

How Accidents, Alcohol, and Madness Affect the Family: Three Accounts

Being With Rachel: A Story of Memory and Survival

by Karen Brennan; New York, W. W. Norton & Company, 2002, 267 pages, \$34.95

Even Dogs Go Home to Die: A Memoir

by Linda St. John; New York, Perennial, 2001, 253 pages, \$12.95 softcover

Rescuing Patty Hearst: Memories From a Decade Gone Mad

by Virginia Holman; New York, Simon & Schuster, 2003, 244 pages, \$23

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In 1995 Karen Brennan's daughter Rachel was severely injured in a motorcycle accident. Rachel, the youngest of four children, was 24 years old and a competitive runner. She was a passenger on the motorcycle, riding without a helmet. Karen Brennan was a twice-divorced college professor who taught graduate creative writing. In 2000, five years after Rachel's accident, Karen chose to write about the previous five years in *Being With Rachel: A Story of Memory and Survival*.

Although Rachel had many friends, three supportive siblings, a father, a stepfather, and all told a rather remarkable support system, it fell on her mother to take her from a case that everybody basically had given up on to a person who although not at her former potential was nonetheless living in mainstream society. *Being With Rachel* recounts the actual and psychological struggles of these two women—the younger with traumatic brain injury, the older with an interest in memory but no knowledge of “brain injuries, of axons, of intracranial pressure, of ventilation or tracheotomies, of motor strips, frontal lobes, aphasic disorders, or unilateral neglects.”

Rachel, with her mother as her guide, advocate, cheerleader, companion, and best friend, goes through standard treatments, including physical therapy, speech therapy, occupational therapy, vocational therapy, and

pharmacotherapy (psychotropic medications, including sertraline, fluoxetine, valproic acid, and methylphenidate), and anything else that might work, such as homeopathic medicine, Feldenkrais (a type of physical therapy recommended by Andrew Weil), massage, acupuncture, and craniosacral therapy.

The power of *Being With Rachel* comes from Karen Brennan's adroit control of the English language in providing both facts and feelings. Brennan's basic perspective is summed up as follows: “Yet I persisted in believing that if I did everything right, Rachel would recover. I've been raised a Catholic, and deeply ingrained in me was the notion that if I only behaved, evil would be averted, good would triumph.” Expressed by Brennan more poetically, “Moreover, in its grandiose irrationality, the dream-as-portent affirmed a sense I was getting of life's best-kept secret: that like the flimsy curtains surrounding Rachel's ICU cubicle, what separates a dream and reality is not so substantial as we might want to believe; that our worst fears hover around us, like ghosts waiting to spring; that the well-wrought narrative of our waking lives might be our civilized attempt to make a civilized dream come true.”

In her struggle not to be totally hopeless but to do something, Karen Brennan vows that she will be with her daughter wherever that takes her for as long as it takes. She says, “Thus, *Being With Rachel* has become my mantra and my title, a way of being in my life.” The book illustrates that in dealing with an individual who has brain injuries as extensive as Rachel's,

Brennan's vow was much easier to make than her life was to live.

Throughout this account, Brennan makes very interesting comments about the act of writing an account. She indicates, “Without the compulsive activities of confabulation and perseveration, a written narrative (much less a fiction) of any interest could not be made at all. This memoir I am trying to write, a loose weave of my half-lit half-memories, which become clearer as I write them down, is an affect of confabulation. Any good narratologist will tell you that when we articulate our lives, we are already in the arena of fiction—the self of the past being essentially unrecoverable. Thus, what we call ‘memory’ must be an imaginative act, configured always on the gap of forgetfulness, assembled from bits and pieces of who knows what.” What is really so interesting is that the act of writing the book as Brennan portrays it runs in parallel with her daughter's attempts to reconstruct her own memory, which at the beginning of her recovery has failed her almost entirely. Like mother, like daughter, like all of us, Brennan states, “We are interminably caught between the hard rocks of one kind of memory or another—either too much, too little, or too painful.”

Although *Being With Rachel* is Karen Brennan's story of her daughter Rachel, in this review I have talked mostly about Karen. The book is clearly the account of two women. Throughout their five years together, each woman grows in very different ways, yet in certain ways the two grow together. *Being With Rachel* is an engaging book, one that would educate anyone who is interested in family dynamics, patients with head injuries, the struggle through rehabilitation toward recovery, and the price of dedication. In reading *Being With Rachel*, one can be with both Rachel and her mother. It is a being worth doing.

In *Even Dogs Go Home to Die: A Memoir*, Linda St. John, a working artist and gallery owner, has put together a memoir that is a series of vignettes—a book version of a Power-

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Point presentation: very short, zippy statements, each with a message, and each more or less relating to what went before and what follows.

St. John's memoir is the story of growing up in a family with three daughters and one son, living in a household with a dirt-poor alcoholic father and a heavy-accented Hungarian mother whose predominant flaw is mind-numbing narcissism. The trials of the family, which take place mostly in southern Illinois, focus on the father's progressive demise from grade IV sarcoma of the brain.

St. John vibrantly portrays the difficulties of growing up in a family that is consistently portrayed by others as one of "misfits." The children were by and large left to raise themselves. St. John writes, "Dad never had any patience for the 'trouble we caused,' and 'trouble' could be anything from gettin' sick or gettin' hurt, we knew from the get-go that we were on our own."

Like many patterns of family abuse, the abuse is not limited to the family of origin but is also found among the daughter's spouses when the daughters move out of the house. St. John's sister demonstrates the effects of abuse by her husband: "Ruth didn't say anything. She just started unbuttoning her blouse. She pulled it back to show us the awful burn marks on her tit. She told us the s.o.b. had put a lit cigarette down the front of her dress and then she said, 'He pressed it in,' like that's what really surprised her."

St. John quite clearly portrays what being "dirt poor" really means. In a snippet called "singin' in the rain," she writes, "every time it rains, Mom runs around like a crazy woman rounding up pots and pans, wash basins, coffee cans, buckets, cut off milk cartons, and anything else that holds water. Once I counted 19 receptacles filling up with rain water pouring through the roof." Both poverty and the mother's character made dealing with her extraordinarily difficult: "Mom was nuts and I knew it. I was only 4 years old. I hated lookin' at her and listening to her curse my little sister. I hated watchin' her. I hated realizing that that night

she was officially declaring war on a toddler."

Throughout this memoir, one is repeatedly struck by the total lack of empathy, understanding, and focus on well-being that the children who grew up in this household had to deal with. In a snippet called "the birds and the bees," St. John writes, "I didn't think I would ever start my period. I was 15 before it happened. The 1st episode I didn't tell anyone. I just handled it. The next time Mom saw the sheet. She pulled it off the bed and said, 'vel, Landa, you are a voman now und you can geet pregnant if you geet raped.' I had never heard it put quite that way in Health class. I just looked at her. I said, 'ok, Mom . . . I'll remember that,' and I headed off for school."

Even Dogs Go Home to Die is a powerful piece written in an interesting format, using what I have referred to as snippets as a structure, and presenting much of the prose in dialect. It will expose many readers to a kind of family life that is personally unknown to them but that unfortunately is all too common in contemporary America.

In her memoir *Rescuing Patty Hearst: Memories From a Decade Gone Mad*, Virginia Holman presents two quotes before her prologue. One of these describes her book well. It is Rose Mary Wood's statement in 1973 about the missing section of the Nixon tapes: "I don't know what happened. I'm just telling you what everybody thinks happened, what might have happened, what you are saying happened. If that is history, then I am telling you history."

Holman ends her brief prologue by informing the reader, "One year after Patty Hearst robbed Hibernia National Bank, my mother lost her mind and kidnapped my sister and me to our family cottage in Kechotan, Virginia. Her reason was simple. My mother believed she had been inducted into a secret army. My mother, my baby sister, Emma, and I were foot soldiers and trusted with setting up a field hospital. We lived in that cottage for over three years."

Holman presents her story as

glimpses from different periods between 1975 and 2000. These are not presented in chronological order. Material is presented from 1975 (when the author is nine years old), 1977 (the year of her parents' temporary separation), each year from 1981 through 1987, and 1989, 1990, and 2000. The vast majority of the material is from four points in time: 1975, 1977, 1992, and 2000.

The memoir is basically the story of Holman, her parents, and her sister from the time her mother, at the age of 32, shows the first signs of schizophrenia in 1974 and then through the next 25 years.

Holman's mother has a fixed delusion and assigns roles to her two children to fulfill actions required as a result of her delusion. Holman's mother believed that she had been chosen to assist her country in fighting a secret war. Her assignment was to set up a field hospital at which hundreds of orphaned children would arrive. The family's role was to treat the children's injuries and evacuate them to safety. Holman's mother relocated the family from their town house in Virginia Beach to their cottage one and a half hours away.

The mother's thought disorder and her consequent actions alienated those close to her—her husband and her extended family—as well as her casual acquaintances. They surely alienated her two daughters, the older of whom (the author) became a parentified child and basically lost her childhood.

Most unsettling for the two children was their mother's ability to pull herself together and act like a responsible parent and adult when her husband or other adults were around. Thus few saw what the two girls actually experienced at the hands of a mother who had a pervasive chronic mental illness. In the year 2000, looking back, the author wonders why she didn't "tell on Mom. Why, when she treated me and my sister with contempt, violence, or just neglected us, didn't I scream and shout and make a fuss until someone did something."

Rescuing Patty Hearst is a good portrayal of the cost to a family of a

mother's untreated mental illness. It also sympathetically portrays a family's frustration in attempting to get treatment for one of its members. Holman and her father kept butting up against commitment criteria, because Holman's mother would not agree to voluntary treatment. Eventually, the family succeeds in achieving a hospitalization. Holman says about her mother's brief hospital stay, "The four weeks my mother was in the hospital were the best in my life since I had been a young child." As was and is characteristic of a general psychiatric admission, the admission was brief. Holman laments, "My mother was diagnosed with schizophrenia, released, and everything slowly went to shit again."

Unfortunately, some of the psychi-

atric details in the book, particularly those concerning psychopharmacologic treatment, are not accurate, including the spelling of one brand-name medication (on repeated occasions). Overall, however, Holman does provide the lay public with two important views: the effect of chronic mental illness on the family, and the prolongation of ill effects due to the inability to achieve adequate psychiatric treatment. Holman might have achieved more punch had she written this as a short story rather than a 244-page memoir. Nonetheless, for patients and families who are interested in others' experiences with chronic mental illness in the family and its effects on the spouse and children, *Rescuing Patty Hearst* is an easy, informative read.

ican Academy of Child and Adolescent Psychiatry (AACAP). The work group has been active since 1994 and has been a strong advocate within the AACAP for systems of care as a framework for work with youths with serious emotional disturbances and their families.

The book is divided into four parts. It also has a separate section for tables and figures, which makes for easy reading. Part 1—"Conceptual Foundations of Systems of Care"—discusses the history and the values and principles of community child mental health, systems of care, family advocacy, cultural competence, and collaboration across disciplines and among agencies. Part 2—"Integrating Clinical Modalities Into Systems of Care"—highlights the role of pharmacotherapy in the system of care, evidence-based community-based interventions, and care coordination (case management). Part 3—"Working Across Populations and Settings"—clearly describes the conceptual framework for early-childhood systems of care. Other chapters describe the roles of the juvenile justice system, school-based mental health services, comorbidity issues, foster children in the welfare system, and risks, goals, and outcomes of collaboration with primary care. Part 4—"Administration and Evaluation of Systems of Care"—is an analysis of the relationship between legal systems, managed care, and federal and local governments to systems of care. This part ends with a very informative guide to training child and adolescent psychiatrists and child mental health professionals about systems of care.

The Handbook of Child and Adolescent Systems of Care makes the reader aware of the importance of integrating interagency supports in a context of parent-professional collaboration and cultural competence at the community level and the level of the individual family. The book is well written and easy to read, avoiding technical jargon. It is highly valuable reading for all professionals who work with youths who have serious emotional disturbances, both within the mental health field and in the larger

The Handbook of Child and Adolescent Systems of Care: The New Community Psychiatry

edited by Andres J. Pumariega and Nancy C. Winters; San Francisco, Jossey-Bass, 2003, 547 pages, \$80 softcover

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In D. W. Winnicott's words, "In order to use the mutual experience one must have in one's bones a theory of the emotional development of the child and the relationship of the child to the environmental factors." Understanding systems of care is crucial in providing care to children with complex emotional and behavioral needs and their families. Such children and families are often shortchanged by a fragmented, uncoordinated, and hierarchical system in which youths and families are blamed or "fall through the cracks" of a system whose goal it is to provide needed support and treatment.

The Handbook of Child and Adolescent Systems of Care: The New Community Psychiatry, edited by Andres J. Pumariega and Nancy C. Winters, is a groundbreaking and compre-

hensive book that helps the reader understand in detail the changes that have influenced the practice of child psychiatry within a system-of-care framework over the past two decades. The book highlights the importance of incorporating the values and principles of community-based systems of care in working with youths with serious emotional disturbances and their families. Community-based systems of care offer new perspectives on the use of existing resources, emphasizing principles of coordination of care within community-based services, parent-professional collaboration, cultural competence, and individual strengths-based treatment planning that is child centered and family focused.

The Handbook of Child and Adolescent Systems of Care is the result of dedicated and persistent effort by the contributors, who have been members of the work group on community-based systems of care of the Amer-

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