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# **Lying in all Honesty: The Unreliable Child Narrator in Lauren Slater's *Lying***

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## *Abstract*

This paper explores the slippery nature of illness and diagnosis in Lauren Slater's memoir, *Lying: a Metaphorical Memoir* (2000). Speaking from the intersection of childhood and adolescence, Slater's narrator, Lauren, uses the metaphor of epilepsy to describe her own predilection for exaggeration. In exploiting the fallibility of the first-person child narrator, Slater insists on the legitimacy of metaphor in accounts of childhood illness that are more concerned with narrative truth rather than historical accuracy. The result of this playfulness and general misrule is that Slater writes herself into a double bind: on one side, she is the child narrator who inadvertently misrepresents events and misdirects readers, and on the other side, she is the untrustworthy author who employs metaphor as a licence to lie. In the midst of this double bind, somewhere between the polarities of fact and fiction, Slater creates a safe space for her young narrator that doubles as dangerous terrain for her cautious reader. In this discursive setting where the truth is recognised at least partially through its proximity to risk, the unreliable child narrator undermines the truth-telling requisite in memoir by creating a safe space where she can deliberately distort, and even silence, what is deemed readable or 'real'.

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.

(Lauren Slater, *Lying*)

Lauren Slater's controversial memoir, *Lying* (2000), reads ostensibly as an account of the author's childhood onset temporal lobe epilepsy, recounting what Slater describes, insistently and often convincingly, as her earliest experiences as an epileptic. From the outset however Slater also confesses her own unwillingness or inability to tell the truth, suggesting instead that *Lying* is testimony to the formless and sometimes fragmented nature of neurological illness. The memoir then, which is aptly titled (and provocatively too given the formal terms of the genre) combines the fallibility of memory with the slippery nature of illness and diagnosis. In doing so, the memoir raises questions about the notion of truth in narrative accounts of childhood illness that assert metaphorical truth over medical veracity.

Slater, who is a clinical psychologist, narrates her story from the perspective of ten-year-old Lauren; an imagined version of her childhood self who she describes casually as a 'wrong girl' (Slater 2000, 27). Speaking from the shadowy intersection of childhood and adolescence, Lauren uses the metaphor of epilepsy to describe her own predilection for exaggeration. That is, she employs the figurative meaning of epilepsy, 'the falling, auras, seizures and memory lapses, not to mention the celebrity connections to van Gogh' (Maslin 2001, 1), to render wordless experiences from her childhood into shapes and sounds. As Slater explains, she writes about episodes of her 'strange and fitful' illness to express past 'subtleties and gaps and horrors' for which she has never been able to find the words (Slater 2000, 219).

Slater's decision to employ an unreliable child narrator who is additionally unwell (Lauren later develops Mun-chowen's) reads at different times in the text as a strategy of desperation. The authorial decision is also a tactful one as the dual scripts of 'the child' and 'the pretender' create a space for Slater to bend and stretch the truth, or as she describes it, to 'not say the facts' (Slater 2000, 219). In this discursive setting where the truth is recognised at least partially through its proximity to risk, the child narrator undermines the truth-telling requisite by creating a space where she can deliberately distort, and even silence, what is deemed readable or 'real'. In this space and according to the prescribed rules of the confession, 'one is authorized to question and the other is bound to confess' or the reader is required to ask and the narrator is obliged to tell (Gilmore 1994, 54.).

Accordingly, Lauren announces her evasion of truth from the beginning. She acknowledges explicitly in the opening chapter that she is not to be trusted. 'I exaggerate,' she warns (Slater 2000, 3). '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' (ibid., 5—6). The main function of her narration, which is simultaneously confessional and self-concealing, is to habitually interrupt herself and disrupt a 'normal' mode of self-hood. The result is that Slater constantly confuses the separate agencies of the child narrator and the adult storyteller. The fact Lauren is a self-acknowledged 'maker of myths' creates and maintains further uncertainty as to what is fact and what is fiction, or more specifically, what parts of her condition are physical and which are hysterical.

According to critics such as Elizabeth Donaldson, Slater herself 'would like to have it both ways or, rather, as many ways as possible' (2009, 1). Donna Lee Brien explains that 'readers of lifewriting will usually suspend belief (even though what is written is often largely unverifiable), but such deferral of belief is impossible when someone is continually suggesting,

bald-facedly, that they are (or might be) lying to you' (2002, 3). Slater, however, insists that 'what matters in knowing and telling yourself is not the historical truth, which fades as our neurons decay and stutter, but the narrative truth, which is delightfully bendable and politically powerful' (2000, 219). Even though she never reveals whether she is, in fact, an epileptic, Slater uses the submetaphor of learning how to fall during a seizure to illustrate her belief that 'the greatest lie of all is the feeling of firmness beneath our feet' (Kierkegaard in Slater 2000, 163). She writes,

We create all sorts of lies, all sorts of stories and metaphors, to avoid the final truth, which is the fact of falling. Our stories are seizures. They clutch us up. They are spastic grasps, they are losses of consciousness. Epileptics, everyone one of us; I am not alone (Slater in Murdock 2003, 56).

In a chapter entitled, *How to Market This Book*, which takes the form of a memorandum to her editor at Random House, Slater further attempts to justify the generic classification of her work. She writes,

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 fact, 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 (Slater 2000, 159—60).

In crafting her story however as a blending of a coming-of-age story with an exploration of the nature of truth, Slater illuminates the liar paradox apparent in many works of young adult fiction. That is, 'I'm telling you stories. Trust me' (Winterson 1987, 5). This two sided stance which simultaneously conceals ('I'm telling you stories') and discloses ('Trust me') introduces the child narrator as a figure of authority who has no difficulty intoxicating her readers with her tales, however tall.

In this uncertain space where the self is always sliding, the child invokes interplay between the material and the metaphorical by undermining the traditional truth-telling requisite of memoir. 'The neural mechanism that undergirds the lie,' Slater writes, 'is the same neural mechanism that helps us make narrative. Thus, all stories, even those journalists swear up and down are "true," are at least physiologically linked to deception' (Slater 2000, 164).

Slater frames the memoir itself in the four part structure of a 'grand mal' seizure: Onset, The Rigid Stage, The Convulsive Stage and the Stage of Recovery. 'Epilepsy is a fascinating disease,' Lauren says, 'because some epileptics are liars, exaggerators, makers of myths and high-flying stories. Doctors don't know why this is, something to do, maybe, with the way a scar on the brain dents memory or mutates reality' (ibid., 6). The child narrator then, refuses to become the exposed, directly confessing narrator of many conventional adult autobiographies of disability. The risk, however, in appropriating another disability to stand in metaphorically for her own, is that often Slater essentialises and mystifies her characterisation of a still stigmatic disability (reference).

Although Slater introduces anecdotes and recollections with phrases that entice her readers to believe—'Here's what's true' or 'What we did'—she frequently questions the historical validity of her own claims, admitting 'it could have all been fact. It could have all been fiction' (ibid., 14). This establishment of a reader relationship based on trust that, from the outset, acknowledges its own flaws and fallibilities, makes it possible for the young narrator, once the telling of her story has started, to keep her audience engrossed.

‘I had always believed there could be two truths, truth A and truth B, but in my mind truth A sat on top of truth B, or vice versa. In this instance, however, I had epilepsy, truth A, and I had faked epilepsy, truth B, and A and B were placed in a parallel position, instead of one over the other, so I couldn’t decide (ibid., 93—94).

‘Lying on a hospital bed,’ Lauren admits, ‘or on my own bed at home, I had these thoughts’ (ibid., 94).

In these subtle, nuanced descriptions of her illness, the domestic space, specifically the bed (which is usually located in a clinical setting) supports and cushions Lauren’s lying. Lying then, with its double connotation, encapsulates Lauren’s inclination toward dishonesty and her confinement to bed after seizing.

The doctor came into the room. It was Dr. Patterson, my paediatrician. I liked him, even though his stethoscope was always cold.

“Am I going to die?” I said to Dr. Patterson.

He came over to my bed. He looked down at me. Then he smiled, took out his stethoscope, and put it on my nose. “I don’t think so,” he said, listening to my nose. “I think you’ll be just fine.” (ibid., 30).

As the narrative unfolds, Slater continues to deliberately undermine the truth by exploiting the bedroom space to expose the strained and deteriorating relationship between her ‘bitchy and depressing’ mother and her ‘ineffectual’ father (2000, 141). While holidaying in Barbados, for example, Lauren sneaks into her their hotel room one morning and describes in detail, the widening gap between her parents. She writes,

They were lying on their separate sides of the bed. My mother was curled on her side, my father on his back in boxer shorts. What was it that gave this moment its particular horror for me? They were two people in bed, bored in bed, hardly a tragedy, nothing like Northern Ireland or Panama.

But I froze...

Slowly, my mother turned, opened her eyes. She seemed to be entirely awake, as though she’d been waiting for me. She seemed monstrous. She did not say a word. Just saw me standing there and stared, as if to say, “So now you see” (ibid., 15—16).

In this context of power and surveillance, each of Lauren’s confessions, which follow a moment of dishonesty, are generated in the discursive relationship between the speaking confessant (the child narrator) and the listening confessor (the implied reader). As Foucault explains, ‘one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console and reconcile’ (1990, 61).

While Peter Brooks agrees with Foucault that the confession always ‘implies a listener, however impersonal’ (2000, 95) he challenges Foucault’s separateness of the confessor and the confessant. The confession, Brooks argues, actually dismantles constructions of identity by dissolving the boundaries that separate *self* from *other*. ‘The form of address to a listener found in confession,’ he argues, ‘is similar to a prayer, which addresses itself directly to God’ (Brooks 2000, 95). In this context, the presence of the reader alone instigates what Lacan calls ‘the dimension of dialogue’, which Brooks explains as ‘the shaping of one’s inner thoughts to the ear of an external listener’ (ibid., 96). In this situation,

The speaking *I* necessarily implies a listening *you* who can in turn become the *I* while the speaker becomes *you*... Saying *I* implies and calls to a responsive *you*, and in this dialogic, transference relation consolation and self-definition are to be found (ibid., 95).

For Lauren then, to lie and then to confess, often at the same time, does not lead to an affirmation of the self but rather, to an erasure of its boundaries. Speaking a young, sick, female voice becomes synonymous with speaking an alternative voice that undermines conceived notions of truth by insisting on the legitimacy of metaphor. Here, Lauren voices her own version of reality; one that is not fixed and specific but ambivalent and uncertain. In doing so, she challenges fixed assumptions about 'fact' and 'actuality' in memoir. She encodes boundaries and warning signs in her narrative that signal her desire to create a safe space where her personal stories can be shared and discussed. This reaction against the constraints of both gender and genre defies the confessional entrapments that seek to contain her.

The requisite of truth-telling, therefore, 'the most familiar of rules we associate with autobiographical discourse' (Eakin 2001, 115) is a site of constant struggle for the child narrator. Lauren's difficulty in disclosing 'truth' is rooted in a complex process of authorisation as truth itself is a cultural product dependent on specific notions 'of what truth is, who may tell it, and who is authorized to judge it' (Gilmore 1994, 55). This process of locating 'truth' is also hindered by Lauren's various displacements in the text, as well as the passing of her confession through a cultural process that both reflects and reproduces social authority. As Leigh Gilmore explains,

[the truth] is entwined with our notions of gender so completely that even the structural underpinnings of truth production are masculinist; that is, the maintenance of patriarchal authority and male privilege follow from the formation of rules in confession to the installation of a man as judge (ibid., 57).

As a result, the child confessant is engaged in a constant struggle to divulge 'whatever is most difficult to tell' (Foucault 1990, 59) but to confess according to a standard of truth or in some proximate relation to its terms of value (Gilmore 1994, 54). Consequentially, Slater insists upon the possibility that she is telling the metaphorical truth while frustrating that goal through the structural demands she places on positioning her child narrator as an authoritative producer of truth.

In the particular scene where Lauren finds her parents in bed, for example, her discovery clearly functions as a screen that allows Lauren to filter various guises of the 'normal world' (ibid., 4) and finally see what she describes as the 'fears and holes' of the adult world (ibid., 198). In this way, her illness, whether it is in fact epilepsy or Mun-chowsen's, comes to symbolise her journey from childhood to adulthood as it signals a movement from naivety to understanding, and from innocence to shame. When the teenage Lauren is accepted into the Bread Loaf Writers' Conference, for example, she becomes involved with a famous writer whose name and identifying features she has to change because of what she describes as 'the unhappy and damning events that came to pass' (ibid., 119). Here, Slater presents epilepsy as sex; another malady of sorts that symbolises her estrangement not only from her childhood, but from herself as well.

And yet, the first person I was ever physically close to did not know about my history with epilepsy. Why is that? Sex itself is a convulsion, a kind of tortured twist when, for a few seconds, your head arced back, you're ugly. Sometimes, later, when I did have sex with Christopher, I would find him staring up at me, a look of distaste in his eyes (ibid., 127—28).

In other scenes, Slater explicitly acknowledges the narrative as false. After attending a funeral, for example, Lauren describes how she seizes by the grave side and collapses ‘down into the deep hole, the empty grave, where the coffin had yet to be lowered’ (ibid., 58). Later, Lauren tells the reader, ‘I didn’t really fall into the grave. I was just using a metaphor to try and explain my mental state. The *real* truth is I went to the funeral, the hearse had engine trouble, the coffin was late, I looked into the grave and I thought about falling in. I imagined myself...’ (ibid., 60).

In the reader’s superfluous and sometime frustrated attempts to separate fact from fiction, Slater questions whether metaphor in memoir is ‘an alternate form of honesty or simply an evasion’ (Slater 2000, 192). For the reader, this not-knowingness about what is real and what is imagined (and if it really matters) can serve, at various times, as ‘either postmodern fun and games or pure exasperation between hard covers’ (Maslin 2000, par. 1).

The result of this exercise in rule breaking, which sanctions playfulness, unorthodoxy and general misrule, is that Slater writes herself into a double bind: on one side, she is the child narrator who inadvertently misrepresents events and misdirects readers, and on the other side, she is the untrustworthy author who purposefully employs metaphor as a licence to lie. In the midst of this double bind, somewhere between the polarities of fact and fiction, Slater creates a safe space for her young narrator that doubles as dangerous terrain for her cautious reader.

In reading her ‘smooth and oh so slippery’ stories (Slater 2000, 133), critics have accused Slater of being a mythomaniac, a shameless self promoter and an exhibitionist who employs metaphor to approach the truth, never ever intending to meet it. In connecting her illness however to a longing for things in the past she never had and for things in the future she was too afraid to try, Slater’s memoir is essentially an account of the ‘sliding and fragmented sense she had as a child not fitting into the world’ (Mead 2000, 2). It also testimony, she says, to the problems that still claim her adult imagination, brain and body (Slater 2000, 220). ‘My whole life has been a seizure,’ Slater confesses and in her strange, warped world where beauty lives ‘beneath the supposedly solid surface of things’ (ibid., 9), this self-diagnosis makes literary, if not literal, sense (Maslin 2006, par. 6).

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