

ematics at the University of Massachusetts." What was the relationship between Burroughs's mother and Dr. Finch before the handover? "Seeing Dr. Finch constantly. Not just every day, but for hours every day." Burroughs's opinion of his mother: "A bitch period. She was a rare psychotic-confessional-poet strain of salmonella." Burroughs's take on himself: Gay all his life. Burroughs's goal: "I just want a big life. . . . I want to get noticed. I don't just want to be a nothing." Where to find his first audience? "The permanent inmates of the Northampton State Hospital."

Hidden beneath the jocularity in *Running With Scissors* is the story of a sad, abandoned, depressed little boy who "told myself that I was like a bi-coastal celebrity, moving between Amherst and Northampton at will, when the spirit moved me. But what I truly felt was that neither place was home." His mother, first hospitalized when Burroughs was eight years old, had been gone "so long, I forgot what her face looked like. I worried she would never return from the hospital. When she did, it was like not all of her came back. She returned flat, sad. As though an important part of her personality had been surgically removed." Burroughs's mother would relapse every fall. As a boy he learned to detect the first signs of her deterioration. He grew up believing he "had been born with some kind of sonar that detected mental illness."

In *Running With Scissors*, Burroughs reflects, "Our lives are one endless stretch of misery punctuated by processed fast foods and the occasional crisis or amusing curiosity." Nearing the end of the book, Burroughs needs to turn misery to mirth. He sums up, "I took an inventory of my life: I was 17, I had no formal education, no job training, no money, no furniture, no friends. 'It could be worse' I told myself. 'I could be going to a prom.'"

Burroughs might have written a more intriguing memoir had he chosen to be serious rather than amusing, but he certainly would have sold fewer books. What concerns me about *Running With Scissors* is Burroughs's mis-

representation of psychiatry. His adoptive psychiatrist-father is cruelly portrayed. "Dr. Finch" was a real person who lived and worked in the Amherst-Northampton area and died in 2000. He was in his 60s when Burroughs became a member of his family, and he had already wandered far from mainstream psychiatry. Burroughs could have told us more about some of his real accomplishments. "Dr. Finch" died before the publication of *Running With Scissors*. I wonder if he, as I, would have preferred it if Burroughs had done his homework and accurately reported when and how he lost his license to practice medicine. What Burroughs tells us is far removed from reality, which leaves open the question of how much else in *Running With Scissors* is equally far from any reality other than that of a mixed-up kid.

Dry is a sequel to *Running With Scissors*. Burroughs is working in Manhattan as an advertising copy writer. The book is about his alcohol and drug abuse history and its treatment: age seven, Nyquil; age 12, first real drinking episode; age 13 to 17, pot and alcohol once a week; age 18, intoxication nightly; age 19 to 20, ten drinks per night, occasional binges, and coke once every six months; age 21 to the present, a liter of Scotch a night chased with cocktails and cocaine once a month. In *Dry* Burroughs again displays an ambivalence about psychiatry and psychiatrists, especially in his portrayal of inpatient detoxification. One of the other patients in detox is a psychiatrist who is addicted to valium.

In *Dry*, as in *Running With Scissors*, Burroughs's ability to write in beautiful prose when he casts aside his self-mocking style comes through—but only occasionally. For example: "Sober. So *that's* what I'm here to become. And suddenly, this word fills me with a brand of sadness I haven't felt since childhood. The kind of sadness you feel at the end of summer. When the fireflies are gone, the ponds have dried up, and the plants are wilted weary from being so green. It's no longer really summer, but the air is still too warm and heavy to be fall. It's the season between the seasons. It's the feeling of something dying." *Dry* is far

from the best of the recent autobiographical accounts of alcohol, substance abuse, and recovery. Far better, for example is, James Frey's *A Million Little Pieces* (1).

Magical Thinking, the third confessional, autobiographical work of non-fiction by Burroughs, further celebrates his self-described negative character traits (self-centered, passive-aggressive, obsessive-compulsive) and disorders (sexual dysfunction, social anxiety, mania). Burroughs again parades his ambivalence about psychiatrists ("shrinks are wrecks, that's why they're shrinks"). But really, the reader learns little new about the author, and the entertainment value is much less than with *Running With Scissors*.

If, after reading one of the Burroughs trilogy, you want to learn more about the author, read his first book, *Sellelevision* (2), a novel that is more revealing of the undefended Burroughs than any of the nonfiction.

References

1. Frey J: *A Million Little Pieces*. New York, Doubleday, 2003
2. Burroughs A: *Sellelevision*. New York, St Martin's Griffin, 2000

Handbook of Clinical Alcoholism Treatment

edited by Bankole Johnson, Pedro Ruiz, and Marc Galanter; Baltimore, Lippincott Williams & Wilkins, 2003, 316 pages, \$42 softcover

Caryn A. Stewart, M.S.W., L.C.S.W.

Alcohol and its abuse have existed for millennia. Alcohol is used to celebrate, to honor, to sanctify, to lubricate the wheels of social intercourse, and to relax. Alcohol abuse and addiction have caused much devastation and destruction to individuals and their families. Societies have tried to control the consumption of alcohol, with limited success. Sadly, despite the health problems, financial ruin, and emotional turmoil that alco-

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holism wreaks among its sufferers and those who love them, a cure has yet to be found.

Handbook of Clinical Alcoholism Treatment is compiled as a compact yet comprehensive multidisciplinary resource on screening, assessing, diagnosing, and treating alcoholism. Each of the contributing authors writes about the latest information concerning alcoholism from a variety of perspectives and provides a historical summary of alcoholism and its treatment.

A chapter called "Foundations of Alcoholism" looks at the disease from epidemiologic, biological, psychological, and sociocultural perspectives. Further chapters elaborate on laboratory screening, assessment tools, treatment modalities, and treatment settings. In addition, the section on special issues covers dual diagnosis, prevention, special populations, and fetal alcohol syndrome; there is even a manual of brief treatment for use by medical professionals.

The handbook covers a great deal of information, some in great detail, such as the chapter on laboratory screens currently used and being developed

for detecting alcohol ingestion. The chapters about treatment focus on the concept of alcoholism as a family disease. Thus family and other significant members of the alcoholic's personal and professional life are encouraged to participate in treatment delivery whenever possible. The chapter on auricular acupuncture as a treatment for alcohol cravings and withdrawal offers an alternative to medication for helping persons with alcoholism through the early recovery process.

The book has a number of editorial deficits that detract from its quality. For example, there are numerous punctuation and technical errors, as well as much redundancy among chapters. Despite these shortcomings, *Handbook of Clinical Alcoholism Treatment* offers much to the health care professional or substance abuse clinician. All professionals in the medical or mental health field will come across people who are abusing or dependent on alcohol. This handbook provides direction for the health care professional in screening and assessing people for alcohol abuse and for providing for their treatment.

final chapter that are basically editorials that make these points; the book consists largely of case discussions, reanalysis of data, and historical statements about the development and marketing of SSRIs. The problem is that it is difficult to read these with the belief that the author is presenting a dispassionate historical account or an objective look at clinical cases, the literature, or data analysis. It is very clear that Healy has an agenda, and he takes every opportunity to reinforce that agenda. He tends to make sweeping statements, with lots of "evidence" that may be a peer-reviewed journal article but also may turn out to be a quote from a colleague or a line from one of the many anti-Prozac books. He also tends to exaggerate many facts in his favor—for example, a characterization of the American Psychiatric Association's annual meeting that is correct in some respects but quite inaccurate in others.

A second theme in the book is a defense of Healy himself. The author feels that he has been dealt with badly by the pharmaceutical industry, academia, and his colleagues. (He won a wrongful termination suit at the University of Toronto.) At times it seems that this agenda is actually the point of the book, rather than an exposé of Prozac and the drug companies.

However, what is really disappointing about this book is that the relationship between the pharmaceutical industry and various aspects of our society is a very important topic. A well-researched discussion of the issues, framed by a dispassionate history of the development of SSRIs, would have been a welcome addition to the literature. But, despite the subtitle, that isn't really what this book is about. Rather, it's about Healy's ideas about SSRIs and the drug companies, and an apologia of his own actions.

That being said, Healy does raise some timely issues. Clinicians should be concerned about issues such as the unintended effects of medications and the influence of the pharmaceutical industry on prescribing. But they are likely to find a more useful exploration of these issues elsewhere.

Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression

by David Healy; New York, New York

University Press, 2004, 368 pages, \$29.95

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David Healy, a British psychiatrist who is very familiar with the pharmaceutical industry and has written several books on psychopharmacology, is known for holding controversial views about psychotropic medication. *Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression* is no exception. Healy is not at all

sure that selective serotonin reuptake inhibitors (SSRIs) are useful in treating depression, but he is convinced that SSRIs cause suicide through inducing akathisia. He believes that there is no evidence for a serotonin deficit in depression and questions how common depression really is. (Many readers will be surprised to learn that before 1980 depression was thought to be a rare disorder.) Healy indicates that SSRIs are more addicting than benzodiazepines. And he presents a case that there is a conspiracy to hide all these facts.

The book contains a preface and a

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