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DISABILITY AS METAPHOR

What's wrong with *Lying*

The first wave of response to Lauren Slater's Lying: A Metaphorical Memoir has focused on the book's truthfulness as self-representation – particularly the question of whether Slater really has epilepsy. What seems to have escaped notice is her implicit representation of others, namely those who do have epilepsy. For me, 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. Slater is a professional psychologist, and her earlier memoirs display an acute sensitivity to the ethics of representing others, especially her clients, but her latest memoir unnecessarily risks harm to a whole class of individuals through its central trope.

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A mere two years after the publication of her popular and critically acclaimed memoir *Prozac Diary*, Lauren Slater issued another memoir: *Lying: A Metaphorical Memoir*. Like its predecessor, *Lying* belongs to the subgenre of disability or illness narrative; this one, however, concerns not depression and Prozac but epilepsy and surgery (corpus callostomy, separation of the right and left hemispheres of the brain). Readers familiar with Slater's earlier narrative may have been taken aback at what seems a radical revision of her medical history in *Lying*; all readers of *Lying* may have been disconcerted by Slater's undermining of her own credibility (beginning with her title). Predictably, then, the first wave of response to *Lying* has focused on the book's truthfulness as self-representation—particularly the question of whether Slater really has epilepsy. For the most part, reviewers and critics have concentrated on the way in which she challenges, plays with, or violates the “autobiographical pact”—the genre's implicit contract between writer and reader.¹ Even with a loose construction of the pact, in Slater's case, the matter of vital statistics may come into play. Among these data would normally be one's gender and ethnicity, and even perhaps, one's medical history. One way to put Slater's narrative and rhetorical strategy in perspective is to imagine the response if a prominent memoirist made claims regarding ethnicity or race analogous to those that Slater makes with regard to disability—that is, create deliberate ambiguity about her racial or ethnic identity *and* characterize that identity in such outdated and prejudicial terms.

Slater's complex self-representation in this volume is certainly interesting, if only because it does for the memoir what postmodernism has done for the novel, and I will touch upon this later. What concerns and interests me more than her self-representation,

however, is something that seems to have escaped notice by others: her implicit representation of others, namely those who have epilepsy. I am less concerned with whether Slater herself has epilepsy—a claim she qualifies and hedges, in any case—or with her right to write a metaphorical, or even deceitful, memoir than with the possibility that her choice of a disability as a metaphor for her experience involves her in a misrepresentation of all those who have that condition. For me, then, 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. The book's relation to the recent outpouring of personal accounts of disability and illness is thus troubling. On the one hand, with its humor and literary self-reflexiveness, it expands and enriches the repertoire of that literature; on the other, its glibness about Slater's own health status threatens to discredit the genre. Above all, it may cause unnecessary harm to vulnerable others.

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In her early forties, Slater is already a serial memoirist, the author of four more or less autobiographical books, and *Lying* is best understood in the context of the other three volumes. The first, *Welcome to My Country* (1996), is a collection of case studies of her patients (Slater is a psychologist); the second, *Prozac Diary* (1998), is her account of being one of the first patients to go on Prozac; the third is *Lying* (2000); and the fourth, *Love Works Like This* (2002), is an account of her first pregnancy and the first “trimester” of motherhood. As different as they are in their concerns, they share one characteristic: all approach her experience somewhat obliquely or indirectly, rather than confessionally. Insofar as *Welcome* is mainly about her patients, it would seem to be *pathography* rather than autobiography. But nearly all of the case studies swerve toward autobiography as her patients' conditions echo some aspect of Slater's own psyche.

One might expect that *Prozac Diary* would be more directly autobiographical, a narrative dedicated to her suffering from and recovering from depression. But as its title suggests, it focuses not on the experience of depression but rather on her drug regimen. For the most part, readers have to gauge the depth of Slater's depression from her description of what it felt like to emerge from it: “an experience of the surreal, . . . a disorientation so deep and sweet you spin.”² Thus, it is far less confessional than one would expect. Finally, *Love*, her volume about becoming a mother, is written from the angle of a long-term Prozac user who faces a difficult choice: whether to go off Prozac and risk relapse in order to spare her fetus any possible harmful side effects or whether to stay on it in order to get through her pregnancy in good mental health. After all, as Slater notes, “being a mother and being a mental patient are really mutually exclusive, at least according to the law, and according to private opinion as well.”³ The element that one might expect to dominate the book—Slater's being haunted by her failed relationship with her own mother—is dealt with only intermittently and obliquely.

In fairness to Slater, it should be noted that her life writing has generally been ethically sensitive and responsible. Indeed, what this study sees as her ethical lapse in *Lying* may be a function not so much of disregard for others as of a concern for the privacy of those close to her. In the frontmatter of *Welcome*, Slater demonstrates that

she has a keen sense both of the constraints on her as a therapist who moonlights as a life writer and of what is at risk to others in writing about one's life:

The tales related in this book are based on my true experience with real patients whom I have treated. However, in every case the patient's name, physical characteristics, and specific geographical details have been altered so as to protect and respect the confidentiality of all involved. All involved have approved their disguises. In a few cases, the individuals represented are complete composite portraits, made up of many different images and from the many different stories I have heard in my practice as a psychologist. My aim has been to remain true to the subjective experience of mental illness as I have perceived it, while at the same time honoring the ethic of privacy inherent in any doctor/patient relationship.

In all cases where the story is based on an individual patient, however loosely (as opposed to a complete composite portrait), I have obtained written consent from the individual involved. In all cases, patients were eager to have aspects of their suffering, however disguised the form, shared with the wider world in the hopes that others might come to a better understanding of their plight.⁴

If what she says here is true—and I have no reason to doubt it—Slater exceeds minimal professional standards, which require only that she either conceal her patients' identities or obtain their permission to represent them *sans* disguise. (The redundancy of the privacy protection in her cases moots the issue of whether one can get meaningful informed consent from a psychiatric patient.) As I have noted in Couser's *Vulnerable Subjects: Ethics and Life Writing*,⁵ standard restrictions on professional life writing protect patients only against recognition by others, not against the potential harm that could be caused by *self*-recognition. Slater's protective measures do not utterly prevent this, but they minimize her responsibility for it.

In addition to her deontological (obligation-based) justification of her practice, she offers a utilitarian (consequence-oriented) one: that her representation of her clients has a social benefit: furthering the understanding of "their plight," namely, mental illness.⁶ This effect is characterized not only as desired by her patients but also as beneficial to them (as well as to the general public). This is the standard rationale for case studies addressed to lay readers, and while it is appealing, it is not always clear exactly how this benefit is effected, what it means, and whether in fact a particular case study does further the claimed goal. That is, it should not necessarily be taken at face value, in part because such goals can be achieved through different means, not only by case studies, which carry the risk of harm to their subjects.

At the outset she wisely acknowledges the autobiographical dimension of her case studies (in sharp contrast, I would note, to her neurological counterpart, Oliver Sacks). In her preface, she cites Alfred Adler's suggestion that self-analysis begin with one's earliest memory; from her own earliest memory, she concludes that her fundamental psychic need is for repairing rifts in intimate relationships:⁷

And I have learned that the only way to enter another's life is to find the vector points where my self and another self meet . . . Similarly there is no way, I believe, to do the work of therapy, which is, when all is said and done, the work of relationship, without finding yourself in the patient and the patient's self in you.

In this way, rifts within and between might be sealed, and the languages of our separate lives might come to share syllables, sentences, whole themes that bind us together.

These, then, are not just stories of my patients; they are stories as well of myself, of interactions and conflicts, of the way one psychologist watches her past meet her present, coming to see herself in the complicated lattice of her patients' lives. These are stories of reflections and routes, including the route I have traveled to cope with my own psychiatric difficulties.⁸

She suggests, then, that self-exploration is built into the work of therapy and that autobiography is implicit in pathography.

Two things are worth noting here. First, in comparison to the neurologically compromised individuals Sacks represents, Slater's patients are relatively treatable, if not curable; she can hope to ameliorate their conditions more than Sacks can the conditions of most of his subjects. Second, the indispensable mode of her interaction with them is dialogical. While Slater's patients, like Slater herself, may be on psychoactive medication, she is not a medical doctor; her therapy consists exclusively of talk. As a result, in contrast to Sacks, who often gets a good deal of mileage out of merely observing and describing his subjects, Slater is dependent on dialogue with hers; as a writer, then, she is thus much more "in the frame" with them. This sort of interaction may be more conducive to sensitive representation of vulnerable subjects.

Slater makes, or claims, a personal connection with nearly every one of her psychiatric charges. From her work with a group of six male schizophrenics ("Welcome to My Country"), she offers an interpretation of schizophrenia as a radical form of a common human condition (one she has identified as central to her own life): loneliness. By acknowledging past episodes of bulimia, she finds unlikely common ground with a patient who has antisocial personality disorder and a nasty misogynist streak ("Striptease"):

Hadn't I once striven for his same goals, to control the random, fleshy facets of female life, to eradicate the weak part of the self who hurts and bleeds and feeds? In a sense we were both murderers and we were both crying out from our crimes.⁹

(She makes the provocative claim that "the recovering anorexic is . . . ironically, in a particularly good position, via therapy, to treat the misogynist male".)¹⁰ She finds an obvious link with the chronically depressed "Marie" ("Holes") and acknowledges that she, the purported therapist, may be the primary beneficiary of their sessions:

She . . . went with me into marrow. Or perhaps I should say I went with her, for I was the one now learning about pain . . . I began to notice small things as therapy continued, and sometimes my sight felt so clear objects were transformed.¹¹

With a schizophrenic with catatonia ("A Great Wind"), she wonders whether catatonia is an overreaction to extreme sensitivity (like her own).

It is only in "Three Spheres," however, that she offers details of her own distress. When she is required to revisit the site of her own hospitalizations in order to meet a new patient, she finds herself in the very conference room in which her mother

announced that she was giving Slater up to foster care when she was 14. Obviously, Slater's wound has yet to heal. Moreover, this patient shares the same vague but devastating diagnosis, borderline personality disorder, that Slater discovered was hers when she read her own chart upon her final discharge. Slater's sense of identification with this patient serves to trigger fuller disclosure of her personal difficulties.

She acknowledges feeling that contemporary North American culture is awash with often distasteful and unproductive confessions and questions what she is about to do:

For what purpose will I show myself? Does it satisfy some narcissistic need in me—at least I can have some of the spotlight? Perhaps a bit, yes? But I think I set aspects of my own life down not so much to revel in their gothic qualities, but to tell you this: that with many of my patients I feel intimacy, I feel love. To say I believe time is fluid, and so are the boundaries between human beings, the border separating helper from the one who hurts always blurry. Wounds, I think, are never confined to a single skin but reach out to rasp us all.¹²

In the final scene in this chapter (which is the final chapter in the book), Slater gives her new patient the key to the conference room in which they are to conduct their first session. The gesture is one of sympathy and empowerment but also perhaps of *self*-empowerment. The implication is that Slater is empowered as a therapist and as a person by surrendering her professional authority and privilege and by her confession of mental illness. Indeed, it is at this point that Slater *becomes* an autobiographer.

This final chapter may provide a key to Slater's own life writing in two complementary ways. First, as is perhaps now obvious, it reveals how her work as a therapist stimulates her practice as a memoirist; that is, it may illuminate *why* she becomes a memoirist. Second, and less obviously, it may help to explain Slater's tentativeness and restraint as a memoirist, her avoidance of overt confession; that is, it may illuminate the *way* she is a memoirist. The key is in the "gothic" detail, which hints that her mother molested her, or seemed to, when she was about ten years old: "She murmurs a Hebrew prayer and I imagine her hands exploring me, and a darkness sprouts inside my stomach."¹³ This veiled accusation suggests that for Slater to explore her own past too explicitly might entail a kind of character assassination from which she shies away.

This would help to explain her entire oeuvre as a life writer, at least on one level. It would explain her focus in *Prozac* on her recovery from depression rather than on its genesis and course. (And it would help to explain why the book, for all of its ambivalence about Prozac, in effect endorses the doctrine of contemporary psychopharmacology, which one would think would be anathema to a therapist without a license to prescribe: that "the patient's past, the story of self, is no longer relevant.")¹⁴ It might also account for the way *Lying* retreats from too painful literal truth behind a prism of metaphor. Finally, it may illuminate the subtext of her fraught pregnancy in *Love*. Behind the foreground concern with the effect of her medication on her fetus lies the larger issue of Slater's becoming a mother, a role Slater expresses a great deal of ambivalence about—not surprisingly, considering her history with her own emotionally troubled mother.

Significantly, Slater and her mother seem to embark on a process of rapprochement at the very end of her pregnancy. On the first night of Passover, Slater had called her mother, long divorced from Slater's father and remarried, only to terminate what proved an unsatisfactory conversation.¹⁵ Months later, Slater's mother

called her in the hospital after being informed by Slater's sister that Slater was in labor.¹⁶ The acknowledgments to *Love* suggest that the contact restored at this moment may have brought mother and daughter closer after a long alienation:

I also wish to thank my mother, who reentered my life after a very long hiatus literally as I labored to bring my own child into the world. Her ability to tolerate my written explorations of our relationship is exemplary. She has modeled for me flexibility and forgiveness; I will try to emulate these qualities as I navigate the motherhood that is now mine.¹⁷

Slater must be referring here to her oblique accounts of her childhood and adolescence in *Welcome*, *Prozac*, and *Lying*. Her expression of gratitude to her mother reveals that she did not have her mother's permission, much less her blessing, for these earlier "explorations." Rather, her mother seems to have accepted them after the fact. Thus, it is quite possible that Slater's reticence, her holding back from detailed accusations she apparently might have made, kept the door open for a resumption of mother–daughter relations, which would be all the more precious to Slater when she has a newborn daughter of her own.

Textual evidence supports this hypothesis. The real crux of *Love* is not whether motherhood and mental illness, pregnancy and Prozac, are compatible, but whether a woman so wounded by her own mother can become an adequate mother herself. And while the first trimester of maternity proves nothing either way, Slater provides closure to her narrative by affirming that she does finally "feel" like a mother; by some mysterious process, motherhood finally "takes" with her. In light of the fact that she anticipates her daughter Eva's eventual perusal of her book, the language in which Slater expresses this may seem oddly impersonal and much closer to an essentialist or mythic conception of motherhood than someone of Slater's feminist persuasion might be expected to use: it suggests that the genesis of love has little, if anything, to do with any endearing characteristics of her daughter. Rather, the development of mother-love is a function of gestation itself: "Love grows like the embryo grows, without any effort from your fine mind. Love grows despite you, in the interstices of each entry, in the white space, without a word."¹⁸ On the one hand, Slater does not find mother-love as all-consuming or as overwhelming as she expected; on the other, its development seems quite automatic and organic. Slater's expression of what she yearns for in motherhood can be read as an invitation to her own mother to help her repair the rift in their relationship:

Intimacy, I am coming to understand, is corporeal. It has to do with the distance between bodies. I wish for more. I wish for a passion that transcends space. When I am with Eva, she is my heart. When I am gone from her, at work, or with a friend, she ceases to exist.¹⁹

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Slater's oeuvre suggests that as a life writer she has recognized, tacitly, at least, the fundamental relationality of identity, and that she has grasped the ethical implications

of the fact that all biography is autobiography and vice versa. I have discussed her other books to suggest not only that, but how, Slater has enacted ethical precepts in her life writing. But, as suggested earlier, I think that her impulse to protect the privacy and reputations of those closest to her may have backfired in *Lying*, which fails to respect the fluid boundaries between individuals—in this case, between her and the community of people with epilepsy.

One of the case studies in *Welcome* may shed further light on Slater's seemingly compulsive yet generally non-confessional life writing. "Some Kind of Cleansing" has to do with "Joseph," a schizophrenic with hypergraphia (compulsive nonsensical writing). After he enrolls in a college course in creative writing, Slater begins to edit his writing. At first, she limits herself to paring away random words to expose hidden sense, but she soon takes greater license with his prose—so much so that she comes to question its authorship. Acknowledging that her editing of one of his stories drew upon her own experience with her mother, she wonders:

Does that, then, not make me the author, possessing both the theme and the poetry of the piece? . . . But this is the story I heard Joseph tell me; this is the story we shaped together. And no, I think he is not any less the author because his efforts merged with mine. All stories, as Elliot Mishler, an ethnographer, claims, are 'joint constructions of meaning.' No author, in other words, writes a story without the pressure of an internalized culture pruning the sentences, shaping the tale.²⁰

She then addresses a complementary question, whether she can be regarded as the sole author of this case study:

I can't say that the pages you have before you here come from only me, for at every point the words—which pass from *my* axons to *my* dendrites and finally emerge in blessed sentences—are tangled in Joseph's rhythms and history, as well as in my own. Perhaps narratives are the one realm that cannot ever—despite the consumerism and capitalism in the publishing industry—be confidently claimed by any individual. I am not sure (110, italics in original).²¹

In any event, she asserts that she and Joseph made some kind of therapeutic connection through collaborative writing.

It is all well and good for writers of case studies such as this to acknowledge that their texts are not the sole product or property of those who write them; it is appropriate (and all too rare) to acknowledge that authority is shared. But it is all too easy for Slater to declare common ownership of a text whose royalties accrue to her alone, and it may be facile of her to rationalize her editing of Joseph's prose by resorting to such general propositions. While it is desirable for therapists and writers of case studies to acknowledge the permeability of the borders between therapist and patient, writer and subject, the acknowledgment of the porousness of the border between apparent collaborators or partners should not embolden those in possession of diplomas or professional credentials to take liberties at the expense of those who lack those qualifications; rather it should be a warning to tread warily. The danger of transgression is latent in all such life writing, and authorial self-examination is welcome but not sufficient. Thus, even as *Welcome* begins by demonstrating that Slater has

exceeded the minimum protection of her subjects, it ends by revealing, implicitly, that such disclaimers may not necessarily protect subjects against all forms of misrepresentation or appropriation of their lives and life writing.

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Lying is a significant departure from her other work, for at least three reasons, all related to its ethical crux. First, here Slater claims to have epilepsy, a condition never mentioned in her other three volumes of life writing; this claim thus raises questions of truth and authenticity. Second, Slater explicitly, frequently, and aggressively undermines her own credibility.²² The self-created doubt about her truthfulness extends of course to her claim that she has epilepsy; she alternately hedges, waffles, and backs away from this claim only to reaffirm it in her epilogue. Third, unlike either of her previous volumes, *Lying* divulges considerable detail about her childhood and adolescence; it approaches full-life narrative and confession far more closely than any of the books that precede or follow it.

It is worth noting that this book departs from a trajectory apparent in its predecessors. If in *Welcome*, she “came out” climactically as a former mental patient (as a life writer but, as such, also indirectly to those within her profession—colleagues past, present, and future), and if in *Prozac* she acknowledged a painful history of mental illness, if only by recounting its remission under treatment, it would seem that in her next autobiographical volume she might fully and candidly explore her troubled past. This is not quite what happens, however. That is, rather than delving into the “gothic qualities” of her past, she distances herself, and her readers, from the literal truth of her life through the displacement of metaphor. This way, as I have suggested, she can explore her past without sacrificing the privacy of other family members.

And yet her laudable impulse to protect, preserve, and perhaps salvage relations within her nuclear family may come at the cost of vulnerable subjects beyond the boundary of that family. (She provides no particulars of her foster parents, for whom she has only praise and gratitude and whom she credits in large part with her quite remarkable recovery from mental illness so severe that she was hospitalized five times between the ages of 14 and 24.) Thus, her life writing may illuminate the limitation of the biomedical principle of “respect for the person” when it comes at the cost of respect for a community at risk, in this case epileptics.

Whether Slater has epilepsy is an interesting but finally undecided issue. The evidence of her extensive oeuvre is ambiguous, if not self-contradictory. On the one hand, if epilepsy—not depression, bulimia, or borderline personality disorder, all of which she claims to have had—is the condition that she chooses to define her in her most fully confessional volume, one might ask why it is not mentioned in her other three memoirs. That is, if it looms so large in her life as to provide the central metaphor of one memoir, one might expect that it would at least be mentioned in the others. On the other hand, among the drugs Slater mentions renouncing and then resuming during her pregnancy is Klonopin (clonazepam), an anticonvulsant prescribed to prevent petit mal seizures. If this inventory of her medications can be trusted, it confirms her claim in the epilogue of *Lying* that she takes anticonvulsant drugs daily. My own guess is that Slater does have a history of mild seizures but that

epilepsy is far less important to her identity than her mental illness; thus, it functions, as she suggests, more as a metaphor for other conditions than as a literal condition in and of itself.

But the question of whether Slater has, or ever had, epilepsy may finally be beside the ethical point. Slater is under no ethical obligation to tell us definitively one way or the other whether she has epilepsy. Nor, if she has epilepsy, would her account of her history as an epileptic have to be factually true. I fully endorse her right to write in the metaphorical mode, to stretch the autobiographical pact to the breaking point, to take great liberty in representing herself, to go far afield for a trope that might capture the complexities and contradictions of what it is like to be Lauren Slater.

And yet I think her choice of epilepsy as that metaphor—even if she has it herself—is unwise and her deployment of it unethical. She makes two distinctive uses of epilepsy as a trope for her life. The first is to model the four major units of her narrative after the stages of a classic grand mal attack: onset, the rigid state, the convulsive stage, and recovery. The effect of this strategy is to liken the course of her life as a whole to that of a single massive seizure from which she eventually recovered. This could be an apt metaphor for the way any, or all, of the other conditions that she says she had shaped her being and her life narrative. But the fact that her description of this phenomenon is drawn from a medical text over a century old, *The Text Book of Grand and Petit Mal Seizures in Childhood* (1854), suggests how little concerned she is with contemporary developments in understanding and treating this condition.

The other use has to do not with the structure of her life but with its subjective quality; she uses the condition of epilepsy as a metaphor for the existential or phenomenological reality of her life, what it felt like to be her. This trope brings us closer to the literal. That is, while this too could be a trope for other conditions, this deployment of the metaphor claims some sort of equivalence between them; it asserts that living her life was somehow not only analogous to, but actually felt like, having epilepsy. (And of course it would help to make this trope convincing if she had some experience, rather than mere textbook knowledge, of epilepsy.) This trope comes into play when the autobiographical subject begins to manifest the classic symptoms of epilepsy, auras and seizures. One of the most interesting aspects of her masterly working out of her central metaphor is the way in which the account of her very first seizure suggests a kind of co-dependent relationship in which the daughter's epilepsy, whether real or not, served her *mother's* emotional needs as well:

She touched my head gently now, . . . like it was whatever she was not, a wild and totally true world in there, a place she had forsaken for artifice, etiquette, marriage, mediocre love, and which I had returned to her; here, Mom; have my head.²³

When a seizure rolled through me, it didn't feel like mine; it felt like hers—her ramrod body sweetening into spasm. She gave it all to me, and I returned it all to her, this wild, rollicking, hopeful life—

Rest with me when it's over.
This the gift I gave you.
How we held each other.²⁴

All of which is to acknowledge that the metaphor of epilepsy is apparently well suited to communicating certain home truths about Slater's life and self (which is of course her rationale for it).

The trouble with this narrative strategy is that it involves what is known as a familiarizing metaphor. Unlike the defamiliarizing metaphors prized in, say, metaphysical and modernist poetry, which enable, or require, readers to perceive common things freshly, familiarizing metaphors domesticate alien or abstract entities by likening them to something already known or understood. What George Lakoff and Mark Johnson refer to as the "metaphors we live by"—those pervasive, unavoidable metaphors we use to negotiate daily life—are such.²⁵ (Thus, we say we "grasp" an idea, rendering a complex mental process as a manual action. Or we characterize an inchoate emotional state by saying we are "down.") What Slater seeks to do in *Lying* is to communicate her otherwise ineffable sense of self by reference to a somewhat exotic but seemingly accessible entity, epilepsy.

Presumably much of the appeal of epilepsy for Slater was that it is a mysterious and unpredictable condition involving unruly behavior. Epilepsy serves her well because, as a somewhat unstable signifier, it provides a good correlative for her unstable personality and emotional life. But it may *disserve* epileptics (even if they are "fellow" epileptics—that is, even if she has the condition herself) because of what her metaphor implies is "known" about epilepsy. The ethical lapse in her book has little, if anything, to do with whether she has epilepsy herself, either as a matter of authenticity or as a matter of identity politics. The problem is that in order to employ epilepsy as the basis of a familiarizing metaphor, she has to assign particular elements to it that she feels characterize her life. That is, in order to appropriate epilepsy as a trope for her individual identity, she has to assign it a stable collective essence. Among the problematic attributes Slater ascribes to epilepsy is a tendency toward mythomania:

Epilepsy is a fascinating disease because 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.²⁶

As historians of epilepsy are at pains to point out, epilepsy has been a particularly and peculiarly stigmatic condition throughout history.²⁷ Indeed, it has proved an especially tricky historical subject; Oliver Wendell Holmes once said, "If I wished to show a student the difficulties of getting at truth from medical experience, I would give him the history of epilepsy to read."²⁸ This is in part because epilepsy has been susceptible to so many mystifying constructions over the centuries since it was first identified in Mesopotamian civilization (if not earlier). "Showing both physical and psychic symptoms, epilepsy more than any other disease was open to interpretation both as a physiological process and as the effect of spiritual influences."²⁹ (Indeed, epilepsy is usually thought to be the affliction suffered by the son brought by his father to Jesus, who drives out his "unclean spirit" in Mark ix.14–29.)³⁰

As early as in ancient Greece, the battle over its status was joined in the book, *On the Sacred Disease*, a collection of Hippocratic writings that argued against the proposition that it was supernatural in origin.³¹ Nevertheless, even in the contemporary era, as Schneider and Conrad point out, it has been susceptible to

three detrimental myths: that it is hereditary (a belief that made it the subject of eugenic marriage prohibitions); that it is, or can lead to, a form of psychopathology; and that it may cause aggression and crime.³² “These ideas are sometimes reinforced by various professional people,” and “they have served to perpetuate and even legitimate epilepsy as a stigmatized disorder.”³³ Mervyn J. Eadie and Peter F. Bladin concur in the view that epilepsy is best seen as distinct from a psychiatric or personality disorder: “At the present time very few, if any, would take seriously the possibility that psychological factors play any major role in the cause or mechanism of epileptic seizures.”³⁴

Of these three myths, Slater’s book certainly reinforces the second. For example, she wonders, “Is epilepsy mental or is it physical?” and passes on (without endorsing) one therapist’s theory that her seizures were a function of repression.³⁵ More insidious, Slater trades heavily in the notion of an epileptic personality. This idea was given medical authority in the early twentieth century, but as Schneider and Conrad observe,

Whether epilepsy causes increased psychopathology remains an open question. To the extent that there is a higher incidence of mental and emotional problems among people with epilepsy, it is equally likely to be a product of the social reaction to epilepsy [and thus a kind of self-fulfilling allegation].³⁶

Thus, although Slater’s strategy and intention may be to compare the turmoil inside her psyche to powerful electrical impulses within her brain—rendering the intangible relatively tangible, and making the obscure accessible—the traffic on the metaphorical bridge runs both ways, and the implication of her trope is that epilepsy is, leads to, or is tantamount to mental illness, or at least a personality disorder.

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I have omitted from discussion so far an important aspect of the book, the evident pleasure Slater takes in her self-reflexive play with what she realizes is a fashionable genre. Perhaps the best evidence of this is the episode in which she finds succor and support among members of Alcoholics Anonymous (AA), despite the fact that she is not an alcoholic. (She implies that it is her mother who should be a member.) This episode ends in a hilarious, but also serious, send-up of the 12-step recovery program. When Slater, who has always held back from narrating her own story, finally undertakes her “fifth step,” coming clean, she must confess that she is not an alcoholic and has thus been misrepresenting herself. Predictably, the other members deflect this confession as denial, evidence that she is not yet ready to confront her drinking problem.

Her defense of misrepresenting herself to the AA members as a fellow alcoholic in the text may double as her defense to her readers for having (possibly) misrepresented herself to them as an epileptic.

They wanted my story, I would tell them my story. I was not an alcoholic, I suffered from a different disease. I had told them I was an alcoholic because in some deep sense it seemed true. Alcoholism can stand in for epilepsy, the same way epilepsy can stand in for depression, for disintegration, for self-hatred,

for the unspeakable dirt between a mother and a daughter; sometimes you just don't know how to say the pain directly...³⁷

As such it may be her attempt to defuse the charge that her book is in effect "false testimony" of the sort that has been exposed in various online support groups. In those cases, a real wrong seems to have been perpetrated because individuals have gained emotional and sometimes financial support on patently false premises. Because of all of her postmodernist self-undermining gestures, however, Slater cannot be accused of this as a writer (which is not to say that her book may not be disingenuously self-aggrandizing).

She has not betrayed her readers, to whom she readily reveals her artifice, the way she betrayed those present at AA by pretending to be one of them and sharing their dysfunctional and stigmatic condition. On the other hand, she has not falsely represented alcoholism in the way that she has epilepsy; in claiming to be an alcoholic, she did not reinforce or exacerbate its stigma. In claiming to have epilepsy and an epileptic personality, however, she may not only have misrepresented herself, she has perpetuated a harmful notion of epilepsy as entailing a character defect. Thus, she can be criticized for ignoring the rights and interests of people with epilepsy, who suffer from her remystification of a condition still in the process of being demystified. Her disregard for the larger community of people with such conditions is all more remarkable, and culpable, in someone who is a professional therapist.

The same is true, I think, for the way in which she dismisses the growing body of more literal and admittedly often literal-minded accounts of illnesses and disabilities:

Therefore, 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. For me, the authority is illusory, the etiologies constructed. When all is said and done, there is only one kind of illness memoir I can see to write, and that's a slippery, playful, impish, exasperating text, shaped, if it could be, like a question mark.³⁸

What is particularly problematic about her claim to have epilepsy is that it promotes discredited assumptions about the condition. Although she is not a physician, her depiction of epilepsy gains authority from her position as a psychologist and therapist. Her autobiographical conceit deploys a particularly crude version of the metaphorical paradigm of disability, which a generation of disability advocates has energetically criticized as oppressive. While she deploys epilepsy as metaphor in highly creative and inventive ways, underlying the various meanings she ascribes to it is the idea that it is more than a merely physiological condition. This strategy imposes a script and a judgment on those who have it; it is simply a milder form of the sort of thinking that regarded epileptics as possessed by demons in earlier centuries. In writing her own life in the way she sees fit, a prerogative to which she is entitled, she unfortunately chooses a trope that involves inadvertently, but prejudicially, scripting others' lives as well.³⁹

Notes

1. The terms of the autobiographical pact, as defined by Philippe Lejeune, are somewhat limited, and it is well to remember that it is a critical conceit, or a convention of reading, rather than a legal or ethical requirement of the form. According to Lejeune, "What defines autobiography for the one who is reading is above all a contract of identity that is sealed by the proper name. And this is true also for the one who is writing the text." See Philippe Lejeune, "The Autobiographical Pact," in *On Autobiography*, trans. Katherine M. Leary, ed. Paul John Eakin (Minneapolis, MN: University of Minnesota Press, 1988), 19. According to Sidonie Smith and Julia Watson, "for Lejeune, two things indisputably distinguish autobiography and, by implication, a wide range of life narratives, from the novel: the 'vital statistics' of the author, such as date and place of birth and education, are identical to those of the narrator; and an implied contract or 'pact' exists between author and publisher attesting to the truth of the signature." See Sidonie Smith and Julia Watson, *Reading Autobiography: A Guide to Interpreting Life Narratives* (Minneapolis, MN: University of Minnesota Press, 2001), 8. This may amount to little more than saying that autobiography is read as non-fiction, that is, that it is the story of a real human being, namely the person listed as its author. (Whether it is written by that person, at least without assistance, is a different matter.)
2. Lauren Slater, *Prozac Diary* (New York: Random House, 1998), 24.
3. Lauren Slater, *Love Works Like This: Moving from One Kind of Life to Another* (New York: Random House, 2002), 13.
4. Lauren Slater, *Welcome to My Country* (New York: Random House, 1996), v.
5. G. Thomas Couser, "Auto/biographical, Biomedical, and Ethnographic Ethics," in *Vulnerable Subjects: Ethics and Life Writing* (Ithaca, NY: Cornell University Press, forthcoming).
6. For a useful discussion of the differences between deontological and utilitarian ethics, see Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 5th edn. (New York: Oxford University Press, 2001), 340–50.
7. Lauren Slater, *Lying: A Metaphorical Memoir* (New York: Random House, 2000), xi.
8. *Ibid*, xii–xiii.
9. *Ibid*, 44.
10. *Ibid*, 50.
11. *Ibid*, 141.
12. *Ibid*, 179.
13. *Ibid*, 182.
14. Lauren Slater, *Prozac Diary* (New York: Random House, 1998), 108.
15. Lauren Slater, *Love Works Like This: Moving from One Kind of Life to Another* (New York: Random House, 2002), 79.
16. *Ibid*, 126.
17. *Ibid*, acknowledgements.
18. *Ibid*, 169.
19. *Ibid*, 169.
20. Lauren Slater, *Welcome to My Country*, 109.
21. *Ibid*, 110, Slater's italics.
22. A full inventory of these self-undermining gestures would be tedious. They begin with the American title, *Lying*, and pervade the text. At one point the text casts

- doubt on the existence of Professor Hayward Krieger, the purported author of an introduction that explains, justifies, and praises the book's metaphorical strategy. This is done in a text within the text, presented as a case study of one "LS" by Carlos Neu, MD, and Patricia Robinson, PT, who cannot confirm the existence of the Hayward Krieger with whom LS claims to correspond. See Lauren Slater, *Lying*, 101. The suggestion here that something is "haywire" with LS is both reinforced and complicated when a Brandeis staff psychologist to whom Slater presents Neu's paper as part of her medical dossier denounces it as a fraud, indeed a forgery by the patient.
23. Ibid, 23.
 24. Ibid, 24.
 25. George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago, IL: University of Chicago Press, 1980).
 26. Lauren Slater, *Lying*, 6.
 27. As Joseph W. Schneider and Peter Conrad point out, epilepsy is perhaps best thought of not as a disease, but as a symptom of a brain disorder that could have many different causes. Similarly, it may be regarded as an episodic rather than a chronic disability. See Joseph W. Schneider and Peter Conrad, *Having Epilepsy: The Experience and Control of Illness* (Philadelphia, PA: Temple University Press, 1983), 29–30.
 28. Quoted in Owsei Temkin, *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology*, 2nd rev. edn. (Baltimore, MD: Johns Hopkins Press, 1971), ix.
 29. Temkin, *The Falling Sickness*, 3.
 30. Schneider and Conrad, *Having Epilepsy*, 25.
 31. Temkin, *The Falling Sickness*, 4.
 32. Schneider and Conrad, *Having Epilepsy*, 31–43.
 33. Ibid, 30.
 34. Mervyn J. Eadie and Peter F. Bladin, *A Disease Once Sacred: A History of the Medical Understanding of Epilepsy* (Eastleigh: John Libbey, 2001), 156.
 35. Lauren Slater, *Lying*, 81.
 36. Schneider and Conrad, *Having Epilepsy*, 38.
 37. Slater, *Lying*, 203–4.
 38. Ibid, 219–21.
 39. Autobiographical accounts by people with epilepsy are not numerous. One such account, Jill Robinson's *Past Forgetting*, is so almost by accident. Robinson's memoir is primarily concerned with her loss and recovery of her memory after a stroke in midlife. Only in the aftermath of that stroke did she remember that, although she was never told she "had" epilepsy, she had been given anticonvulsants as a child. Her family's response to her episodes was a function of its stigma: "All of these instances of passing out were rationalized, excused and no connection among them was ever made. This was only natural in the time I grew up [during World War II], when epilepsy was seen as an unmanageable and unmentionable disease, like alcoholism." See Jill Robinson, *Past Forgetting: My Memory Lost and Found* (New York: HarperCollins, 1999), 150.