# POSTMODERN GRIEF: WITNESSING ILLNESS IN AMY HEMPEL'S "IN THE CEMETERY WHERE AL JOLSON IS BURIED" AND LORRIE MOORE'S "PEOPLE LIKE THAT ARE THE ONLY PEOPLE HERE: CANONICAL BABBLING IN PEED ONK"

# EL DUELO POSMODERNO: PRESENCIAR LA ENFERMEDAD EN "IN THE CEMETERY WHERE AL JOLSON IS BURIED" DE AMY HEMPEL Y "PEOPLE LIKE THAT ARE THE ONLY PEOPLE HERE: CANONICAL BABBLING IN PEED ONK"

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## Abstract

This article analyses two short stories, Amy Hempel's "In the Cemetery Where Al Jolson Is Buried" (1983) and Lorrie Moore's "People Like That Are the Only People Here: Canonical Babbling in Peed Onk" (1997), where two female narrators portray their grief for the illness of a loved one as pathographies (Hawkins 1999). "People Like That Are the Only People Here: Canonical Babbling in Peed Onk" recounts the stay of a mother in the pediatric oncology ward while her months-old baby undergoes cancer treatment. In "In the Cemetery Where Al Jolson Is Buried", the unnamed first-person narrator explores her guilt at the coming death of a terminally ill close friend. Through a postmodern use of irony, both stories posit the impossibility of sharing grief in a world without room for illness or care for precarious bodies. By looking at how the narrators grapple with encountering the dying Other and caregiver's guilt, I argue that these two stories posit the impossibility of articulating pain and grief in current neoliberal society through the construction of an explicitly postmodern, artificial and ironic narrative, which is undermined by the stories' resistance to narrative closure and certainty, demanding a form of "ethical witnessing" (Gilmore and Marshall 2019) from the reader.

**Keywords:** illness narratives, grief, witnessing, short story, Amy Hempel, Lorrie Moore.

## Resumen

Este artículo analiza dos relatos cortos, “In the Cemetery Where Al Jolson Is Buried” (1983), de Amy Hempel, y “People Like That Are the Only People Here: Canonical Babbling in Peed Onk” (1997), de Lorrie Moore, donde las narradoras narran la experiencia de ser testigos de la enfermedad de un ser querido como patografías (Hawkins 1999). “People Like That Are the Only People Here: Canonical Babbling in Peed Onk” cuenta la estancia de una madre en la sala de oncología pediátrica durante el tratamiento contra el cáncer de su bebé de pocos meses. En “In the Cemetery Where Al Jolson Is Buried”, la narradora explora su sentimiento de culpa ante la muerte inminente de una amiga enferma terminal. Mediante un uso posmoderno de la ironía, ambos relatos plantean la imposibilidad de articular el dolor en un mundo sin espacio para la enfermedad y los cuidados para los cuerpos precarios. Mediante el análisis de cómo las narradoras lidian con el encuentro con el Otro moribundo y la culpa del cuidador, se argumenta que estas dos historias plantean la imposibilidad de articular el dolor y el duelo en la sociedad neoliberal actual a través de la construcción de una narrativa explícitamente posmoderna, artificial e irónica, que se ve socavada por la resistencia de las historias al cierre narrativo y a la certeza, exigiendo una forma de “testimonio ético” (Gilmore y Marshall 2019) al lector.

**Palabras clave:** narrativas de la enfermedad, duelo, testimonio, relato corto, Amy Hempel, Lorrie Moore.

## 1. Introduction

In her seminal work, *The Body in Pain*, Elaine Scarry argues that bodily pain is an experience that is impossible to convey, hence the alleged “unsayable” nature of it in literary works (1985: 16). Although many scholars have contested this claim, the representability and intelligibility of pain remain uncertain. For instance, Javier Moscoso sees pain as an experience that is collectively and culturally endowed with meaning, that is, how pain is represented is mediated by culturally accepted ways of assessing harm and suffering (2012: 8). Similarly, Joanna Bourke claims that the experience of pain is collectively constructed as a “type of event” that “participates in the constitution of our sense of self and other” (2014: 5). In other words, the event of sharing the pain in the encounter with the Other is the recognition of another’s pain. If such recognition fails, it is implied that certain instances of pain are less recognised —and therefore more difficult to articulate— than others. Thus, “pain demands a witness”, in Leigh Gilmore and Elizabeth Marshall’s words (2019: 40), to make meaning out of it. Bereavement pain, that is, the pain that one feels for a dying or dead other, is often pathologised or 'objectified' if it is not expressed in a clinically predictable way (Corr 2019: 406) and shortly 'accepted'. Particularly, being an informal caregiver, an experience that is becoming more and more common in an aging society where access to long-term healthcare is complex and dependent upon economic factors, carries a type of emotional labour whose psychological impact often goes unrecognised and remains understudied.[1] Bearing ethical witness to this unrecognised pain entails bearing witness to the socially "unspeakable" beyond "ready-made scripts" (Gilmore and Marshall 2019: 8). This article thus operates under the premise that literature can be a medium to enact such ethical witnessing and recognition of the effects upon the subject of bereavement after informal caregiving.

In this article, I examine the representation of bearing witness to the pain of others and I also examine grief, in two short stories: Amy Hempel's "In the Cemetery Where Al Jolson Is Buried" (1983) and Lorrie Moore's "People Like That Are the Only People Here: Canonical Babbling in Peed Onk" (1997), which recount the experiences of caring —or not— for an ill loved one. I read these witness stories as pathographies, understood by Anne Hunsaker Hawkins as illness narratives where there is "the need to communicate a painful, disorienting, and isolating experience" (1999: 10), given that both stories are claimed to be loosely autobiographical.[2] Amy Hempel's "In the Cemetery Where Al Jolson Is Buried" was first published in 1983 in the *TriQuarterly* journal, then reprinted in Hempel's first short story collection, *Reasons to Live* (1985). In the story, the unnamed first-person narrator explores her guilt at the coming death of a terminally ill close friend. The story problematises Kübler-Ross's five stages of grief, dismantling the possibility that grief can be completely overcome.[3] Lorrie Moore's "People Like That Are the Only People Here: Canonical Babbling in Peed Onk" was first published in the *New Yorker* in 1997 and included in her 1998 award-winning collection *Birds of America*. The story recounts a mother's stay in the pediatric oncology ward while her months-old baby underwent cancer treatment. Presenting them as Mother, Baby and Father, the Mother/narrator willingly "takes notes" to pay for Baby's treatment (Moore 1998a: 219). The two are among the most anthologised short stories in contemporary American literature to date, although both remain underexamined from a scholarly point of view and have not been compared so far.

This article will look at Hempel's and Moore's representation of an encounter with 'the Other in pain' and the dying Other as a form of "ethical witnessing" (Gilmore and Marshall 2019: 62) and a means of care in itself. As Leigh Gilmore argues, when reading a self-representation of pain, "[a]n ethical response requires readers to recognize the impact of pain on individual lives, the histories and social contexts that condition the author's experience, and our own position in relation to these contingencies" (2015: 106). Caring for a terminally or critically ill loved one constitutes an act of bearing witness to someone's pain, as well as facing the effect of that pain on one's own subjectivity.[4] Therefore, this study delves into how these two stories deal with caring for the Other-in-pain, considering these stories as pathographies in themselves (Hawkins 1999). To do so, I will first look at the attempts to bear witness to the pain of an Other, drawing on Paul Ricoeur (1992) and Kelly Oliver (2001) to explain why a full articulation of this pain is unattainable and what possibilities may be afforded to bear ethical witness. Then, given the possible classification of both stories as postmodern due to their decentering of universal truth and emphasis on subjective experience, I will examine the uses of a postmodern refusal of certainty and closure, as well as the use of irony and pastiche, following Linda Hutcheon's take on postmodernism as political (1989). I will argue that these two short stories present the articulation of pain —both the pain of oneself and of others— as something that remains silenced in neoliberal societies, and which demands an ethical engagement with the Other.

## 2. Witnessing the Pain of Others

Anne Husaker Hawkins argues that "[u]nderlying the differing purposes of pathographies is a common motive — the need to communicate a painful, disorienting, and isolating experience" (1999: 10). This way, it can be inferred that the telling of this experience re-orients it, in Sara Ahmed's sense (2006), out into the public, addressed to an Other. In this line, Thomas Couser explains that "[b]odily dysfunction may stimulate what I call autopathography —autobiographical narrative of illness or disability— by heightening one's awareness of one's mortality, threatening one's sense of identity, and disrupting the apparent plot of one's life" (1997: 5). As we will see in the two stories analysed, the experience of caring for an ill loved one also propels a similar narrative *telos*, putting the narrators' sense of self at stake.

"In the Cemetery Where Al Jolson Is Buried" is believed to be the first story Amy Hempel ever wrote and was published while undertaking a creative writing workshop with Gordon Lish, Raymond Carver's minimalist mentor (Hempel 2003). The story recounts a nameless first-person narrator's experience of attending to her terminally ill best friend shortly before she dies, and her guilt at not being able to accompany her the way she thinks her friend deserves — it takes her two months to visit her in the hospital, and she eventually leaves before she passes away.[5] Throughout the account, the narrator not only fears her friend's death but ponders her own mortality in a fragmented account that often omits relevant details to understand the narrator's feelings toward her dying friend. Lorrie Moore's narrator in "People Like That Are the Only People Here" records in the third person the treatment of her newly born baby's treatment of Wilms' tumor from the point of view of the Mother. As a writer and teacher, the experience of her son's illness completely dismantles any conception the narrator had about fiction: "A beginning, an end: there seems to be neither... What is the story?" (Moore 1998a: 212). As Arthur Frank has argued, the experience of illness impacts narrative expectations about one's own identity and demands "a new kind of narrative", since it disrupts and interrupts the "coherent sense of life's sequence" (1995: 58, 59). This perception of illness as an unexpected interruption may be linked to the way that death is regarded in the West.

In his seminal work, *Western Attitudes Toward Death from the Middle Ages to the Present*, Philippe Ariès contends that death has become something "shameful and forbidden" (1974: 85) in contemporary Western society, since, in post-industrial, secular societies, "life is always happy or should always seem to be so" (Ariès 1974: 87)[6]. In this sense, the short story seems the perfect medium to explore an experience paradoxically considered to be outside of the range of 'normalcy' —witnessing death or a close-to-death experience— as these events provoke a break with temporality. As Michael Trussler affirms, "[s]uspending continuity, the short story intimates that the impulse to mold time into a sequential narrative is often incommensurate with our experience of temporality" (1996: 558). That is, rather than following chronological, linear time, the short story remains focused on "the abrupt, the sporadic", circumstances that preclude the interpretation and reintegration of said circumstances into the life of the characters (558). Instead, the short story allows for an exploration of out-of-the-ordinary situations that cannot be understood or integrated into "biographical time" (558), without any need for contextualisation or knowledge of how the characters are impacted by the event in the long term, unlike in the novel. In fact, both protagonists remain unnamed in the stories, which provides overall anonymity into the glimpse of an otherwise life-changing event.

In the stories, being close to death is presented as a disrupting experience, not only for the patient but also for the carer, whose identity merges with that of the ill person and is temporarily shattered. In a scene in "In the Cemetery Where Al Jolson Is Buried", the narrator recounts her growing fears of identification with her friend, as she returns from a walk on the beach in front of the hospital and finds that a second bed has been placed in the room for her so that she can stay longer. Tellingly, she identifies this second bed with a coffin, revealing her fear that she will die when her friend dies: "There was a second bed in the room when I got back to it! For two beats I didn't get it. Then it hit me like an open coffin. She wants every minute, I thought. She wants my life" (Hempel 2007: 35-36).

Readers do not only learn of the narrator's fear of death, which is articulated through empty spaces such as the bed-coffin, but subsequently are made aware that she was afraid of diving, flying and snakes, and that it was her ill friend who would usually encourage her to overcome those fears (Hempel 2007: 34). In a way, not only is her friend dying, but a part of the narrator will also die with her — the part that would encourage her to challenge her fears. Now her friend is the one who is afraid "and [the narrator] is not going to try to talk her out of it. She is right to be afraid" (34). Their roles have been reversed, but not entirely so, for the narrator is unable to help her overcome the fear of death, as she also suffers from it. After a nurse administers her friend an injection, there is yet another instance of identification between the narrator and her ill friend: "The injection made us both sleepy. We slept. // I dreamed she was a decorator, come to furnish my house" (37). This scene depicts a "mirroring encounter", which, according to Paul Ricoeur, enacts the "'self' without a 'oneself'" (1992: 47) —a self "furnished" by an Other— thus prompting "the esteem of *the other as a oneself* and the esteem of *oneself as an other*" (194, emphasis in original). As Ricoeur explains, narrative identity carries with it the responsibility of enunciation. The term "responsibility", for Ricoeur, combines the meanings of "counting on" and "being held accountable for", which is derived from being held "*accountable* for [one's own] actions before another" (165, emphasis in original) and therefore emerges in the act of telling the story. In the case of Hempel's pathography, the speaker's shattered narrative identity emerges when she tries to come to terms with leaving her friend when she was close to death, as though by rejecting the friend (the signifier) she was rejecting death (the signified). She leaves, feeling "weak and small and failed" (Hempel 2007: 38), but relieved. The narrator then goes out, has dinner, and goes for a drink by herself: she achieves a disidentification from her friend's ill body by enjoying her body through sensual pleasures, and never comes back. The story, then, becomes the narrator's attempt at 'taking accountability' for the fact that her friend could not 'count on' her: "So I hadn't dared to look any closer. But now I'm doing it — and hoping I will live through it" (Hempel 2007: 31). The act of telling the story is imbued with an ethical stance on the recognition of the inconsistency of the self, which is always at stake in the narrative, and which goes back to the time when her identity fractured. As Gilmore and Marshall affirm, "to bear witness means to always be conscious of how an account might be or is being received" (2019: 8). Hempel's narrator is aware that she will be judged for leaving her friend alone when terminally ill, and takes responsibility for it.

As Kelly Oliver argues, subjectivity is "intersubjective and dialogic": it emerges from the tension of being "response-able" to an Other, who in turn affects one's own subjectivity without the two being fully capable of understanding each other (2001: 5). Bearing witness, thus, emerges from enacting this response to an Other, one where the speaker comes to terms with their differences, but also with how the Other affects them (Oliver 2001: 6). In the text, this process is delayed until the narrator dares to tell her friend's story. Yet, for her, the moment seems to be stuck in an ever-repetitive present: "I noted these gestures as they happened, not in any retrospect — though I don't know why looking back should show us more than looking *at*" (Hempel 2007: 39, emphasis in original). Looking back and looking at indeed produce two different types of fiction — in "looking back", we rely on our memories to reconstruct our past, whereas in "looking at", the difference between the narrator's experience and her friend's remains inarticulable in the different instances where she tries to give an account of it. Thus, the possibility of bearing ethical witness emerges in the recognition of this "self opened onto otherness itself" (Oliver 2001: 134). Emphasising the artificiality of the narration, the narrator constantly alters the events that she is recounting: "It is just possible I will say I stayed the night. // And who is there that can say that I did not?" (Hempel 2007: 39). The narrator is aware that only she is accountable for what she tells, for her friend is no longer alive to contest her version of the events, but she does not appear wholly reliable. While the narrator seems unable to bear witness to the pain of her friend when she is alive, she offers a glimpse into her vulnerability by acknowledging "the effects of the past on the future" (Oliver 2001: 134), that is, living with the fact that she failed to care for her friend until her death, even if she cannot tell this in a straightforward manner. Thus, the narrator provides a form of ethical witnessing precisely by taking accountability for what she did not do and making room for uncertainty rather than trying to tell her friend's story, since the only person who could do so is unable to do so anymore.

In "People Like That Are the Only People Here: Canonical Babbling in Peed Onk", the diagnosis of the main character's Baby also breaks down preconceived notions of the self, as the Mother tries to identify herself to her baby's illness: "Perhaps [the blood clot] belongs to someone else... Perhaps it is something menstrual, something belonging to the Mother or to the Baby-sitter" (Moore 1998a: 212). She then insists that "[i]t must have been *her* kidney" in the scan (215, emphasis in original), blaming herself for being "unmotherly" on several occasions (216), that is, for not fitting an idealised and marketised definition of the 'good mother'.[7] As Nancy Fraser asserts, neoliberal socioeconomic policies have brought about a so-called 'crisis of care' (2016), whereby care work that used to be taken for granted and performed by women completely without compensation is now at risk due to the rise of precarious conditions surrounding care work itself, but also to the impossibility of willingly or unwillingly caring for an ill relative because of work demands. Besides, women are disproportionately expected to and often take up caregiving roles at a personal and professional cost (Revenson et al. 2016). This "contradiction of capital and care" (Fraser 2016: 99) is enacted in Moore's pathography through capitalised healthcare, to be bought as if it were a commodity — upon receiving a diagnosis, the Father wonders, "What if we can't pay?" (Moore 1998a: 220). In neoliberal times, care is not a right accessible to everyone, but a marketable product to be afforded by a few. This form of privatised care relies on and affects the family's well-being. Since there is no support allocated by the state, "[j]obs have been quit, marriages hacked up, accounts ravaged" (Moore 1998a: 31). Therefore, health is something to be bought and sold, regulated by the market, and self-governed.

The solution they find is that the Mother takes notes to make money from the story (Moore 1998a: 219), revealing the commodification of stories about the pain of others. But how? The Mother struggles to think about how to tell such a story: "I write fiction. This isn't fiction" (222). When the husband suggests that she write non-fiction, she retorts, "Even the whole memoir thing annoys me", to which the husband responds, "Well, make things up, but pretend they are real" (222). This conversation addresses what Leigh Gilmore has called the rise of the 'neoconfessional' genre (2010), which was brought about by the 'memoir boom' (Rak 2013) of the 1990s and early 2000s. The genre, Gilmore explains, follows a predictable pattern of the "redemption narrative" where "a narrator [...] overcomes adversity" (2010: 657). These memoirs contribute to the homogenization of experience, as they fix the ideological message that every hardship must be endured and overcome, erasing structural differences and difficulties (662). In this sense, "truthfulness" is judged upon "structures of identificatory desire", that is, sentimental and ideological truths preemptively acknowledged by the audience (661). Therefore, what the Father is asking Mother to write is not an account of events as they happened, but a neat story that sells and conveys the reader's expectations about "actual children in a children's hospital" (Moore 1998a: 228). Writing becomes a sort of care work, not only in the material need for money to pay for the treatment, but also in the search for an ethical account of her son's illness, who cannot speak for himself, even though the Mother is told that she will be the one to suffer the most through the treatment (217). The narrator contrasts the cold, unemotional way that the Doctors use to talk to the parents —"That's doctor's talk" (216)— with the "canonical babbling" (217) used to address babies. These are both "incomplete, meaningless sounds" (Ratekin 2007: 4) that do not account for the disconcerting experience of her Baby suffering from cancer. However, there is no way to describe what the Mother and the Baby go through, it is "unsayable" (Moore 1998a: 237), exceeds narrative structures and traditional stories of illness, leaving *Oprah* "in the dust" (Moore 1998a: 242). Coincidentally, Gilmore credits *Oprah* for popularising the 'neoconfessional' memoir (2010: 662-663), that is, for creating redemption narratives ready for quick consumption. How can the Mother bear witness to the Baby's pain if the

Baby lacks words himself? Perhaps recognising the limits of empathy, rather than trying to provide a sentimental story, is one way to do it. The stories the Mother hears in the hospital about other children are "like blows" to her (Moore 1998a: 243). Contrary to popular belief, it is impossible to find solace in a common tragedy. The third-person narrator turns out to be, in fact, the Mother, who, through the use of the third person, distances herself from the events to create this artificial account. Since the narrator knows from experience that empathy is impossible, she ironically turns to the financial profit that she will supposedly make with her story, knowing that what she has provided is not what the reader may expect. In a metafictional rhetorical question, she wonders, "There are the notes. Now where is the money?" (Moore 1998a: 251). This seemingly distancing ironic question demands accountability from the reader. What do we do with an Other's pain? How do we respond to it? Why are we watching it? The narrator's demand thus ponders the ethics of the uncritical consumption of narratives about the pain of an Other, and how bearing witness entails responding to a "justice-seeking project" (Gilmore and Marshall 2019: 11), in other words, acting upon it.

## 3. Postmodern Expressions of Grief and Death

As critic Fredric Jameson has argued (1984), the advent of late capitalism brought about what he calls a 'postmodern aesthetic', characterised by the blurring between high-brow and low-brow art, consumerism and the merging of genres and pastiche. In this sense, Jameson ponders the possibility of "truths" within the general "falsehood" or artificiality of postmodern aesthetics (1984: 88), while Linda Hutcheon claims that decentering so-called "universal truths" by subverting an expected response can serve to critique such expectations (1989: 154), enabling new forms of truth. Other relevant elements found in postmodern aesthetics is "waning of affect" (Jameson 1984: 61), a lack of boundaries between outside and inside, and a merger between signifier and signified (Jameson 1984: 61-64). This "waning of affect", or "flat affect", has been theorised by Lauren Berlant as a form of non-expression, or underperformance, of feeling and emotion in response to a refusal to engage with a given moment or event involving an Other (2015: 193), precisely in order to refuse the overperformed emotion that may be expected in a reified site of trauma or inflicted pain. Thus, particularly in a narrative expected to be overly emotional, such refusal can become ethical and political.

Both the first-person (Hempel) and third-person (Moore) narrators are detached from feeling. In the case of "In the Cemetery Where Al Jolson Is Buried", the setting is presented with an aura of unreality and fakeness. The setting is compared to a TV show about doctors: "We call this place the Marcus Welby Hospital. It's the white one with the palm trees under the opening credits of all those shows. A Hollywood hospital, though in fact it is several miles west" (Hempel 2007: 30). The characters are given stereotypical names: "the Good Doctor", "the Bad Doctor" (32), and even the narrator is a character: "She introduces me to a nurse as the Best Friend" (30). The hospital is located in an idyllic setting: "Off camera, there is a beach across the street" (30). Just like in a medical TV show, life goes on despite horrible things constantly happening. However, the camera in the room signals the possibility of being watched by a moral entity (God? The reader?) who will judge this pastiche situation beyond superficiality, just as well as it might be read as the consumption on TV of simplified illness narratives. Similarly, in "People Like That Are the Only People Here", characters are identified by their role as well: Mother, Father, Baby, Radiologist, Surgeon, Oncologist, Anesthesiologist; and the pediatric oncology ward is nicknamed "Peed Onk". Pamela Schaff and Johanna Shapiro relate the caricatured characters and ironic narrative with the impossibility of rendering an accurate depiction of reality: "Not only does narrative fail, but the fictional and dramatic renditions of Peed Onk are colorless and clumsy copies of a horrifying reality" (2006: 6). These caricatures flatten the affective tone of the texts and generate spaces that preclude relationality with the reader, in a rhetorical way.

According to Jameson, a notable element of postmodernism is "pastiche", which is, "like parody, the imitation of a peculiar mask, speech in dead language" (1984: 65), which, by reusing or mimicking another genre out of context, empties it of meaning. However, for Linda Hutcheon, pastiche may take on the form of political criticism by "foreground[ing] the *politics* of representation" (1989: 94, emphasis in original). The pastiche of the hospital melodrama works in both stories as a way of setting forth and immediately subverting narrative expectations: firstly, it serves to critique the packaging of a commodified experience of pain, illness and death into a digestible, made-for-prime-time profitable product; and secondly, the refusal to follow the genre conventions underscores how these cultural products create single narrative expectations, such as tone and closure. The narrative is flat and unemotional, unlike what we might traditionally expect from the setting and the gender of the narrators; the structure of the text is fragmentary, not linear; neither text provides easy closure or relief. The fact that the narrator in "People Like That" comments on how she at least expects to get money from her account (Moore 1998a: 251) further reinforces this ironic reading against capitalist entertainment out of showcasing a homogenised experience of the pain of others. Likewise, in "In the Cemetery Where Al Jolson Is Buried", pastiche and intertextuality are also used to decry the rise of self-help as a way to continue fostering 'the promise of happiness' (Ahmed 2010). Significantly, self-help is also closely linked with the neoconfessional redemption memoir (Gilmore 2010:

663), which appears to provide easy answers to difficult questions about life. The narrator and her friend discuss Elizabeth Kübler-Ross's stages of grief, but the narrator leaves out Acceptance, while her friend jokes about the therapist having forgotten Resurrection:

> "I can't remember", she says. "What does Kübler-Ross say comes after Denial?"
>
> It seems to me Anger must be next. Then Bargaining, Depression, and so on and so forth. But I keep my guesses to myself.
>
> "The only thing is", she says, "is where is Resurrection? God knows, I want to do it by the book. But she left out Resurrection". (Hempel 2007: 31-32)

This ironic exchange points out the complicated experience of grief, which goes beyond the alleged linearity of Kübler-Ross's stages, especially when facing one's own death or the death of a loved one. As critics of Kübler-Ross's theory of grief state, grief cannot be oversimplified to regulate the neoliberal subject for optimal efficiency: one that is always productive and ready to consume (Cabanas and Illouz 2019: 145). Grief that deviates from these predictable stages becomes, in neoliberal times, pathologised, unproductive and non-functional (Corr 2019: 407), which explains why death remains unnamed in the two stories.

In "In the Cemetery Where Al Jolson Is Buried", the narrator tells her dying friend stories at her request: "'Tell me the things I won't mind forgetting', she said. 'Make it useless stuff or skip it'" (Hempel 2007: 29). Like a kind of end-of-life Scheherazade, the narrator proceeds to deliver random facts about US pop culture and fake scientific data, to ease her mind. Some of these stories are true, and some are false, pointing at the artificiality of the story itself and at the unreliability of the narrator, as we saw above. When one of the stories, about a chimp who learned to talk with her hands, seems to take a sad turn, she changes the subject, so as not to cause distress to her friend. The narrator, however, will be the only one who remembers these things. Her lack of responsibility in the past deconstructs her authority as a narrator and enhances her unreliability: the narrator talks about her feeling of loss through absence, gaps and elisions, rather than directly. Her friend's death is omitted, narrated as "the morning she was moved to the cemetery, the one where Al Jolson is buried" (39). Eventually, we learn that the chimp who learned to talk with her hands had a baby and lost it. Through her hands, the chimp was able to express loss, "fluent now in the language of grief" (40). Like the narrator, the chimp still lacks the words to express her loss and can only do so tangentially through absences and textual gaps. Storytelling becomes a way to convey her grief when telling the truth fails, just like she did when her friend was still alive: "For her I would always have something else" (29). And so, she continues to look for words, discarding a definitive 'acceptance' of her friend's death.

In "People Like That", God is imagined as the manager of a Marshalls Field shop, a deliberate mimicry pointing to the lack of higher beliefs or meaning in postmodernity. This God tells the narrator that there is no way to predict the future and that no causation can be imposed onto reality (Moore 1998a: 220-221). This metafictional commentary explains the fragmented structure of the text, where narrative predictability is dismantled and does not serve to create order and meaning anymore. As Linda Hutcheon claims, "[r]eappropriating existing representations that are effective precisely because they are loaded with pre-existing meaning and putting them into new and ironic contexts" (1989: 45). In this case, postmodern irony undermines the logic of optimism that appears mandatory in Peed Onk as a 'coda' that always offers a more satisfactory ending for the "people like that" (Moore 1998a: 242-243). Instead, the text confronts the idea of a tightly-knit narrative, ending with the Baby being cured —for now— but closely monitored, and without any sense of restitution or self-improvement in any of the characters after what they have suffered. After they leave Peed Onk, the Mother does not want to see "any of these people again" (250), although the husband asks if she "does not feel better hearing about their lives" (249). This exchange may explain why restitution narratives have become so popular: they help us feel better about ourselves, while teaching us nothing about the pain of an Other nor moving us to act upon it, something that Moore's story critiques. Moore's character also ironically enacts what the reader may do after reading a difficult narrative about illness, death and grief: close the book and think about something else. Thus, at the metaliterary level, both stories challenge the idea of narrative closure as a way to provide the reader with comfort, unveiling the ideological tenets behind such structures, and instead demand ethical engagement from the reader through postmodern detachment and fragmentation, which may lead to embracing uncertainty.

## 4. Conclusion

Amy Hempel's "In the Cemetery Where Al Jolson Is Buried" and Lorrie Moore's "People Like That Are the Only People Here: Canonical Babbling in Peed Onk" portray the struggle of facing and representing the pain of an ill loved one. Both stories resist linear accounts, closure and heroic renderings. This, in turn, can enable resistance to the reification and commodification of "regarding the pain of others" (Sontag 2003) that may homogenise the experience of illness as well as the caretaker's grief into a manufactured sentimental narrative. Thus, Hempel and Moore's pathographies, by engaging in the struggle to represent the pain of an

Other, reject pre-packaged narratives of pain, and demand responsibility from the reader, who must acknowledge that pain without identifying with it, for, as Susan Sontag claims, this proximity is a fantasy, and an eraser of difference (2003: 102). Instead, the two authors deploy postmodern elements such as pastiche, irony and lack of closure, to evince the impossibility of articulating grief in a neoliberal society that capitalises and profits from pain and illness.

In a way, Hempel's and Moore's 'structures of unfeeling' entrust the reader with sufficient space to choose how they may feel. Rather than providing straightforward, totalising answers, Hempel's and Moore's stories both deploy and critique the postmodern use of irony to evade confronting or engaging with difficult feelings, which have been commodified in contemporary culture. As Leigh Gilmore affirms, "[w]hen closure implies assent to a text's ideology, the failure of closure can represent resistance and productive engagement" (2015: 108). Addressing these uncomfortable questions through a narrative that challenges readerly expectations may allow us to recenter care as a need — one that demands support and resources, and whose provision should not fall solely on close relatives. Becoming ethical witnesses to an Other's pain, then, entails being responsible and "response-able" for it, as a collective and as individuals. By creating the space for doubt and possibility in the advent of grief, these texts enact a form of ethical witnessing, even if it is to point out the lack of such spaces in neoliberal times.

Further, Hempel and Moore can be seen as forerunners of the New Sincerity Movement,[8] where authors move away from postmodern irony —sometimes by parodying it— in an attempt to explain their feelings in an authentic manner, thereby "relinquish[ing] the self to the judgment of the other" (Kelly 2010: 145), in particular to the reader. The events of witnessing enacted in the texts thus have a twofold effect. First, Hempel and Moore go beyond stagnant, stereotyped narratives of illness and grief, complicating the possibility of creating such a narrative and questioning whether it is even ethical or desirable to attempt it. Then, they address and reshape the readers' own consciousness since they are compelled to take part in the remaking of the narrators' omissions and fabrications about witnessing someone in pain. The latter reflects on the readers' own shortcomings in seeing others and themselves when faced with the experience of illness and death. Hempel's and Moore's stories are dialogic, following Oliver's conception of subjectivity (2001: 5): they emerge in response to the address of an Other-in-pain, if only to account for the impossibility of fully recognising them without failing. At a time when illness narratives are at risk of becoming commodified and homogenised, the authors' postmodernist acceptance of this failure reveals their ethical stance.

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# Notes

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1. See Schulz and Sherwood, who deem the experience of being an informal caregiver —i.e. a relative or friend who cares for an ill person, rather than a professional carer who is paid for their services— one of "chronic stress" (2008: 23). They also claim that caregiving constitutes "a major public health issue" (2008: 23), although effective policies remain to be put into practice.

2. See the interview to Amy Hempel by Jyotika Banga (2009) and the interview to Lorrie Moore by Dwight Garner (1998b). While they claim to draw from autobiographical materials, both authors insist that the writing of the experience is entirely fictional, thus further mediating between the actual experience of grief and the act of communication, which will be relevant to my argument.

3. Swiss-American psychiatrist Elizabeth Kübler-Ross famously developed her groundbreaking theory of the five stages of grief in her 1969 book *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Family*. These stages refer to the five emotions that people suffering the loss of a loved person, as well as terminally ill patients, undergo: denial, anger, bargaining, depression and acceptance. Her theory was groundbreaking, given the modern medical focus on healing rather than on death and dying, and the gradual evolution of death into a taboo in the West during times of medical advances (Kübler-Ross 2014: 1-2). Although some researchers have criticised the perceived progressive linearity of the stages that leads clinicians to prescribe the stages and pathologise 'maladaptive' grief (Stroebe et al. 2017), Kübler-Ross's study paved the way for the study of grief and the provision of care for it. Indeed, in her later work (Kübler-Ross and Kessler 2005), she acknowledged that these stages were just a guiding example and should not be considered prescriptive. Recent studies have declared bereavement care a public health need (Lichtenthal et al. 2024).

4. See Sara Ahmed on her argument of emotions as mediations between "the psychic and the social, and between the individual and the collective" (2004: 26).

5. Several studies confirm that family or closely related caregivers often encounter feelings of guilt. See for instance Spillers et al. (2008) or Losada et al. (2018).

6. See Ahmed (2010) or Cabanas and Illouz (2019) on the capitalist manufacturing of happiness.

7. As Constantinou et al. suggest in their study (2021), Western mothers often report feeling guilt for not living up to current intensive mothering standards spread and promoted across the media.

8. See Adam Kelly on the New Sincerity movement (2024).

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