

Reading Silences of Suffering: Narrative Medicine Approach to George Saunders's "Home"

Shannon R. Wooden | Missouri State University

<http://ellids.com/archives/2022/09/5.2-Wooden.pdf>

Abstract | Literary writers have for centuries professed literary language's unique ability to convey those aspects of the human condition which are too deep, complex, or painful to simply tell. From Romantic poets insisting on literature's divine vision of truth to Virginia Woolf's exhortation to "turn to the poets" for language compatible with the inexpressible experience of illness, writers have championed the pleasure, the mutuality, and the ambiguity of reading as paths to these profound human experiences and the potential ethicality of reading/listening well. More recently, interdisciplinary thinkers in medical settings have explored the specific tension between a suffering person's urgent need to speak their suffering and the limits of language's capacity to convey its depth and complexity. This essay borrows from medical sociologist Arthur Frank, and the founding director of Columbia University's Program in Narrative Medicine, Rita Charon, the purposeful critical vocabulary they have lent to this ongoing conversation. Frank describes various narrative shapes that may contain the "chaotic" disruption that illness, injury, and trauma may make into a person's life, but even more powerful is the attempt to honor the chaos itself. In the classroom, such an endeavor may provide rich ethical training for readers, students, and teachers alike. In this paper, I read George Saunders's short story "Home" as exemplary of this practice, arguing that attention to the silences and gaps where trauma cannot be spoken affords a teaching tool for cultivating empathy, within and beyond the classroom.

Keywords | George Saunders, "Home," Short Fiction, American Literature, Trauma, Suffering, Narrative Medicine, Narrative Practice, Pedagogy

Trained in nineteenth-century literature before simultaneously widening and narrowing my interest to the literature(s) of disability, illness, and trauma, I have been drawn to the way that writers since the Romantic period have been encouraging an art form of linguist gestures toward the ineffable: Shelley's sense that language, though a "more direct" artistic medium than most, nonetheless casts only a "feeble shadow" of the poet's thoughts, Wordsworth's insistence that poetry can convey thoughts that lie "too deep for tears," or Keats's need to dwell in the ambiguities of art with "negative capability" rather than "irritably reaching after fact or reason" (Shelley 874, 880; Wordsworth 352; Keats 1017). Writers talking specifically about pain and suffering likewise lament the paradoxical necessity and inadequacy of language. Virginia Woolf, in her essay "On Being Ill" which appeared a hundred years after "Defense of Poetry," bemoans not only a "poverty" of vocabulary that limits our ability to articulate our suffering but a lack of narrative tools with which to communicate illness experiences (34); Tim O'Brien's "How to Tell a True War Story," coming nearly three-quarters of a century later, describes the truth of war as "beyond telling" and the tragedy being "people who never listen" (79; 91). For all such writers, the real work of literary language is to move us toward the mysterious impossibility of empathy, i.e., to exercise, in Shelley's metaphor, that "instrument of moral good"—the imagination—by allowing us to "intensely and comprehensively" occupy experiences that are not our own (877). Well over two hundred years after the publication of *Lyrical Ballads*, George Saunders calls literature "empathy training wheels," a "compassion-generating machine" that allows us to "continually push ourselves in the direction of Open the Hell Up" ("What's On George Saunders' Bookshelf?"). My education—nearly equal parts Romantic and Victorian literature, critical theory, contemporary short fiction, and creative writing—accounts for my equal affection for Shelley and Saunders and explains this thread across centuries. Coupled with this is my own discovery—I was offered opportunities to study the emerging field of "narrative medicine" in the late 1990s and early 2000s—of yet another language for literature's empathic gesture.

Recognizing the inadequacy of language to express trauma and suffering, and yet finding the collaborative work of story-building essential to healing and care, thinkers like Arthur Frank explain how impossible it is to speak suffering even as the suffering person urgently needs to find and to become an empathic "witness" (37). Identifying a variety of responses to the traumatic disruptions that illness can cause, Frank describes specific narrative shapes that people commonly use to speak about their illness experiences and the potential ethical ramifications of each such telling: a "restitution" story of illness does different work from a "quest" story, using different narrative elements and patterns. In 2000, Columbia University's Program in Narrative Medicine emerged under the direction of Rita Charon, whose *Narrative Medicine: Honoring the Stories of Illness* further articulates a method for applying the close reading skills of

literary scholarship to the numerous storytelling occasions that arise from and comprise modern Western medicine. Even though it is enough to respect narrative medicine as a purposeful rethinking of the role of the arts and humanities in medical education, I like to hear of it as an answer to Wordsworth's hope that poets continue "lend[ing] their divine spirit" to our world where human suffering has become bedfellows with the science and technology of medicine (313). Furthermore, it invites all of us, readers and teachers of literature, to channel the power of what we do toward critically listening to, and thus in some small way alleviating, each other's suffering.

This essay builds an argument that literary language is uniquely suited to express trauma, and that post-structural literary language offers a fertile soil for such expressions. Its power lies not just in providing the narrative shapes that Frank describes, but, in the manner of the Romantics, by its gesturing toward the unspeakable and, in a more postmodernist way, by its self-conscious play. The gaps, silences, disruptions, evocations, connotations, and play that characterize contemporary literary works can evoke the sense of languagelessness of trauma. Saunders's works frequently turn abruptly from satire to compassion, surprising readers with their insight into the suffering of richly multidimensional characters. If we believe in the possibility of hearing the unspoken truth in complex literary texts, and also feel that such hearing may be ethically valuable, we must aspire to teach readers to listen for it, and Saunders's work provides a case study for the same.

Reading Suffering: Teaching with Narrative Medicine

Narrative medicine begins with the idea that identity itself is a narrative construct. Even if subconscious and unspoken, people's sense of who they are lies in the story of where they've been and where they're going, along with their selection of details that come together to build their sense of self in a coherent way. This is the fundamental shape of medical practice too. As Charon explains, every intern who asks "what brought you into the clinic today" knows that they expect to hear a story and not "the M104 bus" ("Narrative Medicine: Attention, Representation, Affiliation" 261). But "into any story generally predicated on health," Frank writes, illness may cause "narrative wreckage" (53). Those who provide healthcare to suffering people should focus on the wrecked story, and their treatment goals must include revising the patient's story back into something coherent. Charon states: "Without narrative acts, the patient cannot convey to anyone else what he or she is going through. More radically and perhaps equally true, without narrative acts, the patient cannot himself or herself grasp what the events of narrative mean" (*Narrative Medicine: Honoring the Stories of Illness* 13). For Charon, then, the narrative is in fact essential to medical care, "in order to offer compassionate and effective care to the sick" (13).

Acute suffering, Frank claims, generates an "anti-narrative," a "chaotic" and narrative-resistant shape that can never truly be told, "only [...] lived" (98). This "chaos narrative" nonetheless represents the rawest and most urgent stories of suffering, the most authentic and the most in need of a hearing. Illness is rarely experienced simply and in accordance with these tidy patterns; even when it is not chronic, suffering is seldom linear and seldom returns the sufferer to the same place where she was when the wreckage occurred. The story of wreckage itself demands witness. If that chaotic sense of one's life story arrested or rerouted by the unexpected contingency of the body is a defining

characteristic of suffering, how can we listen only to stories that have resolved? "Until the chaos narrative can be honored, the world in all its possibilities is being denied" (Frank 109).

Most published illness stories fit into one of two narrative shapes: "restitution" patterns, stories of getting better, and, particularly in belletristic writing, "quest" patterns, wherein the ill storyteller learns something upon the illness journey valuable enough to give the said journey. When authentic, these stories are satisfying to hear and can be ethical in their telling; indeed, Frank sees the quest narrative as the ideal vessel for the ideal patient type: a person who can come back from the journey of illness as a witness and advocate for others (126–127). But if forced or phony, they can be sharply limiting for the suffering person.

The impact of such practice on medicine is enormous: "to deny a chaos story is to deny the person telling this story, and people who are being denied cannot be cared for" (Frank 109). The Romantic in me therefore, at least at times, believes that the good of such work may apply far more broadly. Guiding people toward more ethical experiences with suffering through a close reading of narratives in various forms may indeed "strengthen the [...] moral nature of man" regardless of discipline or profession and could lead us all toward more ethical lives (Shelley 877). We can learn (and teach) how to identify and read chaos narratives to ever more ethical ends in our own lives and relationships. Our job is neither to diagnose nor provide medical care, nor even to offer psychotherapeutic support, but we can practice ethicality nonetheless through the critical development of active 'listening' strategies and close reading competencies.

Since I came of age with nearly equal affection for the Romantic manifestos and post-structural theory's general distrust of language, I am entirely at home with the idea that literary language's greatest successes are rooted in its failure. Therefore, my self-professed Romanticism, at least on most days, is neither nostalgic nor naïve. What I find most profound about literature is its attempt to illuminate the complexities of the human heart and mind, even in full awareness of such an attempt's impossibility. The question of suffering, to my mind, provides a perfect test case, augmented by the fact that reading literature's gestures toward suffering has potential benefits far beyond simply appreciating the beautiful mysteries of existence. What I have discovered through more than a decade of teaching with narrative medicine is not only that close reading of literary form and technique can be a productive way into the meanings of chaos, but that the work of literature and the work of creative writing—and of that hybrid middle-term, creative nonfiction—can augment one another in the pursuit of ethical goals.

How can pedagogical techniques invite readers into the unspoken spaces of suffering, and how can we learn to read in such a way that engenders empathy not only in terms of parasocial reactions to texts but practical strategies that could help oneself and others? To offer an answer to these questions, I explicate George Saunders's short story "Home"—borrowing a close reading strategy from Saunders himself—to highlight its methods of recreating the chaotic experience of trauma. The story simultaneously gives information and withholds it, suggests linearity and disrupts it, creates tension and undermines it, and plays with the tension between intellectual control and bodily intrusion. In so doing, it creates a narrative that tells something besides itself: it speaks of traumas, past and ongoing, which it never actually describes. In my teaching, I find

that focusing on the way the protagonist's suffering circles around the impossibility of language leads the readers to a position of ethical witness, seeing, as much as we can, the pain that cannot be spoken and the suffering made worse by the frustrated search for its own expression. The story is unyielding but nonetheless demands a particular kind of listening. In its refusal to speak, paradoxically, it creates spaces in the silence for such listening to occur.

In the classroom, I group this story with similarly perplexing ones: Joyce Carol Oates's "I. D." and Louise Aaronson's "An American Problem," for instance, enhance the lesson on "Home" while benefitting themselves from the juxtaposition. In a different grouping and with a different approach, I have also taught "Home" as exemplary of the pressures of masculinity, the protagonist being an example of the toxicity of hegemonic norms. Similar traits can be seen in other veteran stories or stories of PTSD: O'Brien's *The Things They Carried* seems like an obvious choice. In our discussion of the structures and frustrations of the language(s) of trauma, however, I find greater depth and richer applications. Such an approach beautifully unlocks the text, creates a powerful model for creative writers, and rewards students of literature with a sense of how the work of literary criticism matters in the so-called real world.

In my own life—as a teacher and advisor, spouse, daughter, parent, stepparent, and co-parent—I reap personal rewards from this practice, frequently finding myself employing this critical technique in my nonprofessional life. Listening “*with stories*,” as Frank says, may give me insight into what an angry or hurt child is *trying* to say when they are using words they don't literally mean or when they lack language for a story they need to tell (23; emphasis in original). Recognizing chaos in the nonlinear narration of a complex and emotionally charged problem helps me to know when to generously listen and when to intervene. What truth may emerge from silences, gaps, ungoverned emotional expression, words unspoken or unknown or not even in existence, if we learn to listen in and through the chaos of suffering!

Suffering in the Silences of “Home”

George Saunders's first craft book, *A Swim in a Pond in the Rain*, issues an arguably neo-Romantic manifesto. Though widely hailed as a distinctly postmodern satirist, Saunders nonetheless reaches for the unsung truth of the human heart even through his strange assortment of possible worlds. The world we readers and writers live in, he says, at least the “essence of [its] realism,” is made up not of objective facts but by “consensus,” a shared heuristic that makes even language possible. Fiction, then, affords a smooth slide to an exploration of human truth by slightly altering that “consensus reality” (*Swim* 275). The “psychological physics” of created worlds can align with the consensual realities of our actual shared space, even if superficial “realism” is eschewed, and we can perceive “truth” in the disruptions of “strangeness” into an ostensibly ordinary world: “It's like a prose version of the theory of relativity,” he explains. “No fixed, objective, “correct” viewpoint exists; an unbalanced narrator describes, in an unbalanced voice, the doings of a cast of unbalanced characters. In other words, like life” (276–77; 282). Language in all its messiness offers countless examples of how any real (empathic) communication must transcend the particular viewpoints that govern the worlds we can see (283).

To address the "messiness" and contingency of language, Saunders says, two models of writing may emerge. The first (arguably evoking the aspirations of the Romantics), is when "we strive upward to express ourselves, precisely, at the highest levels of language" (*Swim* 288). But Saunders's own approach is to celebrate the "poetry" in the flaws: to "surrender to our natural [flawed] mode of expression" and from it make a "not-right" machine that has a true statement inside it and truth in its "not-rightness" (288). With the Romantics, Saunders sees literary exploration as a "vital moral-ethical tool," a force that resists our "degraded era," particularly its superficiality and neglect of human complexity (5).

Saunders opens *A Swim in a Pond in the Rain* with a page-by-page explication of Anton Chekov's "In the Cart," meticulously describing how he teaches this nineteenth-century Russian story to his twenty-first-century creative writing workshop students. I borrow his model as a way into what I find one of his most moving stories. "Home," published in the *New Yorker* and in his 2013 National Book Award finalist, *Tenth of December*, follows a young American veteran recently returned from the Middle East. Haunted by an unspoken trauma at Al-Raz, Mike finds the rest of his life also upended: his mother and her new live-in boyfriend are being evicted, his ex-wife and children have made a life with his old friend Evan, his sister and her extremely wealthy husband are afraid of him and won't even let him hold their new baby. As he struggles to respond to these changes, he is painfully aware of the shame and rage that seem to take over his body, and he is frightened of his inability to control emotions that manifest as violent impulses. Mike is a dangerous man with a traumatized psyche, so one might assume that Saunders's story is a critique of war. As Saunders says of the Russians, "Home" is indeed "resistance literature," but I argue that its critique of war is less radical than its affirmation of Saunders's basic principle: that "every human being is worthy of attention" (*Swim* 4).

Beginning "Home" a section at a time, as Saunders does with "In the Cart," we can analyze how the whole story is obsessed with language, how people may fetishize what it's for and nonetheless fail to realize its potential. Teaching the story through Mike's struggles within hegemonic masculinity may illuminate how Mike's suffering, as well as his apparent crime/sin, stem from a hyperbolic definition of male success: having become an exaggeration of the strong, silent, violent (military) protector, he has lost his wife, kids, economic standing, and mental health. With a narrative medicine approach, however, I can invite students into a conversation even more wide-reaching: how may suffering ever be alleviated if it comes from a story that can't be told?

"Home" explores language from the very opening scene, a comic account not only of whose "home" Mike has returned to but whose language matters, and how, and to whom. Upon arriving at his mother's kitchen window, Mike learns that one of the few things to have changed in his mother's unkempt household is her use of profanity. Surrounded by Saunders's signature weirdness—hangers jutting out of the oven, a hunting bow and Halloween costume on the bed—she says, "Still ain't no beeping cleaning lady" (169). When Mike responds with a funny look to this unusual phrasing, she retorts/explains: "Beep you [...]. They been on my case at work." The "beeping" is fond, blunt, and funny, but the conversation that follows is subtly unsettling, built of unanswered questions, contradictions, and—suddenly, surprisingly—the premise that language is intrinsically connected to one's authentic self, or at least the presentation

thereof, and the sense that one may be accepted or rejected based on others' interpretations of the (spoken) self, authentic or not.

"Who's this?" [Ma's boyfriend] said.

"My son," Ma said shyly. "Mikey, this is Harris."

"What's your worst thing you ever did over there?" Harris said.

"What happened to Alberto?" I said.

"Alberto flew the coop," Ma said.

"Alberto showed his ass," Harris said.

"I hold nothing against that beeper," Ma said.

"I hold a lot against that fucker," Harris said. "Including he owes me ten bucks."

"Harris ain't dealing with his potty mouth," Ma said.

"She's only doing it because of work," Harris explained.

"Harris don't work," Ma said.

"Well, if I did work, it wouldn't be at a place that tells me how I can talk," Harris said. "It would be at a place that lets me talk how I like. A place that accepts me for who I am." (170)

The dialogue continues so quickly into Ma's complaining about Harris's laziness that there's no space to reflect on that assertion of his authenticity, and Harris is soon enough determined to be lazy and dishonest, if friendly, so his insistence on being "who he is" at work feels ironic (since "who he is" wouldn't hold a job anyway). The scene is establishing: Harris is a jovial deadbeat, Ma is brassy and brash, and Mike is vaguely uncomfortable in his old house. While the scene hints at the "worst thing" that haunts Mike, it does more to set the serio-comic tone of the story than to provide any necessary expository information.

Over the next few pages, similarly humorous, the themes of naming, interpreting, and truth-telling continue to accumulate: whose house it is and who can speak for it, who's sick and with what and who knows, and who's lying and about what and why. The idea of talking "how [one] like[s]" where one is "accept[ed] for who [they are]," however glossed over in the dialogue where it originates, nonetheless persists as a theme. As section one gives way to section two, the relationship between language and truth becomes even more snarled. In section two, these questions of truthful language, while still comical, also take on bodily significance: "He told the mailman I had a fake leg. He told Eileen at the deli one of my eyes was glass. He told the guy at the hardware I get fainting dealies and froth at the mouth whenever I get mad. Now he's always trying to rush me out of there" (174). Ma does a jumping jack to demonstrate that she doesn't have a brain tumor, then claims that Renee's husband is abusive but insists, "You didn't hear it from me" (174).

The ensuing squabble between Ma and Harris over the gender uninterpretability of the infant Martney layers more comedy, more linguistic confusion, and more potential bodily significance. Since the unorthodox name yields no clue as to the infant's gender, and the color of clothing is likewise uninformative, Ma turns to the semiotics of toys:

"Think. What did we buy it?"

"You'd think I'd know boy or girl," Harris said. "It being my freaking grandkid."

"It ain't your grandkid," Ma said. "We bought it a boat."

"A boat could be for boys or girls," Harris said. "Don't be prejudice. A girl can love a boat. Just like a boy can love a doll. Or a bra." (175)

I invite students to dive into the indeterminacy of this entire section. In the next section, an exhausted Mike asks his sister, "Jesus. Does anybody tell the truth around here?" (180). I daresay readers share his frustration. Claims collapse on themselves: Ma appears willing to lie about having called Harris a liar and Ryan a "hitter" (174); Harris's ostensible compliment of Mike ("I love him like my own son," he says) turns immediately into an insult ("you hate your son," Ma reminds him (171)), and his magnanimous scold about "prejudice" undermines itself not only by the grammatical error but by its bizarre extension to the idea that anyone would ever buy a baby a bra as a plaything (174). Moreover, the intrusion of physical bodies into these failing linguistic constructs highlights the divide between embodied selves and any interpretive language that could be used to understand them. Even the most ominous of signifiers fly around without attaching to anything as bodies persist beneath them: a name, a color, a toy might mean an entire identity to young Martney, or not; a fist beside one's head may mean a fatal illness, or not; a jumping jack may mean good health, or not; Ryan may abuse his wife, or not. The language that just will not connect to truth could otherwise, it would seem, shape an identity, save a life, or protect someone from domestic violence.

None of these questions ever resolves. Does Ryan hit Renee? (She says, "does that look like a hitter?" (179)) Is Martney male or female? (Ma answers with: "Watch. He really don't know." (174)) Is Ma ill? (Renee tells Mike it's not a tumor, it's her heart, but this contradicts both Harris and Ma herself.) Readers, with Mike, are looking around for someone to trust, someone with factual information, but there is never a corroborating or a reassuring voice, only an "unbalanced narrator [...] and unbalanced voice, [and] a cast of unbalanced characters" (282) Saunders builds realism in the very fact that "no fixed, objective, 'correct' viewpoint exists" (*Swim* 282).

So far, just over five pages into a 32-page story, little has really *happened*. But Saunders has done more than make us laugh, more than set up the precariousness of the "home" Mike seeks. He's made language so playful as to be nearly useless—lies comprise at least one character's "hobby" while the text itself refuses to answer questions (173)—while also suggesting both directly and by example that what a person says not only expresses but shapes who they are intrinsically. Furthermore, bodies disrupt the consensually interpreted spaces where an identity may try to articulate itself: gender, illness, and trauma demand to be interpreted lest their presence 'wreck' the emerging self-story. In other words, Saunders has built a deceptively comic vehicle to house the deeply existential crisis of the story, which is also at the heart of Frank's notion of identity-wreckage: if one's words can't speak what their body is experiencing, and the body must speak itself, with or without words or narrative control, what happens to the self? Is it knowable? Is it safe? For Mike, the question is one of literal violence: what might he *do*, with or without his own consent?

Mike's postmilitary body is the site of the story's most inaccessible trauma, and as such it sustains the most painful conflict between pain and language. Mike's traumatic response is, by his own description, so bodily as to circumvent consciousness: his "plan[s] start flowing directly down to [his] hands and feet," urging a feeling of "go go go" toward aggression and violence (182). This brutish psychomotor response contrasts

dramatically with the polite hollowness of the lip service he keeps getting for his military work. No fewer than six iterations of “Thank you for your service” are peppered throughout the story: the man evicting Ma says it twice as he moves the family’s belongings to the yard, the sheriff following up on the eviction says it and then reminds Ma he’s already said it, Ryan’s dad says it, and the young men Mike first encounters in the strange technology shop say it too, though they don’t know what war, whether it’s over, or whether “we” are “winning” (184). What does it mean that Mike’s urgent, languageless physical trauma response is met with entirely performative language? I argue that, as Frank states about illness, while the sufferer’s trauma aches to be articulated into interpretability, disengaged bystanders prefer using a familiar (and superficial) script for complex and chaotic pain that allows them to comfortably misinterpret and oversimplify the sufferer’s experience. Each rote profession of performative gratitude further isolates Mike from the world to which he has returned “home.”

Two more scenes particularly deserve the sort of deep dive that Saunders models with “In the Cart.” First, when Mike seeks an audience with Evan/“Asshole” in section 8, their strained conversation makes Mike’s need to speak but his inability to find either words or a willing listener more painfully obvious. “Are we being honest [...] or tiptoeing around conflict?” Evan says, but even though Mike says “honest,” he never actually gets the chance to speak again (187). Instead, he just opens the door to Evan’s self-indulgent narration: “It was hard for me because I felt like a shit [...] It was hard for her because she felt like a shit. It was hard for us because while feeling like shits we were also feeling all the other things we were feeling, which, I assure you, were and are as real as anything, a total blessing, if I can say it that way” (187). Faced with Evan’s discomfort at having married Mike’s wife, taken his kids, and made a new life without him, Mike turns his pain inward and starts to feel bad for Evan. Though it is not an idea fully developed in the story, Frank’s ideal patient, a “wounded storyteller,” is imbued with a sense that his own trauma can make him a witness for others. I think in this moment we can see Mike not as the “chump” he feels like but as a protagonist who is, even amidst the chaos of his own trauma, potentially closer to being an ethical listener than anyone else in the story. At least, thus reading this moment subtly illuminates numerous other examples of Mike’s empathic tendencies, which will eventually enhance both his allegorical memory of raking tadpoles out of a pond, and the ending, where seeing his mother falter triggers his quick, climactic turn (199–201).

The second moment I zoom in on is actually two paired sections where realism is disrupted by strangeness and we catch a glimpse of the Saunders of *In Persuasion Nation* and *Civilwarland in Bad Decline*. In an unintelligible shop where uninterpretable merchandise takes us to the edge of near-future consumer capitalist dystopia, it seems that Mike might find his partner in conversation, both the auditor he seeks and an occasion to bear witness to a similar sufferer. The two scenes repeat several lines nearly verbatim, though the characters are different apart from Mike. In the first, the dialogue plunges readers into a world of linguistic indeterminacy, as Mike inquires about a plastic tag marked MiiVOX-MAX:

“What is it?” I said.

“It’s more like what’s it for, is how I’d say it,” this kid said.

“What’s it for?” I said.

“Actually,” he said, “this is probably more the one for you.”

He handed me an identical tag but with the word "MiiVOX-MIN" on it.
[...]
"How much?" I said.
"You mean money?" he said.
"What does it do?" I said.
"Well if you're asking is it a data repository or information-hierarchy domain?"
he said. "The answer to that would be yes and no."
[...]
"I've been away a long time," I said.
"Welcome back," the first kid said. (183–184)

Not only does Saunders once again use a question/question strategy to resist giving information, he adds a complex either-or/yes-and-no statement that plunges Mike and readers further into doubt. The statement itself is meta: the items in question (either/both do and don't) hold information and (either/both do and don't) arrange that information in such a way that it can be rendered useful.

The shop attendants in this first of the paired scenes, though welcoming Mike home, dismiss the war as too confusing to be understood or cared about. But in the second, a door cracks open. This time, the answer Mike gets to "I've been away a long time," is "Us, too" (196). Discovering that they are also veterans, and that one of them has been in the same place as Mike, Al-Raz, they swap memories—places, people, animals—for a few paragraphs. Then, as Mike answers noncommittally but "in an exploratory way," the other young vet confesses to having had his worst day at Al-Raz (197). The change in Mike is subtle but immediate: he responds with "Yes, me too, exactly," tripling his statement with an enthusiasm we have not seen elsewhere (197). (When Ma suggests that Ryan hit Renee, Mike doubles his response, in the only other time he uses repetition.) The guy goes on, "I fucked up big time at Al-Raz," and Mike finds himself overwhelmed: "Suddenly I found I couldn't breathe" (198).

There is such wonderful tension in the moment, before the guy goes on to tell a story about merely going to a party while his friend suffered from a groin injury, which ended up healing fine anyway. The tension just fizzles out of the scene. When he pauses, "waiting for me to tell the fucked-up thing I'd done," Mike puts down the MiiVOX-MIN, picks it up again, and then puts it down (198). This infinitesimal description of a subtle physical action is easy to skip in the urgency of the dialogue, in the primacy of the memories over the action of the present moment, in the curiosity of the reader to find out what happened at Al-Raz. Keats might say we're "irritably reaching after fact and reason," but in our reaching, we miss a powerful key (1017). Having left the store the first time with the apparently valuable MiiVOX-MAX (but no idea how to use it), Mike is twice encouraged to start with the MiiVOX-MIN. As with some of the tech-speak in Saunders's other stories, students tend to ignore what they do not understand, so they generally see these inscrutable tags as just plot devices that they can understand from context clues. But when examined from their root languages (apparently Latin and Nintendo), the two items represent variations on the holder's voice (roughly, my-voice-big or my-voice-small). The significance of Mike's choice—first to grab and take the MiiVOX-MAX but ultimately not to use either—is profound. Despite walking into the store with a "big voice" tool in his hand, Mike is once again rendered "mute" in his chaos (Frank 97).

The final image of the scene anchors the idea of signification to which everyone but Mike has access.

I looked at the clock on the wall. It didn't seem to have any hands. It was just a moving pattern of yellow and white.

"Do you guys know what time it is?" I said.

The guy looked up at the clock.

"Six," he said. (198)

Mike never does speak his trauma to another character. Indeed, he logs only 270 quoted words in the entire story, an average of 18 words per section. Readers do, however, finally get an analogy, as he describes a "like shame slide" he has experienced as a kid when he realized that he was accidentally torturing tadpoles as part of a job he couldn't justify quitting (199). "It was like either: (A) I was a terrible guy who was knowingly doing this rotten thing over and over, or (B) it wasn't so rotten, really, just normal, and the way to confirm it was normal was to keep doing it, over and over. Years later, at Al-Raz, it was a familiar feeling" (200). That is as close as we ever get to his war crime, though by now astute readers are piecing together details from a court-martial, to the little family in red, to his sister's reluctance to let him hold her baby, to tadpoles swollen "like little pregnant ladies" (199). Though readers may remain curious, I argue that this is sufficient, the ambiguity rendering a "truer war story" than a revelation might.

As the story closes, Mike expresses once again his frustration with language as his psychomotor short-circuit to violence begins again: "You? I thought. You jokers? You nutty fuckers are all God sent to stop me? That is a riot. That is so fucking funny. What are you going to stop me with? Your girth? Your good intentions? [...] Your belief that anything and everything can be fixed with talk, talk, endless yapping, hopeful talk? [...] My face got hot and I thought, Go, go, go" (201). Then, in one of my favorite Saunders's endings of all time, Mike sees and is moved by another's pain—his mother needs help up off the porch swing—and his own need for witness is met by his ability to provide witness. He wades docilely into his family, ready to ask for and accept help. Ready to be heard.

Purpose, Personal and Pedagogical

Charon states that "the receiver of another's narrative owes something to the teller by virtue, now, of knowing it" (*Narrative Medicine: Honoring the Stories of Illness* 55), and though she focuses on medical professionals as the reified, if reluctant, listeners of our culture, I encourage readers to think similarly about Mike at the end of "Home." What does he need for us to know, and what do we owe him by virtue of knowing it? I do not expect that students will blindly exonerate him for his crimes—indeed, I believe that disallowing our specific judgment is a direct function of the story's relentless ambiguity—but we can understand Mike's suffering as a complex and fractured narrative. We have been invited to consider his relationships with his mother, sister, and ex-wife, both present and past, as well as his sense of self relative to other men; in addition, we are given insight to the battered connections between psyche and body, shown fragments from multiple and disconnected pasts. We are called upon to think about the identity-shaping features of social class and gender, including the contrast between a boy's emotional depth and the pressure on him to grow up strong and silent

(though in constant danger of being too much of either). We may also see something of the dysfunctional relationship the United States has with its veterans, who, despite rapidly rising rates of PTSD, often lack access to mental health care (Fales *et al* vi; Reisman 623).

There are at least three ways to use this exercise in "speaking the silences" of chaotic suffering. First, and most simply, readers at all levels can critically examine, and hopefully admire, how literature works. Students see the emotional ramifications of dialogue that won't land, the power of disguising suffering with humor or "strangeness," the responses that stifle rather than encourage others' expressions. At very least, such close attention to the way Mike can and cannot speak makes readers more aware of the space created by literary art, more able to read and appreciate its unique language. Second, readers in healthcare majors or professions can practice listening for what is unspoken, imaginatively participating in the kind of collaboration Charon describes. Mike's analogous story about the tadpoles, his violent response to his mother's eviction, his breaking of the vase when suspected of hurting a child—these things might seem to those in the room unrelated to Mike's war story, or troubling "symptoms" of a disorder he needs to treat, a reason to fear him and keep him from children. Reading the story as a journey in search of witness, though, reveals each of these utterances as an attempt to give his trauma some narrative shape: he's a hero, he's powerful, he's ashamed. We can practice reading analogously and generously throughout the story: what is Ma trying to say, for instance, about Ryan, if she doesn't actually believe Renee is a victim of domestic violence? What pain is there in being "denied" by Ryan and his family? What is she speaking with her jumping jacks, her "beeping"? Such narrative practice may help medical professionals learn to collaborate with a patient who trusts neither his words nor his audience.

Then, as mentioned before, there are the "real world" opportunities for all of us. We may become more deliberate about narrating our own pain: *I know what this sounds like but try to hear what I'm really saying*. We may listen more generously to our partners, our parents, our children: what are they saying *through* their stories? We may use these skills to defuse arguments, listening *with* for what each party means and inviting figurations when literality is impossible.

I finish my semester with a writing exercise that blends theoretical and scholarly thinking with critical reading and creative writing. I ask students first to dwell for a while with someone in pain: in an informal interview, they ask questions and listen to stories. Then, they analyze: what story did the person in pain choose to tell, and how might that story be significant to the "wrecked" self even if it was not a story overtly *of* illness or pain? As they write a piece of creative nonfiction, I ask them to explore the strangeness and "truth" they have been told and to allow themselves some freedom in relaying their own engagement with the story.

This assignment has resulted in some of the most moving experiences I have ever had in the classroom. One student confessed in her final paper presentation how angry she had been as a teenager when she had to miss prom because of her mother's cancer, and how ashamed she was, as an adult, to recall that anger. Her witnessing opened a profound discussion, allowed others to admit similar emotions they had been ashamed to admit. Another student wrote an analysis of interviews she conducted with her autistic

brother in which she reimagined—successfully—how to better communicate with him, applying lessons of thinking *with* him. A third read through her college roommate’s wry humor to the real terror and outrage a catastrophically expensive medical emergency had caused, finding a story underneath the story. A fourth celebrated a friend’s talent, mourning, and private relief at an injury that cost her a professional music career.

It is rare and wonderful—too rare, I daresay—for literary criticism and pedagogy to remind students that “every soul is vast and wants to express itself fully” (*Swim* 287), or to purposefully seek the “great secret of morals” that Percy Shelley proposed: “love,” or a going out of our nature [to identify] ourselves with the beauty that exists in thought, action, or person, not our own (877). In each of these amazing assignments, the writers found things that they did not expect to find—not only in their thinking and writing but in their relationship with the person with whom they had imaginatively dwelled. Borrowing an approach from the medical humanists who first borrowed from us, literary scholars, could blend the critical with the ethical and the creative, to the immeasurable benefit of themselves and the person in pain. Having embarked on the writing assignment myself, I can humbly attest to its power.



Works Cited

- Charon, Rita. "Narrative Medicine: Attention, Representation, Affiliation." *Narrative*, vol. 13, no. 3, 2005, pp. 261–270.
- . *Narrative Medicine: Honoring the Stories of Illness*. Oxford UP, 2008.
- Fales, April, et al. "2016 Wounded Warrior Project Survey: Report of Findings." *Wounded Warrior Project*, 2016, www.woundedwarriorproject.org/media/qibp-phny/2016-wwp-annual-warrior-survey.pdf.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. U of Chicago P, 2013.
- Keats, John. "Letter to George and Thomas Keats, 'Negative Capability.'" *The Norton Anthology of English Literature*, edited by Stephen Greenblatt, 10th ed., Volume D: The Romantic Period. W.W. Norton and Company, 2018, pp. 1016–1017.
- O'Brien, Tim. "How to Tell a True War Story." *The Things They Carried*, Penguin, 1991, pp. 75–91.
- Reisman, Mariam. "PTSD Treatment for Veterans: What's Working, What's New, and What's Next." *Pharmacy and Therapeutics*, vol. 41, no. 10, 2016, pp. 623–634.
- Saunders, George. "Home." *Tenth of December*, Random House, 2013, pp. 169–201.
- . *A Swim in a Pond in the Rain*. Random House, 2022.
- . "What's on George Saunders' Bookshelf?" *Oprah.com*, 16 Mar. 2014, www.oprah.com/omagazine/george-saunders-favorite-books.
- Shelley, Percy Bysshe. "Defense of Poetry." *The Norton Anthology of English Literature*, edited by Stephen Greenblatt, 10th ed., Volume D: The Romantic Period, W.W. Norton and Company, 2018, pp. 870–883.
- Woolf, Virginia. "On Being Ill." *The New Criterion*, vol. 4, no. 1, 1926, pp. 32–45, <https://thenewcriterion1926.files.wordpress.com/2014/12/woolf-on-being-ill.pdf>.
- Wordsworth, William. "'Preface' to the *Lyrical Ballads*." *The Norton Anthology of English Literature*, edited by Stephen Greenblatt, 10th ed., Volume D: The Romantic Period. W.W. Norton and Company, 2018, pp. 303–315.