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Out of the Attic: Agency and Narratives of Mental Illness by David Foster Wallace and Lauren Slater

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The University of Southern Mississippi

Out of the Attic:
Agency and Narratives of Mental Illness by David Foster Wallace and Lauren Slater

by

Erin McLeod

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Abstract

Studies of *Prozac Diary* and *Lying: A Metaphorical Memoir* illustrate how Slater adapts conventions of fiction to the memoir form to create agency for the mentally ill subject. This study will apply this approach of narrative therapy to David Foster Wallace's *Infinite Jest* to determine if the autobiographical conventions of mental illness may be adapted to fiction. An analysis of these primary texts seeks to address issues related to the therapeutic dimensions of autobiography as these are complicated by the narrative conventions that distinguish memoir and fiction.

Key Terms: health humanities, disability studies, mental illness, narrative therapy, autobiography, memoir

Dedication

for Ryan, always

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“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?”

— Lauren Slater, *Lying: A Metaphorical Memoir*

“Diagnosis itself is a narrative phenomenon.”

— Lauren Slater, *Lying: A Metaphorical Memoir*

Chapter I: Introduction

The mentally ill have long been marginalized in literature. Misconceptions, myths, and subsequent stigmas continue to circulate, further alienating patients who suffer from serious mental health conditions. Despite this social isolation, many empowered writers are utilizing the subgenre of mental illness memoir to persuasively dismantle common misconceptions and take agency over their condition. The goal of narrative therapy is to help patients who have been diagnosed with severe and long-term mental illness rewrite their life stories based on their preferred perception of identity, thereby resisting society's dominant discriminations. Health professionals in the field of psychiatry are championing the benefits of using literary narrative to supplement their mental illness patients' treatments. Psychiatric studies have proven that writing about his or her personal experience with mental illness allows a patient to claim agency over the mental disorder. This therapeutic rhetoric gives the mentally ill the power to control how mental illness is portrayed in literature and the media. By writing about their personal experience with mental illness, memoirists regain the authority that stigmas associated with their disorder have weakened.

Contemporary popular culture's fascination with confessional writing in the past two decades has produced an abundance of memoirs, especially accounts of the author's experience with mental illness. In his history of memoirs, *New Yorker* writer Daniel

Mendelsohn dubs memoir the “black sheep of the literary family” that “like a drunken guest at a wedding, is constantly mortifying its soberer relatives (philosophy, history, literary fiction) – spilling family secrets, embarrassing old friends – motivated, it would seem, by an overpowering need to be the center of attention.” Historically, memoir has been categorized as a subgenre of autobiography. Although both are forms of nonfiction and feature first-person perspective, memoir differentiates by giving a much more narrow scope of a person’s life. Memoirist Gore Vidal personally defines the art: “A memoir is how one remembers one’s own life, while an autobiography is history, requiring research, dates, facts double-checked.” Literary theorists have argued for decades to define the genre of autobiography and its subsets, the memoir, diary/journal, personal narrative, biography, and the self-portrait or essay. The current conversation has scholars questioning the emergence of the autobiographical novel, creative nonfiction, or new journalism, works that claim authenticity, but contain blatant falsities. How far can an author stretch the boundaries of truth in a work of his own creation that claims accuracy? Can critics question the authority of the author, when he is the expert on the subject of himself? The autobiographical pact is complicated when the author suffers from mental illness, because the truth now has reason to be suspect.

Two primary examples of mental illness memoir are Lauren Slater’s *Prozac Diary* and *Lying: A Metaphorical Memoir*. Lauren Slater is uniquely qualified to contribute to the mental illness memoir, as she is both a mental illness patient and clinical psychologist. *Prozac Diary* is the first memoir to reflect long-term Prozac use, the drug that Slater claims restored her life to “productivity, creativity, and love.” The 1999 memoir covers her ten-year transformation from a depressed, suicidal, and unemployed

twenty-six year old to an award-winning writer, clinic-owning psychologist, and wife. Slater gives an honest account of her difficult adaptation to a state of mental wellness after a lifetime of comfortable craziness. She addresses Prozac's notorious "poop-out" effect, the devastating effect on her libido, and her quest to discover her authentic self after a long-term reliance on a pharmaceutical. *Prozac Diary* was timely, appearing alongside such bestsellers as *Listening to Prozac* and *Prozac Nation* for a generation whose understanding of selfhood was revolutionized by neurological approaches to the psyche. In 2001, Slater went further. In her ground-breaking work, *Lying: A Metaphorical Memoir*, Slater forces readers to reconsider the boundary between fact and the creation of our own personal fictions. In this genre-defying memoir, Slater examines memories of her youth following her diagnosis of a strange illness that causes seizures, neurological disturbances, and the compulsion to lie. *Lying* openly questions the reliability of memoir and the power of storytelling as an act of healing. And, it recursively calls into question the authority of *Prozac Diary* and even the genre that Prozac produced.

The memoir form invites the reader to inspect the personal life of the author within the context of the work and claims truth by characterization of the genre. Slater shuns this fundamental autobiographical pact between the author and reader and admits that her memoir contains creative and metaphorical exaggeration of the truth. Psychologists (including Slater herself) recognize the therapeutic benefits of life writing for mental illness patients and read Slater's *Prozac Diary* and *Lying: A Metaphorical Memoir* through this lens. There is established research on the mental illness memoir as therapy, but there is a noticeable absence of application to the world of fiction.

Can novelists fictionalize their autobiography to achieve the same agency for the mentally ill subject? David Foster Wallace's magnum opus *Infinite Jest* is a gargantuan, mind-altering comedy on the pursuit of happiness in America. This 1996 work is set in a semi-satiric future version of North America and features substance addiction recovery programs, depression, child abuse, family relationships, advertising, popular entertainment, film theory, Quebec separatism, and tennis. Wallace's materials are, like Slater's, both idiosyncratic and representative of a generation's attitude toward the psyche. As a testament to its literary significance and pure entertainment, *Time* magazine included *Infinite Jest* in its list of 100 best English-language novels published since 1923. *Infinite Jest* is undoubtedly autobiographical in some aspects, with the protagonist, Hal, mirroring David Foster Wallace's life of tennis, addiction, Boston, and depression. A goal of this project is to determine why Wallace chose fiction as the window into his battle with mental illness rather than a nonfiction form. Could fiction act to protect Wallace from the public scrutiny that comes with the territory of memoir?

Both Slater and Wallace incorporate their personal experience with mental illness into their works within the genres of memoir and fiction, respectively. Studies of *Prozac Diary* and *Lying: A Metaphorical Memoir* illustrate how Slater adapts conventions of fiction to the memoir form to create agency for the mentally ill subject. This study will apply this approach of narrative therapy to David Foster Wallace's *Infinite Jest* to determine if the autobiographical conventions of mental illness may be adapted to fiction as a form of therapeutic rhetoric.

Chapter II: Literature Review

Since the purpose of this research is to discover the relationship between genre and narrative therapy as illustrated in Lauren Slater's *Prozac Diary* and *Lying: A Metaphorical Memoir* and David Foster Wallace's *Infinite Jest*, it is important to establish the current conversation. An emerging discipline that calls itself "Health Humanities" applies psychiatric and clinical research to literature studies. These scholars study the portrayal of mental illness in literature to gain first-hand feedback on contemporary psychiatric treatments from their patients. All three primary texts are undoubtedly autobiographical, so it is necessary to define the genre of autobiography, authorial intention, and the issues that arise with this form. Autobiography is characteristically factual, but both Slater and Wallace are masters of stretching the boundary of truth and complicating their respective genres to gray the areas around the form.

SOURCES RELATED TO AUTOBIOGRAPHY

In his oft-cited classic of literary theory, Philippe Lejeune attempts to redefine and clarify his definition of "autobiography" in context of the long-running discussion of relations of biography and autobiography and relations of novel and autobiography. "The Autobiographical Pact" provides the following working definition of autobiography: "Retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his personality" (Lejeune 4). Lejeune judges autobiography by these criteria: (1) form of language, (2) subject treated, (3) situation of author, and (4) position of narrator. Lejeune's definition

separates the autobiography from the similar genres of memoir, biography, personal narrative, autobiographical poem, journal or diary, and self-portrait or essay. The essay uses a textbook approach that might be more familiar to the scientific disciplines, incorporating definitions, charts, rubrics, and diagrams to examine the autobiography. Lejeune's approach seeks to contain and authorize the truth claims of the genre, and by extension, its subgenres, such as mental illness memoir. But again, the subgenre of mental illness memoir offers unique challenges to authority.

Or does it? In *Telling Lies in Modern American Autobiography*, Timothy Adams writes: "all autobiographers are unreliable narrators, all humans are liars, and yet, to be a successful liar in one's own life story is especially difficult." He understands autobiography as the story of the author's attempt to reconcile one's life with one's self and without intentions to be historically accurate, but metaphorically authentic. According to Adams, the information that an author chooses to misrepresent and how he or she chooses to misrepresent it gives us as much insight into the author's life as an accurate retellings of events. Adams is interested in the reasons behind deliberate lying and the uses and significance of lying in autobiographies. The book begins with the introduction, "Design and Lie in Modern American Autobiography," and is framed by research on Gertrude Stein's "She Will Be Me When This You See," Sherwood Anderson's "Lies My Father Told Me," Richard Wright's "Wearing the Mask," Mary McCarthy's "I Do Believe Her Though I Know She Lies," and Lillian Hellman's "Are You Now or Were You Ever?" Each author was included in the study to illustrate that even autobiographers who have been publicly labeled liars should not be condemned, because how each individual author approaches the problem of lying in autobiography

reveals more than the falsities. Adam concludes that autobiographical genre is not valuable for its “fidelity to fact,” but for “its revelations – to the writer as much as to the reader – of self.”

If one problem of autobiographical authority is intentional, another is structural. *American Authorship and Autobiographical Narrative* by Jonathan D’Amore analyzes the autobiographical narratives of established authors to reach conclusions about two significant subjects in contemporary literary studies: (1) the role of authorship in public and critical discourse about books and (2) the nature of the autobiography in light of increased public attention and theoretical consideration of the form. In his introduction, D’Amore recognizes the difficulty of an author of an autobiographical narrative to play the roles of both artist and subject and creator and content, especially in the age of “memoir culture.” He limits his research to author-autobiographers, focusing on the works of Norman Mailer, John Edgar Wideman, and Dave Eggers. D’Amore argues that these authors are critical to our understanding of the conditions of authorship and life writing in contemporary United States, because each demonstrates a heightened awareness of his role as an author both inside and outside the text and embraces his authority as both author and character to influence an enamored society.

SOURCES RELATED TO MENTAL ILLNESS IN LITERATURE

I have relied on sources of the “Health Humanities,” a discipline that joins together experiences in literary studies, social psychology, medical psychiatry, and psychiatric nursing, to establish the contemporary understanding of mental illness in literature. A prime example of this emerging discourse comes from authors Charley

Baker, Paul Crawford, B.J. Brown, Maurice Lipsedge and Ronald Carter. Their book *Madness in Post-1945 British and American Fiction* examines representations of madness in a range of postwar writers and explores the way these representations help to shape public perceptions and portray the unique experience of mental disorder. The authors deliberately use the term “madness” as it represents the social, personal, and context of the issue, thereby actively defying formal diagnostic classification and consequent objectification. Health Humanities believes the terms “mental illness” or “mental disorder” narrows the focus to a strictly medical viewpoint. The work studies madness in two broad categories: as a vehicle for entertainment or as adopted for provocative, informative, and/or politically minded motives by examining the selected writers’ fictionalized use of madness in the context of his or her known mental health.

While Baker et. al. provide a broad scope of madness in contemporary literary studies, Elizabeth Young narrows her focus to the subgenre of mental illness memoirs. In “Memoirs: Rewriting the Social Construction of Mental Illness,” Young argues that mental illness memoirs refute culturally dominant ideas about severe mental illness as a shameful weakness. This essay analyzes four mental illness memoirs including, Kate Millets’ *The Loony-Bin Trip*, Charles Barber’s *Songs from the Black Chair*, Jeff Bell’s *Rewind, Re-play, Repeat: A Memoir on Obsessive Compulsive Disorder*, and Elyn Saks’ *The Center Cannot Hold: My Journey Through Madness*. Young argues that through the act of narrating their experience with mental illness, these authors have challenged the established cultural discourse of mental illness as limitation. She concludes that the narratives help change that discourse and social attitudes toward people with mental illness.

Anne Hudson Jones is an interesting contribution to this study because unlike the previous scholars, her intended audience is the medical community, rather than literary studies. Hudson Jones joined the Institute for the Medical Humanities in 1979 to become the first literature professor in the country to teach in a medical school. Her life's work is to advocate that works of literature with the topic of medicine have the power to "elicit the empathy essential to patient-centered health care" and give the medical community a glimpse into the mind of mental illness in ways science and technology fall short. In the brief article "Literature and medicine: narratives of mental illness," Hudson Jones examines the beneficial contributions of autobiographical accounts of mental illness to the scientific community. The article's condensed overview of the history of autobiographies of mental illness provides useful historical context. She concludes by emphasizing the value of contemporary narratives to clinicians who seek critiques of new psychiatric treatment directly from their patients.

Clearly Glen Roberts is an example of a psychiatrist who has bought into the legitimacy of literary studies to the health disciplines. In his article "Narrative and severe mental illness: what place do stories have in an evidence-based world?," Roberts examines the validity of patient narratives as treatment for mental illness from a psychiatric perspective. He argues that the narrative approach complements traditional clinical studies by capturing the "inner hurt, despair, hope, grief and moral pain" that accompany or create mental illness in ways that evidence-based medicine (EBM) cannot. Roberts' sections of study include: post-modernism and the rediscovery of narrative, purposes of narrative as personal and plural, consequences of losing narrative perspective, narrative processes in the construction of psychotherapy, and psychotherapy

as storytelling. He forms his argument from a combination of research in medicine, psychiatry, and literary theory and criticism, and includes excerpts of clinical examples where narratives have improved the condition of a sufferer of mental illness.

SOURCES CONCENTRATING ON LAUREN SLATER

Helen Buss's "Authorizing the Memoir Form: Lauren Slater's Three Memoirs of Mental Illness" urges critics to examine authorial intention in texts that cannot claim the fictional authority of novels. She highlights the shrinking distance between the narrator and the author that has arisen from the explosion of the creative non-fiction memoir. Buss examines Slater's three memoirs, *Welcome to My Country*, *Prozac Diary*, and *Lying*, to frame her research question: how does this new discourse of contemporary memoir authorize itself? The article asserts that authors of autobiographical narratives must abide by the memoir contract and provide fair warning to the reader that the writer's life is used to "seek truth through various fictive devices," which Slater does in the opening sentence of *Lying*, through her admission, "I exaggerate." According to the essay, the reader must accept the authenticity of the narrative voice, and reminds us that Slater herself tells us, "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."

Margaret Price opens "Her Pronouns Wax and Wane: Psychosocial Disability, Autobiography, and Counter-Diagnosis" with an anecdote of her experience with personal discrimination because of her mental disability. The article combines disability studies (DS) with critical discourse analysis (CDA) to demonstrate how people with

psychosocial disabilities can and do demonstrate ‘rhetoricability’ by constructing forms of authority that draw upon, rather than ‘overcome,’ their disabilities. The study is framed within three autobiographical works – *A Mind Apart: Travels in a Neurodiverse World* by Susanne Antonetta, *Lying: A Metaphorical Memoir* by Lauren Slater, and “Her Reckoning: A Young Interdisciplinary Academic Dissects the Exact Nature of her Disease” by Wendy Marie Thompson – and involves a close study of personal pronouns. Price argues that pronouns give insight to the dynamics of power and personhood within the texts and subvert the conventional imperative of autobiography by engaging in a strategy she dubs *counter-diagnosis*.

SOURCES CONCENTRATING ON DAVID FOSTER WALLACE

In *The Legacy of David Foster Wallace* editors Samuel Cohen and Lee Konstantinou utilize a compilation of critical and creative essays that testify to the literary significance of David Foster Wallace. Cohen and Konstantinou are concerned that critics usually analyze creative writers, but do not include them in the conversation of their own work or the work of their peers. Much critical attention has been given to Wallace’s *Infinite Jest*, and this collection attempts to expand standard critical focus to include his previously overlooked work, especially his journalism. The book is organized in three thematic clusters – history, aesthetics, and community – with a unique juxtaposition of important criticism sandwiched between short creative pieces that are often tributes spoken at Wallace’s 2008 memorial. “History” examines Wallace across American literary and journalistic history. “Aesthetics” narrows its focus to *Infinite Jest* and considers the relationship between what Wallace believes fiction should accomplish

and his own aesthetic experiments. This section includes a useful essay that suggests the first person text should be reframed as “the start of recuperation of self.” “Community” emphasizes Wallace’s deep concern with how he related to his readers, and asks Wallace criticism to examine his “real effect on real readers.”

The biography of David Foster Wallace presents the autobiographical components of *Infinite Jest*, in addition to providing an account of the author’s personal experience with depression and alcoholism to make it possible to draw connections to narrative therapy in the text. D.T. Max’s *Every Story is a Love Story: A Life of David Foster Wallace* is a chronologically narrated, thoroughly researched, objective-as-imaginable biography that is also a gripping page-turner. Fans and critics of Wallace consider Max’s work to be the most useful and exciting biography of the late author, especially because Wallace’s own family endorses the book. It would be impossible to conduct this study’s analysis of narrative therapy within Wallace’s fiction without this crucial biographical source.

Chapter III: Methodology

This study will focus on the form of the primary texts (memoir versus fiction) and the authors' autobiographical accounts of his and her mental illness experience. For this study, I have chosen to focus on Lauren Slater's *Prozac Diary* and *Lying: A Metaphorical Memoir* to represent the memoir form. Slater is a particularly useful author to study, because she combines doctoral studies in psychology, her life-changing experience as a one of the first long-term users of Prozac, and a career as the award-winning author of seven books. In these two texts, Slater experiments with the conventions of memoir by drawing attention to, rather than concealing or refuting, intentional inaccuracies in her work. Criticism on Slater establishes her work within the genre of mental illness memoir, while recognizing the creative liberties Slater has taken in narrating her experiences with mental illness. In the texts themselves, Slater lauds the healing and agency she experiences through the freedom of life writing.

Unlike Slater, David Foster Wallace does not authorize *Infinite Jest* as an autobiographical novel, but the similarities between Wallace and characters in the text are impossible to ignore. I will incorporate biographical accounts of Wallace with analysis of *Infinite Jest* to prove that Wallace experiences narrative therapy through fiction, just as Slater achieves using the memoir form. A portion of this study will attempt to determine the benefits of one narrative form over the other. I am particularly interested in investigating why Wallace chose to tell his story as a novel, rather than utilizing the conventional memoir form. I will pursue my current theories on the subject: (1) Wallace considered memoir to be insignificant to the literary canon, (2) fiction functions as a

barrier from public scrutiny, or (3) fiction allows Wallace to experience the benefits of narrative therapy, without revealing his own troubled mind.

Each primary text gives an account of mental illness by an author who is diagnosed with a mental illness. The primary sources are literary contemporaries, spanning five-years of publication from 1996-2001. My approach will be interdisciplinary, drawing upon research and methods from both literary and mental health disciplines. The primary method will be a close reading analysis of passages from each text that prove the authors have “re-authored” their personal stories to achieve narrative therapy. Special attention will be given to scenes that depict mental illness, including diagnosis, pharmaceutical treatment, clinical treatment, substance abuse, recovery, and any issues the authors-as-characters face as a result of their mental illness. The study will consist of two major parts, beginning with an establishment of the complexities of autobiography and mental illness and an examination how scholars have applied this research to Slater’s memoirs. Part two of this research will apply the findings of part one to Wallace’s *Infinite Jest* to draw conclusions on the correlation between narrative form and mental illness therapy.

Chapter IV: Issues in Autobiography

THE RULES OF AUTOBIOGRAPHY

The primary texts of this study are infamous for stretching the boundaries of genre, so before we advance, it is necessary to determine the nuances of autobiography. In 1975 French literary scholar Philippe Lejeune wrote “The Autobiographical Pact” as an extension of his first attempt to define autobiography. Forty years later, the essay remains the primary theory on autobiography and is critical to understanding the genre. Lejeune begins by taking his position as a reader for the purpose of clearly understanding how the texts function. He reminds us that taking a position as the reader is best, because “they were written for us, readers; and in reading them, it is we who make them function” (4). Autobiography is for the reader, as Lejeune asserts, but we must remember throughout this study that life writing, or narrative therapy, is primarily for the writer. As we move forward, it is important to note the distinctions between autobiography and the similar genre of life writing.

Lejeune provides the literary world’s definition of autobiography: “retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his personality” (4). This definition produces four categories: form of language, subject treated, situation of author, and position of the narrator. To meet the criteria of autobiography, a work’s form of language must be narrative and in prose. The subject treated must be an individual life. The author (whose name refers to a real person) and the narrator must be identical. And the narrator’s position must a retrospective point of view where the narrator and primary character are identical. When confronted with discrepancies or ambiguous

works, Lejeune provides this crucial test of autobiography: the author, the narrator, and the protagonist must be identical. Lejeune's definition proves Lauren Slater's *Prozac Diary* and *Lying* to be autobiographies. In both texts, the author, narrator, and protagonist are identically Lauren Slater, the works are written in prose narrative form, and the books are concerned with the subject of the author's personality.

David Foster Wallace's *Infinite Jest* is much more complicated to diagnose as autobiography, since Wallace does not assert himself as the protagonist in the text. Lejeune reminds us that the author is merely the connection between the "world-beyond-the-text" and the text (11). He defines the author as "simultaneously a socially responsible real person and the producer of a discourse," so for a reader who does not know the real person, the author is imagined based on his product (11). Lejeune addresses readers' tendency to apply the fictitious work to the real author by suggesting that an author only gains authorial status through the creation of a second book. A degree of reality is established in readers' minds after seeing the author's name on more than one book and associated with more than one story, thus allowing the author to transcend the fiction of his works.

For cases where the protagonist's life mirrors the author's giving the reader reasonable evidence to categorize the text as autobiographical, such as *Infinite Jest*, Lejeune has created the category of the autobiographical novel. This category encompasses "all fictional texts in which the reader has reason to suspect, from the resemblances that he thinks he sees, that there is identity of author and protagonist, whereas the author has chosen to deny this identity or at least not to affirm it" (Lejeune 13). Again, the study asserts that no matter how similar the resemblance is between the

life of the author and the protagonist, a work cannot be classified as autobiography unless the names are identical. The autobiographical novel involves degrees of resemblance, whereas autobiography is absolute. *Infinite Jest* aligns itself with Lejeune's description of the autobiographical novel as the author, David Foster Wallace, and protagonist, Hal Incandenza, are clearly two distinct persons, but the resemblances between the author and his protagonist cannot be denied. Wallace injects his characters with qualities reminiscent of his personal life, including a dedication to competitive tennis, life in Boston, and struggles with addiction and depression.

According to Lejeune, the contract is of the utmost importance, with the power to determine the attitude of the reader. In a declared autobiography (e.g. *Prozac Diary* and *Lying*), the reader may attempt to discover discrepancies or errors that breach the contract. In a work of fiction (e.g. *Infinite Jest*), the reader will attempt to detect resemblances between the author and the protagonist, in spite of the clear identity distinction between author and character. Lejeune suggests that the myth of the novel containing more "truth" than the autobiography originates from this thought: "when we think we have discovered something through the text, in spite of the author, we always accord it more truth and more profundity" (14). In the wake of David Foster Wallace's suicide in 2008, fans and critics alike turned to *Infinite Jest* in search of signs that provide a glimpse into the author's troubled personal life. As more information on the late author's life was revealed to the reading public, the fictitious characters in his novel, such as severely depressed Kate Gompert, transform into stand-ins for Wallace's own struggle with mental illness.

As this study progresses, we will consider why Wallace chose to tell his life story through fiction and the implications of this choice in the context of narrative therapy. Perhaps Wallace recognized the authorial “truth” revealed through fiction: that readers are invited to read novels not only as fictions, but also as an illusory glimpse into the life of the author. This concept, termed by Lejeune as “the phantasmatic pact” combined with the knowledge that readers approach autobiography in anticipation of detecting errors, elucidates why an author such as Wallace might believe there is more opportunity for truth in fiction. Lejeune finds no satisfactory answer to which of the two genres, autobiography or fiction, is truer. He concludes that it is neither one nor the other, faulting autobiography for its lack of complexity and ambiguity, and the novel for its lack of accuracy (27). Instead, he determines that it is the space between autobiography and fiction that provides the most honest revelation of an author.

Following Lejeune’s seminal study, we must understand autobiography as a contractual genre, one that is as much a mode of reading as it is a mode of writing. Literary theorist Gérard Genette builds upon Lejeune’s work through the development of his literary concept of paratext, which refers to all commercial and critical engagement with the text, including, most significantly, the connection of the text to the author’s name. Like Lejeune, Genette recognized the author’s name as a critical component to the reader’s interpretation of the work as a whole, serving as a mark of authority for the work, especially in autobiographical writing. The paratext, which encompasses all elements that affect the reception of a work, both textual and non-textual, can be subcategorized into the peritext and the epitext. The peritext refers to all material and textual elements that are physically a part of the book, including the book jacket,

dedication, introduction, and the title and author's name. The epitext is described as the book's "peripheral attachments," including author interviews, advertisements, literary criticism, and book reviews (D'Amore 35). The author's name, and by extension, the author's public persona and the implication that it reflects his or her private life, are considered the most important components of the epitext (35).

In *American Authorship and Autobiographical Narrative* Jonathan D'Amore reasons that the sustained and growing interest in memoir and autobiography is indicative of a reading public that craves a combination of a writer's work and personal life. His criticism focuses on authors turned autobiographers, whose fans demand an inside look into the celebrity lifestyle of the writer. Wallace has been enveloped in what D'Amore terms an "author-as-celebrity moment," where the obsession with the personal life of a writer transcends literary circles and enters popular culture. Following the author's tragic suicide, the intense interest in Wallace's mysteriously troubled life was answered with a *Rolling Stones* cover story commemorating the life of the author, the biography *Of Course You End Up Becoming Yourself* written by reporter David Linsky, who traveled with Wallace during his book tour, and its 2015 film adaptation, *The End of the Tour*. After David Foster Wallace's death, readers mined his work for clues to his life. Biographies, such as D.T. Max's bestselling *Every Love Story is a Ghost Story*, became critical components to the new approach to understanding Wallace's works. Wallace's battle with severe depression and alcoholism and eventual tragic suicide became the basis of the authorial epitext, making it nearly impossible to read *Infinite Jest* without interposing these autobiographical elements onto the characters. Wallace's recognition as one of the generation's most gifted writers and the posthumous inflation of his

celebrity status contribute to the epitext surrounding *Infinite Jest*, just as much as the novel's infamously intimidating size, structure, and content.

BREAKING THE RULES IN AUTOBIOGRAPHY

If the goal of the autobiography is to reveal truth about the life of its author, how are we to react to allegations of lying within the genre? In *Telling Lies in Modern American Autobiography*, Timothy Dow Adams confronts this issue directly by focusing on the reasons behind deliberate lying in autobiography, rather than merely condemning the practice like so many theorists. Adams' argument considers the unrealistically high expectations for truth in the genre: "all autobiographers are unreliable narrators, all humans are liars, and yet, . . . to be a successful liar in one's own life story is especially difficult" (ix). We as readers expect autobiographies to misrepresent the truth and subconsciously search the text for discrepancies, so why do we punish authors when we discover what we are looking for? With so many theorists concerned with the boundaries of genre in autobiography, Adam's decision to accept and even embrace lying as unavoidable in autobiography is refreshing. I will be employing Adams approach to autobiography in this study, giving less concern to issues of truth (or lack thereof) in the texts and instead focusing on the strategy and significance of intentional lying. This generously low expectation for absolute truth in autobiography allows us to turn our attention on the lying itself, as Adams asserts that what an author chooses to misrepresent is as telling as what really happened (ix).

Lying in a genre whose rules enforce truth is no accident or attempt at deception; lying in autobiography is a highly strategic decision, especially for literary

autobiographers who know the rules of the game. Adams describes autobiography as “the story of an attempt to reconcile one’s life with one’s self and is not, therefore, meant to be taken as historically accurate but as metaphorically authentic” (ix). This definition understands autobiography as a personal experience for the writer, not the reader, as Lejeune stated. As an author creates a narrative to with her own life as the subject, she engages in a deeply personal and cathartic experience of self-discovery. In this process, writers apply a combination of memory and imagination to a lifetime of experiences, resulting in a complex tangle of fact and fiction. In later chapters, we will consider the further complication that occurs when an author with mental illness engages in autobiographical writing.

Slater certainly adapts Adams’ mindset that emphasis should be placed on metaphoric authenticity rather than literal accuracy, going so far as to subtitle her autobiography “a metaphorical memoir.” Writers employ metaphor as a stylistic device to describe the world in their writing, and it is unreasonable for readers to expect writers to adapt new tools just because the author plays the role of both writer and subject. I argue that it is incorrect to classify an author’s metaphor of self as lying, since the purpose is to achieve a rhetorical effect of symbolism or resemblance, not to deceive. We see this exemplified in *Lying* as Slater confesses that the text uses metaphor, most significantly the metaphor of epilepsy, to express the dark corners of her psyche for which no words have ever been accurate (220). The author strategically uses epilepsy as a method of telling the story of her childhood, her relationship with her mother, her mental illness, and her sexual awakening. Regardless of whether or not Slater is an epileptic (the answer is ambiguous), our concern must focus on *why* and *how* the author

chooses to tell her life story through the frame of epilepsy. The answers to these questions reveal a greater authentic truth to the author's experience with mental illness than the literal accuracies of the memoir.

In the afterword to *Lying*, Slater echoes Adams' by condemning "historical truth, which fades as our neurons decay and stutter" in favor of "the narrative truth, which is delightfully bendable and politically powerful" (219). Memories fail us and the minute details of a lifetime slip away, but the emotions and experiences remain with us in narrative truth. If memory is, as defined by Adams, "the self's autobiography, an unwritten narrative with an unreliable narrator," then we can view ambiguities in autobiography as a biological defect of memory, deeply imbedded in the psyche of the writer, rather than an a mistake or attempt at deception made during the writing process (169). As we tell stories in our everyday lives, we exaggerate experiences and reshape our pasts until we reconstruct the memory itself. In this way we create our own life's narrative, never telling a story the same way twice, but always telling the truth. Why do we expect professional storytellers to do anything but that?

Chapter V: Memoir and Mental Disability

From the title, *Lying: A Metaphorical Memoir* to the straightforward message of the first chapter, “I exaggerate,” Slater blatantly admits that the book in the hands of the reader is a work of simultaneous fact and fiction that twists every conventional rule of autobiography. Yet some critics remain unsatisfied with Slater’s distortion of the autobiographical pact, such as Donna Lee Brien who describes the contract that she, as the reader, had with Slater as “so irretrievably shattered” that she could no longer believe anything written in Slater’s numerous memoirs (3). For readers like Brien, the sanctity of the contract between reader and memoirist is so significant that its dissolution becomes a part of the authorial epitext, causing readers to approach all other works with suspicion and distrust. Brien takes issue with authors who are dishonest by not revealing the distinction between what is invented and what is documented fact, but I must disagree with her inclusion of Slater in this criticism. *Lying* reveals its tricks as early as page six, our first introduction to the concept of epilepsy as a literary device: “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” (Slater 6). For this reason, Slater’s memoir adheres to the autobiographical pact by candidly announcing the fabrications and exaggerations to the reader. There is no attempt to deceive the reader; instead Slater establishes clear rules for reading her memoir about mental illness: there are none.

As Brien recognizes that Slater is honest by admitting that large portions of her memoir are invented, the critic makes the valid point that “being honest about lying is not the same as being truthful” (5). However, we must remember that we are dealing with a

self-proclaimed liar as our author and narrator, who describes herself as “spiritually bankrupt, a liar, a thief, a plagiarist” (157). If the purpose of memoir is to capture the essence of the self in writing, and that self identifies as a liar, then I argue that lying is an expected and necessary tool for the author to tell the story of her damaged psyche.

Slater’s untrustworthiness diminishes her authority in a genre of nonfiction and this is amplified by her open status as a mentally disabled subject. Catherine Prendergast argues that “to be disabled mentally is to be disabled rhetorically” (57). When speaking as a mentally disabled person, one is generally denied the right to be accepted and respected as a valid subject. Margaret Price’s research reminds us to consider the history of exploitation for persons with disabilities by those who write about them, including medical professionals (16). She notes the increasing growth of disability autobiography within the genre of disability studies, a subgenre that exists so that the “Othered” might speak. Slater is in a unique position to be the voice for the mentally disabled, despite the historical de-authorization of a writer with a mental illness. Slater claims authority not in spite of, but through and because of her disability, a strategy Price terms *counter-diagnosis* (17). Slater is able to speak on mental disability as both a mental health patient and a mental health professional. She is an expert in her field as a practicing psychologist with impressive degrees from Harvard University and Boston College. I am undecided on whose authority gives us the most valuable insight—the expert in mental disability studies or the one who experiences the mental disability firsthand—but Slater exists as a rare authority for both. Helen Buss describes Slater’s purpose in *Prozac Diary* in the text as to talk simultaneously about Prozac as a miracle drug that turned her dysfunctional life into a highly accomplished one and Prozac as an ongoing side effect

that targets her memory and causes sexual dysfunction (37). Slater is able to discuss Prozac as both a consumer of the drug and an expert in mental health and counseling, giving her the ability to overcome the stigma associated with mental illness.

In *Prozac Diary* the author must use the language of a psychologist to assert her expertise, as well as the language of creative nonfiction to authorize the memoir form. Slater creates her text by playing with form through the incorporation of everyday journals and diary entries to portray her innermost emotions and medical reports to assert her expertise on the subject. Most chapters of the memoir are titled “Letters to my Doctor,” and in these chapters, Slater creates a medical report in a typeface expected of official documents. The first one, titled “evaluation and treatment plan” reads:

Patient currently presents with symptoms that meet the criteria for Obsessive-Compulsive Disorder. However this diagnosis can be seen as secondary as opposed to primary. Patient reports OCD, with its attendant compulsions to count, check, and was, emerged rather suddenly and unexpectedly w/in last few months. However, patient does have a long history of psychopathology prior to the manifestation of her present complaint. Has in the past attempted suicide, and engaged in self-mutilating behaviors, including anorexia, that resulted in psychiatric hospitalizations: dates, 1977, 1979, 1983, 1984, 1985. Record indicates patient has carried a diagnosis of Borderline Personality disorder since 19 years of age, and a diagnosis of major depression, severe and recurrent, beginning in her early— (Slater, 15).

At this point Slater breaks off the report by transitioning to an italicized typeface conventionally used to denote a journal or diary entry, writing: “How do you describe emptiness? Is it the air inside a bubble, the darkness in a pocket, snow? I think, yes, I was six or seven when I first felt it, the dwindling that is depression” (16). This abrupt shift in form, signified by the changing typeface, allows Slater to write her experience with mental illness through her two roles of patient and professional. The medical report summarizes her condition and history concisely and unemotionally, creating an

authoritative voice of expertise. This fabricated section allows Slater to use the jargon of the medical and counseling fields to turn her expertise to a new patient: herself. The confessional writing that follows adds an emotional and experiential depth that explores the metaphoric language of mental instability. The language of “emptiness,” “air inside a bubble,” “the darkness in a pocket,” and the cold and stillness of “snow,” bring us closer to the author’s true experience with depression in a way that surpasses the sterility of medical terms.

Slater continues to play with form through the tricky incorporation of the self-referential third person, in both *Prozac Diary* and *Lying*. In 1977 Philippe Lejeune returns to his studies of autobiography, but this time he considers the implications of an author representing herself as *she*, rather than the conventional *I*. He is determined to retain the original autobiographical pact, even though his initial approach stresses the necessity of the explicit use of first person to maintain congruency between the author, narrator, and subject. Lejeune amends the contract to include exceptional situations, which he says occurs when “an author *pretends* to speak about himself as someone else might, by using the third person, or by inventing a fictive narrator to present the author’s point of view or tell his life story” and reminds us that this can only occur within the framework of a text that has adhered to the autobiographical pact (“Third Person,” 27, emphasis in original). Each element of the third person autobiographical pact is exemplified in Slater’s writings.

In *Prozac Diary*, Slater abruptly shifts the narration from an insightful, confessional first person to a self-referential third person for the duration of the chapter aptly titled, “Third Person.” In the preceding pages, she describes a childhood memory

of her “secret desire to be detected” by jumping in front of her family’s technologically advanced home security system (130). No matter how meaningful and dramatic her movements, the sensitive alarm refuses to recognize her, developing Lauren’s identity crisis at a young age. Slater cites the memory of this experience as the reason that she started to narrate herself as *she*: “she—the most impenetrable of the persons. She walks. She talks... She is slippery. She cannot be sensed” (131). The chapter enacts the third person narrative in conversations such as the following, where she considers the consequences of going off Prozac: “So many things might happen if she did. She might descend again. She might find herself back there. He is so cavalier. He has never known her without her meds, and the stories she’s told him about those times do not suffice” (134). By pretending to speak about herself as someone else, Slater reduces herself to a distant subject, far from her transparent writing style in the first person. In the chapter written in third person, Slater creates emotional distance herself and her lover and this is echoed through the literary device of third person. She is terrified that he doesn’t know the true Lauren, but desperately reflects, “She wants him to see through. She wants to be transparent” (140). Slater makes the spontaneous decision to take Bennett to her childhood home, so she can satisfy her “human urge to be opened and observed” by sharing the dark memories of her past (144). Upon returning home, Lauren challenges Bennett to suspect she has relapsed by showing him her bleeding arm, covered in scars from a history of self-mutilation. He refuses to play her game, instead asserts the truth, “with confidence and understanding” that she cut herself while climbing on the tree earlier in the night (144). Slater is suddenly released from the feelings of being unrecognized and unidentified, and this sense of relief is signified by her immediate

return to the first person. The unnamed “he” is finally named “Bennett,” and Slater reveals, “She, of course, is me, which we knew all along, our hiding places, our masks, even when chemically constructed, so much more permeable, so far less mysterious, than we ever think (144). In this chapter, the third person is used to amplify the author’s loss of identity, while the first person signifies the author’s return to a sense of self. Just as Lejeune recognizes the interchangeable trinity of “I,” “you,” “he,” in autobiographical writing, Slater repeatedly identifies herself by the trinity of pronouns: “Lauren. She. Me” (145).

In *Lying* Slater practices the second allowable use of self-referential third person according to Lejeune by inventing a third person to tell her life’s story. Chapter 4 ends with a literal authorial signature that is required by Lejeune to complete the autobiographical pact, as Slater signs off the chapter, “Love, Lauren” (97). Chapter 5 opens:

THE BIOPSYCHOSOCIAL CONSEQUENCES OF A CORPUS
CALLOSTOMY IN THE PEDIATRIC PATIENT

Dr. Carlos Neu, M.D., and
Patricia Robinson, P.T.

Abstract

Sixty percent of patients with temporal lobe epilepsy display dysfunction psychological profiles that include emotional lability... (98).

We have already been introduced to Dr. Neu in *Lying*, the “brilliant neurologist who has published many articles,” that Slater describes as “a little frumpy and old-fashioned, with thick eyebrows and a curly beard” (74). He makes a second appearance in the text, but this time he assumes the role of author in this imagined case study authored by Slater. Dr. Neu functions as an invented third person narrator who helps to portray the author’s story, but in this case, Lejeune’s rules for the use of third person in autobiography is

distorted since the narrator is portrayed as real, rather than imagined. The nine pages of narration by Dr. Neu allow Slater to examine her own mental health condition through the lens of her role as a PhD expert in counseling psychology. The article notes the patient's "disturbing depressive tendencies" and hypothesizes "a more serious mood and/or anxiety disorder" (105). 'Dr. Neu's' attempt to pinpoint an accurate diagnosis for Lauren reflects Slater's deep desire to identify the exact problems with her psyche.

As a mental health patient, Slater's ability to create identity is dependent on her ability to be diagnosed. Elizabeth Young describes diagnosis as a "relief," because "there is a name for what they have been experiencing, and their experiences are validated and normalized by other people having similar experiences" (58). Slater is desperate for an accurate diagnosis to not only experience the relief of validation and the possibility to be treated or cured, but also to resolve her identity crisis. Throughout the text, she creates *I am* statements of identity based on a diagnosable illness: "I am mentally ill." "I am epileptic." "I am an alcoholic" (85, 87, 204). Like many who have a mental disability, Slater has accepted the culturally dominant story that she *is* her mental illness (Young 56). Since Lauren's identity is embedded her illness, she must depend on her mental health professionals to create her diagnosis, and thus, create her identity. The mental health patient's inability to identify her own self strips her of her agency, and places her amongst the marginalized other. In *Lying*, Slater authorizes her own diagnosis to take control over her own identity. Slater admits that she uses epilepsy as a metaphoric tool—"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"—but Slater's ability to diagnose herself as epileptic in the text satisfies her craving for

authority over her own identity, even if the diagnosis is not medically accurate (6). Slater's illness memoirs *Prozac Diary* and *Lying* function as an experiment in self-diagnosis that develops into self-identification, and ultimately, agency. Slater uses metaphoric language, self-referential third person narrative, and invented case studies to experiment with the conventions of fiction in autobiography in an effort to experience a more profound narrative therapy through self-diagnosis.

Chapter VI: Narrative Therapy

To briefly summarize the complexities of this complex psychotherapy for our literary purposes, narrative therapy is best understood as a “respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives” (Morgan 1). This method of therapy views problems as distinctly separate from people, thus allowing the issues to be externalized and treated. Narrative therapy is built on the constructs of the following themes established by Freedman and Combs:

1. Realities are socially constructed.
2. Realities are constituted through language.
3. Realities are organized and maintained through narrative.
4. There are no essential truths.

Through this study we have seen an adherence to the assertion that “there are no essential truths,” especially through the writing of Lauren Slater. Narrative therapists embrace the power of subjective truth and give greater credibility to “meaningfulness,” rather than “truthfulness,” when counseling their patients to narrate their life experiences. Elizabeth Young describes the goal of narrative therapy as a method of helping people rewrite the stories they tell about themselves based on preferred accounts of identity (53). Through the process of “re-authoring” or “re-storying,” mental health patients take authority over the narration of their own life story by constructing new narratives that reinforce a positive image of the self.

When a professional writer engages in narrative therapy, he is able to make sense of real personal experiences through “therapeutic fiction-making” (Adams 3). Slater wields the methods of narrative therapy in *Lying*, as she recounts an Alcoholics Anonymous practice in which she is instructed to pretend to be healthy, so that eventually

she will become that way: “Act as if. As if. In this way fictions become facts” (185). Slater masterfully extends the advice given in AA to her autobiographical writing, choosing to write *as if* and in doing so, creates a therapeutic re-imagining of her past self. In *Prozac Diary*, Slater credits her attainment of narrative therapy as a positive side effect of pharmaceutical treatment: “In altering my present sense of who I am, Prozac has demanded a revisioning of my history, and this revisioning is, perhaps, the most stunning side effect of all” (191). This *revisioning of [one’s] history*, or intentionally fictionalized autobiography, should be regarded as primarily written for the writer and for cathartic purposes. Narrative therapy is conventionally contained within the genre of autobiography, as it requires the author to write confessionally about his or her life. Now we turn our focus to an author who practices therapeutic fiction-making within the genre of fiction by examining David Foster Wallace’s *Infinite Jest*.

While writing *Every Love Story is a Ghost Story*, the first biography of David Foster Wallace, D.T. Max gained exclusive access to the late author’s unpublished letters, manuscripts, and audiotapes to create a comprehensive portrait of the extraordinarily gifted novelist’s life. During this process, Max discovered evidence suggesting that *Infinite Jest*, a testament to the feat of fiction, might have started out as an autobiography. In Box 15 of Wallace’s artifacts, his biographer discovered the earliest manuscript of the professional conversationalist scene and discovered that it was originally written as the opening to the novel (appearing in pages 27-31 in the published work). In the original first pages of *Infinite Jest*, Hal, age 14, is called David and that date, 1974, put the protagonist “perilously close” to the real Wallace’s age (Max “*Infinite Jest as Autobiography*”). The evidence that the novel began as autobiography is inconclusive;

however, I interpret this as affirmation that Wallace was at least considering autobiographical conventions in the earliest stage of writing *Infinite Jest*. Although Wallace chose fiction as his form of choice, elements of autobiography are clearly injected into the novel prompting the question: Why fiction?

Anne Hudson Jones, a leading scholar within the Health Humanities, identifies the frustration of writers who are mental health patients: “the very faculties required to construct a narrative—perception, memory, and reason—can be profoundly altered by illnesses such as depression, bipolar disorder, and schizophrenia, as well as by treatments such as electroconvulsive therapy and psychotropic drugs” (359). Jones concludes that as a result, or to avoid the stigma of being identified as mentally ill, many contemporary authors have chosen to present their narratives as fiction. As an author with severe depression, Wallace had to grapple with the detrimental effects of his illness, as well as the potential damage of an electroconvulsive therapy treatment and years of antidepressant use, on his memory’s ability to accurately recall events. Rather than receive the backlash of attacks on memoirists who fail to adhere to the autobiographical pact, authors with mental illness often opt for the safety net of fiction. By forgoing the truth constraint enforced on autobiographical writing, fiction writers are able to truly engage in re-authoring their lives without fear of retribution.

We can detect narrative therapy underneath the covering of fiction by comparing the context of Wallace’s personal life to mirrored scenes in *Infinite Jest*.

After a four week stint at the famed psychiatric treatment facility, McLean, Wallace moved into a gritty Boston halfway house that would inspire much of his novel. Granada House found itself thinly fictionalized as Ennet House Drug and Alcohol Recovery

House. The compound consisted of seven buildings—“seven moons orbiting a dead planet,” as it is described in *Infinite Jest*—with building six serving as the halfway house for addiction recovery. After viewing images of Granada House, it is easy to see how Wallace mirrored the house in fiction:

Unit #6, right up against the ravine on the end of the rutted road’s east side, is Ennet House Drug and Alcohol Recovery House, three stories of whitewashed New England brick with the brick showing in patches through the whitewash, a mansard roof that sheds green shingles, a scabrous fire escape at each upper window and a back door no resident is allowed to use and a front office around on the south side with huge protruding bay windows that yield a view of ravine-weeds and the unpleasant stretch of Commonwealth Ave. (197)

In the biography, Max reminds us that Wallace had always been skilled at mimicry, but notes that the voices in the chapters at Ennet House are “subtler and truer” than in any other sections (161). Wallace spent much of his time in the recovery house absorbing the stories and personality quirks of the other residents. Although he came from a different world of middle class academia, Wallace identified with his fellow addicts and fictionalized them as representations of his own struggle with addiction.

As the novel slowly comes to an end, Don Gately, the current counselor in residence at Ennet House, finds himself in the emergency room with a gunshot wound to the side. Despite Gately’s excruciating pain that was “getting to be emergency-type pain, like scream-and-yank-your-charred-hand-off-the-stove-type pain,” he refuses the doctor’s offering of painkillers (Wallace 815). Gately, a successfully recovered Demerol addict, exhibits strict adherence to sobriety in the face of a terrifying opportunity for relapse. A seemingly insignificant episode mentioned in the Wallace biography reveals that this hospital scene was a re-authoring of Wallace’s own life experience. In April 1991, Wallace tore the ligaments in his ankle during a softball game and refused to take

painkillers, describing this decision as taking “every shred of will I’ve got” (Max 151). In the fictionalized account, a resident of Ennet House admires Gately’s “tremendous humility and willingness” to stick to his resolution to abstain from narcotics (Wallace 818). But Wallace was not so brave in real life. The pain proved too much to bear, as Wallace wrote in a letter describing his submission to the narcotics: “I’m not taking it well . . . I have substituted chronic complaining for analgesic, and so far it’s worked OK” (151). Wallace has rewritten the past self that he believed cowardly surrendered to the relief of painkillers into the heroic Don Gately, who is praised for his resilience and sobriety in the face of unendurable pain. Wallace spends the last several hundred pages of *Infinite Jest* exploring Gately’s mental anguish as he lies in pain in the hospital. Clearly Wallace intended for Gately’s refusal of painkillers to be the climactic development of the character, as well as a significant plot point to the novel. The author follows Slater’s approach of acting *as if* by using the conventions of fiction to portray himself as if he had been strong enough to resist the pain on his own. Here we see Wallace engaging in the methods of narrative therapy by externalizing the problem from the self and then re-authoring the story to imagine himself in a positive light.

But that is not to say that Don Gately is the sole representative of the fictionalized Dave Wallace in *Infinite Jest*. Wallace created dozens of characters within the 1,079 pages of his massive novel, many of whom captured aspects of how he saw himself. An example is Kate Gompert, a severely depressed young woman who is recovering from a pot addiction at the Ennet House. Kate a significant character, as she is the only resident who is on “Specials, which meant Suicide-Watch” and therefore must be supervised by a staffer twenty-four hours a day (Wallace 69). I agree with Eric Thomas’s argument in

“Psychotic Depression and Suicide in David Foster Wallace’s *Infinite Jest*” that Kate Gompert exists solely as a mouthpiece for Wallace to explain the physical and mental pain of the clinical depression that threatened to overwhelm his own self.

Kate asserts her dissatisfaction with *depression*, a term that sounds “like you just get like really sad, you get quiet and melancholy and just like sit quietly by the window sighing or just lying around” (Wallace 73). She narrates her experience with depression as not a “state” as her doctor calls it, but as a “*feeling*” that she tangibly feels “all over . . . in my arms and legs” (73). Kate struggles to communicate this feeling to her doctor, and finally settles on an analogy that captures the essence of her depression, stating:

Nausea . . . is a horrible feeling but it’s just in your stomach. Imagine if you felt that way all over, inside. All through you. Like every cell and every atom or brain-cell or whatever was so nauseous it wanted to throw up, but it couldn’t, and you felt that way all the time, and you’re sure, you’re positive the feeling will never go away, you’re going to spend the rest of your natural life feeling like this. (74)

This description alters the view of depression as a mental state by giving it the characteristics of a physical sickness. By using the nausea metaphor, Kate is able to describe her illness in a way that her doctor can identify with in his own experience to create mutual understanding. Kate is able to give a concreteness to the devastating and overpowering nature of her illness by describing her intense feeling through the molecular level of cells and atoms. This scientific terminology also appeals to the mindset of a doctor who is seeking to understand depression.

We have reason to suspect that Wallace felt likewise. “The Planet Trillaphon,” one of Wallace’s earliest writings, is arguably the most autobiographical in writing style of the author’s fiction. The first person narrative is not purely autobiographical, but D.T. Max identifies that the authorial “I” and the “I” of the narrator parallel in a way that

would never be so closely aligned again in Wallace's fiction (34). The narrator gives an account of withdrawing from college to deal with his psychiatric problems, an experience straight from Wallace's life at the time of writing. He insists that depression is not "just sort of really intense sadness, like what you feel when your very good dog dies, or when Bambi's mother gets killed in *Bambi*" (Wallace "The Planet Trillaphon"). Instead, he describes an all-consuming depression, stating:

I'm not incredibly glib, but I'll tell what I think the Bad Thing is like . . . Imagine that your every single atom in every single cell in your body is sick . . . sick as hell . . . intolerably sick. And every proton and neutron in every atom . . . swollen and throbbing, off-color, sick, with just no chance of throwing up to relieve the feeling. Every electron is sick, here, twirling off-balance and all erratic in these funhouse orbitals that are just thick and swirling with mottled yellow and purple poison gases, everything off balance and woozy. (29)

Like the fictionalized scene where Wallace is writing through the voice of Kate, this description begins by asserting that the depression felt by both narrators cannot compare to societal views of depression that include symptoms of sadness, laziness, and unwillingness to participate. Both Wallace and Wallace-as-Kate use the metaphor of sickness, specifically stomach nausea and the misery of knowing relief from vomiting will not come. Each description focuses on the totality of the feeling, as it is felt in every aspect of the self, even to the smallest molecule of being.

Kate uses narrative to give meaning to the experience of her clinical depression, which allows her to convey the severity of her illness to the doctor in a way that medical terms fail. In the eyes of her doctors in the psych ward, Kate is reduced to her medical charts: "Gompert, Katherine A., 21, Newton MA. Data-clerical in a Wellesley Hills real estate office. Fourth hospitalization in three years, all clinical depression, unipolar" (Wallace 69). The records go on to describe Kate's past treatments, including electro-

convulsive treatments and an assortment of antidepressant pharmaceuticals, the details of her three suicide attempts, and the diagnosis of her depression. These medical records objectify Kate by reducing her from a person to a patient. The discipline's practice of charting a patient's medical history fails to capture the individual patient's experience with her mental illness. By questioning Kate's motives and intentions for her most recent suicide attempt, the medical resident gives Kate the opportunity to experience narrative therapy by using her own words to explain her condition. The medical resident notes that "classic unipolars," like Kate, "were usually tormented by the conviction that no one could hear or understand them when they tried to communicate" (75). The narrative approach in psychology is greatly concerned with the patient's ability to make himself understood by conveying meaning. Wallace successfully communicates the pain and suffering of severe depression through a fictitious re-storying.

Wallace was notoriously private about his personal experience with treatments and therapy. As a journalist for *Rolling Stone* David Lipsky had the opportunity spend a week traveling with Wallace during the book tour for *Infinite Jest*. After his inside glimpse into the life of the generation's literary prodigy, Lipsky was most surprised to learn that Wallace was "very ashamed of being on medication, which is so sad . . . And he'd never want to talk about it" (Woods). But Wallace was able to talk about depression very candidly and intimately through his fictionalized mouthpiece, Kate Gompert. In the months leading up to the publication of *Infinite Jest*, excerpts began to appear as tantalizing teasers in literary magazines. In an excerpt for *Conjunctions* that depicts a scene at Ennet House, Wallace writes a preface introducing himself as a more authentic writer:

Under fun's new administration, writing fiction becomes a way to go deep inside yourself and illuminate precisely the stuff you don't want to see or let anyone else see, and this stuff turns out (paradoxically) to be precisely the stuff all writers and readers everywhere share and respond to, feel. Fiction becomes a weird way to countenance yourself and to tell the truth instead of being a way to escape yourself or present yourself in a way you figure you will be maximally likeable. (qtd. in Max 175)

Fiction gave Wallace an outlet of expression that would overcome his hesitation to let others see inside his private life of addiction and depression. He recognizes that the stories that he buries deep within are the ones that resonate most with his readers who identify with Wallace's narration of mental illness. Wallace is able to tell the story of his stint in the Boston halfway house and the traumatic pain of his depression without the anxiety of revealing his private life because, under the guise of fiction, all characters and elements of the text are imaginary. He is released from the stigma of writing about mental illness and can experience the therapeutic benefits of telling his narrative truth.

In Wallace's biography *D.T. Max* reveals that during therapy sessions Wallace reached the conclusion that his relationship with his mother was the key to understanding his demons. He became certain that his mother had been abused as a child by her father, and he decided that his mother must have repressed this memory as a means of self-protection. Wallace extends his mother's repression of her traumatic childhood experience to her life as his mother, creating a household built on repression and control. He links his mother's inability to address her pain as the leading cause of the denial of his own pain that hid behind years of drug use and alcoholism. His mother, Sally Wallace, is fictionalized as Avril Incandenza—a comparison his mother found unflattering and hurtful. The crux of the novel is to determine what caused Hal's intense breakdown in the opening scene, and many readers believe the answer lies with his mother. At the

close of the *Infinite Jest*, it is revealed that Hal has been awakened to what his father identifies early on as his “blithe inattention to your own dear grammatical mother’s cavortings with not one not two but over thirty Near Eastern medical attachés” (Wallace 30). This is not to suggest that Sally Wallace was “fucking just about everything with a pulse” as her fictional counterpart is described (92). Instead, I wish to point out the connection between Wallace and Hal as two sons who blame their mothers for their own drug addiction and damaged psyches. Wallace has re-authored the testimony of his addiction through *Infinite Jest* by exaggerating the negative traits of the mother-figure. This amplifies his reasoning that his mother’s troubles are responsible for his own, and allows him to examine and understand his past from an external perspective.

Wallace made attempts to ensure that his family was protected from the autobiographical parallels surrounding their characterization; however, he could not resist getting the final word in the dedication to *Infinite Jest*. The dedication reads: “For F.P. Foster: RIP,” a disguised damnation of his mother’s father. An earlier draft reveals that the attack was originally intended to be more glaring: “For Fenton Foster RIP, (P) [Rest in Peace (Please!)]” (Max 197). Why would Wallace dedicate his life’s greatest achievement to the man who he blames for his family’s three generations of mental abuse? Wallace is not simply dedicating the novel to his maternal grandfather. Instead, he dedicates *Infinite Jest* to overcoming the challenges of living with severe depression, his hard-fought sobriety, and the re-authoring of the demons of his past.

Chapter VII: Conclusion

Of the two genres examined in this study, memoir proves to be most congruent with the goals of narrative therapy. By definition both memoir and narrative therapy describe the retelling of one's personal life experience. Memoir provides the added benefit of allowing a writer with a mental disability to claim authorship through the use of first person narrative, resulting in the attainment of agency and authority. Mental illness memoir must be given special consideration as a subgenre within the autobiographical canon. Authorial intention of a work must be considered before critics can determine if the inaccuracies of a memoir are a breach of the autobiographical pact. In order to fully engage in the benefits of re-authoring, the writer is required to reimagine his or her life events in a positive perspective that gives the subject agency over his or her own life story. The writer must be allowed to present a narrative that emphasizes meaningfulness over truthfulness and is reflective of the author's personal truth, without fear of being labeled a liar in a genre dedicated to truth. If the mental health patient's goal in writing an autobiographical work is to achieve narrative therapy, then the author must be excused from the binding contract of autobiography.

David Foster Wallace's decision to rely on the conventions of fiction to re-author his life story freed him from the limitations of the autobiographical pact. An additional factor for the advantage of fiction comes from biographical evidence that proves Wallace was ashamed of his dependence on antidepressants. Fiction distances the text from the personal life of the author, which allows Wallace to give an honest account of his experience with severe depression without drawing attention to his status as a mental health patient. He eliminates the risk of becoming a victim to the stigma of mental illness

and the consequential devaluation of authority. Since Wallace's fictional narrative operates as personal protection in the text, we must note the barriers created through the style and composition of the novel, as well. Wallace distances himself from the reader by creating a text as intimidating for its monstrous size (2.2 inches thick and 1,104 pages), as its challenging form, including three unrelated narrative plots and almost one hundred pages of endnotes that are critical to understanding the novel. The insertion of a third person narrator creates an additional separation between Wallace-as-author and the interjections of Wallace-as-subject in the text.

Although Wallace refuses to announce the autobiographical elements of *Infinite Jest*, this study's incorporation of biographical evidence, application of narrative therapy methods, and textual analysis proves that Wallace practiced narrative therapy within the pages of his fiction. Wallace was not disadvantaged by his choice to apply conventions of autobiography to fiction, despite the dominance of memoir in narrative therapy. The methods of narrative therapy and the conventions of fiction are complementary, as both require an imaginative writing process. Narrative therapy is essentially fictionalizing life experiences for therapeutic purposes, making fiction an apt form. Both authors have successfully fictionalized their autobiographies according to the practice of narrative therapy, and the presentation of this process—memoir or fiction—is only a reflection of the author's level of comfort with the blatant disclosure of his or her re-authored story of mental illness.

This study is a contribution to the Health Humanities discourse's attempt to provide an understanding of mental illness as it is presented in literature. The concluding result is relevant to real world application for counseling psychologists, as it provides two

examples of mental health patients who engage in the methods of narrative therapy through two distinct narrative forms. Based on the analyses of therapeutic success for Slater and Wallace, mental health professionals can use this literary study to determine if the conventions of fiction or autobiography are best suited to provide the individual patient the greatest benefit when re-authoring his or her life narrative.

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