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satirically portrays the spurious claims of language, story, and culture to protect us from an unjust universe and then exposes their false promises. The various personal, professional, and genre-specific narratives we use to create order and coherence from the terror of serious illness are ultimately ineffective. Similarly, the superficially comforting culture of the hospital ward cares more about creating the illusion of control than it does about the suffering of sick children. Language and culture cannot make sense of human anguish, the article concludes, yet they are all we have to hold back the chaos. Mystery and uncertainty, as part of the human condition, must become part of our stories and part of our culture.

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The Limits of Narrative and Culture: Reflections on Lorrie Moore's "People Like That Are the Only People Here: Canonical Babbling in Peed Onk"

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This article provides a discussion of the limits of both narrative and culture based on a close textual analysis of the short story, "People Like That Are the Only People Here: Canonical Babbling in Peed Onk," by Lorrie Moore. In this story, a mother describes her experiences on a pediatric oncology ward when her infant son develops Wilms' tumor. The authors examine how the story satirically portrays the spurious claims of language, story, and culture to protect us from an unjust universe and then exposes their false promises. The various personal, professional, and genre-specific narratives we use to create order and coherence from the terror of serious illness are ultimately ineffective. Similarly, the superficially comforting culture of the hospital ward cares more about creating the illusion of control than it does about the suffering of sick children. Language and culture cannot make sense of human anguish, the article concludes, yet they are all we have to hold back the chaos. Mystery and uncertainty, as part of the human condition, must become part of our stories and part of our culture.

KEY WORDS: narrative; culture of medicine; childhood cancer; doctor-parent relationship; medical humanities; literature and medicine; pediatric oncology; narrative; culture.

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In her short story, “People Like That Are the Only People Here,”⁴ Lorrie Moore presents us with the account of a mother’s journey from the time of her son’s diagnosis with Wilms’ tumor, through his hospital course, to his post-operative discharge home. The story’s subtitle—“Canonical Babbling in Peed Onk”—provides the focus for this two-part examination of her work. Through her literal and figurative exploration of the failure of narrative, as embodied in her irony-infused depiction of cancer ward culture, Moore manages to render vividly the often chaotic discourse of illness and healing. She thereby grants us emotional access to this family’s suffering in the very face of the limitations of words, culture, and the stories they frame.

The complexity of the relationships among language, narrative, and culture is not the focus of this paper, though it is critical to note certain relevant connections. Culture has been defined as an integrated pattern of learned beliefs and behaviors that can be shared among groups and includes thoughts, styles of communicating, ways of interacting, views of roles and relationships, values, practices, and customs. Culture shapes how we explain and value our world and provides us with the lens through which we find meaning.⁵

We identify and transmit these meanings, values, and norms through narrative, which in turn is comprised of language. Of course, the stories we tell are not only embedded in culture but, in part, also serve to create culture, just as language both influences and is influenced by narrative. The relationships among culture, narrative, and language are both reciprocal and constitutive.

Through shared systems of meaning, created in part through language, narrative, and stories, culture as a whole serves to bind together a group of people.⁶ This communality is intended to reduce, or at least tame, life’s various forms of disorientation and chaos,⁷ including those brought about by illness. In similar fashion, one of narrative’s functions within a given culture is to help its members derive order from chaos, to allow an empathic communication of experience. In the context of illness, Anne Hunsaker Hawkins discusses the central intent of storytelling: “Underlying the differing purposes of pathographies [stories about illness] is a common motive—the need to communicate a painful, disorienting, and isolating experience.”⁸

⁴Lorrie Moore, “People” Like That Are the Only People Here: Canonical Babbling on Peed Onk,” in *Birds of America* (New York: Alfred A Knopf, 1998), 212–250.

⁵Joseph R. Betancourt, “Cross-Cultural Medical Education: Conceptual Approaches and Frameworks for Evaluation.” *Academic Medicine* 78 (2003): 560–569.

⁶Clifford Geertz, *The Interpretation of Cultures* (New York: Basic Books, 1973).

⁷John Paul Lederach, *Preparing for Peace: Conflict Transformation across Cultures* (Syracuse, NY: Syracuse University Press, 1995). Lederach presents an alternative model for pursuing peaceful resolution of political and interpersonal conflicts triggered by encounters between disparate cultures.

⁸Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography*, 2nd edn (West Lafayette, Indiana: Purdue University Press, 1999), 10. Hawkins’ typologies of illness narratives include testimonial or didactic pathography offered for the benefit of others; angry pathography, focusing on the disjunctive of the patient’s experience in contrast to “official” versions of illness; and what she calls “myths” of journey, battle, rebirth, and transformation.

In Moore's story, the Narrator/Mother, herself a writer, gives us her child's pathography and in so doing, delivers powerful truths about the limitations of both language and culture. An examination of the narrator's struggle with narrative on behalf of her child—its duality of purpose, its unwieldiness, its often cliché-ridden emptiness or professional jargon-filled overabundance—offers an exploration of how—or, indeed, if—such life-defining experiences can be communicated. Likewise, an analysis of the clash between the Mother's previously ordinary world of parenthood and fiction-writing and the increasingly bizarre culture of a pediatric cancer ward demonstrates not only a parent's angry and unwilling accompaniment of her child on a horrifying journey but also raises the unsettling possibility that the cultures that bind us together ultimately betray us. "People Like That" takes a brutal, ironic, fearless look at the ineffectiveness of both narrative and culture to mitigate adequately the confusion, displacement, fear, and pain of the pediatric cancer experience. Yet ultimately, Moore's story moves us toward the recognition that story and culture are all we have in the face of suffering, and they manage to serve us despite their limitations.

NARRATIVE'S LIMITS AND NECESSITY

The Distinction Between Experience and Narrative

"The trip and the story of the trip are always two different things. One cannot go to a place and speak of it, one cannot both see and say, not really" (237).⁹ With these words, Moore introduces the Mother's reflections as she first observes the Baby in his post-operative state, and we are also introduced to the core dilemma of narrative that provides the underpinning of Moore's story. We try with words to make sense of the world around us, of what has happened to us or to our loved ones, and we try with narrative to communicate that experience to others. As Anatole Broyard observes in writing about his own experience with prostate cancer: "Like anyone who has had an extraordinary experience, I wanted to describe it. My initial experience of illness was as a series of disconnected shocks, and my first instinct was to try to bring it under control by turning it into a narrative."¹⁰

But the tellers of stories may not always be successful in their efforts. Robert Coles points out the notion of the paradoxical duality inherent in clinical communication: patients tell us their experiences of illness, but their telling isn't the same

⁹Lorrie Moore, "People Like That Are the Only People Here: Canonical Babbling in Peed-Onk," op. cit., 237. Subsequent references are cited parenthetically in the text.

¹⁰Anatole Broyard, *Intoxicated by My Illness and Other Writings on Life and Death* (New York: Clarkson Potter, 1992), 19. Broyard's book also offers an extraordinary essay, "The Patient Examines the Doctor," in which he ruminates on the ideal doctor-patient relationship from the literary patient's point of view.

as the living through it. And the listener brings his or her own experience to the interpretation and retelling—the presentation—of the patient’s narrative.

The people who come to see us bring us their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. . . . Our patients all too often come to us with preconceived notions of what matters, what doesn’t matter, what should be stressed, what should be overlooked, just as we come with our own lines of inquiry.¹¹

In his essay on unruly texts, Arnold Weinstein explores the notion of written language as inherently ambiguous and messy and states that “the unruly text makes it possible for literature truly to assume its proper place in its dance with medicine, because it is imbued with the same dark, restless independence that we find in living beings, the same resistance to reductive analytic frames.”¹² From the outset, Moore’s narrator/Mother struggles with the unruliness of the story that has been dealt her.

Limits of Personal Narratives (The Language of Motherhood)

“A beginning, and end: there seems to be neither” (212). With this opening sentence, the narrator/Mother attempts to establish a personal narrative framework for what has happened to her child. She settles for a start, the discovery of a blood clot in the Baby’s diaper; her first instinct, just as was Broyard’s, is to control, to force an explanation (implausible as it may be), to develop a narrative, to try to make sense out of nonsense. Perhaps, she reasons, the clot belongs to her or to the Babysitter; perhaps the Baby found it in a wastebasket and stashed it in his diaper “for his own demented Baby reasons” (212). Nevertheless, the Mother calls the hospital clinic and sets in motion the process of diagnostic evaluation.

Her first efforts at narrative order thus take place in the context of Motherhood and its language. She will alter or adapt the story to save her child; indeed, she will take ownership of the blood or even of the tumor (it must have been her kidney that the ultrasound saw) to make it turn out right. When this fails—the recommendation for a radical nephrectomy comes quickly—she approaches the power of Mother-language from the darker underside. She muses that she is being punished for a lack of “motherly gratitude, motherly judgment, motherly proportion” (217). Perhaps she had told too many jokes about the Baby saying “‘hi’ to his high chair, wav[ing] at the lake waves. . . . point[ing] at his eyes and [saying] ‘ice’” (217). Mother-language apparently can’t diminish the chaos; worse, perhaps the Mother’s past linguistic choices have actually caused this malignancy. Her magical thinking

¹¹ Robert Coles, *The Call to Stories* (Boston: Houghton Mifflin Co., 1989), 7, 13–14. Coles’ account of learning to listen to the stories of patients and students is one of the classic writings placing narrative at the center of the physician-patient relationship.

¹² Arnold Weinstein, “The Unruly Text and the Rule of Literature.” *Literature and Medicine* 16 (1997): 19.

reveals her desperate hope at this point that narrative holds great power (for good or ill) and that some sort of order might still be possible.

Limits of Professional Narratives (Doctor-Talk)

But the language of Motherhood cannot stop the progression of events, and the Mother necessarily turns her hopes toward professional narrative. Her first exposure to Doctor-talk comes as she hears from the Radiologist who performs an ultrasound of the Baby's bladder and kidneys: "you don't know exactly what it is until it's in the bucket" (214). The Mother tries to translate this into her own language, and this conjures imagery of "swirls of bile and blood, mustard and maroon in a pail, the colors of an African flag or some exuberant salad bar" (214). But neither her imaginative digression nor the crude, coarse Doctor-talk is able to reverse the need for surgical excision.

Consultation with the Surgeon follows, and amidst theatrical lighting effects, courtesy of the Baby's penchant for the light switch, he delivers the diagnosis. Faced with the foreign vocabulary of medicine, the Mother again tries to regain control. She needs to know where the apostrophe is in Wilms' tumor, to impose grammatical authority on this alien language.

When the Mother cries, the Surgeon, speaking Doctor-talk, offers phrases like "the Baby won't suffer as much as you" (217); "you'll get through it;" and "you just put your head down and go" (218). And that is precisely what the Surgeon does. With his "I'll go phone the Oncologist on duty to let him know" (218), he leaves the room. These empty words, these concrete clichés of detachment, juxtaposed against the Mother's vigorous, literate, grammatical attempts at integrating the facts and feelings of her son's diagnosis, provide a stark and painful representation of professional narrative's limitations.

Limits of Acquisition Narratives (The Language of Commerce)

We meet the Husband with his first words—"Take notes. We are going to need the money." "Good God," says the Mother (219). While she faces a "failure of will and courage" (219), he suggests an exploitative translation of experience into language. The Husband wants to use language to piece everything together. He attempts a philosophy of acquisition to make his stab at sense. His language of steps and stages sounds like some kind of nightmarish shopping expedition to the Mother—"we'll go where we have to go, we'll hunt, we'll find, we'll pay what we have to pay" (220). While the Mother tries to diminish the chaos of this experience through the near-magical power of Mother-language or through the precise labeling of Doctor-language, the Husband uses words to "get" something out of it all. But the Mother's not a shopper, she hates to shop, and continues to resist his efforts to force a tidy, profitable packaging of their family's suffering.

Inadequacy of Other Narrative Genres

As the family settles in to life on Peed Onk (the pediatric oncology ward where the Baby is hospitalized), a hodge-podge of narrative genres emerges, reflecting the Mother's increasingly desperate search for narrative coherence. In the end, however, it looks only like a smorgasbord of narrative failures. For example, the science fiction videos available in the parents' lounge pale in comparison to the science fiction of cancer cells. In another example, as the Baby screams and thrashes when the anesthesiologist applies the mask to his face, the Mother learns that the informational video about anesthesia induction is nothing like the real thing. Next, it is song lyrics that fail to realize the lived experience, as the mother futilely tries to comfort the Baby and herself through singing: "We gotta get out of this place, if it's the last thing we ever do. We gotta get out of this place. . . there's a better life for me and you" (237-8).

In the Mother's depiction of an inept medical student, Moore uses theatrical metaphor, the "dinner party" theatre variety of drama, as yet another narrative variant. "Dr. Kiss Me Kate" (239), she calls him as he inexpertly attempts to deal with the too strong suction machine that has perhaps damaged the Baby's stomach. And when the Mother listens to the sagas of the other parents on the ward, she knows that Oprah, with her television guests' tales of calamity, has nothing on them. Real life on Peed Onk leaves the exaggerated drama of Oprah "in the dust" (242). Not only does narrative fail, but the fictional and dramatic renditions of Peed Onk are colorless and clumsy copies of a horrifying reality.

The Nightmare of Narrative Slop

It is within the metaphor of commercial enterprise that Moore addresses head-on the possibility that narrative construct, telling the story, may not help. Perhaps her effort to make sense of the nonsense through narrative is entirely in vain, and the Mother (always a doubter) now attempts to create a "makeshift altar of holiness" (220) to which she can pray. She pictures God as looking something like the Manager at Marshall Field's, and she begins to bargain, in a more plebeian effort at putting narrative to use. Somehow words must help her! Language must be powerful enough to bargain for the life of a child. And what does the God-Manager reply to her "Let's Make a Deal" scenario (221)? Patiently, God explains: "The whole notion of 'the story,' the idea that people have a clue as to how the world works is just a piece of laughable metaphysical colonialism perpetrated upon the wild country of time" (222). Here is the Mother's (and our own) deepest fear, that perhaps there is no story that will help us to find meaning in the chaos, to order these nightmarish events.

As the Mother describes her family's situation, it is a "nightmare of narrative slop. [It] cannot be designed. [It] cannot even be noted in preparation for a design"

(223). Narrative implies architecture, for purpose and practical living, and what this family is experiencing defies such organization. The Mother's writing, her narrative gifts, have failed her; they don't work here. Nor do the expert narratives on childcare that the Husband stares at on their nightstand. There's not a word in Spock or Leach about chemotherapy or renal sarcoma or metastasis, and he hurls these tomes against the wall in rage and desperation. "Maybe," the Mother temporarily concludes, "it's just a fact [limitation] of narrative" (222). In other words, perhaps the idea that story-making can help us in any way is truly as "laughable" (222) as the God-Manager contends.

Canonical Babbling

The "canonical babbling" of Moore's subtitle, or what the language experts call "all that nonsensical Baby talk" (217), is central to this notion of narrative's limits. If we consider the theological or literary definition of canon, we can examine with the Mother the Baby's authentic, established body of work, in this case, his discourse, with its unifying theme of attempted social interaction. The Baby's first efforts at language reflect canonical babbling's imitative, nonsensical nature. He captures the tone, the inflections, of what he hears, so his attempts are seductively convincing but, in the end, mean nothing. He tries to copy what he hears, to do what everyone else does, to be a part of the communicating world, even without the real words that he is still too young to own. Presumably this Baby talk facilitates the transition to an adult language capable of forging sense and meaning. But what the Mother is discovering is that all our fancy adult language is perhaps just a variant of canonical babbling, a mimicry of "useful" language but, in fact, every bit as nonsensical and pointless.

If we consider the musical definition of canon, with its implied dialogue of instrumental or vocal mimicry, we again appreciate Moore's efforts to articulate for us the inarticulable. Music can transcend narrative and achieve the transmission of feeling without words. All the Mother's explorations of words—Mother-talk, Doctor-talk, Teacher/Writer-talk, video, TV, theater or song lyrics—have proven inadequate. But as the Baby does with his musical babbling, she continues to strive, just as we all strive to make sense of our surrounding chaos.

Narrative as Mystery

Because the Mother is the story's narrator and because Moore has rendered her such an intelligent and sympathetic teller, it is easy to be swept up entirely in her viewpoint of rage, rejection, and helplessness. But through the God-Manager (admittedly a creation of the Mother's mind and therefore, representative of an awareness that the Mother possesses, even as she rages against and rejects it),

Moore offers another possibility for narrative, that of mystery. In effect, God argues that what makes life worth living is the very randomness of its stories, even its potentially devastating unpredictability: “To know the narrative in advance is to turn yourself into a machine. . . . What makes humans human is precisely that they do not know the future. . . . But you have to not know in order to see what stories your life’s efforts bring you. The mystery is all” (221). The God-Manager’s truth, which the Mother both resists and acknowledges, is that ultimately, salvation lies in the not-knowing, in the incompleteness and uncertainty of the story. Precisely because we don’t know—because we mere mortals can’t forge a coherent narrative—there exists the possibility of discovery, the “hope for redemption” and even the prospect of “fun” (221).

The Empathic Necessity of Narrative

It may be this realization that ultimately allows the Mother to begin to really listen to Frank, another Peed Onk parent, telling stories about his son Joey, who is dying of cancer. Frank and Joey are near the end of Joey’s story, and the Mother asks Frank to tell her his worst story of all. She hears how the only time Frank ever left Joey alone, the nasogastric tube was “sucking the guts out of him” (245). But that was her story, too! At this moment, the Mother feels all of Frank’s words “like blows. She feels flooded with affection and mourning for this man” (246). Here ordinary, real language powerfully reveals the essential sameness in stories of suffering.

So it happens that, through one final story, the Mother experiences an irony-free emotion, a flood of feeling for someone other than her son. Frank’s words have struck her; his narrative reaches her. She does not accept, but she receives, and is moved by, the “mystery” (221) of this story. She won’t join “the club” (249) of parents bound together by the anguish and dying of their children; she wants no part of being in the “same boat” (249) as the other families. She’ll make her own way, she never wants to see any of these people again, but she does take the notes, she does listen empathically to the story of another, and ultimately, imperfectly, she does construct the narrative. Whether the money will be forthcoming isn’t clear to the narrator, but a little light shines for the reader. We have heard the story, and although we didn’t take the trip, we’ve experienced a part of it. Just as the Mother and Frank shared a piece of the same worst story, we readers have felt the blows of words as the Mother tries to make sense of her family’s suffering. Her efforts at narrative, no matter how successful or unsuccessful, whether there’s money or not, have allowed us a glimpse, a palpable transmission, an imperfectly told tale of the horror, and we are the richer for it.

Narrative as solution, as problem-solving, has failed the Mother again and again, as she tries to convey what her family has experienced. A simple, structured

story with a beginning and an end, a tidy exposition that makes sense and explains all, has evaded her. As Weinstein reflects,

Perhaps the kind of transparency for which we yearn is only at home in mathematics. Although the cogent and unified story of a patient's or a doctor's struggles is not without interest, the riddling, puzzling discursive voice of unruly literature goes to the heart of the matter: how do we discern the logic or pattern of what is in front of us? Do we learn something special by our verbal wrestling with the angel?¹³

Moore's story is at once an indictment of narrative's impoverished capacity to render human experience, a gut-wrenchingly clear portrayal in its own right of the Mother's suffering, and a suggestion that narrative itself is fundamentally a mystery. Although "the trip and the story of the trip are never the same," none of us seems to stop trying to tell it or to retrieve "all that unsayable life" (237), even if we babble or sing or act or ramble, or flail our arms, or "press our mouths upon the mouths" (237) of those we seek to understand. The need for empathy, to receive it and to offer it, within the confines of imperfect language and the unknowableness of the other ("in the end you suffer alone") (224)—this essential piece of being human is what Moore's story so brilliantly conveys. We do indeed learn something special from our verbal wrestling with the angel. Our efforts may not ever be adequate, but they are all we have.

THE PROMISES AND BETRAYAL OF THE CULTURE OF MEDICINE

The Function of Culture

Just as language and narrative are intended to protect us from chaos and link us to others, so too is culture intended to serve similar goals. The culture that surrounds us should serve the purpose of reducing our sense of turmoil and dread in the face of illness, pain, grief, and the possibility of death by helping us to make meaning of these experiences and to connect us with others enduring similar experiences. But "People Like That Are the Only People Here" challenges the efficacy of culture either to insulate us from suffering or to make it meaningful through connection with others. The story suggests not only the limits of narrative but the limits of culture as well. In this story, the particular culture under consideration is that of the pediatric oncology ward — Peed Onk as the Mother disrespectfully labels it.

Illness as a Cross-Cultural Journey

A respected and widespread tradition in pathography¹⁴ utilizes the metaphor of a journey to exotic and unknown lands in describing the encounter with illness

¹³Arnold Weinstein, *Literature and Medicine*, 3.

¹⁴Anne Hunsaker Hawkins, *op cit.*

and disability. This is, inevitably, a journey from one culture into another, from a “normal,” healthy world into a world of sickness and suffering. The assumption underlying this approach is that, by understanding the “culture” of illness, we can begin to make sense of the experience itself and connect with the other “inhabitants” of this new society in meaningful and consoling ways. For example, the neurologist Oliver Sacks titled a collection of his chronicles about patients with striking neurological anomalies, *An Anthropologist on Mars*. Sacks conceives himself as “an anthropologist in the field.”¹⁵ His intent is to understand, through the experiences, stories, and language of his patients, the “culture” of severe neurological impairment. The anthropologist, Robert Murphy, presents the patient’s perspective in recounting his own encroaching paralysis from an inoperable spinal tumor, explicitly comparing his illness experience to previous explorations among a remote Amazonian tribe.¹⁶ These and other “anthropological” accounts of illness generally present the journey as fascinating, revealing, and humanizing.¹⁷ Often, they take on the characteristics of a heroic journey¹⁸ in which the hero suffers but learns valuable lessons and ultimately endures. From this vantage point, culture is seen as the sustaining context that enables and supports new understandings and new connections.

The Betrayal of Culture

Moore’s perspective in “People Like That” is also anthropological in nature, but her conclusions are radically different from the reassuring modernist model of a heroic journey into a strange but ultimately knowable and illuminating new culture. Rather, her narrator’s experience reveals the ugly underbelly of a medical culture that promises to reassure, console, and protect the Mother and the Baby but that, in fact, does none of these things. Instead, it exists to keep its members orderly, controlled, and in line. Like language and narrative, the carefully constructed world of Peed Onk fundamentally fails the Mother in her moment of most critical need. It is oppressive and colonial rather than redemptive.

From the start of the Mother’s tentative, increasingly appalled contacts with the medical culture of pediatric oncology, the sense of an unwilling entry into incomprehensible and dangerous surroundings is palpable. Forced into Peed Onk

¹⁵ Oliver Sacks, *An Anthropologist on Mars* (New York: Vintage Books, 1995), x. This collection of clinical stories explores the implications of severely altered states of perception, mentation, and consciousness for concepts of self, identity, and personhood.

¹⁶ Robert Murphy, *The Body Silent* (New York: Vintage Books, 1995). Murphy views his descent into quadriplegia resulting from the effects of an inoperable spinal tumor through the lens of his anthropological training.

¹⁷ Arthur W. Frank, *The Wounded Storyteller: Bodies, Illness, and Ethics* (Chicago: University of Chicago Press, 1995). This postmodernist analysis of illness narratives discusses narratives of restitution, chaos narratives, narratives of quest and transformation, and narratives of testimony.

¹⁸ Joseph Campbell, *The Hero with a Thousand Faces* (Princeton, NJ: Princeton University Press, 1972).

by her child's diagnosis, the Mother goes only as a reluctant visitor, more like a captive than a scientist. She is suspicious of this world and as it turns out, rightly so. Nevertheless, because her son's survival depends on her mastering the mores and customs of this society, she becomes an acute, if increasingly angry, observer of this world. The Mother's descriptions of the Peed Onk culture evoke a society in which people have lost control of the meaning of their lives but cheerfully and mindlessly continue to insist their world makes sense. It is this fundamental hypocrisy that the Mother finds most intolerable.

The tools through which culture supposedly protects and links its members are its foundational premises and belief system; its structure of power and authority; its customs, rules of behavior, even manner of dress; its manipulation of the environment; and, of course, its stories and language. People submit to the constraints of culture because of the rewards and security it ostensibly provides. But the Mother discovers that the goal of Peed Onk culture is not to help people make sense of suffering or to create interpersonal bonds among sufferers but merely to promote the appearance of accomplishing these essential tasks.

Power, Authority, and Hierarchy on Peed Onk

As the Mother becomes immersed in the Peed Onk culture, she realizes that it is rooted in assumptions so disjointed and whitewashed that she must eventually reject them out-of-hand. The major assumption is that, no matter how horrible things are, everything is really all right, sanitized, and in control. This world view is zealously maintained by the leading representatives of the culture. The high priests of the culture are its physicians, either "skilled manual laborers" (218) like the Surgeon or "mad, overcaffeinated" (226) scientists, like the Oncologist, who "can do the math" (226). To a man (the doctors are all men), they exude an aura of certainty and confidence, while glibly minimizing the Baby's and the Mother's distress. Their acolytes, nurses who speak in "chirpy voices that both startle and soothe" (243), are uniformly obedient and respectful and never deviate from reinforcing the dominant cultural myth that life is just fine.

The Oncologist, for example, to the Mother's horror, describes the Baby's cancer as one of the "best" (227) to get. Prior to surgery, a videotape depicts the process of anesthesia delivery as serene and composed. When the Baby struggles, terrified in response to the anesthesiologist's callous administration, the nurse orders the Mother to reassure the child, "It's okay" (234), although all of the Mother's instincts insist that nothing about this situation is okay. The Baby's surgery takes much longer than expected, but once again, as the Mother pleads for information, she is told only that "everything is fine" (236). Seeing the Baby after surgery, covered by tubes, anguished, in a morphine-induced stupor, again the Surgeon pronounces him simply "fine" (241). Later when a medical mistake occurs in the Baby's post-operative care, the nurse's "hospital saint voice"

(238–9) comforts the Mother by implying that “there is nothing to get excited about” because “everything is normal here. Death is normal. Pain is normal” (239). What matters in this world is not the experience, but the illusion created about the experience, which will always be one of manipulated reassurance.

Farther down on the hierarchic totem pole are the unwashed, oppressed masses of parents, humble and brave, but perhaps, as the Mother begins to worry, not-quite-human, “a mixture of man and machine” (230). The culture requires these lowly inhabitants to conform to the same determinedly optimistic mindset, characterized by unswerving courage, cheerfulness, and thankfulness. The parents cultivate a positive attitude and rely on comforting bromides: “We hope for the best. We take things as they come.” (242) Obediently, they have learned to appreciate the “collateral beauty” (248) they encounter along the way of their children’s devastating suffering and death.

In the world of Peed Onk, the untouchable caste consists of the child-patients themselves, efficiently reduced to quasi-mechanical objects that are the uncomplaining recipients of chemicals, radiation, and other unnatural assaults. Supposedly, these sick children are the ones whose suffering will be explained and placed within a warm and comforting framework. In fact, they are really sacrificial lambs upon whose suffering the entire structure of the Peed Onk world is predicated. One telling, post-surgical image shows the Baby tied to cardboard “no-no’s,” “like a boy on a cross” (237). The Mother’s interpretation of the world of Peed Onk is that its children are its most vulnerable and least cared-for members.

Cultural Customs, Rituals, and Environmental Manipulation on Peed Onk

The world of the pediatric oncology unit boasts its own customs and rules of behavior. These include peculiar rituals, such as putting paper shells over one’s shoes and frequent hand-washing, or parents conversing matter-of-factly about children’s cancer diagnoses, horrifying procedures, amputations, and episodes of blood poisoning. In the Mother’s other world, such behaviors would be regarded as eccentric or morbid, but in Peed Onk, they constitute appropriate, even necessary, conduct. Peed Onk even sports its own costumes, comfortable sweat pants for lounging about endlessly in hospital rooms and tennis shoes for springing quickly to the bedside of a crying child, scrub blues for surgeons and nurses. Yet, although the ostensible function of these distinctive customs and clothing is to reassure and normalize, they only horrify and appall. Once again, the Mother finds that participation in Peed Onk customs leaves her with empty promises that do not console, explain, illuminate, or change anything at all about the circumstances in which she finds herself and her child.

Even the carefully constructed environment of the hospital ward conspires to reinforce the illusion of normalcy and cheerfulness. Peed Onk thoughtfully provides a lounge, cots, videos, even refrigerators for its inhabitants. The Mother

takes in the gay animal murals, spacious windows, free hot chocolate, bright flower carts, and colorful Christmas decorations. But then she realizes that beneath this reassuring exterior the windows won't open, the air is permanently saturated with vile smells, and the children can't touch the flowers. The Tiny Tim Lounge, built with money donated by the over-sized, falsetto-voiced performer whose son was treated (and died) at this hospital, has an atmosphere that is "part gratitude, part generosity, part *fuck-you*" (229). The live pianist, conscientiously playing Christmas carols, sounds like something out of *The Exorcist*. Above all, at every turn, in this pristine world, children are suffering and dying. This is a world that is anything but "in control." On the contrary, it is "an intensification of life's cruel obstacle course" (240).

The Signs and Symbols of Language on Peed Onk

Like any culture, Peed Onk creates and is created by language, in this case the discourse of science and medicine. The Peed Onk culture uses this language to cement its illusion of control and normalcy. In exchange for submitting to the expertise of the doctor-scientists, as expressed through their technical, detached, arcane, and often absurd vocabulary, the Mother has been promised a predictable, orderly universe. Certainly, these representatives of the Peed Onk culture talk as though they can effectively control and manage outcomes. But, as has been highlighted earlier in this paper, medical language quickly proves itself to be a form of pseudo-communication that ultimately does little to illuminate meaning, link people, or reduce suffering. In one telling incident, as the Oncologist confidently presents the baby's upcoming treatment options, the Mother hears the word "vincristine." In the language of science, vincristine is a technical term for a chemotherapeutic agent. But the Mother, as artist/writer, translates the term to "Wine of Christ" (227). Rather than elucidating the chemistry or structure of a curative agent, vincristine refers to a miracle, that of transubstantiation. Hearing this single word, the Mother realizes that the rigorous scientific determinism on which the discourse of Peed Onk is predicated is just as uncertain as art, creativity, or faith.

Going Native on Peed Onk

The Mother does not make her journey into Peed Onk alone. In addition to the Baby, another unwilling prisoner, the Husband accompanies her. However, in what is, from the Mother's perspective, one further betrayal, the Husband, although devastated by his child's life-threatening illness, quickly goes native. An assiduous guest-cum-anthropologist, his constant refrain to the Mother is "Take Notes" (225), suggesting that cultural mastery will result in the promised positive outcome. In contrast to the Mother's suspicion, he is eager to play by the rules of this interesting

society (he wants to “take all the steps, move through all the stages”) (220). He accepts, appreciates, and ultimately is grateful for the existence of the Peed Onk culture. He finds the native populace friendly and is “consoled” (249) by their shared experience. Like the other residents, the Husband accepts unquestioningly the rule of science as promulgated by the authority figures in the culture and their metaphors of doing battle against disease. Toward the end of the story, when the oncologist mentions that the Baby qualifies for participation in a national research protocol involving “watch and wait” rather than aggressive chemotherapy, the husband remarks: “But don’t you think. . .we should keep going? Shouldn’t we stomp on it, beat it, smash it to death” (247)?

Escaping the Peed Onk Culture

Since the Husband is so quickly co-opted into the mores and values of Peed Onk, the Mother’s only links back to a world that still makes sense to her are her crazy friends who avoid consoling her with religious platitudes, mirror her shock and outrage, and share her feeble efforts at humor. In yet another irony, it is only these outrageously odd people (“the one obsessed with the word *penis* in the word *happiness* and the one who recently had her hair foiled green,”) (243) who can help the Mother stay connected with what she considers to be a sane perspective. In a sense, they are the only ones who provide her with the possibility of an alternative, more particularistic, local, and useful culture that supports the Mother’s values and perceptions and joins her to others.

Unlike the Husband and his pals (who offer only “exiling and estranging. . . Sympathetic Expressions”) (243), the Mother renounces unconditionally and categorically any exercises in “cultural correctness.” In lieu of being swallowed by a culture she finds a travesty, the Mother chooses to stand alone, alienated and uncompromising. She sees through the fiction of controlled cheerfulness to glimpse the ugly, terrifying reality beneath. Even the irreverent abbreviation by which she refers to the pediatric oncology unit, Peed Onk, has overtones of being “pissed on,” an image that accurately reflects, in her opinion, the true nature of this expedition. In a land where everyone fawns over the fashionably dressed (physician)-emperor, the Mother decides he has no clothes. One by one, she rejects the representatives of this world—the influential physicians, the complaisant nurses, the conniving flower seller, even the other parents and their sick and dying children. What we have here, the Mother implies, is culture as group psychosis, and she wants no part of it. She sees that the injustice of children confronting illness, suffering, and death will always be illogical, will never make sense, should never be borne graciously and with fortitude, and cannot be justified or explained away by any culture, no matter how cheerful or scientific. She rejects the culture’s implicit suggestion that such random horror can in any way be part of a grand design, “or even preparation for a design” (223).

Historically, in both ancient and modern eras, the consolations of culture are predicated on the existence of a rational, just, and compassionate God who can guarantee that underlying apparent chaos is order and underlying apparent isolation is true belonging.¹⁹ But the Mother, living in a postmodernist world, ultimately rejects not only the Peed Onk culture, but the assumptive foundation on which its meaning is built — God Himself. Portrayed by the Mother as a wise-cracking Marshall Fields Manager, God smugly offers her the pat philosophical consolation that the value of life comes from uncertainty, surprise, and not-knowing—from the possibility of evil as well as good. It is an extension of the cultural argument that, in the end, everything adds up. For the Mother, however, this argument is unpalatable. She chooses to stand with her child against the world of Peed Onk, its superficial comforts, its diagnoses and medicines, its pillars of society, its brave and grief-stricken citizens, and against the God who sets the whole terrible process in motion.

When the Mother—with the Baby—unexpectedly has the opportunity to flee Peed Onk by enrolling in the no-intervention arm of a national treatment trial, she leaps at it without a backward glance. Her disdain for this culture is complete; she has concluded that it can offer her nothing. Given a choice between “the bearable and the unbearable” (247), she rejects in one fell swoop the whole package. Naturally, its high priests and their acolytes express some discomfort at her unconventional decision. The Oncologist equivocates, “I like chemo” (247), as though chemo were one of the few friends he has, and a nurse negotiates, “Not even a little chemo?” (248), but the Mother is adamant. She knows her chance when she sees it. While the Husband dutifully declares how comforting it has been to be “in the same boat” (249) with all these nice, wonderful people, the Mother assesses the experience quite differently: This is a boat no one should want to be in — ever. Yet we know that she will re-enter the world with knowledge that she can never un-know. Despite her defiance, we read the Mother’s suspicions that the God-Manager is right and that neither narrative nor culture can protect us from the terrible uncertainty of life.

Witnessing Through Narrative as a Cultural Act

It is apparent to the reader—and even unwillingly to the Mother herself—that although she has made a “poetic jailbreak,”²⁰ she will never be free again. Just as it is impossible to escape the limits of narrative, no one can live completely outside of culture. Having once touched the shore of Peed Onk’s nightmare continent, she can

¹⁹Allan Parry and Robert E. Doan, *Story ReVisions: Narrative Therapy in the Postmodern World* (New York: Guilford Press, 1994). Parry and Doan situate a narrative-based approach to psychotherapy within postmodernist discourse.

²⁰Munson P. “Criminal Language and Poetic Jailbreak: Writing Chronic Fatigue Immune Dysfunction Syndrome.” *Literature and Medicine* 19 (2000): 19–24.

never truly ignore that world; her life has been irrevocably linked with the culture of Peed Onk. She realizes “something has occurred that can never be over” (223).

How can the Mother cope with this awareness? Earlier, when she contemplates escape from Peed Onk, she wonders whether she qualifies for a witness relocation program. Perhaps the author intends this thought to contain one key to a partial solution. The Mother has assumed the responsibility and burden of seeing clearly, without protection or illusion, the fundamental injustice of innocent suffering. She must then decide what she will do with this knowledge. Faced with the unthinkable, having rejected the hypocrisy and arrogance of Peed Onk, the Mother chooses to be a witness, admittedly an outraged, horrified one, but ultimately also honest and empathic.²¹ This choice becomes evident toward the end of the story, as the Mother sets aside her cynicism, judgment, and bitterness for the first time and receives a father’s unadorned, heartfelt story about his ultimately futile effort to save his dying son. Bearing witness is not only a narrative act but also a cultural act, as we know from the cultural impact of Holocaust testimonials. Thus, listening without irony, not turning away, and including this story of shared suffering in her narrative, the Mother takes a tentative first step toward reconstituting a more relevant, local culture for herself.

Stories Like These are the Only Stories Here

Whether such a particularistic narrative, based on an attitude of witnessing, represents any universally meaningful improvement over the stories and culture of Peed Onk is a perhaps intentionally unanswered question. As readers, we begin to suspect that this is not simply one more recounting of how bad medicine is and that the Mother’s story about Peed Onk is just that—the Mother’s story. We realize uncomfortably that even the Mother’s rage and authenticity, admirable as they are in unmasking the deficiencies of Peed Onk, do not in any way resolve the existential problem of innocent suffering. In fact, it is not at all clear that the Peed Onk culture is as unsuccessful in its protective effects toward its members as the Mother perceives. On the contrary, we know that children’s lives are saved every day on pediatric oncology wards, and perhaps the cultural attributes that the Mother observes with such horror and disdain are simply the price of admission. Was it really the “right” decision to leave the world of Peed Onk? Moore, the author, deprives us of the reassurance of a happily-ever-after ending. We never learn whether the beautiful Baby survives his Mother’s decision, or whether, despite its platitudes and self-importance, Peed Onk represented this Baby’s best chance.

It would be convenient to think that “better,” more humane, and more compassionate narratives and cultures are what are needed to rectify the anguished dilemma at the core of this story, i.e., the realization that suffering is an inescapable

²¹Harold Schweizer, “Against Suffering: A Meditation on Literature.” *Literature and Medicine* 19 (2000): 229–240.

part of the human condition. Yet by the conclusion of this tale, the reader understands that the culture and stories of Peed Onk, imperfect as they are, may be no worse than, only different from, other cultural and narrative responses to illness. Peed Onk is the product of flawed, modernist stories told by frightened people who have structured the most comforting, orderly society they can in the face of unbearable, unimaginable chaos, meaninglessness, and despair. But other stories and cultures, while arguably more authentic, will not fundamentally repair the underlying problem.

So while the Mother may find her meaning in rejecting and ridiculing the complacency, limitations, and arrogance of the Peed Onk culture and its narratives, her alternative is likely better only in the sense that it is *her* alternative. The Mother's "jailbreak" does not signal any kind of universally meaningful way out from the shortcomings of Peed Onk. Neither is her compassionate witnessing of the suffering of others a solution or moral justification for suffering. But at the very least, by telling the tale, the Mother reclaims her unique voice and begins a search for new possibilities of both narrative and culture. We are left with the realization that the Mother's story—indeed all narrative and cultural responses to the daunting awareness of undeserved suffering—is flawed and limited, but that stories like these are the only stories here.