

bias toward psychological models; he himself underwent years of psychoanalysis. But the author honestly portrays not only the shortcomings of modern psychiatry but his own ambivalence and self-doubt. He acknowledges his brother's need for medication as well as the effectiveness for public attitudes and advocacy of highlighting the brain-based, no-fault nature of severe mental illness.

And in a wistful revelation, Jay tentatively points to perhaps an even deeper reason for his anti-biomedicine point of view: the relative failure of modern biomedicine to help his brother. "When I read books by such people as Kay Jamison and William Styron," he writes, "and when I read of others who have responded to the medication, I wonder: why not Robert? . . . Would Robert have a larger, happier, fuller life today had lithium been available in 1962? Have I done him a disservice, through the years, by not encouraging a more purely medical approach to his condition?"

It is, finally, worth noting that the author, Robert's brother, is also the primary caregiver in Robert's life. The role of siblings in caring for people with severe mental illnesses is undoubtedly going to increase as baby-boomers, the demographic giant, enter middle age, and their parents become infirm and pass away. Among NAMI's own board of directors, including its current president, are four siblings of people with serious brain disorders. This shift in who is the primary family caregiver requires serious consideration by policy makers and the service delivery system, as it will likely change the nature of family support.

All told, *Imagining Robert* is a book well worth reading, not only because it is well written or because of its exposé of lives stricken by severe mental illness and the treatment system, but because of the humanity that the author portrays and celebrates in his brother. This book is a moving tribute to a person who has wit, creativity, love to give, and a severe mental illness.

We should all be so lucky to have such a brother.

First-Person Accounts With a Different Slant

My Life as a Male Anorexic by Michael Krasnow; Binghamton, New York, Harrington Park Press, 1996, 146 pages, \$12.95

In This Dark House: A Memoir by Louise Kehoe; New York City, Schocken Books, 1995, 232 pages, \$22

Like Color to the Blind by Donna Williams; New York City, Times Books, 1996, 290 pages, \$24

Lesbian Therapists and Their Therapy: From Both Sides of the Couch edited by Nancy D. Davis, M.D., Ellen Cole, Ph.D., and Esther D. Rothblum, Ph.D.; Binghamton, New York, Harrington Park Press, 1996, 80 pages, \$24.95 hardcover, \$9.95 softbound

Bipolar Puzzle Solution: A Mental Health Client's Perspective by Bryan L. Court and Gerald E. Nelson, M.D.; Washington, D.C., Accelerated Development (Taylor & Francis Group), 1996, 184 pages, \$18.95

Drinking: A Love Story by Caroline Knapp; New York City, Dial Press, 1996, 258 pages, \$22.95

In the Open: Diary of a Homeless Alcoholic by Timothy E. Donohue; Chicago, University of Chicago Press, 1996, 204 pages, \$22.95

Jeffrey L. Geller, M.D.

Many first-person accounts in the mental health field focus on patients' experiences during hospitalization. However, all of the autobiographical accounts reviewed here have other perspectives.

The first two books are by individuals who have or have had anorexia nervosa. Next is the third autobiographical work by a woman with autistic disorder. The fourth book is an edited volume of contributions by lesbian therapists who discuss how their experiences in therapy have impacted on their professional lives. The fifth book is a cooperative project by a man who has bipolar affective disorder and his psychiatrist, aimed at educating individuals with this disorder. And the last two autobiographies are by individuals with chronic alcoholism.

My Life as a Male Anorexic

Michael Krasnow is a 27-year-old, 5-foot 9-inch, 75-pound resident of Hollywood, Florida, who carries the DSM-IV diagnoses of anorexia ner-

vosa and major depressive disorder. In *My Life as a Male Anorexic*, Krasnow presents a brief account of his life and his disorder, with a preface by the internist who has known him best and an afterword by the psychiatrist who has known him best.

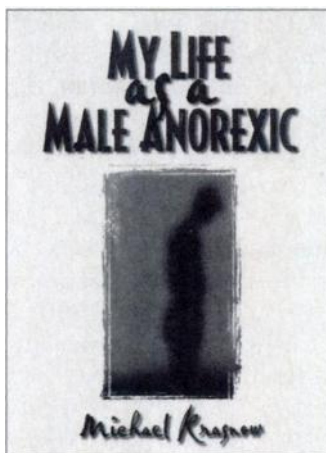
Krasnow presents an interesting account that unfortunately is considerably less complete than it might have been. The reader follows Krasnow through a dozen psychiatric admissions in eight different hospitals (mostly in the Boston area) between June 1984, when he was 15 years old, and October 1989. One of the book's shortcomings is that we do not become terribly well informed about Mr. Krasnow's treatment or his response to it. We do know he was treated twice with electroconvulsive therapy and at least once was tube-fed. The psychiatrist comments on Krasnow's psychopharmacological treatment, but we learn nothing about it from Krasnow himself.

My Life as a Male Anorexic is interesting on several counts. We have few accounts written by people with anorexia nervosa, and one by a male is a rarity. In it we learn of a man who takes control of his own life in order to live suspended in a rather patho-

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logical state, with care providers supporting him more than treating him. When he wrote the book, Krasnow was existing at a weight of about 75 pounds, with a monthly food bill of about \$35. He last had a drink of water in February 1985.

One of the clearest and most poignant perspectives in Krasnow's autobiography is the way in which anorexia nervosa creates a center for his life and is a field on which issues of control can be played out. "The anorexia gave me an identity and made me an individual," Krasnow says. He adds, "Sometimes I think that anorexia is still a game (a very stupid and foolish one)—or even a contest. I'm 99% sure that it's my way of feeling in control of myself. I also know that my greatest fear of ever gaining weight, even just a couple of pounds, is that I would lose all my willpower and self control, and not be able to stop."



Care providers have been most effective with Krasnow when they are partners with him rather than trying to control him. However, providers could be partners only when they worked toward achieving what *he* defined as acceptable outcomes. Krasnow says, "I did not feel I was being bossed around or losing control. No one was saying, 'You have to gain such and such a number of pounds in such and such an amount of time—or else.'"

An additional component of Krasnow's book is an appendix with discharge summaries from many of his hospitalizations. This material en-

larges the scope of the book by giving providers' perspectives contemporaneous with those of the author.

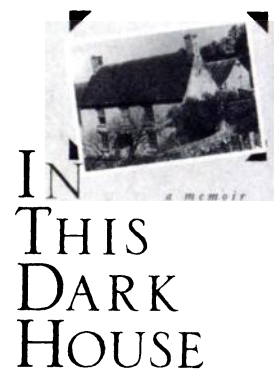
My Life as a Male Anorexic is a quick read. It is well worth the effort for care providers who specialize in treatment of anorexia and, perhaps more important, for mental health professionals of all disciplines interested in understanding the struggle psychiatric patients engage in as they try to maintain identity, autonomy, and control.

In This Dark House

Louise Kehoe's memoir, titled *In This Dark House*, largely focuses on the relationship between her and her enigmatic father, a Russian avant-garde architect who moved from London to a remote Gloucestershire village where he oppressively raised three daughters. Kehoe, who is now a freelance journalist in Massachusetts, is an adroit writer who stunningly contrasts her father's quest to shed his identity with her quest to find her own. Ultimately, through a series of ironic twists, he fails, and she succeeds.

In This Dark House is included in this review of autobiographical accounts less for the portrayal of a daughter's search to understand her family of origin and more for an absolutely brilliant account of anorexia nervosa. The book is full of information that leads the reader to understand how overdetermined the mouth, the throat, the gastrointestinal tract, and orality were for this family. For example, an older brother died before Kehoe was born from a botched tonsillectomy; her mother, whose only mode of expression in the family was through her creations in the kitchen, died from colon cancer; and Kehoe herself became a dentist. All of this occurred before anorexia nervosa struck her.

The portrayal of anorexia nervosa itself occupies a scant ten pages of the book. Beginning on page 166, the account is as illuminating a depiction of this disease as has been written by any of its sufferers. Kehoe's descriptions include such insights as "The less I weighed, the better I felt about



LOUISE KEHOE

myself. It was a wild, exhilarating sense of freedom in the discovery that I could control my body in this way—a titanic, seductive sense of power such as I had never known before."

Or, the author writes, "The important thing was the process itself, the active losing of weight, and the heady sensation of absolute autonomy and control which I garnered from my ability to mold my body in this way." Or "The bathroom scale, with its cold rubber platform, its portentous clang, and its accusing Cyclops eye, quite literally governed my life. I weighed myself incessantly, and each time I approached the scale I did so in a state of contrition and heartfelt prayer, as though I were standing trial before a hanging judge."

Kehoe recovers from anorexia nervosa, jettisons her career as a dentist in England, emigrates to the United States, and becomes the Massachusetts-based freelance journalist that she now is. She discovers all about her family of origin and her father's secrets, and everybody apparently lives happily ever after. It is the "happily ever after" aspect of *In This Dark House* that becomes the most disquieting. Does Kehoe come to peace with her father through acceptance or through denial?

In This Dark House is a memoir that will surely be of interest to those who work with families; they should be fascinated by the author's journey from childhood to adulthood in a family founded on shared lies. For

those interested in anorexia nervosa, the short section devoted to that subject is itself worth the price of the book. Not only should practitioners read it, but they should consider reading it to their patients.

Like Color to the Blind

Like Color to the Blind is the third in a series of autobiographical accounts by Donna Williams, a 34-year-old Australian living in self-imposed exile in Britain. Williams' first two accounts were *Nobody Nowhere*, published in 1992, and *Somebody Somewhere*, published in 1994. Although readers of *Like Color to the Blind* do not have to have read the first two parts of what is now a trilogy to appreciate the third, anyone seriously interested in autistic disorder, Williams' diagnosis, would do well to read the books in sequence.

Like Color to the Blind takes place in the early 1990s, after the author's first book was published and the writing of the second book nearly completed. This book portrays Williams' struggle to develop true relationships with those around her. What Williams' world had been like is characterized by her as "fragmented visual perception . . . words without interpretation . . . hypnotic repetitive tunes and jingles and word patterns . . . undefined emotions . . . a mind that used rules instead of context . . . a life lived in mono in a stereo world . . . speech that came out without tracking . . . a world where what was background to others was foreground to me . . . and a world where everything was taken in peripherally without judgment, filtration, or selection based on any sense of relative or personal significance."

Williams' quest, as explicated in this book, is to give birth to herself, to a self that belongs to her and that represents an integration of everything that before was simply a reflection of others.

Williams has excellent facility with language, which allows her to portray what it feels like to have autistic disorder. For example, she writes, "Music composed itself with

the help of my hands at a rate of about one piece per week. I worked on some and kept a note or recording of it, like some captured emotion I might need to listen to sometime to remind myself that I had had it." Or "Still, most of the time I continued to feel like a baby-sitter to the body I carried around." Sometimes, however, the frequent use of metaphor feels as if it is drowning the reader—for example, "spoke like bubble bath under a waterfall, the words tumbling out all over one another at lightning speed, full of hills and valleys of wild intonation and branching like a wild stream into a multitude of tangents."

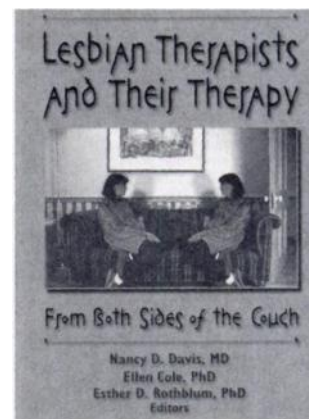
While Williams artfully describes what it is like to have autistic disorder, she also portrays what some might see as almost universal struggles with intimacy in a contemporary world. For example, she states, "We were driving our defenses to compromise in the attainment of our wants, even though our defenses made it a battle to access what our own wants truly were." Or, she writes, "There's a kind of camouflage in knowing that no one is looking for you in you and that so many people probably wouldn't see you if you showed them."

Like Color to the Blind presents a paradox. How does the author write about being where she was when she tells the reader she wasn't actually there? This essence of autistic disorder remains an enigma despite Williams' effort. I and perhaps other readers would like some insights from her about this piece of the puzzle of autism.

This material would have made a much better essay than it does a 287-page book. Like the compulsions and other repetitions that Williams describes, the book covers the same territory again and again and again as Williams goes from experience to experience to experience. Readers interested in a first-person account by an individual with a diagnosis of autistic disorder would be much better informed if they were to read the first of Williams' efforts rather than this one.

Lesbian Therapists and Their Therapy

Edited by psychiatrist Nancy D. Davis and psychologists Ellen Cole and Esther D. Rothblum, *Lesbian Therapists and Their Therapy* presents eight personal accounts from, as the book's subtitle indicates, "both sides of the couch." The contributors include five doctoral-level psychologists; two persons with both M.S.W.s and Ph.D.s, one identifying herself as a social worker and the other as a sociologist; and a master's-level counselor. Each chapter describes these professionals' experiences as psychotherapy patient and as therapy practitioner.



The recurring themes in these accounts are the power differential in the therapist-patient relationship, the misuse of power, the blurring of boundaries—that blurring being sometimes subtle and sometimes stark—and, finally, how the experience as therapy patient informs the therapist in her practice.

Although the book is entirely devoted to such issues in the lesbian experience, what is perhaps most remarkable is how generalizable the material is to the therapy dyad in general, independent of the gender or gender object choices of the therapist and patient. For example, Lauren Levy writes, "It is also the responsibility of the therapist to assist the client in understanding their reactions in a supportive and non-shaming environment while clearly defining the parameters of the therapeutic relationship." Davis writes about a therapist, "This flagrant vio-

lation of my boundaries by involving me in his private life made me angry soon after I left therapy with him, but anger about the lack of attention to transference issues only came to me much later."

There is no consensus among the contributors about issues of power differentials and boundaries in therapy. Elaine Leeder, in the minority, writes, "Therapy should have been aiding us in feeling whole and at peace. Instead, because therapy is constructed as a business with artificial limits placed on a relationship, it will always keep us from that which we are seeking." Leeder argues that the artificial boundaries of psychotherapy are overly constricting and detrimental to the process of becoming "connected."

Lesbian Therapists and Their Therapy is a very brief read that highlights the power and boundary issues of psychotherapy from perspectives that many readers may have neither considered nor experienced in their own professional lives. It is certainly worth picking up this little book and reading a few of the contributions. Reading the book from cover to cover adds little more than does sampling from among the eight contributions.

Bipolar Puzzle Solution

Bipolar Puzzle Solution results largely from the efforts of Bryan L. Court, a 38-year-old civil engineer who has bipolar affective disorder, with some assistance from Gerald E. Nelson, M.D., his treating psychiatrist. The book, which is subtitled "a mental health client's perspective," is, as the title page also states, "187 answers to questions asked by support group members about living with manic-depressive illness."

In each of the book's sections, which are arranged by subject, Court asks and answers a series of questions, and then Nelson adds to or comments on Court's material. Subjects of the sections range from the straightforward—like medications, support groups, and hospitalization—to the less straightforward, such as faith and attitude, acceptance, and living with the illness. The book also has very im-

portant and well-conceived sections on disability and employment-related issues. It offers a wealth of useful information for individuals with bipolar affective disorder and also for their family members and friends.

The thoughtfulness and breadth of the questions can be seen from this sample in the section on employment-related issues. Question: "I think that I have been discriminated against in my job because I have bipolar disorder. Who will help me clarify my rights?" Question: "When is it legal for a potential employer to ask about my medical history?" Question: "My employer gave me a medical form to fill out. There was a question about ever having a mental illness. I lied to the employer and said that I never had a mental illness. Months have passed. Through some other way, my employer has just found out that I lied about having a mental illness. Can I be fired?" Question: "When I apply for medical insurance, should I be truthful and tell them I have bipolar disorder?"

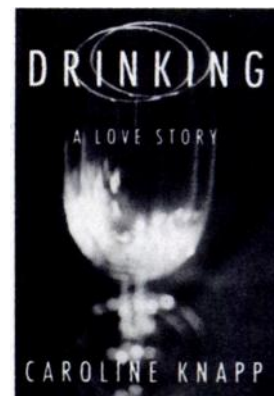
Court brings much of himself to the book as he talks about his own experiences in many of the responses. The book also includes, as the last section, an autobiographical essay in which Court describes his first episode of mood disturbance. There is also a useful reference list for lay readers as well as a brief listing of additional resources.

Bipolar Puzzle Solution should be a useful addition to the psychiatrist's library, perhaps less for the psychiatrist's own information than as something he or she can pull off the shelf when discussing issues with patients, to provide them with a patient's point of view. The material is well written, clear, and concise, and at the same time it is friendly and accessible. The publisher, Accelerated Development, should be encouraged to put out similar texts to reach populations with other psychiatric disorders.

Drinking: A Love Story

Drinking: A Love Story is the portrayal of the power and passion of alcoholism. Caroline Knapp points out that the power belongs to alcohol, the

passion to the alcoholic. But in living out the passion for alcohol, the alcoholic destroys his or her life by allowing that passion to be directed toward nothing but alcohol.



Knapp's book is a highly readable personal account by what is euphemistically referred to as a "high-functioning alcoholic." Knapp is the daughter of a Boston psychoanalyst and an artist, both deceased, and the twin sister of a psychiatrist. At the time of the book's publication, Knapp was a 38-year-old single recovering alcoholic employed as a magazine editor and weekly newspaper columnist.

Knapp skillfully uses language to portray the agonies and pseudo-ecstasies of an alcoholic. For example, she writes, "There are moments as an active alcoholic when you do know, where in a flash of clarity you grasp that alcohol is the central problem, a kind of liquid glue that gums up all the internal gears and keeps you stuck." The book has a plethora of pithy insights, such as "When you're drinking, the dividing line between you and real trouble always manages to fall just past where you stand."

Knapp is a master at portraying the utilitarian functions that alcohol serves for the alcoholic. For example, she writes, "Many of us drink in order to take that flight, in order to pour ourselves, literally, into new personalities: uncork the bottle, pop the cork, slide into somebody else's skin. A liquid makeover, from the inside out." Or, "Sometimes I felt like a fly trapped in a small glass jar, batting about in my own life in a panic, but that only added to the deepening feel-

ing of need around alcohol. Liquor, slowly but surely, becomes the sole source of relief from your own thoughts."

Perhaps the greatest strength of *Drinking: A Love Story* is Knapp's ability to portray the horror of it all. She writes, "Your life gets ugly and you drink more. You drink more and your life gets uglier still. The cycle goes on and on and on, and in the process you become increasingly isolated and lost, stuck in your own circle of duplicity and rationalization and confusion, the gap between your facades and your inner world growing wider and wider and more complete."

Knapp is one of those alcoholics who does make it; she achieves sobriety and, at least through the end of the book, manages to sustain it. Her description of Alcoholics Anonymous meetings and her own rehabilitation is as stark and as startling as her portrayal of the depths of alcoholism. She achieves new insights in her sober state, such as what life as an alcoholic really is all about: "You get so used to being a passive participant in your own life, so used to being entrenched in the same gray rituals and patterns, that even the most trivial action—turning on a spigot, finding a damn source of water—seemed useless and overwhelming."

Embedded in Knapp's tale of the rise and fall of her self-saturation with alcohol is the story of her anorexia nervosa. By her description, she traded one addiction for another. Like the alcoholism, the anorexia is a cyclical nightmare. Knapp writes, "I'd eat too much and I'd be overwhelmed by the sheer force of my own appetites and I'd end up feeling remorseful and depressed, waking up in the morning bloated and full of self-loathing, determined to double my resolve and cut back on eating even more."

Knapp's excellent book is an interesting read for health care providers, those in general medicine as well as those in psychiatry. It is also a powerful tool to use with patients, but one whose message, like all treatments for substance abuse, can be heard only by those prepared to hear it. The challenge for health professionals is

how to overcome what Knapp portrays as one of the alcoholic's greatest strengths: "Alcoholics are masters of denial."

In the Open

As the subtitle indicates, this book is the "diary of a homeless alcoholic." *In the Open* traces the life of Timothy E. Donohue between February 15, 1990, and December 11, 1994. His diary entries catalogue his inebriated peregrinations through Minnesota, California, Hawaii, and Nevada. He starts his journey as a 36-year-old in 1990, and almost five years later he has apparently aged about five decades.

In the Open provides insight into the lifestyle and thinking of an educated, well-read, articulate alcoholic whose drinking leads him to be one of society's bottom-feeders. How much does Donohue drink? He tells us, "I have indeed imbibed extraordinarily. I would estimate that over eleven years I have consumed more alcohol than two typical moderate drinkers might both partake of in a lifetime."

Why does he drink? Donohue says, "I think that a lot of the finer arguments and more abstruse considerations that people often set forth as motivations to abuse can be pruned down to an essential cause: the alcoholic, for whatever reason, feels that life is too painful to continue in sobriety."



Donohue's personal reason for drinking is poured forth as follows: "My reasoning of the past has gone something like this: since I believe that I have been placed in a painful situation by a higher power, and since immersion in the stupor induced by alcohol effectively transforms that sit-

uation into one not only free from pain, but suffused with pleasantness indeed, my higher power is virtually directing me to get drunk, isn't He? And since God is good, then the advertised ill effects of too much drinking can't really be all that bad, can they? This is a formidable argument for debauchery and prodigality of all kinds."

Donohue is well aware of the self-destructive path he follows and regularly informs the reader of his insights. For example, he states, "I am sorely tempted, once I get my check today, to use part of it for a spree. But then, of course, I will just be hoeing the furrow of my destruction a little bit deeper and fastening myself more tightly to the cycle of ruin and despair."

Donohue is also well aware of how his drinking debases him in his own eyes. He laments, "I cannot imagine a more burdensome feeling than that which comes from the knowledge that you are a drunkard in the province of the sober and the diligent." He is also quite aware of how drinking leaves him without others, as he indicates that "a heavy drinker alienates friends and relatives by his intrusive and overbearing conduct when inebriated. This is the most harmful effect of the poison we call alcohol."

As these quotations indicate, Donohue writes well. This material would have made an excellent essay. As a 200-page book, however, the text drones on endlessly with Donohue did this and was drunk, Donohue did that and was drunk, and so on and so forth. It is too bad that Donohue chose to publish so much of his diary, as many readers will blur out well before the end of his prose.

In the Open is, however, worth brief sampling. It is doubtful that it will ever reach those who might most benefit from this portrayal of the dismal life of the chronic alcoholic. Donohue himself ironically marks the potential contribution of his book: "Perhaps the only contribution this work will ever make to the literature on alcoholism prevention or to the body of advice of those wishing to quit drinking is this: writing a diary doesn't help."