importance of evidence in life narrative. In her analysis of *Lying*, Margaret Price describes this approach as *counter-diagnosis*: “In counter-diagnosis, autobiographical narrator uses language . . . to

subvert the diagnostic urge to ‘explain’ a disabled mind . . . the counter-diagnostic story does not merely parallel or replace the conventional diagnostic story: it ruins it altogether, attacks its foundations” (17). This framing opposes the importance placed upon specific categories and allows the author to narrate a more versatile and dynamic illness narrative through transcending those categories. As Slater claims different types of illnesses like epilepsy and depression or as some illnesses are attributed to her, like alcoholism, she “neither embrace[s] diagnosis as truth nor reject[s] it as useless: instead . . . draw[s] power from the shape-shifting nature of counter-diagnosis, accepting, rejecting, mimicking, and contesting the diagnostic urge in various ways” (17). Since “*Lying* purposefully manipulates readers’ desires to diagnose the problem that is Lauren Slater” (Donaldson 4), the specifics of diagnosis become irrelevant and the narrative focuses on discussing their effects on Slater’s mental state, her creativity, her relationships, and her perception of the world. This rejection of diagnosis culminates in the metaphorical concept of an ultimate disease that interweaves Slater’s own suffering with the suffering of others, while finding a common ground not through labels, but through the illness itself: “The only thing that’s relevant is that I have a disease—no, that I have *the* disease, and I am here to be healed” (Slater 160). As such, *Lying* becomes a “testimony to the formless and sometimes fragmented nature of neurological illness” (Cantrell 76) and the narrative itself becomes a new form of therapy against the expectations and demands of diagnosis and medication.

Slater also uses this discussion of the specific nature of her illnesses to comment on the genre of illness memoirs as a whole: “Despite the huge proliferation of authoritative illness memoirs in recent years, memoirs that talk about people’s personal experiences with Tourette’s and postpartum depression and manic depression, memoirs that are often rooted in the latest scientific ‘evidence’, something is amiss” (169). With her skepticism regarding the emphasis on diagnosis and facts in most illness memoirs, Slater criticizes the common perception of illness narratives as “forms of a clinical encounter, in which the writer is the patient who presents and performs her symptoms for the reader. If the reader’s approach to the text is heavily structured by the diagnostic gaze, then the narrative can become the equivalent of a case study, read primarily to provide information about an illness” (Donaldson 4). With her statement, “Authority is illusory, the etiologies constructed” (Slater

169), she emphasizes the individual nature of illnesses and that each illness affects different people in different ways.

This discussion of diagnosis is significant in situating the illness narrative within the larger genre of marginalized narratives as chronic illness molds one's life into "a complicated life at the margins—at the margins of society, of economic success, ultimately of health itself" (Saris 39). Life writing constantly emphasizes the importance of uplifting marginalized voices that might not be heard otherwise. However, due to the sensitive nature of these identities, concrete and perfect expressions of minority experiences are regarded as an essential aspect of establishing their authenticity. This creates a precarious situation in which the authors feel an obligation to express their identities that does not leave room for interpretation. Margaret Price draws a parallel between illness narratives and queer narratives regarding the expectation of concrete identity, stating: "Conventional disability narratives and conventional gay/lesbian coming-out stories often hinge on a moment of revelation through labeling: 'At last I have the name that makes sense of my foregoing experience!' But the story of course is not so simple" (17). Since diagnosis is viewed as the ultimate identity marker regarding the people with illnesses, illness narratives and the specific labels invoked in these narratives are subjected to the same expectations that are forced upon the life narratives of other marginalized people. With the added pressure of creating a digestible and marketable narrative, creating a genuine and authentic story of fluid identity outside the norms of life narrative becomes difficult. Within this context, Slater's vague, metaphorical story—which refuses to commit to any of the illnesses she mentions as her one, true identity—commits the crime of inauthenticity in the eyes of the reader. However, while marginalized identities that exist within a spectrum can only be described in fluid terms, this type of life writing may be viewed as inconvenient for readers who are used to directly relatable life narratives. Yet, the amount of pain and suffering expressed within this narrative presents the necessity of a story space for the individuals who cannot categorize their sufferings into preexisting categories. Since chronically ill and disabled people constantly struggle against "the high level of external regulation of their lives and the ever-present threat of others substituting their decision-making" (Arstein-Kerslake and Flynn 22), controlling their narratives with specifically chosen expressions becomes a crucial part of regaining bodily autonomy.

The issue of ambiguous identity is further complicated by the invisible nature of Slater's mental illnesses. As Margaret Price states:

People with psychiatric disabilities are subject to discriminatory assumptions that resemble those made about people with all kinds of disabilities—including the “all in your mind” assumption. However, because of the ways that such disabilities manifest, are viewed, and are experienced, their distinctive theoretical and experiential space must be acknowledged as well. It is quite literally all in our minds. (14)

This invisibility creates a dichotomy as only illnesses that fit in a visible and understandable category are viewed as legitimate and people whose illnesses do not fit into any of these categories are left battling claims of malingering as “illness deception is a highly charged issue in disability rights, as people with invisible disabilities must fight for accommodation, both in the field of psychiatry, where practitioners work to detect it, and on the social stage, where charges of malingering are leveled against those receiving disability benefits as part of a political agenda” (Grubbs 25). This issue is highly relevant in Slater's case as someone who experiences symptoms that are invisible to others and who engages in occasional malingering in order to cope with certain aspects of her illness. However, as Slater “rejects the idea that the deceptive behavior accompanying her mental illness ought to be stigmatized . . . [and] works to humanize a set of symptoms that are deeply prone to stigma” (39), her focus on a fluid expression of herself as a chronically ill person becomes both complicated and necessary.

This fluidity is reflected in Slater's depiction of herself as a contradictory person who contains multitudes. *Lying* challenges the common trope of the perfect disabled person, which infantilizes people with illnesses and traps them within the confines of respectability politics. In his essay “Disability Studies and the Future of Identity Politics,” Tobin Siebers criticizes the emphasis on social acceptance regarding disability as it

either fails to account for the difficult physical realities faced by people with disabilities or presents their body and mind in ways that are conventional, conformist, and unrecognizable to them . . . [by] privileging pleasure

over pain . . . favoring performativity to corporeality, and describing social success in terms of intellectual achievement [and] bodily adaptability. (13)

This perspective is challenged by Slater's unflinchingly detailed accounts of the physicality of her illness. She describes her symptoms as,

You grit your teeth, you clench, a spastic look crawls across your face, your legs thrash like a funky machine, you hit hard and spew, you grind your teeth with such a force you might wake up with a mouth full of molar dust, tooth ash . . . You bite your mouth . . . chew it to pieces from the inside out, a mythical hunger, my whole self jammed into my jaw. (20)

By getting into the gritty details of the havoc her illness wreaks on her body, Slater presents herself without restraint and glamorization. This visualizes epilepsy in a visceral way and challenges the notion that visually unappealing illnesses must stay behind closed doors. Slater emphasizes this point by constantly inserting her body as a spectacle to be stared at by the public, her seizures and the consequent bodily functions making her "the body to be seen" (34). The physicality of her illness distorts her perception of her own body in all aspects of her life, causing her to view her most natural instincts such as sexuality through the framework of illness. For her, even the natural movements of her body during intercourse are "a convulsion, a kind of tortured twist" (101). The narrative also presents an unflinching look at Slater as a flawed person who lies, steals, and mistreats those around her because of her inability to process emotions as a direct result of her illnesses. As she frames her intentional episodes as theft of people's attention and care, "stealing things beyond weight, beyond measure" (70), and labels herself as "spiritually bankrupt" (123), she shatters the illusion of the romanticized, innocent ill person.

In addition, she examines the unconventional and contradictory perspectives through which people may view their own illnesses. While Slater's illness causes social and physical suffering, she also starts to regard it as a form of privilege. Similar to Susan Sontag's distinction between "the kingdom of the well and . . . the kingdom of the sick" (1), young Slater also starts to view her illness as a separate

and isolated space. However, instead of regarding this space as a prison which prevents her from seeing the rest of the world, she views it as a form of shelter against emotional turmoil: “There was a world out there, but I didn’t have to be part of it, and slowly I saw the privilege of this . . . illness became not a thing I had but a thing through which I could escape . . . I was safe . . . in this place, my place, I stayed small forever” (61). It is clear that spending her formative years in hospitals, sometimes by choice, has affected Slater’s view of the world. While the narrative makes it clear that this is a mindset she needs to reconcile with, this candid confessional still opposes the idea of the chronically ill person who despises their disease and would love to be healthy despite all odds.

These honest discussions of her illness also subvert the trope of “narratives of triumph” in which “the author, after the initial shock and devastation of receiving a serious diagnosis or suffering an accident . . . finds a comfortable way to cope, and eventually is restored to health or achieves some kind of emotional resolution” (Conway 1). This approach has contributed to the romanticization and infantilization of chronically ill and disabled people as these narratives minimize their struggles, ignore the difficulties of their experiences, and cast judgment on those who may have less than optimistic reactions to their own condition (17). The narrative of triumph is pervasive in life narratives since it serves as a catharsis, which might be the expected outcome of stories of adverse conditions. The conventional tropes of coherence and closure can be easily achieved in a narrative that “avoids the fact that suffering may serve no apparent purpose. . . suggests that the progress of an illness leads in the direction of restored health; and . . . quells a person’s anxiety over the possibility that his or her story may not have a happy ending” (19). Within this context, *Lying*’s restless narrative “complicates a genre that has been too easily packaged and consumed in the recent past” (Donaldson 3) with glimpses of health, relapse, emotional breakdowns, and prominent physical effects. Even when Slater creates the perfect opportunities for a moment of narrative flow and catharsis, she immediately shatters the illusion by stating, “maybe it’s just certain narrative demands, a need for neatness compelling me to say that was the night or and this led surely to this, my life a long link of daisies, a bolt of cloth unbroken, I wish it were” (57). The book ends on an insignificant moment of triumph with no definitive answers to her

illnesses and *Lying* remains a simple snapshot of Slater's life coupled with her ongoing illnesses even after her memoir has concluded.

In the light of this discussion regarding expectations and difficulties of crafting an illness narrative, Slater's metaphorical voice becomes crucial not only in regards to her personal, authorial intent, but within the larger context of trauma narratives. When faced with the task of articulating traumatizing events and difficult concepts, Slater elects to utilize metaphors as a method of compartmentalizing. When she states, "I do not know how to say the pain directly, I never have" (157), she conveys the difficulty of weaving a scientifically accurate, precise narrative and the necessity of discussing one's pain with a layer of metaphor as a coping mechanism, showing that "it isn't so much that metaphor is truth, but that metaphor reveals the difficulty of telling a truth of the self" (Diedrich 145). In an interview discussing the lying aspect of her memoir, Slater states: "I have not been totally honest about my past in my nonfiction, not because I desire to deceive people, but because . . . I've never found a way of writing about what really happened to me . . . Because it's so extreme. To me, it's almost like it's not in good taste. I don't know how to do it" ("Encounter"). Slater's hesitancy regarding her traumatic past and her decision to discuss her illness through metaphors parallel the struggles of many disabled people regarding disclosing their identities and the backlash they may receive as a result of their refusal to define themselves within certain categories. Tobin Siebers states, "closeting involves things not merely concealed but difficult to disclose" ("Masquerade" 2). The vulnerability of trauma narrative blends with the vulnerability of chronic illness and all the misconceptions that come with it to create a compromised situation where a degree of separation and elevation is needed for the author to craft their story in a healthy way. Life writing exists at the intersection of the need and the hesitancy to express an intimate vulnerability due to the personal and sensitive nature of the narrative. As such, *Lying's* raw narrative "forces us to examine the multiple ways in which our experiences and ideas are pathologized and categorized, the ways in which we are complicit in that process, and the limited terms of our possible rebellion" (Donaldson 4). Buried within Slater's fabricated claims and dense metaphorical layers lies a true suffering and a desire to be heard that cannot be ignored.

Conclusion

Lying is a controversial book in which Slater deconstructs the specificities of life writing and illness memoirs to create a narrative that achieves the goal of telling one's authentic story. Despite G. Thomas Couser's previously discussed criticism of *Lying*, the narrative is compatible with his statement: "The impulse to write a first-person illness narrative is often the impulse to depathologize one's condition" (Smith and Watson 263). This pathologization is parallel to the suspicious nature of life writing readers since "when confronted with a narrative that has the appearance of an autobiography, there is often a tendency for the reader to act like a detective; that is, to look for breaches of the contract" (203). Throughout the narrative, Slater battles with this pathologization and the expectations of life writing by refusing precise categories of illnesses and illness narratives. It is impossible for Slater to identify with any of the previously set categories because of her overlapping symptoms, her compulsive lying, and even the professionals' inability to diagnose her illness. What Slater achieves in *Lying* is the use of metaphorical prose to reveal truths about prejudices, sufferings, and demands she encounters as a result of her illness. As a review in NYU Langone Medical Center's Literature Arts Medicine Database states: "Factually verifiable or not, there is much that is true in this story, and much that is thought-provoking about the experience of growing up with a chronic illness" (Belling). *Lying* is a contemporary and postmodern text that subverts the readers' expectations from a chronically ill patient and the life story does not comply with the demands for manufactured authenticity. This approach can be seen in later contemporary texts such as Porochista Khakpour's illness memoir, *Sick* (2018), which also discusses symptoms that are difficult to diagnose and the judgment derived from these symptoms. These life narratives are also remarks on the unrealistic expectations such as perfection, cooperation, and grace of from ill and disabled people. Slater states, "Illness has claimed my imagination, my brain, my body, and everything I do I see through its feverish scrim . . . Illness, medicine itself, is the ultimate narrative" (169). *Lying* becomes less of an account of the illness and more of a literary manifestation of the illness; afflicted with unclear experiences, painful memories, dreamlike perceptions, and presented vividly through its rejection of conformity, diagnosis, marketability, and simplicity.

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