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## ***Fictional Symptoms in Lorrie Moore's "People Like That Are the Only People Here"***

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*The function of ideology is not to offer us a point of escape from our reality but to offer us the social reality itself as an escape from some traumatic, real kernel.*

Slavoj Žižek, *The Sublime Object of Ideology*

Both Slavoj Žižek and the literary author Lorrie Moore like jokes. Indeed, for both authors, bad jokes are even more useful than good ones, in that bad jokes are more likely to expose the cracks in the surface of social reality. And the pleasure of jokes--and of reading Moore and Žižek--is precisely their freedom. We are freed from the burden of acting "as if" and can momentarily acknowledge to each other that we are all in on the masquerade of this half-real life. Žižek is particularly useful to literary analysis in his role as a thinker who has consistently focused on how both conventions and fantasies fail to contain the traumatic real Thing at the heart of existence. That Thing is, I would argue, the impetus for all artistic work, and the specific tools of each art, such as genre, style, and narrative, are techniques of providing safe access to that Thing.

In this article I will use Žižek's method of paying attention to the paradoxes of social discourse in order to analyze problems created by Lorrie Moore's story, "People Like That are the Only People Here: or Canonical Babbling in Ped Onk," first published in *The New Yorker* in 1997. Although Moore's fictional work has been both popular and critically acclaimed since her debut collection of short-stories, *Self-Help*, in 1985, "People Like That" has become her most famous story, winning the 1998 O. Henry Award and selected for the *Best American Short Stories* of 1998. My argument is that part of the story's popularity stems from its problematic relationship to familiar rules of discourse, both outside and inside the story. Just as the Mother within the story jokes about the language used in hospitals, Moore seems to be making fun of our conventional categories of fiction and memoir. Žižek's writing on the symptom is particularly illuminating for Moore's work in that it explains how we (like her heroines) live with contradictory ideas and find our humanity in taking action despite these contradictions. Accepting the necessity of the symptom entails recognizing the sublime object's imperfections and, indeed, how those imperfections create the object's aura.

When interviewers speak with Lorrie Moore, they frequently raise the issue of autobiographical elements in her fiction and almost always provoke a disagreement. Elizabeth Gaffney's *Paris Review* interview with Moore is typical:

Gaffney: "Could you say a little more about the relationship of your fictional characters to you, their author? The usual prurient question, about how autobiographical an author's fiction is, is especially tempting in your case. A lot of your lead characters have names that mirror yours metrically--Berrie Carr, for example. And then there's the way *The New Yorker* presented "People Like That Are the Only People Here"--with a photograph of you, almost as if it were nonfiction.

Moore: Why is the usual prurient question especially tempting in my case? Is it really? (Gaffney 2001: 61)

Moore goes on to criticize *The New Yorker's* use of the photograph, which she felt personalized the story, and then finishes her response with "I'm feeling falsely accused, but perhaps I've forgotten. I do have one Elizabeth, you know. I've also got a Bill, a Harry, a Mack, an Adrienne, a Zoe, an Odette(!). . . a Gerard, a Benna, a Mary, a Riva and for some unknown reason a couple of Marjories. There. Have I become sufficiently defensive?" (62). The same defensiveness appears in Moore's *Salon* interview with Dwight Garner, where Garner contends that Moore's story "straddles a line between

fiction and nonfiction.” In this case, Moore responds quickly and decisively: “No, it didn’t straddle a line. It was fiction” (Garner 2000: 6).

The disagreements around this particular short story reveal a problem that has provoked readers and helped turn it into a “small masterpiece” in the view of *Harper’s* critic Vince Passaro. The story presents a main character named “the Mother,” who, like Moore, is a fiction writer somewhere in the Midwest. The mother’s son (“the Baby”) is diagnosed with cancer, which brings the mother and “the Husband” to the cancer ward where the baby undergoes a successful operation and is given an optimistic, but necessarily inconclusive, prognosis. Moore has explained in interviews that she went through a similar experience with her son, but she refuses to provide specific details. In addition, a discussion of the merits and uses of autobiography circulates throughout the story as the Husband encourages the reluctant mother to “take notes” for a memoir that will pay for the cancer treatment. This debate between the parents provides a metacommentary on the function of the story itself and suggests real dilemmas that Moore, as author, may have faced. The most striking intrusion of the autobiographical appears, however, when Moore depicts the “Mother” in “People Like That” as the author of Moore’s own novel *Who Will Run the Frog Hospital?*.

Of course a reader’s assumption that an author’s work is autobiographical is not particularly unusual or new. My point here is that Moore includes details that *invite* this reading, and that the ambiguity that these details create becomes part of the story’s exploration of the problematic nature of officially sanctioned discourses. Moore’s subtle provocations work with the particular content--the experience of illness in a loved one--to comment on the role of imagination, fantasy, and disavowal for enjoyment and, indeed, mental health. Both the story and the interviews present a narrative line authorized by the symbolic that is thrown into question by the Mother within the story and the interviewers reading Moore’s story. In the story, the mother deftly manages the hospital community (the “people like that”) and its vocabulary, but to herself and her friends she exposes its absurdity and inadequacies through a constant stream of jokes and witticisms. In doing so, she protects herself, and the baby, from assimilation into a community that would make cancer both real and devastating.

The interviewers take up a position similar to the Mother. They know that the story, according to the rules of official discourse, is fiction. They hope, however, through the intimacy of dialogue, to show a gap in this official discourse and to get Moore to reveal the personal element within her story. As Gaffney admits, these questions reveal

the “prurient” tendency of readers to know more than what the story itself says, and perhaps this desire reflects the additional desire to turn Moore herself into a heroic sublime object, one who is as clever and self-assured as the Mother within the story.<sup>i</sup>

Thus we see that the official discourses, both medical and literary--are tied to unofficial and somewhat unseemly discourses that provide different, simultaneous satisfactions. In *The Art of the Ridiculous Sublime*, Slavoj Žižek’s book on David Lynch, he discusses this connection between the official discourse of the big Other and the “dirty fantasmatic imagination” (Žižek 2000: 5). Žižek analyzes the famous scene in *Casablanca* in which Ilsa Lund (Ingrid Bergman) and Rick Blaine (Humphrey Bogart) are alone in a hotel room. For 3.5 seconds the camera shows an airport tower at night, and when the camera returns to the hotel room, Bogart is standing by the window, smoking a cigarette. Žižek quotes Richard Maltby’s argument that this scene plays to “both ‘innocent’ and ‘sophisticated’ audiences alike,”(5) in that the sophisticated audience will assume that the couple has had sex while the innocent viewer will miss this implication entirely. Žižek’s important correction of Maltby’s reading is that “we do not need *two* spectators sitting next to each other: *one and the same spectator*, split in itself, is sufficient” (5, original italics).

“People Like That” lends itself to this same kind of double reading. Clarifying this double reading in psychoanalytic language, Žižek explains that “Ilsa and Rick did not do it for the big Other, the order of public appearance, but they did do it for our dirty fantasmatic imagination” (5). Officially, Moore’s story is fiction, but small elements within the story (similar to the shot of the airport tower and the cigarette) encourage the fantasy that it is autobiography. Similarly, the Mother in the story follows the official discourse of the hospital (at one point even joking about the ridiculousness of “alternative” medicine), while at the same time distancing herself from hospital logic in a way that allows her room to establish an alternative reading. Within the hospital world, the verbal shorthand of terms such as “Ped Onk” implies knowledge and expertise, but from the Mother’s skewed perspective “Ped Onk” is “canonical babbling,” incomplete, meaningless sounds. The Mother uses her ironic perspective on the hospital’s jargon as evidence that the authorities are silly, nonsensical people, and therefore her Baby is perfectly healthy. She plays along with the big Other, while maintaining a different scenario in her fantasmatic imagination.

Žižek further elaborates his reading of *Casablanca* by using the discourse theory of Oswald Ducrot, which stipulates an opposition between the presupposition and the surmise:

the presupposition of a statement is directly endorsed by the big Other; we are not responsible for it, while the responsibility for the surmise of a statement rests entirely on the reader's (or spectator's) shoulders. The author of the text can always claim, "It's not my responsibility if the spectators draw that dirty conclusion from the texture of the film!" (Žižek 2000: 5)

Ducrot's terms are particularly helpful in clarifying the different readings of both Moore's story and the world of the hospital. Clearly the presupposition for Moore and her interviewers is that the story is fiction; they disagree only about the surmise, i.e., whether or not the fictional presupposition *allows* for an autobiographical surmise. The presupposition within the hospital is that the medical community possesses absolute authority. The disagreement here is between the "people like that" who accept this authority and the Mother, who surmises a murky improvisation and ineptitude within this particular big Other. What I find particularly interesting here, however, is not that the dominant discourse produces an alternative reading, but the arguments raised by the belief or disavowal in the surmise. Žižek explains that "Appearances DO matter: you can have your multiple dirty fantasies, but it matters which of them will be integrated into the public domain of the symbolic Law, of the big Other" (Žižek 2000: 6) The surmise, I contend, tells us much more about the underlying cultural shifts and the antagonisms that the big Other is meant to conceal. For example, how are memoir and autobiography currently gaining cultural authority at the expense of fictional writing? And, more obviously, how have economic and social changes diminished the authority of health care in the United States? A committed attachment to either the presupposition or the surmise becomes a way of calming the antagonism between the two, and in the rest of this article I intend to show how particular attachments function as necessary symptoms, allowing the character, reader, or author to function despite contradictory beliefs.

### Genre as Symptom

In the Freudian therapeutic model, which still dominates popular culture, the purpose of analysis is to *remove* symptoms. In contrast, Lacan and his followers who

have focused on his late work (Slavoj Žižek, Richard Boothby, Collete Soler) have shown that some sort of symptom is absolutely necessary. As Soler explains, “One should not dream of eliminating it [the symptom]: an analysis which starts with the symptom will also end with the symptom--hopefully transformed” (90). For Lacan, the symptom is not removed, but acknowledged and accepted. Although one cannot deny that willful delusions may cause serious problems, Moore’s story illustrates the Lacanian proposition that some element of fantasy is absolutely essential for mental health and functioning in the world.

In his famous article “I Know Well, but All the Same . . .” Octave Mannoni builds on Freud’s theory of fetishism (a particular kind of symptom) to explain how living with contradictory beliefs becomes part of ordinary existence. Common examples of disavowal (*Verleugnung*) seem both obvious and puzzling because ideology has hidden the contradictions behind an “everyday aspect”, or, in Žižek’s terms, the familiarity of the big Other:

one finds oneself torn between an impression of extreme banality and a powerful feeling of strangeness. The matter that requires explanation also seems to be plain as day. . . . This impression is rooted in the very nature of the subject: we have to do here, at any rate, with phenomena we encounter at every turn, in daily life as well as in our psychoanalyses. In analysis, they take a--indeed, virtually stereotypical--form: the patient, ill at ease in some cases and quite relaxed in others, employs the phrase, “I know well, but all the same. . .” (Mannoni 2003: 70).

We see the “but all the same” function at work both in our understanding of fiction and in the reactions to illness that Moore describes in the story. As readers, we *know* that a story or novel is fictional, but often we continue to believe that it is autobiographical (all the same). Or, I suspect less frequently in contemporary culture, the autobiographical element is denied in order to maintain the purity of the fiction: “I know that authors use material from their lives, but the creative process turns that material into something completely different.” In interviews Moore presents the latter view, while her interviewers suggest the former. Similarly, the Mother in the story protests that the x-ray of the cancerous kidney could not be her child’s and must be her own. She knows very well that the x-ray was done on the Baby and not her, but the image of her kidney as cancerous fits with common sense and her understanding of the world. As Žižek repeatedly states, often we are more likely to believe fantasy or ideology than the evidence of our own eyes.

It is the direct presentation of conflicting evidence that makes Moore's story so significant. Moore uses both form and content to force the reader into recognizing how often we choose to maintain contradictory beliefs, particularly in crisis situations. She reveals that a particular sustaining belief becomes a noticeable symptom once it strays from the commonly held view. The parents who use the hospital vocabulary are just as adept at reinterpreting the facts as the Mother, but the Mother's investment in her baby's purity contradicts the social norm (represented by the Husband). Moore reveals, however, that it is precisely this investment/symptom that best fits the Mother's psychological needs and enables her to endure the hospital experience.

Slavoj Žižek's discussion of the Lacanian symptom appears primarily in 1989's *The Sublime Object of Ideology* and 1991's *Looking Awry*. He develops his ideas from Jacques Lacan's late seminar on the *sinthome* (1975-6). In this context, the awkward neologism, *sinthome*, suggests several other terms, but primarily it adds *synth*, *saint*, and *homme* to the concept of symptom, thereby giving a sense of artificial self-creation to the concept. This shift reflects Lacan's belief, suggested previously, that the symptom is not something that needs to be cured through articulation and integration, but is instead something that must be consciously claimed and embraced in order to provide consistency to being. Žižek clarifies the concept of the *sinthome* in *The Sublime Object of Ideology*:

What we must bear in mind here is the radical ontological status of symptom: symptom, conceived as *sinthome*, is literally our only substance, the only positive support of our being, the only point that gives consistency to the subject. In other words, symptom is the way we--the subjects--'avoid madness', the way we 'choose something (the symptom-formation) instead of nothing (radical psychotic autism, the destruction of the symbolic universe)' through the binding of our enjoyment to a certain signifying, symbolic formation which assures a minimum of consistency to our being-in-the-world. (Žižek 1989: 75)

Building on this definition, we can assert that genres are certain signifying formations that endure *because we bind our enjoyment to them*. In his seminar on *the sinthome*, Lacan presents a diagram in which the symptom functions as a kind of clamp that holds the Borromean knot of the Symbolic, Imaginary, and Real together. Within the work of art, genre similarly functions as a clamp that helps to create symbolic efficiency, or the feeling of reality within the work. Genre, like the symptom, is a direct response to the disorganized and fragmentary nature of existence and the tools of communication. For Žižek, the symptom/*sinthome* is the imaginary supplement that sustains the symbolic

order, protecting it from the Lacanian real of death, chaos, and void. It orders the world in a pleasurable way.

An illustrative non-literary example of the symptom is the outpouring of patriotism in the United States after the events of September 11, 2001. In Žižek's terms, the flags and signs displaying American patriotism were meant to restore a sense of reality to life after the intrusion of the real (death, destruction, chaos) through the terrorist attacks. The protective ideology of American strength functions through the symptom of flag-waving. The interesting twist that Žižek applies to the symptom, however, is precisely the existence of a perverse underside, the imaginary supplement to the "good" object. According to Žižek every system of symbolic domination is tied to "its inherent transgression, i.e., its unacknowledged, obscene support" (Žižek 2000: 7). So the symbolic power of the flags covers over destructive fantasies, even from ourselves. Could it be that we are drawn to images of our prominent buildings exploding, as illustrated in popular films such as *Independence Day* and *Fight Club* that predated the attacks? Do we, perhaps unconsciously, want to remind ourselves of the fall of the World Trade Center towers through these emblems? Do the flags become a covert representation of the aggressive impulse toward countries such as Iraq? These are questions raised by a symptomatic reading, which analyzes how an object acquires an aura beyond its typical function precisely through that which is disavowed.

### Parental Love as Symptom

This element of disavowed pleasure appears within the diegetic reality of "People Like That," through the shared stories of the families and the heroics of seriously ill children and their fathers, such as Joey and Frank. Within the story, the disturbing underside is presented as "collateral beauty":

Another mother, the mother of Eric, comes up to them. "It's all very hard," she says, her head cocked to one side. "But there's a lot of collateral beauty along the way." Collateral beauty? Who is entitled to such a thing? A child is ill. No one is entitled to any collateral beauty. (Moore 1998: 248)

The military term "collateral damage" is meant to normalize certain forms of death and destruction, placing them within a logical structure. The Mother sees "collateral beauty" as a similar attempt to normalize the pleasure that comes from sickness and disease.



For the Mother, to derive pleasure or beauty from illness is unacceptable, and at this point the Mother completely separates health from illness, just as Moore completely separates fiction from autobiography. Both Moore and the mother refuse to acknowledge the role of these intolerable pleasures, but clearly these inherent transgressions indirectly support the symbolic fiction. The presence of the sick children intensifies the mother's love for her own child, and the presence of the autobiographical in Moore's story intensifies our reading of this fiction.<sup>ii</sup>

Indeed, one of the pleasures of this story is that we are able to read it both ways at the same time. We can read the story as fiction, while also reading it--perhaps even unconsciously--as autobiography. We may identify with the Mother who is able to escape the hospital with her child intact, but we may also identify with the mother of Eric who sees the collateral beauty. Following the logic of the symptom, not only are these two positions not mutually exclusive, they are necessary components. In fact, the primary identification with "the Mother" allows the reader to experience the collateral beauty with a clear conscience. Moore's protestations that the story is fiction reflect her attempts to contain the interpretive perversity of the reader who insists on reading both ways. The biographical reading offers a clear "explanation" for the story, but such an explanation would, in fact, destroy the story's powerful effect, as Žižek explains: "it is precisely the symptom which is conceived as such a real kernel of enjoyment, which persists as a surplus and returns through all attempts to domesticate it, to gentrify it, . . . to dissolve it by means of explication, of putting-into-words its meaning" (Žižek 1989: 69). Reading the story as simply the product of Lorrie Moore's subjective mind and experience allows the reader to "gentrify" it, turning it into a comfortable cliché. The story resonates precisely because of this unresolved tension, i.e., the element of the real that the story fails to inscribe. Moore conveys the inability of language to fully encompass experience, and she therefore preserves, and indeed emphasizes, the real kernel of enjoyment.

Žižek explains that we must embrace the symptom because its dissolution suggests the end of the world: "the only alternative to the symptom is nothing: pure autism, a psychic suicide, surrender to the death drive even to the total destruction of the symbolic universe" (Žižek 1989: 75). This is precisely the reaction of the Mother once she begins to comprehend that her baby has been diagnosed with cancer:

A quick and irrevocable alchemy: there is no longer one unworried scrap left for happiness. "If you go," she keens low into his soapy neck, into the ranunculus coil of his ear, "we are going with you. We are nothing without you. Without you, we are a heap of rocks. We are gravel and mold. Without you, we are two stumps, with nothing any longer in our hearts. Wherever this takes you, we are following. We will be there. Don't be scared. We are going, too. That is that" (Moore 1998: 219).

We see that for the mother the baby holds her life together, coating her existence with an invigorating substance that we might call love. Moore's emphasis on the inanimate objects (rocks, stumps, gravel) that they will become without the child conveys how the baby provides the sense of being to their lives. The objects are symbols deprived of the imaginary supplement of fantasy or ideology, and thus we see that the child functions as that "in you more than yourself" that Lacan and Žižek use to characterize the symptom. In addition, the mother's assertion that "We are going, too" reflects Žižek's insistence that "Confronted with the symptom we are always in a position of an impossible choice" (Žižek 1989: 78). The alternative of the baby dying is no alternative at all, because life would then be unbearable. Therefore, the parents have no choice but to "go with" the baby, no matter where he goes.

This issue of an impossible choice caused by the necessity of the symptom is evoked several times throughout the story, particularly in discussions of suicide:

"You've got to have a second child," says a different friend on the phone, a friend from out of town. "An heir and a spare. That's what we did. We had another child to ensure we wouldn't off ourselves if we lost our first."

"Really?"

"I'm serious."

"A formal suicide?" Wouldn't you just drink yourself into a lifelong stupor and let it go at that?"

"Nope. I knew how I would do it even. For a while, until our second came along, I had it all planned."

"What did you plan?"

"I can't go into too much detail, because--Hi, honey!--the kids are here now in the room. But I'll spell out the general idea: R-O-P-E" (Moore 1998: 244).

This passage reveals Moore's frequent technique of placing the fantasy of normalcy next to potential tragedy in order to expose the flimsy desperation of our conventions. The "Hi, honey!," which signals typical family life, is mixed with a discussion of suicide, exposing how near tragedy is to everyday life, despite our efforts to deny this. That the Mother speaks to a "different friend . . . from out of town" distinguishes this friend from

the “people like that” who maintain the absolute optimism of the hospital world and exude acceptance. For the hospital people, death has become an option, and when the Mother contemplates being in the same boat with the other parents in the cancer ward she exclaims “Rope! Bring on the rope,” signaling her refusal to choose between the ordinary life and hospital life; it is ordinary life or none at all. “This is the symptom: an element which causes a great deal of trouble, but its absence would mean even greater trouble: total catastrophe” (Žižek 1989 78).

The same problem of the impossible choice appears in the discussions of fact and fiction within the story. The Husband, who quickly adapts to the world of the hospital, encourages the Mother to take notes so that she can write a memoir if they need money for future medical treatment. For the Mother, writing a memoir about their child’s illness is impossible:

“Sweetie, darling, I’m not that good. I can’t *do this*. I can do--what can I do? I can do quasi-amusing phone dialogue. I can do succinct descriptions of weather. I can do screwball outings with the family pet. Sometimes I can do those. Honey, I only do what I can. I do *the careful ironies of daydream*. I do *the marshy ideas upon which intimate life is built*. But this? Our baby with cancer? I’m sorry. My stop was two stations back. This is irony at its most gaudy and careless. This is a Hieronymus Bosch of facts and figures and blood and graphs. This is a nightmare of narrative slop. This cannot be designed. This cannot even be noted in preparation for a design--” (223)

As Moore points out several times within the story (“What words can be uttered? [220]; “How can it be described?” [237]) words fail when confronted with the nightmare reality of cancer and death--the traumatic experience of the Lacanian real. Her use of italics and the list of things she can “do” presents us with a very literary way of thinking and organizing life. Although the “marshy ideas upon which intimate life is built” may be in fact quite traumatic, when phrased in this way they appear separate and unthreatening, contained by fictional technique. Her role as a writer is to create a design, imposing order on the world, and a baby with cancer is beyond the sense of reason necessary to impose order and design. So, when the Mother claims that she can’t “*do this*,” she means that she cannot inscribe this piece of the traumatic real into her symbolic world.

Writing, like the shared stories of the parents on the cancer ward, helps to inscribe the traumatic real within a discourse and makes, at least for some, the traumatic more manageable. As Žižek explains, to repeat the trauma through a process such as writing would threaten its status as an isolated event:

The crucial point here is the changed symbolic status of an event: when it erupts for the first time it is experienced as a contingent trauma, as an intrusion of a certain non-symbolized Real; only through repetition is the event recognized in its symbolic necessity--it finds its place in the symbolic network; it is realized in the symbolic order. (Žižek 1989: 61)

The Mother is unwilling to turn the hospital behavior into a habit, and thus we see again the paradox that Moore achieves in this story. She conveys the experience of having a child with cancer precisely through her statements that she is unable to convey such an idea. She evokes the traumatic real without getting too close to it. To write about her child's cancer would be to destroy her image of her child, and therefore for the mother no choice exists. "From this perspective of *sinthome*, truth and enjoyment are radically incompatible: the dimension of truth is opened through our misrecognition of the traumatic Thing" (Žižek 1989 79). In this case, the truth of mortality would destroy the enjoyment provided by the Baby, and therefore the baby's illness can only be misrecognized, evoked indirectly, through "what cannot be written" and through metaphors and language that turn the hospital into an unreal world. Moore can write about a child with cancer as long as this experience is clearly inscribed within fiction. To write a memoir about the child's cancer would bring the cancer into the symbolic world of actual life, eradicating the protective space established by Moore and the Mother. By presenting these dilemmas that the writer faces, Moore once again encourages the reader's unseemly or unsophisticated desire us to read the story in two ways: as a story with its own separate, fictional reality, and as a metafictional commentary on what Lorrie Moore might have experienced writing this story.

Within "People Like That," the Mother protects herself from her child's mortality by placing the world of pediatric oncology into the imaginary world of science fiction. Without the Baby, life is "something stumbling and unlivable, something mechanical, something for robots, but not life" (217). "Each day this week has arrived huge, empty, and unknown, like a spaceship, and this one especially is lit a bright gray" (231). And finally, we see the overlap between the medical use of "symptom" and the psychoanalytic use in her description of the cancer itself:

The Mother wonders what science fiction could begin to compete with the science fiction of cancer itself--a tumor with its differentiated muscle and bone cells, a clump of wild nothing and its mad, ambitious desire to be something: something

inside you, instead of you, another organism, but with a monster's architecture, a demon's sabotage and chaos. (Moore 1998: 229)

Here Moore explicitly designates the cancer as a challenge to the symbolic universe. Whereas "something" and "you" have designated places, the cancer is "nothing" trying to be something by invading the "you." By associating cancer with the monster and the demon, the Mother places it outside of her world. The fantasy of science fiction allows the Mother to enter the world of the hospital while maintaining a safe distance from it. The fantasy of the child's prelinguistic purity, which has been contradicted, is temporarily replaced by science fiction "kidnapping" narrative of the hospital. However, the science fiction narrative provides a happy ending: the defeat of the aliens and a return to normalcy. Here again we see the sustaining dynamic between the symbolic representation and its imaginary obscene underside. Just as the unreality of science fiction makes the experience of our ordinary lives seem even more real, the cancer functions to heighten the reality of life outside the hospital. The science fiction analogy functions as a protective screen that allows the Mother to understand what is happening while also maintaining a safe distance from it. Here, we see again how symbolization creates a protective gap that allows the imagination to continue working and the subject to continue functioning.

Moore further elaborates the protective function of the gap between narration and lived experience--or the necessity of maintaining a proper distance from the real--through the metaphor of the traveler and the narrator, essentially splitting the author into two different subjects:

How can it be described? How can any of it be described? The trip and the story of the trip are always two different things. The narrator is the one who has stayed home, but then, afterward, presses her mouth upon the traveler's mouth, in order to make the mouth work, to make the mouth say, say, say. One cannot go to a place and speak of it; one cannot both see and say, not really. One can go, and upon returning make a lot of hand motions and indications with the arms. The mouth itself, working at the speed of light, at the eye's instructions, is necessarily struck still; so fast, so much to report, it hangs open and dumb as a gutted bell. All that unsayable life! That's where the narrator comes in. The narrator comes with her kisses and mimicry and tidying up. The narrator comes and makes a slow, fake song of the mouth's eager devastation. (Moore 1998: 237)

The powerful aspect of this passage is Moore's commitment to "real life" as a kernel that can never be completely captured by language. The yearning expressed in "All that unsayable life!" conveys the difficulty and frustration of the writer's project, one that

permeates this story and most of Moore's work: the inability of language to fully convey the complexity of lived experience. Here, the dumb and inarticulate body needs the language of the mouth, but Moore conveys disappointment in the result by describing the mouth's efforts as "mimicry," "tidying up," and "a slow, fake song." And yet, this failure ensures is that we are more than just mouths or puppets of language; the real kernel of what cannot be said guarantees that there will always be more experience, something--perhaps wonderful--that the mouth cannot yet articulate. Thus, the split between the traveler and the narrator creates a space for desire. There will always be more to desire, because "life" is always just beyond our reach.

This passage also evokes a moment from the beginning of the story in which the Mother admits "her occasional desire to kiss him [the baby] passionately on the mouth (to make out with her baby!)" (Moore 1998: 216). Here the baby clearly represents an essence of pure, prelinguistic life that the mother wants to access. Just as the traveler can only wave his arms and gesture, the baby cannot organize his experience into familiar discourse. Moore's image of the narrator pressing her mouth to the traveler parallels the mother's desire to kiss the baby. Both attempt to access through the kiss the fullness and immediacy of life that the traveler and the baby represent.<sup>iii</sup>

### Symptom to *Sinthome*

Despite the strenuous efforts we make to separate fact from fiction, health from sickness, and experience from narrative, Moore's narrative reveals a strong dependence between the opposing terms. Indeed, it is precisely this dependence that prompts the continuous efforts to separate them. Žižek's interest in the symptom/*sinthome* stems from a desire to understand how an ordinary object turns into something greater than itself. How do love objects, whether human beings or aesthetic objects, acquire their special aura? He concludes, using Lacan, that the "Symptom as *sinthome* is a certain signifying formation penetrated with enjoyment: it is a signifier as bearer of *jouis-sense*, enjoyment-in-sense" (Žižek 1989: 74), and it is precisely this enjoyment that allows us to ignore unpleasant or contradictory information. Through her allusions to her own life, Lorrie Moore allows the reader to penetrate the story with an autobiographic aura, reading it as both a fictional story and a bearing of her soul. At the same time, within the story the Mother's love penetrates her Baby, protecting him from mortality and the symbolic network of the cancer ward. The Mother clings to her symptom, the baby's

perfection, despite the contradictory evidence around her, and in this choice of maternal love over reason she is bathed in an aura of heroism.

And yet, because the Mother's knowledge of the Baby's mortality cannot be completely denied, this brush with cancer compels her to love the Baby even more:

Woman Overboard! She takes the Baby back from the Husband, cups the Baby's cheek in her hand, kisses his brow and then, quickly, his flowery mouth. The Baby's heart--she can hear it--drums with life. "For as long as I live," says the Mother, pressing the elevator button--up or down, everyone in the end has to leave this way--"I never want to see any of these people again." (Moore 1998: 250)

In this passage we see the Mother's final identification with her symptom through Moore's careful undercutting of her heroine's disavowal. The Mother adopts the colloquialisms of hatred toward the other families in the hospital, signaling the displacement of her hatred from the cancer itself to the people who represent a symbolic network that will make cancer "real" to her. Yet, in her reflection that they all leave the same way, we see that she recognizes the mortality that they all share and their equality when faced with death. Thus her choice to state aloud her different position from the people "here" represents the Mother's ethical choice of the "as if" as adopted by Žižek from Pascal:

What we call 'social reality' is in the last resort an ethical construction; it is supported by a certain *as if*. . . . As soon as the belief (which, let us remind ourselves again, is definitely not to be conceived at the 'psychological' level: it is embodied, materialized, in the effective functioning of the social field) is lost, the very texture of the social field disintegrates (Žižek 1989: 36).

The juxtaposition of the Mother's inner thought and her outward statement reveals that the Mother has consciously chosen to act as if her son is separate from the other children in order to maintain the social field of their family life. Combining two apparently contradictory beliefs into one sentence, Moore shows the Mother traversing the fantasy rather than denying reality. The traversing of the fantasy is evident because she has experienced and acknowledged the child's mortality and chosen to love him in exactly the same way. In psychoanalytic terms, she has moved from symptom to *sinthome*.

In the *London Review of Books* Rebecca Mead reads "People Like That Are the Only People Here" as a repudiation of the memoir form and a convincing case for the power of fiction. In particular, she sees this view in Moore's closing lines: "There are the notes./Now where is the money?"(250). Mead describes these lines as a "sudden,

acerbic jolt” (Mead 1998: 28). But isn’t this the same jolt we feel when the Mother presents herself as the author of *Who Will Run the Frog Hospital?* The jolts upset the smooth fictional surface precisely because we do not know how to read them. Is this the voice of the Mother? Is it the voice of Lorrie Moore? Yes, it appears as if she has proven to us that we can be moved by fiction, but renaming the story as “notes” once again evokes the perverse underside by suggesting that some sort of actual experience lies behind the story.

Moore’s final two lines suggest that she is aware that the reader has been experiencing the story on two levels all along, and here she finally addresses (and exposes) the reader on that second level. To the big Other of the literary world, the story is fiction. For the prurient imagination, however, it is autobiography, and in these lines she forces us to acknowledge the independent functioning of our unseemly imaginations. Far from reinstating the purity of literary fiction, Moore’s story reveals and acknowledges the murky underside that, in fact, turns this story into a sublime object. As our communal belief in fiction’s ability to convey universal truth wanes, we see a waning in the symbolic efficiency of fictional discourse. Similarly, as our absolute faith in the hospital and medical community wanes, new and unexpected discourses may emerge that appear irrational or even delusional. In both her fictionalizing of experience and in the idiosyncratic thoughts of the Mother, Moore reveals how fantasy protects the subject from the traumatic real, and, indirectly, she instructs her readers to be gentle and understanding with such symptoms. The symptom may be, as Lacan suggests, what holds the subject’s world together.



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<sup>i</sup> I want to make clear that in no way do I contest Moore's claim that the story is fiction. Following our current conventions, authors designate their works' genre. (A book labeled "memoir" that is found to be false does not immediately become a novel; it is a dishonest memoir.) Following this convention, Moore's statement puts an end to debate. Moreover, the style of the story reinforces its fictional quality, in that the Mother presents superhuman qualities of perception and wit which, one suspects, not even Lorrie Moore could harness in such a stressful situation. In "The Autobiographical Pact" Philippe Lejeune states that "In order for there to be autobiography (and personal literature in general), the *author*, the *narrator*, and the *protagonist* must be identical" (Lejeune 1989: 5, original italics). In Moore's story these three positions do not perfectly align. And yet, she does push generic boundaries by giving the protagonist the indefinite name of "Mother" and by making the protagonist/narrator the author of Moore's own novel.

<sup>ii</sup> Again, what is interesting about Moore's discussion of this story is not her assertion that the story is fiction, but her avoidance of the sources of the autobiographical reading. At no point does she allude to the autobiographical lures within the story or explain the *use* she makes of these similarities.

<sup>iii</sup> Moore adds another layer to the kissing metaphor when the anesthesiologist clamps the plastic mouthpiece on the baby prior to surgery, which the Mother describes the as "brutal and unforgivable" (234). The medical mouthpiece suggests an authority's suffocation of the kernel of the real that the Baby represents, and which it is the Mother's responsibility to protect and nurture.