

Lauren Slater's *Lying*: Metaphorical Memoir and Pathological Pathography

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Abstract:

As public awareness of antidepressant medication surged in the 1990s, Lauren Slater's *Prozac Diary* became the quintessential auto-pathography, documenting her life with major depression and her dramatic "cure" with the wonder-drug Prozac. However, Slater's pronounced ambivalence about the drug's side effects and her treatment was largely ignored by a culture swept up by Prozac enthusiasm. Slater's more recent "metaphorical memoir," *Lying*, on the other hand, is not so easily appropriated. A parody of the illness narrative, a pathological pathography, *Lying* is the dark sister text of *Prozac Diary* – Slater's subversion of the autobiographical conventions and imperatives of the genre. Slater, who is both a psychologist and a patient, writes in the antipsychiatric tradition of David Rosenhan's "On Being Sane in Insane Places," the infamous 1973 study in which sane "pseudopatients" were incorrectly diagnosed with mental illnesses after feigning symptoms. By becoming a patient himself, Rosenhan called into question the seemingly discrete categories of sane and insane and revealed the structuring power of psychiatric labels. In a similar fashion, *Lying*, an autobiography about epilepsy, challenges and defies readers' expectations for truth and transparency in memoir and underscores the central role of the patient's story and the metaphorical nature of illness itself. *Lying* is a literary form of hysteria, a conversion evoking the complicated past of women, mental illness, and the authenticity of psychiatric diagnoses.

1 As public awareness of antidepressant medication surged in the 1990s, Lauren Slater's *Prozac Diary* became the quintessential auto-pathography, documenting her life with major depression and her dramatic "cure" with the wonder-drug Prozac. However, Slater's pronounced ambivalence about the drug's side effects and her treatment was largely ignored by a culture swept up by Prozac enthusiasm. Slater's more recent "metaphorical memoir," *Lying*, on the other hand, is not so easily appropriated. A parody of the illness narrative, a pathological pathography, *Lying* is the dark sister text of *Prozac Diary*; *Lying* is Slater's subversion of the autobiographical conventions and imperatives of the genre.

2 Yet such subversions are not widely appreciated. As the controversy over Jim Frey's *A Million Little Pieces* illustrated,¹ many readers expect the truth from memoirs, even if those memoirs are written by recovering drug addicts like Frey or psychiatric patients like Slater.

¹ Frey's "memoir," *A Million Little Pieces*, a recovery narrative about his drug and alcohol addiction, was an Oprah's Book Club selection, much increasing the book's already phenomenal sales. However, as reported by The Smoking Gun.com, parts of Frey's memoir were only loosely based on the truth, much embellished, or at worst, invented. For example, Frey spent only a few hours in jail, not the three months that he writes about so extensively ("A Million Little Lies"). Oprah eventually dropped her endorsement of the book, and in response to accusations of fraudulently marketing fiction as memoir, Frey's publisher, Random House, eventually offered purchasers refunds.

Slater's first memoir, *Prozac Diary*, was ostensibly just what it purported to be: a diary, an honest and truthful account of her experience with depression and of her treatment with Prozac. The promotional blurbs on the paperback cover of *Prozac Diary* emphasize this selling point: "Prozac's most honest narrator yet," says *Elle* magazine. "Brutally honest and brave," says *Entertainment Weekly*. Slater's next memoir, *Lying*, is quite the opposite: A "postmodern book that challenges our understanding of truth," says the *San Francisco Chronicle*. "Tricky," says *The Washington Post*.

3 Slater's project in *Lying*, I will argue, is more than simply an exercise in pushing the boundaries of the memoir genre, and her work in general raises issues that are central to the study of medical humanities, disability studies, and feminist critiques of psychiatry. Slater, who is both a psychologist and a patient, writes in the antipsychiatric tradition of David L. Rosenhan's "On Being Sane in Insane Places," the infamous 1973 study in which sane "pseudopatients" were incorrectly diagnosed with mental illnesses after feigning symptoms. By becoming a patient himself, Rosenhan called into question the supposedly discrete categories of sane and insane and revealed the structuring power of psychiatric labels. In a similar fashion, *Lying*, an autobiography seemingly about epilepsy, challenges and defies readers' expectations for truth and transparency in memoir, and underscores the key role of the patient's story in the clinical encounter and the metaphorical nature of illness itself. *Lying* is a literary form of hysteria, a conversion evoking the complicated past of women, mental illness, and the authenticity of psychiatric diagnoses.

Rosenhan Revisited

4 In 2004, Slater published *Opening Skinner's Box: Great Psychological Experiments of the Twentieth Century*, a book designed to translate historically significant work in psychology for a mass-market readership. This project was a natural next step for Slater, a writer with deep personal and professional connections to mental health issues. Her first book, *Welcome to My Country: A Therapist's Memoir of Madness* (1996), was a series of case studies/stories and drew upon her experience as a therapist and her interactions with her mentally ill patients. Her second book, *Prozac Diary* (1998), focused on her own experience with major depression, including her successful treatment with Prozac, which in turn had made her graduate work in psychology at Harvard possible. Slater is, furthermore, a prolific free-lance writer: she has contributed pieces to *National Geographic*, *New York Magazine*, and even popular women's publications such as *Self* and *Elle*. Her essay on the unconventional plastic surgeon Joe Rosen, "Dr. Daedalus," which was originally a cover story

for *Harpers*, was included in *Best American Science Writing* (2003). Considering her talents and her background, a book about past research in psychology would seem the perfect subject for Slater. In the introduction to *Opening Skinner's Box*, Slater traces the source of this book back to her graduate education in psychology:

I [...] read the classic psychological experiments [...] in academic journals, mostly, replete with quantified data and black-bar graphs—and it seemed somewhat sad to me. It seemed sad that these insightful and dramatic stories were reduced to the flatness that characterizes most scientific reports, and had therefore utterly failed to capture what only real narrative can—theme, desire, plot, history—this is what we are. The experiments described in this book, and many others, deserve to be not only reported on as research, but also celebrated as story, which is what I have here tried to do. (2-3)

Slater's celebration of story and dramatization of science, however, proved to be a difficult and controversial endeavor.

5 *Opening Skinner's Box* drew almost immediate criticisms. Interview subjects complained of being misquoted or misrepresented; reviewers complained of factual errors and sloppy research (see Lee). Even the title of the book contained a controversy. Slater opens with a chapter on B. F. Skinner, the behaviorist famous for his theory of positive reinforcement, and Slater's version of the "baby in a box" urban myth—a cruel tale of how Skinner raised his daughter Deborah in an experimental box, without the comforts of the crib, and the daughter's resulting madness and suicide. Though Slater claims to have searched for Deborah, she never succeeded in contacting her, and Slater depicts her as "missing" in the conclusion of the book and muses about her mental health: "Is she dented or damaged in some way? I don't know" (250). As Slater would learn later, Deborah Skinner Buzan is alive and well, and not at all pleased with Slater's book and the resurrection of old and arguably mean-spirited gossip about her beloved father's parenting skills: "I am not crazy or dead, but I'm very angry," she writes (7). Slater, some would argue, misled her readers by repeating, rather than putting to rest, unsubstantiated rumors about Deborah's supposed childhood abuse and mental illness. In the words of one critic, Slater created "a bogus miasma of mystery around Deborah's fate" (Miller 31).

6 The controversy over the Skinner chapter, though heated and litigious, pales in comparison to the debate engendered by Slater's chapter on David L. Rosenhan's study, "On Being Sane in Insane Places." In Rosenhan's original study, eight volunteers (including Rosenhan himself) made appointments at the admissions offices of various psychiatric hospitals where they complained about hearing voices that said "empty," "hollow," and "thud." This was the only symptom that they feigned, and after gaining admission to the hospital (all were admitted in every instance), each "pseudopatient ceased

simulating *any* symptoms of abnormality” (Rosenhan 251; emphasis in original). Rosenhan’s “pseudopatients” stayed in the hospital for an average of 19 days, with length of stays ranging from 7 to 52 days (252). When they were released, they were released because they were judged to be in “remission” of a mental illness. Despite being “people who do not have, and have never suffered, symptoms of serious psychiatric disorders,” their “sanity” was never detected by doctors or hospital staff (251). Rosenhan began this study with the question, “do the salient characteristics that lead to [psychiatric] diagnoses reside in the patients themselves or in the environments and contexts in which observers find them?” (251). His results suggested that “psychiatric diagnosis betrays little about the patient but much about the environment in which an observer finds him” (251). Furthermore, Rosenhan concluded, “any diagnostic process that lends itself so readily to massive errors of this sort cannot be a very reliable one” (252). Rosenhan’s experiment is well-known, often cited, and has helped to fuel skepticism about the reliability and accuracy of psychiatric diagnoses. As one of Rosenhan’s most vocal critics, Robert L. Spitzer, ruefully noted in 1975, “this single study is probably better known to the lay public than any other study in the area of psychiatry in the last decade” (“More on Pseudoscience” 459).

7 Slater not only echoes Rosenhan’s critique of psychiatry by retelling it; she also reinforces the conclusions of his original study by repeating the experiment itself and reporting similar results. Slater stops showering for five days, visits a psychiatric emergency room, and complains of hearing the word “thud.” Slater writes:

It’s a little fun, going into ERs and playing this game, so over the next eight days I do it eight more times, nearly the number of admissions Rosenhan arranged. Each time, of course, I am denied admission—I deny I am a threat and I assure people I am able to do my work and take care of my child—but strangely enough, most times I am given a diagnosis of depression with psychotic features [...]. I am prescribed a total of twenty-five antipsychotics and sixty antidepressants. (88-89)

Slater concludes that “the zeal to prescribe drives diagnosis in our day, much like the zeal to pathologize drove diagnosis in Rosenhan’s day” (90).

8 The number of medications that Slater was prescribed during her experiment was truly shocking: an average of about nine different medications per emergency room visit. In her book, Slater recounts her experiment to Robert L. Spitzer, the very same psychiatrist who was Rosenhan’s critic in the 1970s and who led the American Psychiatric Association task force that created the *DSM-III* in 1980.² Spitzer was initially both disappointed and a little

² *The Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the official American Psychiatric Association reference manual, listing all mental disorders and the criteria by which these disorders are diagnosed; it is the diagnostic bible of psychiatry.

defensive when he learned of her results: “‘You have an attitude,’ he tells me, ‘like Rosenhan did. You went in with a bias and you found what you were looking for’” (*Opening Skinner’s Box* 90). After the book’s publication, Spitzer challenged Slater’s findings in a more public, systematic way, by responding to her experiment in a peer-reviewed professional journal. Unlike his previous responses to Rosenhan, which were thoughtful and complex essays that painstakingly critiqued the logic of the original study’s methods, interpretation of the data, and conclusions,³ Spitzer took a different approach to Slater’s experiment: he repeated it. Working together with two colleagues, he created a case study vignette based on Slater’s own description of her emergency room presentation and a series of questions about diagnosing, treating, and prescribing medication which he then distributed to emergency room psychiatrists. Spitzer’s results differed in significant ways from Slater’s results. Of the 73 doctors who responded to Spitzer’s survey, only 6% diagnosed psychotic depression and 34% prescribed antipsychotic medication (Spitzer et al., “Rosenhan Revisited” 737). While Slater reported an average of 6 different prescribed antidepressants per visit in her experiment, none of the doctors in Spitzer’s study prescribed any antidepressants. While acknowledging the distinct differences between Slater’s first-hand experiment and the written survey based on her performance of symptoms, “it strains credulity,” Spitzer and his colleagues wrote, “to contend that Slater’s physical appearance alone was sufficient to account for the discrepancy [in final data] across studies” (738). Slater, furthermore, refused to share “any documentation such as case records (with identification deleted) or hospital bills or to explain puzzling details about her reported experiences, such as how she was prescribed 85 medications on only nine occasions” (738). “Our failure to corroborate Slater’s findings, conjoined with her unwillingness to supply us with any objective documentation, raise troubling questions about the credibility of her study’s findings,” they concluded (738). In other words, they implied, Slater is lying.

9 Spitzer and his colleagues published their findings in *The Journal of Nervous and Mental Disease* and Slater was invited to respond. The exchange that followed was not the typical academic difference of opinion. Slater’s tone was mocking and irreverent, and she depicted her critics as foolish for even thinking about engaging with her in this venue:

I am a bit at a loss as to how to respond to the “critique” by Spitzer et al. of my Rosenhan “study” because as a trade book writer, I never did such a study; it simply does not exist. This puts me in an awkward position, but probably not as awkward a position as it puts you—the editors and peer reviewers—for accepting for publication

³ Spitzer, “On Pseudoscience in Science” and “More on Pseudoscience in Science.”

before reading the text (my book) toward which the rebuttal is aimed. I'm sure this is not common practice. (743)

"I write for fashion magazines almost exclusively," claimed Slater, and the personal and eccentric content of her prose should have signaled to them that her writing lies beyond the scope of this form of academic critique:

That Spitzer et al. have chosen to label my work as a study is a silly and troubling mischaracterization; it is a manipulative mischaracterization as well, for of course such esteemed men must know that pet raccoons, dog dandruff, dahlias, and pooper scoopers firmly locate a work in something altogether outside of academia. ("Reply to Spitzer" 743)

These "esteemed men" should know better than to squander time and resources on such a silly attack on her: "I, for one, do not want my tax dollars being spent by men on such poorly conceived and misleading projects" (744). Although she refers to her re-enactment of Rosenhan numerous times as an "experiment" in *Opening Skinner's Box*, she claims here that her "use of the word 'experiment' is of course vernacular, as in 'honey, let's experiment with this recipe tonight'" (743). She's just a woman writing for fashion magazines and playing around in the kitchen; Spitzer et al. are humorless male bureaucratic scientists who take everything too seriously.

10 Slater's central defense is to challenge the language that Spitzer depends upon and to strategically reestablish the disciplinary boundaries between the vernacular and the scientific, boundaries that she has previously worked hard to transgress or bridge in her work: Spitzer logically cannot critique a "nonstudy" or a "phantom study." In addition to rejecting the terms of his critique, she also parodies the scientific method Spitzer deploys by mocking the conventions of experimental research:

Because I am neither an academic nor do I have any university or organizational affiliation, I lacked access to an Institutional Review Board to approve my inquiry, its methods, and underlying ethics. I was able, however, to cobble together my own IRB, which consisted of Dr. McFarland, our hamster's vet; Yassir Mizra, the owner of the wonderful neighborhood café Sound Bites; Ally Hines, member of our PTA; Andreas Lopez, the used car salesman who sold me the \$4000 Subaru with 71,000 miles on it (all-wheel drive); my neighbor, Mr. Smith, who is on parole; and Lorna, our school crossing guard. (743)

Although the primary purpose of such a passage may be to entertain us, at Spitzer's expense of course, it is worth noting that this comic deflection begins with an acknowledgement of the power relations structuring this debate. Despite her successes as a writer and her graduate degree in psychology, Slater is an outsider, without academic affiliation and without

authority. She is at a rhetorical disadvantage here, and her response can be read as a desperate attempt to alter the terms of the debate.⁴

11 Slater's reply left her critics in the strange position of having to defend themselves for taking her seriously, for crossing the science/culture divide. "It is a value judgment as to whether possibly fabricated data in a popular press book should be the basis of a report in the scientific literature," Mark Zimmerman, the reviewer for *The Journal of Nervous and Mental Disease*, writes (741). Spitzer and his colleagues initially defended their report by noting the potential influence of Slater's work:

Some readers may harbor the view that our findings are much ado about nothing. After all, they might contend, Slater's results were not peer-reviewed and can safely be ignored by the scientific community. In our view, this response would be misguided. Because Slater's book was undoubtedly read by thousands of individuals in the general public, it is probably more likely to shape the laypersons' impressions of diagnostic and prescription practices of psychiatrists than are peer-reviewed publications. Mental health researchers ignore popular perceptions of psychiatry and psychology at their peril [...] and must remain vigilant about correcting potential distortions and misrepresentations of scientific findings that are promulgated to the general public. ("Rosenhan Revisited" 738)

This conversation exists at the uneasy intersection of the concerns of "scientific community" and the "general public," which is in part why it is such a difficult and heated exchange. Slater has emphasized the cultural differences between the language and practices of the scientific community and those of the laity: "honey, let's experiment with this recipe." However, as Zimmerman notes, the divide between science and popular culture is not so pronounced as to be unbridgeable, and Slater clearly has knowledge of both realms: "It is disingenuous for Slater to now try to hide behind a cloak of a nonscientific writing style. It is clear that she understood the impact, importance, and implications of Rosenhan's study and her own study" (Zimmerman 741). It is perhaps disingenuous of Slater to respond this way, but it is also in keeping with her past work to be deliberately obscure, and to purposefully raise more questions than she will answer. In "A Response to a Nonresponse to Criticisms of a Nonstudy: One Humorous and One Serious Rejoinder to Slater," Spitzer and his colleagues eventually recognize the futility of engaging with Slater on their terms: in the end, they are quoting comedian Gilda Radner ("Never mind!") and are just as sarcastic as Slater herself. They are left with lingering doubts:

⁴Slater's status as a former psychiatric patient adds another layer that might undermine her authority to speak. As Catherine Prendergast writes, "to be disabled mentally is to be disabled rhetorically" (57), and Slater herself acknowledges that as a former mental patient she would not qualify as a pseudopatient under Rosenhan's original criteria. Slater's rhetorical position is never explicitly pathologized in this dispute, however.

Slater's response suggests another question: did she even perform her study in the first place? She does not provide readers with evidence that it ever took place. By "nonstudy," does she mean only that her hospital observations were unsystematic or unscientific? Or does she also mean that the events she described were fictional? (Lilienfeld 745)

It is perhaps fitting that this exchange ends with questions like these, which involve the fuzzy boundaries of truth and imagination in creative nonfiction and the unique blend of medical fact and personal observation that is typical in much of Slater's writing.

12 The relationship between fact and fiction in psychiatry is of particular interest to Slater, and Rosenhan's experiment lends itself to examining possible manipulations in the power structure of clinical encounters. Rosenhan's original experiment was, after all, based on fictional symptoms: the auditory hallucinations that the pseudopatients feigned in their admission interviews. Rosenhan's experiment began with a strategic violation of the contract of the clinical encounter between doctor and patient, in which the patient presents symptoms to the doctor who in turn reads those symptoms in order to diagnose and treat. In his experiment, which is based on an initial misreading—a failure to distinguish malingering (fiction) from a truly experienced symptom (fact) during admissions—staff and doctors continued to misread some behaviors of the pseudopatients as pathological during their hospitalization. Although Rosenhan's primary objective might have been to cast doubt on the validity of psychiatric diagnoses, the experiment also illustrates just how dynamic the clinical encounter can be: patients have potential power over how they present (they can manipulate their readers/doctors), and doctors themselves can become test subjects (the objects of examination).

Lauren Slater's *Lying*

13 Lauren Slater's memoir of growing up with epilepsy, *Lying: A Metaphorical Memoir*, similarly foregrounds and manipulates the expectations of the reader in order to transgress the conventions of the illness narrative. She writes:

[...] 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. (*Lying* 221)

The text itself begins with a fake introduction written by a fictional philosophy professor.⁵ Chapter one consists of two words: “I exaggerate” (3).

14 While Slater’s text is ostensibly about epilepsy, she makes it clear from the very beginning that her account is not the typical illness narrative, and her epilepsy is a literary, not a literal, illness:

I have epilepsy. Or I feel 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. Epilepsy is a fascinating disease because some epileptics are liars, exaggerators, makers of myths and high-flying stories. [...] when I opened my mouth [...] all my words seemed colored, and I don’t know where this is my mother or where this is my illness, or whether, like her, 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. (5-6)

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.

15 A quite different objection to Slater’s conceit comes from the field of disability studies. As G. Thomas Couser writes: “[...] 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). In other words, Slater’s memoir stigmatizes real people who live with epilepsy. Margaret Price voices similar objections:

[...] in the choice to appropriate another disability to stand in metaphorically for her own, Slater is on risky ground. I do not wish to defend her choice, which I find problematic for a variety of reasons. For one thing, it risks playing into the accusations of “malingering” so often leveled at disabled persons—especially those of us who have no objective evidence to offer, but only reports of what is happening inside our minds. And yet, perhaps in its very shamelessness lies its value. With this lurid gesture of untruth, the narrator of *Lying* refuses to become the exposed, confessing narrator of conventional disability autobiography. (20)

The politics of personal representation are vital to disability studies, a civil rights movement characterized by the slogan “Nothing about us without us.” In this context, Slater’s manipulation of autobiography is dangerous, but also potentially liberating. *Lying* complicates a genre that has been too easily packaged and consumed in the recent past.

⁵ For a description of reviewers’ attempts to track down the fictional Professor Hayward Krieger, see Richard Ingram’s “Life Plagiarizing Illness: Lauren Slater’s *Lying*.”

16 Price, an astute reader of Slater, describes *Lying* as “counter-diagnosis”: “In counter-diagnosis, the autobiographical narrator uses language [...] to subvert the diagnostic urge to ‘explain’ a disabled mind” (17). A counter-diagnosis is oppositional, yet also feeds off of the power of diagnosis: Slater’s *Lying* “neither embrace[s] diagnosis as truth nor reject[s] it as useless: instead [...] [it draws] power from the shape-shifting nature of counter-diagnosis, accepting, rejecting, mimicking, and contesting the diagnostic urge in various ways. Counter-diagnosis is an oxymoronic form” (17). As a counter-diagnosis, *Lying* purposefully manipulates readers’ desires to diagnose the problem that is Lauren Slater.

17 It would be a mistake, however, to read “epilepsy” as the counter-diagnosis or metaphor that Slater offers in place of or as a substitute for “depression.” *Lying* cannot be reduced to a mental illness memoir dressed up as an epilepsy memoir: Slater’s story is a complex hysterical conversion that translates the experiences of her childhood in indirect ways. “Epilepsy,” if it can be pinned to anything specific in this text, is a metaphoric vehicle or conceit that describes Slater’s relationship to her mother, not a specific medical condition or disorder. Slater’s mother is a central if spectral figure in the text: “She was a woman of grand gestures and high standards and she rarely spoke the truth. She told me she was a Holocaust survivor, a hot-air balloonist, a personal friend of Golda Meir. From my mother I learned that the truth is bendable, that what you wish is every bit as real as what you are” (5).

18 In *Lying*, Slater’s epilepsy is engendered by her mother: first grand mal seizure occurs on New Year’s Eve in Barbados when she is ten. Her mother has just embarrassed herself by creating a scene in the hotel restaurant: loudly making disparaging comments about the hotel piano player: “He doesn’t have much Mozart in him”; “Such heavy hands”; “You’re a sweet man with many sweet things in you, but with no thunder. A man should have thunder” (17). When the pianist calls her bluff and asks her to play, she takes the bench, places her hands carefully, and freezes. Although she owns her own engraved Steinway and fancies herself a great pianist, Slater’s mother knows only one song, “Three Blind Mice.” She excuses herself as the crowd watches. Later that night, Slater has her first seizure: “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, the residue of words you’ve never spoken, but should have” (19). Slater’s seizure is the awful show-stopping performance that her mother avoids: “Sometimes, after I’d woken up from a seizure, I felt so sorry for her, I felt it was really she who’d had the seizure, she whose muscles really ached, and over and over again in my mind, I brought my mother milk” (37). And later, the seizures seem like a form of possession in which the

daughter is the medium for the mother's repressed energy: "all her energy was really deadness; not me. I was a girl in motion. I was wrong and dark and full of smells. When a seizure rolled through me, it didn't feel like mine; it felt like hers—her ramrod body sweetening into spasm" (24).

19 Although Slater eventually comes to embrace her own individual identity as an epileptic, this illness is always linked to her relationship with her mother: "I was not a girl at all, but a marionette, and some huge hand—my mother's hand?—held me up, and for a reason I absolutely could not predict, that hand might let the strings go slack" (31). So Slater begins to take control of her illness by purposefully having seizures in the emergency rooms of various Boston hospitals: she 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. These actions complicate Slater's story even further:

Now we get to a little hoary truth in this tricky tale. The summer I was thirteen I developed Munchausen's, on top of my epilepsy, or—and you must consider this—perhaps Munchausen's is all I ever had. Perhaps I was, and still am, a pretender, a person who creates illnesses because she needs time, attention, touch, because she knows no other way of telling her life's tale. Munchausen's is a fascinating psychiatric disorder, its sufferers makers of myths that are still somehow true, the illness a conduit to convey real pain. (88)

Slater poses the possibility that her illness is both neurological and psychogenic, both physical and hysterical. Or—since Munchausen's is a real psychological disorder involving physical illnesses that are not present—a real metaphorical illness. Slater would like to have it both ways or, rather, as many ways as possible. She writes, "[t]he neural mechanism that undergirds the lie is the same neural mechanism that help us make narrative. Thus, all stories, even those journalists swear up and down are 'true,' are at least physiologically linked to deception" (*Lying* 164). Lying and narrative, therefore, are biologically indistinguishable both in the body and in Slater's text; this is a clever scientific explanation with dubious value in this context, if fact finding is your mission. "The counter-diagnostic story," Price writes, "does not merely parallel or replace the conventional diagnostic story: it ruins it altogether, attacks its foundations, queers it" (17).

20 In the professional diagnostic literature, such as the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* and the World Health Organization's *International Statistical Classification of Diseases* (ICD), Munchausen's is part of a class of "factitious" disorders, a term that is especially evocative in the context of Slater's *Lying*. In a chapter entitled, "How to Market This Book," which takes the form of a memo to her editor at Random House, Slater discusses the generic classification of her book:

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, and it would wind up in the back alley or a tin trash can with ants and other vermin. You would lose a lot of money. (159-60)

Both “factitious” and “faction” are portmanteau words that describe a patient's/writer's manipulation of the factual and the fictional, and each gains its respective meaning from, in the case of “factitious,” the dynamics of the clinical encounter and from, in the case of “faction,” the generic conventions governing the memoir writer's contract with the reader. There is a sense in which all illness narratives are 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. It is this type of reading and objectification that Slater attempts to resist. To read *Lying* “literally, like it was just one more true account of yet another illness” is a mistake: “If you read it that way, I will feel I have failed” (161-62). Slater insists that the book is properly a memoir: “My *memoir*, please. Sell it as nonfiction, please” (165). Whether Slater's negotiation of the demands of the marketplace is successful is arguable, and her strategic use of epilepsy and malingering is certainly risky and problematic. Nevertheless, reading *Lying* ultimately 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.

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