

Surprisingly, for all its weight of content and scarcity of real-time action, it is very satisfying to read.

Helen Dunmore has created for the reader a chance to experience the subjectivity of the narrator, Rebecca, as she comes to know, through telling us, about her birth and abandonment, the abrupt and shattering loss of Ruby, her only child, and the power of decency, love, and friendship in the face of tragedy. The story is well plotted, although what ties the plot together is affective connection and associative theme rather than the advancement of the story in a more usual sense. The novel proceeds through stories linking stories, forming a larger, deeper story that is felt as much as cognitively understood.

Rebecca's story is shaped by her discovery of the stories of others—her hotelier boss, Mr. Damiano; her neonatologist husband, Adam; and her brotherlike friend, Joe, a scholar of Russian history who turned novelist to find his own story and Rebecca's.

Their stories thread through tent circuses, struggles to save the tiniest of babies, the suicide of Stalin's wife and Stalin's brutal but enduring impact on contemporary Russia, and sky battles and brothels of World War I.

For the psychoanalyst or analyst, this process is familiar. Something true emerges for Rebecca—the narrator—and for the reader—the “listener.” The truth is subjective, difficult to articulate, but, by the end of the novel, known in some sense that is not easily measured objectively. As the novel ends, Rebecca could well be talking to the reader when she says, “This is where we'll separate. You'll frown or smile for the last time. Maybe you'll even say something, though I'm beyond imagining what those words might be. And then you'll go your way and I'll go mine.”

Dunmore pulls this off with sparse language that helps the novel retain a sense of dreamlike primary thought process.

Confidentiality and involuntary treatment issues. These medico-legal issues are sometimes mentioned only in passing, but the everyday complexity of trying to maintain confidentiality while treating and protecting patients is certainly communicated. Some chapters are written from the perspective of one character and some from that of another, and from time to time the author takes us back in time to fill in parts of the tale that we've missed. The book contains just the right balance of humor to keep the situation from being quite as disturbing as it otherwise might be.

Overall this is a well-written, entertaining novel, and I found it hard to put down. Fortunately it's also a pretty fast read. The main characters are likable for their human qualities and are well delineated psychologically, as one might expect from an author who has a background in the field. The dialogue is believable and flows well. There is plenty of action mixed with the more philosophical discussions. Parts of the plot are somewhat unlikely, but then that's what makes it a story rather than a “true crime” adventure. Any mental health professional could enjoy this book as a diversion from the more mundane cases usually seen day to day in the average practice. Having read *Blinded*, I'm pretty sure I'll also read some or all of the earlier books in this series.

Blinded

by Stephen White; New York, Delacort Press, 2004, 388 pages, \$24.95

Alan D. Schmetzer, M.D.

Blinded is the 12th in a series of fictional works by Stephen White, who is by training a clinical psychologist. It falls into the general category of psychological thriller, but some might call it a murder mystery.

The book's main character, Alan Gregory, is a clinical psychologist in private practice. The primary story line begins during a session with a former marital therapy patient who has just requested an individual session after a lengthy absence from treatment. She announces that her husband may be a murderer—and not just a common, everyday murderer, but a sexually motivated serial killer of women. She wants the psy-

chologist to get the police involved. Dr. Gregory is primarily assisted in unraveling the resultant psychological and legal knots by another main character, Sam Purdy, who is a close friend and a police detective.

Multiple subplots are mingled with the main story. Some of these revolve around the multiple sclerosis that afflicts Dr. Gregory's wife, the cardiac problems that Mr. Purdy develops, and the emotional underpinnings of their two very different marital relationships. There are also subplots concerning the troubles and treatment of some of the other patients in Dr. Gregory's practice. As might happen in real life, Dr. Gregory asks a colleague for consultation along the way.

The story paints a believable picture of a clinical psychology practice and also deals with some tricky confi-

A Hole in the Universe

by Mary McGarry Morris;
New York, Viking Penguin,
2004, 376 pages, \$24.95

Lorrie Garces, M.D.

What would it be like to enter the static world of prison during one's late teens and then assimilate back into a dynamic community and family 25 years later? This is one of the central questions addressed in Mary McGarry Morris's fifth novel, *A Hole in the Universe*.

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Gordon Loomis (with apropos nicknames of “Gloomis” and “Loomer”), who is the protagonist of the novel, finds that freedom is a relative term for a “three hundred and fifty pounds, six and a half feet tall” man who was convicted of a senseless murder committed in his youth. Thinking of the “twenty-four inviolable inches” that he could always claim in prison, he moves back into his deceased parents’ home looking for familiarity and somewhere he can be left alone. Instead, he finds a new and foreign neighborhood rampant with crime and a series of relationships pressed upon him, of which he is unsure he wants to be a part.

Where Morris succeeds most with this novel is in her portrait of an institutionalized individual who is forced to decide on the degree to which he wants to participate in relationships and life. His passivity inevitably entangles him with his antithesis, Delores Dufault, who becomes his partner by “default” due to her blind generosity and persistence. She is a maternal and mildly histrionic woman who has patiently waited through Loomis’ prison sentence and lack of emotional reciprocity in hopes of finding a connection. As if the attentions of Dufault weren’t enough, Loomis is also confronted and perplexed by the neediness of a precocious 13-year-old named Jada Fossum, who lives largely unparented as a result of her mother’s crack cocaine addiction in the house across the street from him. The juxtaposition of these larger-than-life female characters with Loomis works, because although they are all marginalized individuals, the females pine for attachment as strongly as Loomis longs to preserve the comfort he derives from being alone.

The aspect of the novel that is less successful is Morris’s caricatured depiction of Loomis’ neighborhood, filled with large, shaved-headed men wearing gold earrings, driving SUVs, selling crack cocaine, and sporting snake tattoos. The neighborhood becomes a symbol of degeneracy that the community largely ignores, contrasted with the murder in which a younger Loomis was involved that the community seems unable to forget. Unfortunately,

the descriptions of the neighborhood and the lost souls who inhabit it are so extreme and theatrical that they only take away from the development of the more interesting characters. Even for readers who have dealt extensively with child abuse and neglect, Fossum’s life in the second half of the book may require a large degree of

suspension of disbelief. However, the central characters are strong enough that it is likely that this book will appeal to a wide range of individuals in the field of mental health who are interested in reading a sympathetic fictionalized account of the effects of institutionalization on an individual returning to a community.

The Best Awful

by Carrie Fisher; New York, Simon and Schuster, 2004, 288 pages, \$24

Meg Chaplin, M.D.

Carrie Fisher’s *The Best Awful* features Suzanne Vale, the strung out actress of Fisher’s earlier novel, *Postcards From the Edge*. However, the supporting cast is entirely new. In this book, Suzanne has acquired both an ex-husband and a daughter; in addition, she now has a mental illness—bipolar disorder—along with her mostly tamed substance abuse. The story itself is rather one-dimensional, following Suzanne’s rise into mania, fall into depression, and subsequent recovery of sorts; psychiatrists, therapists, and the psychiatric hospital are portrayed not as villains or heroes but as almost incidental. Furthermore, the plot is thin and the ending both obtuse and jarring.

Nonetheless, Suzanne’s story makes fun reading, especially for those of us with an interest in mental illness. It is hard not to become intrigued by her trajectory as she spins manically out of control. The sophisticated reader can’t help playing doctor and anticipating the outcome. If this were nonfiction, the story would be both familiar and predictable, diagnosis buried in substance abuse for many years, medication noncompliance, mercuric rise into mania, shattering fall into depression. So one reads wondering, will Ms. Fisher get it right? The answer is a satisfying yes. As much as

the novel is thin, the experience of a woman with bipolar disorder is rich. First comes Suzanne’s oh-so-human decision to start skipping some of her medication so she can get “a little” manic. Before too long, she all out abandons medication, becoming devious, deceptive, and quick to make empty promises. For those of us on the prescribing end, it is startling to see how easily and carelessly we are duped. Then there is the too-close-to-home-to-be-funny but otherwise hilarious description of her manic tear and the inevitable devastating depression that follows.

The book is also sprinkled with many of Suzanne’s own thoughts about her illness. She reflects on mania, “If this was what it was like to be bipolar then the bank error was in her favor! Far from experiencing it as a handicap, it felt like an advantage giving her the edge. Mental Illness? Why she couldn’t remember feeling so well.” And on depression: “This she recognized as a kind of sickness, an evil infecting her every cell. This dark beast covered her in misery and drained the light from her universe.”

In my opinion, it is Fisher’s capturing of the experience of mental illness that makes this book worth reading. Here is an opportunity to get an uncensored look inside our patients’ heads. I think it is helpful to see things so completely from the other side; Suzanne’s life is so intertwined with her mental illness that it is completely normal to her. Why

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