

Divided Minds: Twin Sisters and Their Journey Through Schizophrenia

by Pamela Spiro Wagner and Carolyn S. Spiro, M.D.;
New York, St. Martin's Press, 2005, 318 pages, \$24.95

Margo Lauterbach, M.D.

The book *Divided Minds*, by Pamela Spiro Wagner and Carolyn S. Spiro, M.D., is an autobiographical account of these twins: they are identical twins but clearly different from birth. Their chapters are eloquently written, with each twin narrating her experience through significant life events, some parallel and others strikingly disparate. Beneath jealousy, pleas for attention, resentment, and competition lies a loving story of sisterly connection only twins could truly understand and experience. The two struggle throughout life to form unique and distinct identities, both with and without the other. Their obvious difference is psychiatric: Pamela is given a diagnosis of schizophrenia, and Carolyn becomes a psychiatrist. They both understand the illness. Pamela has first-hand experience from early in life, while Carolyn, as a loved one and eventually a mental health professional, is a witness to such severe mental illness. At times heart-wrenching, this unique book is an honest portrayal of their battles, with each other and with the illness that has affected their lives and the lives of so many people around them.

Pamela Spiro Wagner, the dominant twin, is the first-born high-achiever, gifted at everything. She overshadows Carolyn throughout their youth, and both of them know and feel this. Through adolescence though, the early signs of Pamela's illness become apparent, at least to herself. She hints at her psychopathology throughout the diary: a sleep disorder, an eating disorder, and a psychotic disorder. As her illness worsens, she slips into the shadow of Carolyn's well-rounded achievements

and everything slowly changes for her. They both end up at Brown University as undergraduates, but academic accomplishments and sociability soon become challenging for Pamela. Rifts form in her relationships, and daily living becomes wrought with symptoms of her illness. She eventually starts medical school too but drops out during her second year as the disease takes its toll. Side effects, isolation, noncompliance, suicidal thoughts, and hallucinations guide Pamela's fragile mental states and numerous hospitalizations. However, her strong character and excellence become evident in her award-winning poetry and writing, a hobby and skill not taken by schizophrenia. Throughout her gripping life story, Carolyn re-

mains a constant figure of hope in Pamela's life, for better or worse, even when the medications fail.

Carolyn S. Spiro, M.D., also known as "Lynnie" during her early years, has a clear path for success once her sister becomes ill. No longer second to Pamela, Carolyn grows to be a psychiatrist, a wife, and a mother. But her sister is not left behind, because Carolyn receives phone calls from state hospitals informing her of her sister's deteriorations. Her career in psychiatry becomes highlighted by the patient in her family. Although her marriage ends and she faces her own life conflicts, Pamela, despite schizophrenia and all of its destruction, remains a constant figure of hope in Carolyn's life. Alone and together, Carolyn and Pamela are both remarkable women who carve out identities for themselves beyond psychiatry. Although divided by circumstances and life events, their message is a unified one of hope and strength poignantly weaved into their fascinating story about their twinship.

There Aren't Any Kitchens in Heaven

by Claudia M. Jones, Ph.D.; First Books
Library, 2003, 136 pages, \$11.45 softcover

Anita Everett, M.D.

Are you looking for a good reference for the family of a person with a diagnosis of schizophrenia? *There Aren't Any Kitchens in Heaven* just might be the recommendation you are looking for. This work provides accounts of life with Paul, his paranoid schizophrenia, and his associated drug abuse. The first part of the book, "Paul's Story" is told from the perspective of his younger sister, who is also the author, Claudia Jones. An additional perspective is provided in Part 2, "A Mother's Story," a series of entries from a diary maintained by Paul's mother. Part 3 includes the evaluations of several professionals who were involved in conducting forensic evaluations of Paul.

Many of the events recounted in

the book include the type of tragic and seemingly senseless experiences that a family with a member who has schizophrenia might encounter. Paul slashes the tires on a neighbor's car when he senses the neighbors are out to get him. He goes through a period of obsessive, vigorous hand washing throughout each meal for unclear reasons and intermittently experiences a variety of auditory hallucinations of varying intensity. At one point, Paul exposes the ventilation system in his mother's house by creating six foot holes in the plaster

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ceilings so that insect bombs could be placed throughout the system to eliminate the voices that reside there and threaten him. The story includes multiple hospitalizations and complications with intermittent drug abuse. He brutally attacks his mother while under the influence of crack and psychosis. There are triumphs as well, but these are the more ordinary and modest triumphs of everyday living with a serious and active mental illness.

Although Paul has a unique set of circumstances and manifestations associated with his illness, the types of situations described in this book are likely to be familiar to many families who live with a member who has a mental illness.

What is extremely remarkable about this book is the very neutral, unassuming, and accepting way these dramatic events are presented by Dr. Jones. Throughout the book there is a tone of nonjudgmental acceptance of Paul, his mental illness, his substance abuse, the treatment system, and the law enforcement system. Although it must have been challenging not to explore potential greater meanings or rationalizations of the events in the course of Paul's life and illness, the work remains neutral throughout. Serious mental illness is not romanticized; nor does the book present a dark and hopeless outlook. Rather it provides a relatively objective perspective from which the reader can develop his or her own interpretations and understandings. Paul's mother and Dr. Jones regard Paul with respect and dignity. Throughout the writing, Dr. Jones models an attitude of acceptance in living with the realities of her older brother's mental illness and drug abuse. Perhaps with the acceptance there is a bit of adaptive or protective distancing; however, a clear sense of love and concern for the well-being of her brother is consistently conveyed throughout the book.

From my perspective as a community psychiatrist, it is disappointing that no treatment provider or system was central in mitigating the experience of Paul or his family. Paul had no

rescue. Unfortunately, this is likely to be a realistic reflection of the experience of many families who far too often are not included in the active treatment of an individual.

This book would be useful for family members, particularly those near the outset of experiencing mental illness in their family. It would provide validation of some of the experiences family members may have encountered. It is easy to read, moves at a good pace, and, at only 121 pages, is accessible even for those who are reluctant readers. This book would be useful in a teaching forum as a dis-

cussion springboard to enhance sensitivity to the lived experiences of family members. For seasoned professionals and peers, the book is likely to serve as a reminder of the intensity of the experience of family members. In a best-case scenario, it could even enhance motivation to commit to greater efforts to more directly engage family members in the active treatment of individuals with schizophrenia.

Buy this book, read it, and put it on a shelf in your office to recommend to the families of the individuals you work with and treat. It is a gem.

A Paper Life

by Tatum O'Neal; New York, HarperCollins, 2004, 304 pages, \$24.95

Micah J. Sickel, M.D., Ph.D.

At age ten, the youngest Academy Award winner in history for best supporting actress. Proud mother of three. Privy to the glamorous life. Molested at six by a friend of her father. Emotionally and physically abused by both her parents. A mother with amphetamine and alcohol addictions. A father with cannabis and womanizing addictions. She certainly did not have ideal parental models, but Tatum O'Neal still turned out pretty well.

In her memoir, *A Paper Life*, Ms. O'Neal writes about her life growing up in Hollywood amid liberal helpings of alcohol, drugs, sex, fame, and the Hollywood life. Her father, Ryan O'Neal, shuns her and her brother for a long-for-Hollywood-standards relationship with Farrah Fawcett. Fawcett is one of her father's many women, and, unfortunately, Tatum is not the priority female in her father's life. This is the same dad who says of another Hollywood actress, she is the "daughter I should have had." Unfortunately for Tatum, it never is a joke; rather, it is her reality. Luckily, or not

so luckily, she is able to move onto the next phase of her life: marriage. But, as the grass is typically never greener anywhere but where you are already standing, she finds that having left one abusive relationship, she arrives at another. She enters into a relationship with John McEnroe, a former top tennis player whose tantrums on the court are apparently not too different from the tantrums he throws at home.

The problem with early imprinting is that you feel comfortable with a particular template, and it replays itself over and over, sometimes in a good way, others like a bad rerun. One particularly poignant example is McEnroe's ability to turn most arguments into a whining match about what Tatum does not do for him, a typical pattern for a narcissist. During the 1987 French Open he is not playing as well as he hopes, so he sits her down and berates her, saying, "You haven't supported me one day during this pregnancy. You need to look it up—the word 'support.'" At that point, I think a good number of women would realize that perhaps this guy is off. Obviously, the telling of the story may be inaccurate—hindsight is 20-20—but it seems that during their ten years of marriage a great

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number of these scenes repeat, beginning with the prenuptial agreement that she is coerced into signing.

Unfortunately, part of growing up with poor parental role models is the retelling of said story over and over in the lives of these children, who make poor decisions themselves. In this case, Tatum, a victim of early physical, sexual, and emotional abuse, later demonstrates a number of borderline personality traits, including impulsivity with drugs, a vacillating sense of self, efforts to avoid abandonment, and feelings of emptiness. One of these decisions is marrying a supreme narcissist. It seems that in the beginning of these types of relationships, people like the attention being showered on them by someone so arrogant and seemingly disliked by the rest of the world. They probably sense that the narcissist will be different toward them than he or she is toward others. Unfortunately, this is not the case. Tatum gets three children, of whom she is very proud and who seem to be doing well, out of the match, but she had to endure such an unpleasant journey to achieve that.

For her performance in the made-for-television movie "On the Run,"

Tatum received a review that pretty much sums up her sense of self. "Tatum O'Neal's performance in the title role steadily conveyed the impression of a virtuous woman undone by diabolical men." She writes that the review was like getting a fortune cookie "that was all too apt!" Unfortunately, what it continues to convey is the sense that she is a victim throughout her life and that poor decisions are inevitable, that blame is always placed on someone else, and that she just stands there allowing things to happen to her.

The first part of healing is admitting there is a problem and acknowledging your role in the problem. I had a hard time finding such an acknowledgment in this book. O'Neal did enroll herself in a couple of detoxes, but it is unclear what role she actually plays in her own life. Perhaps the paper life she is referring to in the title is a life solely on paper, not felt inside, not genuinely lived, but only written about, and commented on. So, too, this is my paper review. But don't believe everything you read on paper. Read it for yourself if you like, but save your money and borrow it from the library.

thers, steals, probably prostitutes, and is flighty and irresponsible, but she is also helpful to people who are needful or sick. She still manifests remnants of the qualities that made her children love her when they were young. The author's primary positive relationship is with her stepmother, Debbie, but the pull of the once-adored biological mother remains.

The book is a portrait of emotional damage and resilience, which like many human characteristics can be captured only weakly in empirical data. A prevailing theme is the agony of hope. Tara describes her family's cyclical experience, common in mental illness and substance abuse, of curvilinear progress and raised and dashed expectations. There is almost a fear of remission because of the need to believe in and the known inevitability of another piercing disappointment.

The book is written in a style of choppy memories that zigzag across time. Many pages are devoted to Hawaiian history, which provides a social context of promiscuity, substance abuse, illnesses brought by Western sailors, and culture loss reinforced by missionary prohibitions. Despite a caring father and stepmother and orderly childrearing from an early age, Tara leads a purposeless, party girl existence. Her mission seems to be reuniting with her damaged mother in order to clarify her own inchoate life. She leaves her job, apartment, and a nascent romance in New York in order to find and heal the damaged mother. In a series of heartbreaking events, it becomes clear that the mother cannot be healed by a daughter's devotion.

This true story is about addiction, and the familial experience is all here—the self-destructive behavior of a loved one, the constraints of the system, the family's search for help, and their final acceptance of reality while still clinging to hope. It is not a new story, but some elements will be edifying to clinicians who work with children or adults who suffer from rescue fantasies or from fused identity with impaired parents.

West of Then: A Mother, a Daughter, and a Journey Past Paradise

by Tara Bray Smith; New York, Simon and Schuster, 2004, 319 pages, \$24

Harriet P. Lefley, Ph.D.

The memoir *West of Then* is about the ripple effects of a heroin-addicted mother on her daughter's life. Tara, a New Yorker, returns to her native Hawaii to seek her mother in a city park where homeless junkies live. It is one of many such scenes. Abandoned by her mother, Karen, and remanded to the custody of her father and stepmother at the age of seven, Tara continues the search and the approach-avoidant dance that punctu-

ates her life and her mother's life. Across the years, Karen reaches out and then disappears, and their reunion is impeded either by shame or by drug-induced oblivion. She rarely has a phone, and her addresses are temporary. She moves from man to man and from dilapidated housing to street to shelter, the parameters of her life defined by accessibility of drugs.

Beautiful, personable, and born into a once-wealthy, old Hawaiian family, Karen could lead a life of privilege. Instead she descends to the bottom of the underclass. She has three daughters with different fa-

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Women's Search for Love Through Sex

I'm No Saint: A Nasty Little Memoir of Love and Leaving

by Elizabeth Hayt; New York, Warner Books, 2005, 293 pages, \$24.95

The Surrender: An Erotic Memoir

by Toni Bentley; New York, Regan Books, 2004, 208 pages, \$24.95

Confessions of a Video Vixen

by Karrine Steffans; New York, Harper Collins, 2005, 224 pages, \$24.95

How to Make Love Like a Porn Star: A Cautionary Tale

by Jenna Jameson; New York, Regan Books, 2004, 592 pages, \$27.95

Jeffrey Geller, M.D., M.P.H.

Dorothy Parker, with her usual acerbic wit, once said, "You can lead a horticulture, but you can't make her think." The four books reviewed here may in fact refute that argument, although I have no idea what the message is in each of these books, nor am I sure that each of the authors has an idea. Each of the four women who wrote these books comes across as bright, and at least three are quite articulate (Jameson is the only one who cites a coauthor), but it is not clear why each of these authors published her account.

Elizabeth Hayt's *I'm No Saint* portrays the life of a woman born into privilege in 1961 to a physician-led Jewish family in Great Neck, Long Island. Hayt comes from a family with a maternal grandmother with mental illness, a maternal uncle with Down's syndrome, and a mother who was psychiatrically hospitalized at Payne Whitney Clinic after having a second-trimester abortion while pregnant with what would have been her fourth child. Hayt grows up in a household that subscribes to "Bloomington's therapy"—fix any hurt with a shopping trip to Bloomingdales. Her sexually promiscuous adolescence begins at age 13; cocaine use begins as a college freshman. Her history includes alcohol abuse and an eating disorder. Her mother, unfulfilled by a relationship with her husband, relies upon Hayt, "as a confidant, advisor, and admirer."

Hayt's marriage is an unfulfilling relationship. Her husband has considerably less sexual experience than she, and when she is crude her husband tells her that she "lacked a discretion gene." He "appeared to retreat inward, averting his eyes, unfolding his body in an imaginary vacuum of compressed space." Hayt becomes the overwhelmed mother of a colicky son, and at the age of 34 the marriage is over.

Hayt's response is to have breast augmentation surgery, upper and lower eyelifts, laser resurfacing of her crow's feet, and dermabrasion to sand off the wrinkles around her mouth. She becomes a regular for Botox injections. Multiple casual sexual encounters ensue and generally leave Hayt unfulfilled. She notes, "Having expectations and hopes was the great faux pas of casual encounters." Nothing she searches for seems to lead her to where she wants to go, and she looks for love through sex. Following eight years of self-absorbed efforts at self-actualization, Hayt decides she'd like to return to her husband. He wisely turns her down. Hayt plays with faux autonomy, and after playing enough she wants to go home. What Hayt learns is that you can't go home again.

Toni Bentley, in *The Surrender: An Erotic Memoir*, writes an ode to anal intercourse. In fact, Bentley takes the reader through 298 episodes of sodomitic intercourse over a three-year period. Being an expert in this endeavor, Bentley provides us all sorts of insights, such as sodomy "involves the hard edge of

truth, not the soft folds of sentimentality inherent in romantic love."

Bentley takes us through her entire life, one in which she begins dancing at age four and ultimately dances with George Balanchine's New York City Ballet for a decade. Insightful remarks that are peppered throughout this account of her life explain, at least in part, her journey. She notes, "I could not lose myself with a peer only with a man who was impossible." And, sodomy "is the most extreme form of rebellion against one's parents in which one could possibly indulge—returning not to adolescence transgressions, but rather to the original injury." Although Bentley tells the reader she is an "anal zealot" spreading the word, she is probably more accurate when she tells the reader that her life is a quest to fill the gap left by a "daddy who didn't love me enough way back when." Perhaps in Bentley's case it all comes down to the fact that after being sexually assaulted as a child, she much prefers sexual relationships in which the tumescent penis is invisible to her.

Karrine Steffans' *Confessions of a Video Vixen* is the story of a woman born in 1978 in St. Thomas to an 18-year-old mother who physically abuses her and a 26-year-old father who is absent. Raised by a grandmother to whom she is very attached until age ten, Steffans moves to Florida, is raped at 13, and quickly becomes a runaway living in the streets. She subsequently moves to Scottsdale, Arizona, at age 16 to live with her father. She then takes off and begins her career as an exotic dancer. At 17 she attempts suicide, goes in and out of abusive relationships, and has multiple abortions and miscarriages. She gives birth to a son at 19, has breast augmentation surgery at 20, and abandons her son to his negligent father to be a "single woman in L.A." at 21. For the first five years of her son's life, her treatment of him would warrant any social service agency to take custody from her.

Steffans informs the reader that "My mother always made me feel I

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was less than a person,” that she grew up a bedwetter and thumb-sucker until high school, that she had weight problems (toward the anorexic end of the scale), and that she lived in the hip-hop world most often as a kept woman who either implicitly or explicitly traded sex for money. Steffans’ story takes her from rags to riches to rags, until she almost magically has a revelation that turns her life to the straight and narrow.

Jenna Jameson’s *How to Make Love Like a Porn Star: A Cautionary Tale* is by far the longest and most heavily illustrated of these four books. Jameson’s history includes the death of her mother when she was four years old, being gang-raped and beaten when she was a sophomore in high school, being raped a second time when she is 16 years old, beginning her life as a stripper at 17 while still going to high school, getting her first breast augmentation surgery at age 20, succumbing to an eating disorder such that her weight was 76 pounds by 21, recovering, and becoming a porn star that same year. Imbedded in this book—besides Jameson’s life story—are pages from her diary, scores upon scores of pictures taken throughout her lifetime, and didactics on how to become a stripper, a porn star, a het-

erosexual lover, a lesbian lover, and a tattoo recipient.

Jameson’s story is one of a woman who has slept with between “60 and 80 people, some men, some women, sometimes on screen and sometimes off the screen.” It’s not clear what this gets her, nor is it clear why this is a cautionary tale.

These four “herstories” about women who are either not seen or noticed, are abused as young girls, and suffer the consequences at least through their thirties have much in common. Bigger breasts don’t get you intimacy, but they do get you attention, further abuse, free alcohol, free street drugs, and trash. Whatever each of these women wanted, their sad stories make clear once you get by all the hype is that none of them look for it in the right places. Taken together, the message in these books is given the choice among submitting to the plastic surgeon’s knife, engaging in sexual intercourse with the ease and frequency of drinking bottled water, or spending time on the psychiatrist’s couch, it’s the last that is most likely to get you what you want if you’re a woman who is injured early in life. What these books make remarkably clear is that if you want to be touched in the heart, being touched on the genitals is no substitute.

tenets included in this work that bring a perspective that is inconsistent with the way most professionals and advocates today characterize mental illness, which is exactly the point of Dr. Breeding’s work.

The Necessity of Madness includes numerous opinions espoused on a variety of subjects that have in common Breeding’s views on mental health. Three central themes are: “Psychiatry is inherently coercive” and has been developed as a social mechanism to control nonconformational behaviors and beliefs; our current understanding of mental illness as a medical disease is not well founded; and with hope, courage, complete self-appreciation, and the “good attention of another safe caring human being,” individuals can set about to do the work of emotional recovery.

From the perspective of a psychiatrist who has spent more than 20 years working in partnership with consumers, patients, professionals, advocates, elected officials, and family members to improve the lived experience of individuals with mental illness on many levels, the continued psychiatry bashing in this work is very difficult to wade through. Dr. Breeding makes numerous references to the use of psychiatry as a tool of the Third Reich to control and exterminate mentally ill and otherwise nonproductive and defective individuals. It is inarguable that there were aspects of international unrest preceding World War II that led to a hope that science, including social science, would help to solve many levels of problems. However, most of us would not go so far as to blame psychiatry as the principal cause of Nazi atrocities, although it is undeniable that there were physicians who participated in the atrocities. Perhaps we are comfortably in denial, and perhaps that is part of the value in a very biased work such as this, salted with ideas that at least partially resonate.

If you are looking for a book that depicts many of the themes and ideas that are upheld by individuals

The Necessity of Madness

by John Breeding, Ph.D.; London, Chipmunk Publishing, 2003, 476 pages, \$45 softcover

Anita Everett, M.D.

The title draws you in; is there a useful aspect to madness in human and psychological development? Certainly individuals throughout time have hoped and searched for meaning in the experience of madness. Families as well have hoped and prayed that on the other

end of a period of psychosis or madness will come new insights and interpersonal growth. Although this may happen sometimes, it is also true that for many people periods of madness or psychosis are disruptive and distracting and do not result in useful interpersonal development. Dr. Breeding asserts that “madness is a dynamic process which can result in breakthroughs to deeper levels of spiritual maturity and a richer fuller life.” This is one of several

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who identify with the psychiatric survivor movement, this would be a very practical resource. The prominent antipsychiatry language distracts from Breeding's useful ideas regarding recovery and self-care near the end of the book that would be very helpful to certain consumers who are looking for a high level of intellectual peer-to-peer

support and exchange of positive and constructive ideas they could incorporate into their own recovery. Hopefully, in the not so distant future, we might all be able to work together to advocate for necessary tools so that all people affected by mental illness can pursue a meaningful life in the community of their choice.

source to help the young twenty- or thirty-something therapist understand the background of their older sixty- or seventy-something patients. The World War II patriotism, the McCarthy and atomic bomb paranoia, and the sexual stereotypes that younger mental health professionals have not experienced are all made to feel very real in the pages of this remarkable memoir.

When All the World Was Young: A Memoir

by Barbara Holland; New York, Bloomsbury, 2005, 310 pages, \$24.95

Robert Feder, M.D.

The book *When All the World Was Young* is Barbara Holland's memoir of her childhood and teenage years. Most of the book takes place in her white, middle-class, liberal home in Washington, D.C., during the 1940s and early 1950s. Holland is an accomplished writer—this is her 15th book—and a wonderful storyteller. Her beautiful prose and wry wit should make this a quick, absorbing, and enjoyable read for just about anyone. For the mental health care professional, a wealth of jewels is scattered throughout.

Holland gives a palpable description of what the early years of school were like for a girl with learning disabilities in math and music and how they are basically ignored by her teachers and family. She grows up in an era when learning disabilities had not yet been discovered and girls were not supposed to be interested in math anyway. The traditional expectations for women in our society are a pervasive theme in the book. Neither Holland nor her mother fit these expectations well, and it is a source of significant identity confusion and sadness for both of them. Holland is very incisive and convincing in her examination of how these expectations are at odds with basic human needs and desires. As a long-time male chauvinist, I came away from the book with a

new-found understanding of sexual equality.

Holland is a master at examining family dynamics, particularly sibling relationships. She gives brilliant descriptions of her relationships with her brothers and sisters and the relationships between her mother and her aunts. Her insights into why everybody behaves the way they do are equally wonderful. The author also has some valuable observations on the origins of personality traits. She gives convincing arguments and examples to show that some are formed by parental behavior (how Holland deals with money) although others seem to be set at birth—lifelong friendliness or irritability of specific siblings.

This is also a book about memory. Things Holland is able to recall and recount in astonishing detail contrast interestingly with the things she does not seem to remember much about. Her lack of memory is most notable during her late teenage years when she desperately tries to find a purpose for her life and apparently becomes clinically depressed. Interestingly, what enables her to get well from her depression is not a therapist but getting a job and feeling that she has a purpose and niche in life. As a younger child, how she dealt with the sexual traumas of her life and avoided PTSD is a very valuable lesson in the effective use of intelligence and selective forgetting.

This book can serve as a great re-

Down Came the Rain: My Journey Through Postpartum Depression

by Brooke Shields; New York, Hyperion, 2005, 240 pages, \$23.95

Carol C. Nadelson, M.D.

In this inspiring and readable memoir Brooke Shields relates the history of her infertility and its treatment, with a resulting in-vitro-fertilization pregnancy, a difficult delivery by C-section, and a postpartum depression. She is frank, realistic, and informative. She details the procedures and the emotional trial she experiences. As her story unfolds one can understand many of the complex elements that contribute to her psychiatric symptoms. These elements, often risk factors for postpartum depression, include her history of depression and the death of her father shortly before she delivered her baby. Her story invites consideration of the potential for prevention of serious postpartum disorders.

Her forthright presentation of the experience of a daughter and wife becoming a mother movingly portrays the changing of identity with this life event. It also teaches us about her vulnerabilities and every woman's vulnerabilities at this time of life.

She provides an important account, which must awaken everyone involved with the care of pregnant and postpartum women to take very seriously the early symptoms of depression as they evolve into a serious ill-

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ness. Depression affects a substantial number of postpartum women, about 10 percent.

It is clear from Shields' accounts that the combination of psychotherapy and medication were instrumental in her recovery and in her ability to experience the joy of mothering her newborn daughter. The combination allows her to again be able to be part of the lives of her husband and her family and to reinvest in her career.

Shields also identifies and discuss-

es the conflicts that she and many other women experience with work and motherhood, gender roles and parenting, and the complex restructuring of family relationships that occur when a child is born. These conflicts are compounded in her experience by her celebrity status, which adds to the stress as well as the excitement. This excellent book should be read by those of us in the field of mental health and by our students and patients.

by illness and injury and the pain of the stigma they must endure.

Further, the book is a detailed piece of history that occasionally reads like an adventure story. It will ring true to anybody who has been in or has family members in the military. For example, in reference to listening to his own artillery fire, Fick states, "I slipped back to sleep under a comfortable blanket of outgoing death and destruction." This is an almost an exact quote from my father who served in World War II.

But in the end *One Bullet Away* is a book about a person and a war and so is inevitably sad and lonely. It is a message in a bottle from Captain Fick to us. One could read this book for all the above reasons, but most of all it should be read for the honor of meeting Nathaniel Fick.

One Bullet Away: The Making of a Marine Officer

by Nathaniel Fick; New York, Houghton Mifflin Company, 2005, 384 pages, \$25

Stuart Graves, M.D.

But on the battlefield that night, long history marched unchanged into the 21st century. Strong men hauled heavy loads over rough ground. There was nothing relative about it—no second chances and no excuses. It was elemental and dangerous. It was exactly why I had joined the Marines."

"The future disappeared . . . I existed only in the present. The one thing keeping me going was being part of a group. . . . The epiphany struck one morning the next week as I locked my body in the . . . 'up' pushup position. Sergeant Olds put the whole platoon in that posture while he berated a candidate. . . . The message wasn't in Olds's words; it was in recognizing that this wasn't about how much we could take, but about how much we could give."

"Our values were being inverted, and it threatened to destroy us. Good Marines were sent on a stupid mission governed by harebrained rules of engagement. . . . Our actions were being thrust in our faces, and the chain of command was passing the buck to the youngest, and most vulnerable, of the troops. . . . If they got killed or went insane, I had to be able to look at their mothers and explain that they

hadn't been victims of their own comrades' mistakes. Those Iraqi boys could die, but I couldn't let them die in our hands."

These marvelous passages are a few of the many that await a reader of Captain Nathaniel Fick's book, *One Bullet Away: The Making of a Marine Officer*. Captain Fick takes us from his days as a classics major at Dartmouth, through myriad Marine training schools, 9/11, a tour of duty in Afghanistan, a tour in Iraq as a reconnaissance officer, and finally through his exit from the Marine Corps and return home. The book is replete with insights into sociobiology, various cultures, psychology, and the genesis and effects of posttraumatic stress disorder. It could be read for those reasons alone.

It is notable to me that the one command during training that inflicts too much pain upon Fick and his comrades to bear is to feign being a "psychiatric" casualty. Fick is ordered to pretend to break down, but he cannot bear the separation that comes from continually pretending to let his comrades down, and they cannot bear or understand his absence. One confronts Fick and curses him. At this point Fick tells them of the ruse, and they cover for his breaking the order. This is instructive for people in the field of mental health as we consider the alienation wrought in our patients

All Will Be Well: A Memoir

by John McGahern; New York, Alfred A. Knopf, 2006, 289 pages, \$25.00

Nancy Byatt, D.O., M.B.A.

John McGahern writes an illuminating memoir that brims with details of his youth in the Irish countryside. The eldest of seven children growing up in the Iron Mountains of Ireland, McGahern lives in a small bungalow outside the village of Ballinamore in County Leitrim. His father, a police sergeant who sporadically visits in his blue Ford, lives 20 miles away at the police barracks. While growing up, McGahern is reassured by his mother, a teacher and independent woman who provides him with her warm and gentle love. His mother easily wins his affection while his father, an unstable character, continually pushes him away. While still a boy, at the age of nine, McGahern is struck with grief upon his mother's tragic death from breast cancer. Once comforted by his mother's selflessness, he is now forced to

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live under his father's brutality. The reader is drawn into McGahern's early years as he and his siblings struggle with their father's tyrannical rule.

McGahern and his siblings are sustained by the memory and love of their mother. While his mother is alive, he feels "safe in her shadow." Now that she is gone, he experiences a posthumous security from her memory. Strengthened by his mother's love, McGahern is able to break free of his father's rule and takes himself increasingly far from home. McGahern traces the start of his life as a writer, and the search eventually takes him back to the untouched land in which he grew up.

The author allows us to catch the subtle beauty of Ireland's countryside and its inhabitants with his description of its quiet fields and roads. The reader becomes intimately familiar with the fields, villages, and bogs of the west of Ireland and the plainness of the people who live there.

All Will Be Well has general reader appeal and is of particular interest to mental health care professionals as it poignantly presents insight into the daily routines that shape McGahern's life and work. McGahern delivers a compassionate and vivid portrayal of his life, almost to the present. As we glimpse the author's suffering, we are moved by this compelling personal testimony that chronicles his life.

fects, and bone marrow transplant; and of their high hopes and profound disappointment. Hall shares brief stories about both his and Kenyon's writing careers and occasional excerpts from their poems or stories.

The book ends with a recounting of Jane's final 11 days, when the couple learns that treatment has failed and that death is imminent. There follows a poignant description of their preparation for Jane's death—described in Hall's heartbreaking prose.

Jane's struggle with lifelong depression and occasional mania is a brief focus in a chapter entitled "The Soul's Bliss and Suffering." There is a description of the dilemma when the leukemia condition and treatments render Jane unable to use medicines for her mood symptoms and when the treatments cause psychiatric symptoms. Hall's recounting of all the medical and psychiatric details are authentic and accurate.

The story, though, is primarily one of steadfast love, human pain and suffering, and the pathos of grief and loss. Anyone who has ever loved someone or lost someone will appreciate its depth and beautiful writing.

The Best Day the Worst Day: Life With Jane Kenyon

by Donald Hall; Boston and New York, Houghton Mifflin, 2005, 258 pages, \$23.00

Maggie Bennington-Davis, M.D.

Both Jane Kenyon and Donald Hall are authors and poets of some renown. Although Donald was 19 years Jane's senior, they were married for 23 years. *The Best Day the Worst Day* is their story, written with unrelenting tenderness by Donald Hall, ten years after Jane's 1995 death from leukemia at age 47. Hall is also the author of *Without*, a book of poems about his life with Jane.

The book begins with Jane's death and funeral day with a clipped, sort of dissociated style. The tone relaxes in the following chapters, as Hall reels back to his and Jane's first meeting more than two decades before (she was a student in his writing class). The book proceeds in a back-and-forth rhythm—one chapter tracing their marriage and life together, the next chapter chronicling the final 15 months of their life eclipsed by the diagnosis of acute lymphocytic leukemia, then back again to Hall's delight in the years of Jane's developing writ-

ing career. Throughout it all is a profound statement of the care both Kenyon and Hall gave to this marriage of writers.

Hall writes in an intensely personal style. He transparently describes his reactions to and struggles with Jane's diagnosis and illness. His bewilderment is palpable—when he'd first contemplated marriage with Jane, he had worked out that life expectancy charts predicted that Jane would outlive him by 25 years. Furthermore, shortly before Jane's diagnosis of leukemia, Hall himself is diagnosed with colon cancer metastatic to liver (although he remains disease-free even now). These factors made Jane's imminent death all the more difficult for Hall to imagine.

Although the book is not long, it is filled with absorbing details—of Kenyon's and Hall's work and lives, of their beloved pets, of family (both of their mothers died during the final 15 months of Jane's life after her diagnosis of leukemia), of their thoughts and fears (with excerpts from Jane's journal); of the medical realities of leukemia diagnosis, treatment, side ef-

Girls of Tender Age: A Memior

by Mary-Ann Tirone Smith; New York, Free Press, 2005, 288 pages, \$24

Sara Goldman, M.D.

When I first perused *Girls of Tender Age*, I was curious whether its contents would hold up to the abundant praise from various authors and reviewers that is printed on its cover. However, by page 15, I was hooked. The story the author tells about her childhood years in Hartford, Connecticut, is quite remarkable. She grows up in a middle-class family with an older brother who she says is likely autistic—many

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years before autism was recognized as a discrete disorder. Much of her family life revolves around satisfying his needs in order to control his behavior, and she is expected to adhere to this code and to watch him when their parents cannot be home. This robs her of much of a normal childhood. In addition, when she is ten she has to cope with the murder of one of her best friends and with the way it rocked her small community. These two stories are very cleverly interwoven, which lends tension and depth to this memoir. For example, the similarity she points out among the literal silence needed in her house in order to accommodate her brother's sound sensitivity and the silence which was wrapped around the murder by the adults in her community makes a wonderful parallel.

The latter half of the book deals with the author's investigations into the murder as an adult and with her attempts to reconstruct the two years that are lost to her after her friend's death. She had subconsciously repressed many of her memories from this time in her

young life. This part of the book, although not quite as fast paced, is fascinating. However, I found myself wishing in both parts of the book for more details of how these events affected the author emotionally, both as a child and as an adult. One can speculate that the environment of emotional silence that surrounded her childhood resulted in an emotional silence in her adulthood as well, and watching this process makes this book quite interesting.

For this reason and others, anyone in the mental health field would benefit from reading this well-written memoir. Although the portrayal of her character development may be inadvertent by the author, it is interesting nonetheless. The experience of her friend's murder gives food for thought, but the impact of her brother's developmental disorder on her family and how he was treated by them is just as thought provoking. Anyone with an interest in childhood development disorders should enjoy this book as well. I heartily recommend this book as well worth the read.

author's language is redolent with sexuality and heavy-curtained secrecy, in the fashion of many Southern authors, yet her writing lacks art and, for this reader, sympathy.

The title of the book would be better stated "With a Child's Voice," because Dr. Daniels continues to be the bitter, hungry, and frightened child who is seemingly unchanged despite years of psychotherapy, psychoanalysis, and her professional development as a psychologist. She maintains this tone until the coda of the book, which comes after more than 300 pages of anger and pain. Most of this book is tiresome, whiny, and utterly lacking in evidence of working through the author's issues. This woman is angry, furious, and enraged and insists that the reader share her worldview. Eventually, the author finds an analyst who can bear her pain and understand her traumas and yearnings, and through psychoanalysis she manages to restore herself to a life of writing, of hope, and even, it seems, of joy.

At some point, a psychotherapist must request that the patient take the insights gained from therapy and put them to work in her life; insight alone is an insufficient goal of psychotherapy. Yet until the very last few pages, Dr. Daniels does not demonstrate any appearance of growth as a human being. Forgiving her parents may be too much to ask of a person who feels so injured, but why not understanding that leads to rapprochement? All I hear from this author is "I survived!" In fact, the first sentence of the coda chapter is "I still exist."

The author courageously shares her dreams and other content from her analytic hours. She shares experiences, events, thoughts, and the most painful fantasies. Somehow the author's rage prevents much empathy from developing until the end. Yet Dr. Daniels, as she states herself, has remained demanding: "my man would have to be pretty remarkable to fit with the standards I've internalized from Dr. Howie [the analyst]." She does not realize that her standards also limit her re-

With a Woman's Voice: A Writer's Struggle for Emotional Freedom

by Lucy Daniels; Latham, Maryland, Madison Books, 2002, 352 pages, \$27.95

Ellen B. Tabor, M.D.

If the unexamined life is not worth living, what, then, about the overexamined life? The life that Lucy Daniels heaps upon the page in *With a Woman's Voice* is examined as closely as an anorexic might measure her food. No detail is too insignificant to be retold, and no event took place that the author does not use to hammer home her point. Her childhood, privileged on the outside, is barren, abusive, and traumatic on

the inside, the secret place that only she knows. As she force feeds the reader the minutia of her thoughts, this reader pushed away the overloaded plate of words and said, "Enough!"

Lucy Daniels describes her mother as cold, more concerned with appearances than with love, and fearful of her daughter, a rival for the attention of her father, who is a boisterous, sexual, and menacing man. She describes herself as the victim of their insufficient efforts to nurture or destroy her. So she acts out their emotional starvation and sexual intrusiveness by becoming anorexic. And she repays them by stuffing her readers to the point of bursting. The

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relationships with her children and grandchildren. She seems gratified to note that “needs can be roots of power.” What she does not seem to have learned is that to get along with others one must sometimes sublimate one’s needs for theirs. Hers is a sad story indeed, and one that, for

all her success, remains sad today.

With a Woman’s Voice is not a pleasant book, and it is not a good book. I cannot recommend it for any reader. Curiously, the book was printed in Iceland. Dr. Daniels seems to have inhabited a land of ice herself, and she resists thawing.

Mirror to America: The Autobiography of John Hope Franklin

by John Hope Franklin, Ph.D.; New York, Farrar, Straus, and Giroux, 2005, 401 pages, \$25

Michael Bell, M.D.

A 12-year-old Boy Scout helps a blind woman cross the road. A beautiful gesture indeed, until the ugly head of racism appears when the blind woman inquires about the race of her helper halfway across the busy intersection. Upon discovering he is black, she panics in repugnance. Now this same gesture becomes a lifelong mental scar for the Boy Scout who would write about it 78 years later.

Dr. John Franklin, who became the first African-American recipient of a doctorate degree from Harvard University, was that Boy Scout. His long and prestigious career includes numerous scholarly works that would prove to redefine early American history, race relations, and how African descendants view themselves. He holds several honorary degrees from leading academic centers, became the first black historian to assume a full professorship at a white institution, was instrumental in fighting for the historic *Brown v. Board of Education* decision during the civil rights movement, and received the nation’s highest civilian honor in 1995, the Presidential Medal of Freedom. His 3.5-million-copy bestseller, *From Slavery to*

Freedom, remains one of the best accounts of the last four centuries of American history.

Mirror to America is a story of a life that spans almost a century. It is a story of a human being who isn’t fully accepted by the larger society because of the color of his skin. Unfortunately, it is a common story. It is a story psychiatrists, especially clinical psychiatrists, would benefit from understanding if we are to truly appreciate the world of people whose skin is darker than most. Dr. Franklin’s life takes us through rural and small U.S. communities and through academic centers in the South, Midwest, East Coast, and even in Hawaii. His story takes us to the Oval Office, to India, behind the Iron Curtain during the Cold War, and to Australia. He writes about the major events of the past century and what these events meant to his life, to his family, and to the majority of African Americans. He faces the harsh reality of racism at every stage of his life. It never ceases. We readers, however, are lucky to read his account, for it allows us to glimpse the injustice, the pain, the burden, and the will to overcome a life in which one is often hated, ignored, suppressed, criminalized, or humiliated for having more melanin in his or her skin.

This book is thoughtful, uplifting, and necessary. It is painful to read at times. The author writes about

events that took place more than seven decades ago, and yet your patient may talk about similar events that took place last week. Dr. Franklin’s book is thoughtful in that it considers almost every aspect of human experience, including world events, mental processes, individual personal traits, chance, and destiny. It is uplifting because Dr. Franklin enjoyed his life despite the hardships. He often comments on the joys of a good meal, fishing, his orchids, and of course “my old gold,” his wife of more than 50 years. It is a necessary read for our field of treating human suffering. Reading this story is essential even in 2006, because racism continues to thrive all over the world. Unfortunately, racism is a common story that many would rather ignore. However, ignoring the problem rarely brings about healing.

I, Wabenzi

by Rafi Zabor; New York, Farrar, Straus, and Giroux, 2005, 472 pages, \$26

Ellen B. Tabor, M.D.

The memoir *I, Wabenzi* takes the reader on a wild ride. Its author, Rafi Zabor, née Joel Zaborowsky, takes us from Brooklyn to Woodstock, Turkey, England, Israel, Germany, California—and these travels do not begin to approach the travels the author has taken in his mind. The author, a nice Jewish boy from Brooklyn, reinvents himself through seeking and finding charismatic teachers from the Sufi branch of Islam, and by telling his tales he weaves threads into a complex and colorful tapestry. There are flights from family, reality, and perhaps sanity. Zabor can clang with the best of manics and invent

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words as pithy as any neologism. Is he crazy? Who cares? He escorts—nay, kidnaps—the reader for one wild magic carpet ride. Not long into the book, the reader becomes a willing accomplice, enjoying the contact high.

The book is in essence a bildungsroman, the story of a young man's struggle to define himself. His mother is mentally ill, and one might say abusive—although the author would disagree. Yet his attachments to family, to Brooklyn, and to heritage never break, and he even refers to himself as the “too symbiotic son.” He manages to integrate all that into his struggles and journeys and even finds that a member of the commune he visits in England is the brother of an old girlfriend, himself also much transformed. One of Zabor's struggles is with writer's block, and this rather weighty book is evidence that he has overcome it.

The book reminded me of John

Fowles' *The Magus* (1), in which the protagonist also takes a journey in which he learns the meaning of Eliot's (2) lines

“And the end of all our exploring
Will be to arrive where we
started

And know the place for the first
time.”

This excerpt could be the summary comment for *I, Wabenzi* as well. Zabor never rejects his past, exactly, nor does he return exactly to where he started. Instead, he manages to integrate his memories, traumas and experiences into a new whole: son, friend, author, mystic, Sufi, Jew, observer, participant.

What is a Wabenzi, by the way? It's simply a person who owns a Mercedes, conjugated from the African. For more, read on.

References

1. Fowles J: *The Magus*. New York, Dell, 1978
2. Eliot TS: *The Four Quartets*. Available at

and teach to other “nerdy” types, as they are called, during weekend workshops.

The author goes from one guru to the next, perfecting his own style, and, in fact, he renames himself “Style.” But by the end of the book, Strauss tires of *The Game* and does not like the way his new perspective has objectified women. Because of his new-found techniques, though, he finally finds one woman who is more than a conquest to him.

The journey is liberally sprinkled with cameo appearances by celebrities, like Heidi Fleiss, Tom Cruise, and Paris Hilton, to name a few, and both domestic and foreign exotic locales. Strauss is able to laugh at his own foibles as well as describe the despair that can come with a narrow or shallow approach to life.

This book has sufficient psychological and social subtext to be of interest to psychiatrists, psychologists, and other mental health professionals, both as a diversion and perhaps as a warning of how boundary violations could begin. Many of the described techniques sound plausible, and, for people so inclined, they might even work!

The Game: Penetrating the Secret Society of Pickup Artists

by Neil Strauss, New York, Regan Books, 2005, 452 pages, \$29.95 softcover

Alan D. Schmetzer, M.D.

The book *The Game* is another of Neil Strauss's biographies, but this book is partly autobiographical and a brief history of a group of self-styled “pickup artists”—people who essentially make a full-time career of trying to achieve multiple sexual conquests. The book has a thin, leather-like cover, gold lettering, and a bound-in ribbon bookmark, much like a Bible. The symbolism is intentional, as the book chapters are based on specific techniques and “moves” that form a “bible” of the art of seduction—how to “select a target,” “approach and open,” remove “the obstacles,” “create an emotional connection,” and so forth. Although “men will deny it” and “women will

doubt it,” Strauss declares this to be a true story and asks that the reader blame not the players but *The Game*. The book features a number of theories or “schools” of seduction.

The running thread throughout is the author's search for his own perfect pickup technique and for a sense of satisfaction in life. *The Game's* goal is to be able to pick out a random “target” person in any setting, no matter how many competing companions are already present, and by virtue of the right combination of behaviors, body language, and words develop an attraction that ends with a phone number, a kiss, or the ultimate prize—a sexual encounter. Strauss arranges to meet various instructor-mentors, the “gurus,” from whom to learn along the way. Each guru has had to study the art of the pickup as a set of behaviors to be analyzed and reduced to a given formula that he can both use

The Truth Book: Escaping a Childhood of Abuse Among Jehovah's Witnesses

by Joy Castro; New York, Arcade Publishing, 2005, 230 pages, \$25.00

Mary E. Barber, M.D.

The title of Joy Castro's memoir, *The Truth Book*, refers to the book that Jehovah's Witnesses hand to potential converts, “The Truth That Leads to Eternal Life.” Joy is adopted at birth by a couple who are Jehovah's Witnesses. Her father is “disfellowshipped” by the Witnesses for smoking when Joy is seven, and her parents later divorce. When Joy is 12, her mother marries an extremely

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controlling, abusive man who is a Witness elder. For the two years that follow, Joy and her younger brother suffer beatings, starvation, sexual abuse, and isolation from the outside world until Joy is able to run away to her father.

The book's main shortcoming is its tabloidesque cover, bright-red with a black banner across the front and a black-and-white photo of Joy and her brother as children. It suggests that the contents will be an exposé of the Jehovah's Witness community. Certainly, the role of the Jehovah's Witness leadership in allowing the abuse to continue plays a central role in the story. The close-knit and separatist nature of the Witness community, their beliefs in corporal punishment for children and the father's dominance in the family, and the secular world's reluctance to interfere with religious practices all work against Joy's efforts to escape her torture. Yet the story resonates much more broadly than an indictment of the Jehovah's Witness community. Above all it is a compelling personal family history and a story of triumph and resilience.

In her memoir, we experience how the abuse affects Joy's 12-year-old mind and how it continues to affect her in its aftermath. This thread is in-

terwoven with the story of Joy's father, who buried his Cuban background as a young man in an effort to fit into American society. As Joy tries to piece her father's contradictions together, we learn of the sadness behind the ebullience she witnesses as a young child and of the affairs that ultimately end his first marriage. The book chronicles and tries to make sense of his suicide, which occurs when Joy is in her early thirties and a successful young English professor. She also seems to try to connect her mother's early tendency to berate and emotionally abuse her with her decision to leave her first husband and marry an abusive man. Interestingly, we never find out how Joy's parents became Jehovah's Witnesses or whether they were raised in that faith.

Clearly, no easy explanations are available for Joy's parents' behavior or decisions, and the author does not try to offer any. Nor does she give any societal prescriptions to end violence against children. This is simply and powerfully a literate, sensitively written window into one young person's world. Reading about Joy's journey through her horrors and toward making peace with herself and her past may be helpful to others who have experienced abuse and to those who

talized with a severe pain in her abdomen that is proving difficult to diagnose. Alternating chapters use flashbacks to bring her life story to the present.

I was interested early on and read with awe about a 12-year-old girl who struggles, without tears or fear and a maturity beyond anyone's years, with thyroid cancer, cysts in her jaw that require reconstructive surgery, malnutrition, and a ruptured appendix that includes a septic infection. Within a year the cancer in her neck recurs. She is diagnosed with skin cancer and hundreds of skin tags are removed from her body. By age 14 she has developed acute anemia and has surgery to correct double vision.

Like most other therapists, I have learned the value of a healthy skepticism. I take personal histories prepared to later find that something I'm told will turn out to be exaggerated or flatly not true. As I got further along in *Lessons in Taxidermy*, reading her account of one heroic victory after another, I found myself starting to diagnose Ms. Lavender with histrionic personality disorder. As a clinician who works with adolescents, I found it impossible not to wonder how someone so damaged—scarred, literally and figuratively, and traumatized by illness and accident—could seem so mature and without a psychological impediment. The narrative contains two references to therapy, which our heroine had turned from with disdain.

To offset my growing doubt, I attempted to visit the author's website, only to learn that it is under construction—in Italian. I do think that Ms. Lavender has talent—her writing evokes a special mood that does not waver. Yet whether this book is truth or fiction, it sadly lacks believability. If true, the volume could be taken seriously only by grounding the narrative in specific details of place and time. If fiction, Lavender should have it explained to her how, with her writing ability, she could have told a more compelling story with greater character development and only one disease.

Lessons in Taxidermy

by Bee Lavender; New York, Akashic Books, 2005, 225 pages, \$12.95 softcover

Maureen A. Kaplan, L.I.C.S.W.

I had read nearly half of Bee Lavender's *Lessons in Taxidermy* before I began to suspect that I was being had. I had gotten to the part where the author relates a horrific car accident. Her first-person prose never blinks when describing the event—how, at 16 years old, she had been behind the wheel as one friend “lost her forehead” and another suffered a broken spine, while she herself had a

broken collarbone, pelvis, and ribs; nerve injuries in her extremities and face; damaged hearing; and a lost sense of smell.

Lavender's 160-page book is not labeled fiction or nonfiction, but one is encouraged to assume that the work is a memoir by a note explaining that the names have been changed. The book is somewhat overwritten but has a distinct style that grabs your attention right away. The protagonist is a young mother of two, who at the book's start is hospi-

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My Father the Spy: An Investigative Memoir

by John H. Richardson; New York, HarperCollins Publishers, 2005, 314 pages, \$24.95

Jaak Rakfeldt, Ph.D.

Mom calls. Dad's in the hospital, on oxygen. It's his heart. I fly down." Thus begins Richardson's *My Father the Spy: An Investigative Memoir* about his father the sleuth. The book ends with, "One last trip to the bathroom. . . . The toilet paper roll is almost empty and that's when he says his last words: 'Another roll.'" The book's almost universal theme is searching for who we really are as people, and one way of doing so is by understanding our parents more fully. Richardson leads us through this odyssey in his carefully researched, often compelling, sometimes funny quest to learn about his CIA station-chief father, also John H. Richardson, who served in Vienna, Manila, Saigon, and Seoul.

As a top CIA officer, John H. Richardson, Sr., stonewalls when his son asks him about his job, his life, or anything else by saying, "You know, son, I took an oath of silence." When Richardson contacts the CIA regarding his father's career he receives the official response: "Not only no, but hell no—and if you pursue this, we must contact John Richardson, Sr. and remind him of his secrecy oath."

Richardson begins and ends his book when his father is dying in Mexico. He uses old letters that his father had written to a friend, diary entries, and interviews with former colleagues as his source material. Richardson Sr. grew up in Whittier, California, and attended Whittier College (Nixon was one year ahead of him). The most surprising thing he learns is that his stiff, straightlaced father, who built a career fighting Communism, had once been a devout romantic, a poet, a wanderer, a dreamer, and a soul-searching, agonized idealist who read voraciously while searching

painfully for some kind of spiritual and intellectual deliverance.

His father joins the Army during World War II and is selected for a new, top-secret wartime intelligence unit, the Counter Intelligence Service, the precursor to the CIA. Through the Cold War decades, the family moves from post to post. His father is a workaholic, totally absorbed by his mission. Growing up in this family, Richardson and his older sister rebel as teenagers during the tumult of the 1960s. Their acting out, with sex, drugs, rock and roll, and all is an effort to evoke some sort of human reaction from their distant father. They yearn for a relationship with him. The young Richardson details his abuse of alcohol and drugs. One time he got arrested for giving the finger to the military police in Korea. Another time he was escorted in handcuffs out of Hawaii and placed on an airplane. In response to the Hawaii incident Richardson Sr. writes a note to his daughter and states that her brother had arrived unexpectedly from Honolulu on the evening of Christmas Day, that he's in good health, has put on weight, and so on.

A major turning point comes when CIA station chief Richardson is abruptly removed from his post in Vietnam after the coup in Saigon. Realizing that his career is essentially over, Richardson Sr. descends into brooding, chain smoking, drinking too much, and popping sleeping pills. All the while he remains aloof, remote, and stoic. About the same time, the younger Richardson experiences an emotional breakdown while in college. Interestingly, this occurs at about the same age that his father had had a "nervous breakdown" years earlier, also while in college. It is during Richardson's breakdown that his father begins to relent, and finally responds to his son's imploring, "I know nothing about you!" His father reluctantly begins writing on "a thin sheet of paper."

"Well, to begin the saga at the be-

ginning, with origins. . . ." All is not settled; however, son and father reconcile to some extent and even share a drunken embrace. But his father the spy remains enigmatic, as his final words reveal, dealing merely with needing more toilet paper: "Another roll."

This book would be of interest to the readers of *Psychiatric Services*. It forcefully chronicles the vicissitudes of a complex family's life that unfolds during the last half of the 20th century, with major historical events such as the Cold War and Vietnam framing the contexts.

Jesus Land: A Memoir

by Julia Scheeres; New York, Counterpoint Press, 2005, 356 pages, \$23

Eben L. McClenahan, M.D., M.S.

In Julia Scheeres' debut novel, *Jesus Land*, the author has written for the *Los Angeles Times*, the *San Francisco Chronicle*, and *Wired* and is a recipient of several journalism awards. Scheeres presents this autobiography with focus on her relationship with her adopted younger African-American brother David. The novel begins with Julia and David bicycling through farmland. Scheeres depicts their early Calvinist upbringing in rural Indiana and ensuing exile together to Escuela Caribe, a harsh Christian reform school in the Dominican Republic. Their father, a surgeon, although mostly aloof, has a quick propensity for violence from which she is usually spared. Their mother, a fundamentalist Christian, is more devoted to her own church missionary work than to her children's welfare.

When they adopt three-year-old David, the parents feel that to reject such a baby would be considered un-

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Christian, and they see an opportunity to demonstrate to the world that neither they nor their God are prejudiced. Scheeres reveals that her mother, upon first touching David, has been concerned that “the black would rub off” onto her hands. Peers at school are brazen in their racism. These siblings also struggle with their shared adolescent trajectory. Julia’s situation is further complicated with the incest committed by a sociopathic older brother, Jerome, who catalyzes a failed attempted gang rape by three of her classmates.

The protagonist’s heterosexual coming-of-age is rendered with painful poignancy. When introduced to a handsome “hottie,” she invokes advice from *Glamour* to act in a casual manner as if he were merely a valet or a delivery boy. Yet she remains unsure about how to proceed, because she has never met a valet or a delivery boy. Later, after relinquishing her virginity, she is viewed as running with the Devil. Her older sister’s gift of the *Glam-*

our subscription is seen as having sown the seeds of sinful behavior. After her encounter with classmate Scott who forces fellatio, she hopes that things in her life will change for the better now that she has a boyfriend.

The bullying in Indiana yields to the grim Caribbean Christian boot camp where adolescents must repent for being sinners. When Julia returns years later to the island to gather information for this book, she is asked to recall her most important lessons from the experience. She tells us that she has learned to not trust others but to believe in people over dogma. She also has managed to partake of things sensual and joyous even in horrid circumstances. Amid such intolerance, hypocrisy, cruelty, and ignorance, Julia and David learn that they can survive anything. Throughout her account, Scheeres preserves a sense of dignity, integrity, and humor. This inspiring story of personal triumph and recovery is the grist for our work as mental health professionals.

der” as critical, if at times painful, aspects of human growth.

Second, her ability to draw from clinical insights (both her own therapy as well as work with her patients) and from relevant philosophies and quotations of inspirational authors, teachers, and mentors provides an important structural framework to understand her evolution throughout the book, both as a clinician and as a person.

Third, Rako’s openness about which therapeutic relationships and modalities are most successful in her self-evolution lends credibility to the more general conclusions she draws about human behavior. Her eclectic approach—which embraces aspects of classical psychoanalysis, object relations theory, Jungian therapy, and even the Cherokee shamanic practice of guided meditation—reminds the reader of the importance of remaining open to new ideas as a way to keep passion and vitality alive both in their lives and with their patients.

The book predominantly targets a female readership and offers inspirational insights to women at all stages of their developmental trajectory. Students, healers, mothers, and patients alike will find themes that resonate with their own experience. Rako addresses issues such as working through a bad relationship with her parents, searching for surrogate parents throughout life, balancing motherhood and career goals, finding spirituality in the most unlikely places, and understanding the importance of women who stand up for themselves, pursue their dreams on their own terms, and find fulfillment in their lives, regardless of how many “cracks” they perceive for themselves.

Rako is certainly qualified to address these difficult issues. She trained as a psychiatrist at Harvard’s Massachusetts Mental Health Center and had a thriving private therapy practice for more than 30 years. She is a recognized author and advocate for women’s health issues. The trajectory of the author’s life—from a shy, introspective, compliant child to an independent thinker and doer willing to challenge existing stereotypes about female societal roles, religious prac-

That’s How the Light Gets In: Memoir of a Psychiatrist

by Susan Rako, M.D.; New York, Harmony Books, 2005, 208 pages, \$21

Eva Szigethy M.D., Ph.D.

The book *That’s How the Light Gets In* chronicles one woman’s reflections on her life journey to gain insight as a way of enriching her current interpersonal relationships and understanding her strengths and limitations as a daughter, parent, student, lover, and healer. Her candid account of the trials and tribulations of her life is aimed at inspiring, empowering, and encouraging readers to search for meaning and fulfillment in their own lives. That woman is author Susan Rako, an articulate, experienced psychiatrist.

Rako artfully weaves together threads of richly descriptive accounts of defining moments in her life over the past 60-plus years with clever in-

terpretive commentary. The resulting product reflects her creative skills as a storyteller and the depth of her scholarly acumen and clinical wisdom. As foreshadowed in the title—taken from a quote from Leonard Cohen, “There is a crack, a crack in everything, that’s how the light gets in”—the author courageously invites readers deep into her psyche to facilitate exploration of their own strengths and weaknesses as a means to reach their fullest potential.

Several factors account for the book’s success in reaching its objectives. First, Rako convincingly portrays the strong positive and negative emotional valences associated with her narrative accounts that contribute to consolidating these images into permanent, formative memories. Throughout the book, the author stresses the importance of recognizing and embracing “guilt, relief, fear, won-

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tice, and motherhood—is best captured by a quote from Carl Jung (1) that echoes throughout the book: “Follow that will and that way that experience confirms to be your own.”

In summary, this book is a refreshing reminder of each person's potential to take the negative and positive fragments of life and create a cohesive, sat-

isfying life narrative with the plasticity to keep growing and changing until death, or, as the author paraphrases Winnicott, “to be alive when I die.”

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A World of Light

by Floyd Skloot; Lincoln, Nebraska, University of Nebraska Press, 2005, 199 pages, \$24.95

Chuck Joy, M.D.

Floyd Skloot. I was excited to receive his new book, *A World of Light*, for review because I thought I recognized his name from my forays, however brief, into the brilliant world of literary periodicals. And I was right: portions of this very book appeared as chapters in 12 such journals, including *The Antioch Review*, *Prairie Schooner*, and *Boulevard*.

A slim volume at 199 pages, *A World of Light* is a memoir, a series of 15 essays drawn from the life of the author. Its cover is graced by a warm-brown photographic illustration presenting the underside of the wooden roof of a circular house, perhaps the very circular house that figures largely in the later essays as the author's residence.

I enjoyed reading about that circular house, a place deep in the woods of western Oregon where Skloot lives with his wife, Beverly. Their domestic adventures there, coping with inadequate wells or a powerful snowstorm, make for some fine reading. I also enjoyed the several chapters of autobiography and biography. Skloot writes about his childhood years in Brooklyn and Long Island and about the histories of his grandparents in Europe and an earlier America.

I learned that Floyd Skloot had determined the desire to be a poet while in college and pursued “the writer's life” as an adult. He adopted the Irish

writer Thomas Kinsella as a mentor, early on, and later took the opportunity to pursue a month-long writer's residency on a remote sea island in Ireland. Those episodes made for some fine reading, too. Along the way Skloot contracts serious encephalitis that ravages his mental abilities and necessitates an arduous rehabilitation and lengthy recovery that still progresses for him.

That neurological reality may help account for Skloot's intense consideration of his mother's neurological condition, a consideration that occupies the opening chapters of the book. Lillian Rosen, Skloot's mother, is a resident of the memory impairment unit of a long-term care facility and is seriously demented. The first several essays in *A World of Light* describe visits to his mother. I found these chapters a little more difficult to read, probably because the memory impairment unit was not my first choice of somewhere to go. These chapters were also difficult because the author's overtly ambivalent feelings toward his mother are associated with a subtle but painful lack of humor in their interactions.

My tough sledding in the section about the nursing home, however, reflects well on the vivid success of Floyd Skloot's writing style. With the absence of apparent effort that is characteristic of an adept magician, Skloot conjures up whatever setting he wishes with expert effect and takes us with him. *A World of Light* is a fine exercise in nonfiction. I recommend it.

Another Bullshit Night in Suck City: A Memoir

by Nick Flynn; New York, W.W. Norton and Company, Inc., 2004, 347 pages, \$23.95

Roger Peele, M.D.

Maryam Razavi, M.D., M.H.S.

In *Another Bullshit Night in Suck City*, author Nick Flynn works in a Boston shelter as a counselor. One evening, the shelter admits Jonathan Flynn, Nick's homeless father.

When Nick is an infant, Jonathan separates from Nick's mother, Jody. He communicates only once with Nick, by a letter from prison when Nick is 16, until they meet during Nick's late twenties. By the time they meet, Jonathan has joined Boston's homeless population, after an unsuccessful career as a bank robber and a cab driver, among other occupations.

Jonathan is described as an alcoholic and as a hapless criminal with antisocial traits. He lies pathologically about being a great novel writer and about having relationships with the famous. Jody is described as a devoted mother, who attracts a series of unfortunate men, all incapable of being an adequate father. When she is 43 and Nick is 22, Jody puts a bullet in her head after reading one of Nick's writings. Nick describes himself as an alcoholic, involved with criminals, and an aspiring writer. Witnessing his father's condition and seeing a therapist for a year reverses Nick's downward spiral.

This lean, swift, poetic memoir describes a lot that is pitiful, but Flynn expresses no self-pity or any pity for anyone else. His chapters vary—a few sentences, brief plays, a riddle, and narratives—and are very revealing, yet much is omitted. Artists want to leave much for the reader's imagination.

On reading this book, clinicians knowledgeable about shelters and the homeless will say to themselves again

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and again, "So true, so true." On reading this book, one follows a father who moves from being a phantom father, to a pseudo-father, to a tragic father, to having a relationship that suits father and son. One follows how those roles influence the son. On reading this book, clinicians can take

satisfaction in that one of their colleagues, through psychotherapy, has taken someone headed for disaster and helped that person become someone who can write clearly, meaningfully, and movingly about those who find that their nights are bullshit.

Year of the Comets: A Journey From Sadness to the Stars

by Jan DeBlieu; Washington, D.C., Shoemaker and Hoard, 2005, 200 pages, \$23

Kiernan D. O'Malley, M.D.

This book is rather uneven. Jan DeBlieu has already shown her mettle by winning the John Burroughs Medal for Distinguished Natural History Writing for a previous novel *WIND*, but *Year of the Comets* appears to be quite scattered at times. DeBlieu states that the book is inspired by her husband Jeff's descent into severe depression after the death of his mother. This theme is never truly realized in the narrative. It seems as if the chronic depression of her husband gave permission for the author to write a book about her newly discovered knowledge and awe about the stars and comets in our universe.

The author displays a fine turn of phrase with examples like: "All my life I have loved the stars and the planets, without really knowing anything about them. Orion, the Big Dipper, the red glow of Venus on the horizon at dusk, the misty lights of the Milky Way spread like a knife's worth of jam across the sky."

The minute details about stars and comets at some points read like a rather turgid regurgitation of an astronomy textbook written for a student essay. The journey into the stars seems like a somewhat transparent way for the author to avoid dealing with the complexity of her husband's bereavement reaction, which later precipitates a major depression. As one progresses into the disjointed

narrative, one cannot help but notice the author's avoidance and almost complete lack of empathy for her husband's emotional turmoil. It is as if his turmoil is a rather irritating inconvenience in her search for life and meaning at four in the morning as she sits in an empty parking lot looking at the trail of the comet Hale-Bopp.

The medical and psychiatric theories regarding depression and its treatment are dismissed in a perfunctory four pages. At one stage the author betrays herself. "But if Jeff was clinically depressed, if he hadn't responded to previous rounds of antidepressants, if he was worn out by the act of going through his days, what did that say about his life? I wasn't sure I wanted to know."

Instead the author chooses to plunge into the intellectual discussion between Kip Thorne and Stephen Hawking, which centers around the existential question "If you throw an encyclopedia into a black hole, does all that energy and knowledge disappear?" The ironic parallel between her husband's life knowledge and the black hole of depression he endures are never fully appreciated.

In the final analysis *Year of the Comet* is actually two books masquerading as one. One is a very detailed, sometimes pedantic, exposition of the stars and the universe and the unanswered questions that they pose about humankind's very existence. The other is a true book of loss and sadness, which every now and again appears like a rapidly disappearing shooting star. This second

book is the story of a partnership of Siamese twins—to use the author's phrase—uncoupled by a fathomless depression which knows no boundaries. This second book keeps bringing darkness when the author craves only light. It is reminiscent of Pozzo's lines in Samuel Beckett's *Waiting for Godot*: "We all give birth astride a grave. The light gleams an instant, then it is night once more."

Maybe it was easier for Jan DeBlieu to run away to the stars and the moon than dwell on the dark earth with her life partner. In many ways this disconnected story serves as a cautionary tale for mental health professionals who have to deal with the legacy of melancholia, not just in the person suffering it but also in the significant others in his or her life.

My Thirteenth Winter: A Memoir

by Samantha Abeel; New York, Orchard Books, 2005, 203 pages, \$5.99 softcover

Emily R. Myers

A terrific book called *My Thirteenth Winter* tells the story of a girl who grows up with a learning disability in math, time, and sequencing called dyscalculia. She talks about the struggle that she has and the challenges that come with the disorder. The book also provides insight into the girl's life and her growing up. Samantha Abeel's book is for everyone. Even people who don't have a learning disability can read the book and find it meaningful. Her style of writing makes the reader feel like the author and reader are friends and that she is speaking to only the reader. The book teaches a lesson to everyone: how to overcome an obstacle and make the best out of the person you are.

The book is incredible. I found myself getting excited—finally someone had written about what I had felt for a long time, struggling with my own

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learning disability. I could identify feelings that the character talked about and could remember when I was going through a similar situation. It comforted me to know that I was not the only one who had gone through these problems, and reading the book made me comfortable with myself.

I would absolutely recommend this book, both to someone who has a learning disability and also to some-

one who doesn't know much about the toll it takes on a child's life. The book speaks for all of us and gives a great message. It is also helpful for those who provide psychiatric services, because it helps children struggling with learning disabilities to understand that they are not the only ones who have them. My only regret would be that, like Sam Abeel, I never understood I was not alone and could overcome the challenge of learning.

tion remains clear throughout her book.

This warmly told memoir is of value not only to people who would like to glimpse the day-to-day world of Fundamentalist teachings but also to anyone curious about how strongly held beliefs are integrated into a child's development.

My Fundamentalist Education: A Memoir of a Divine Girlhood

by Christine Rosen; New York, Public Affairs, 2005, 232 pages, \$24

Sarah Guzofski, M.D.

In *My Fundamentalist Education: A Memoir of a Divine Girlhood*, Christine Rosen uses an affectionate style to describe her early years in a Christian Fundamentalist school. Now a public policy fellow, Ms. Rosen writes a memoir that illustrates how the ethics and values fervently enforced during her early schooling shaped the questions that captured her childhood imagination. For a reader who is curious about the impact of religious culture on a child's development, this book offers an opportunity to glimpse this world through the retelling of childhood memories of events, thoughts, and emotions.

Even as she begins school, Christine receives strong messages about the threats in the world around her. "I was to learn to arm myself with knowledge of the Bible to protect myself against the dark forces at work in the world, forces that seemed vague and far away as a kindergartner." She also learns of her responsibilities to bring others to religion, and she ardently takes to this missionary role; by third grade she is gravely concerned when she realizes that all of her witnessing yields no more than annoy-

ance from her playmates. The rapture is an ever-present threat; in addition to the usual childhood pressures to meet their parents' rules and expectations, these children are asked regularly if they will be ready if the rapture comes that day.

As the memoir chronicles Christine's growth, she struggles to make sense of a stringent value system that prohibits many of the ideas and indulgences common in the world at large. Warned against everything from the non-Creationist teachings of geology to subliminal messages in rock music, Christine describes her thoughts as she weighs her instincts that science could be used to counter her fears against her belief that, by going against what she has been taught, she could be simply succumbing to the world's temptations.

In *My Fundamentalist Education*, the reader watches Christine grow from a child missionary who is whole-heartedly certain in her faith to an inquisitive young girl who questions the edicts set out before her. In the closing of her book, we learn that Christine is no longer a Fundamentalist but rather a student of history and a public policy fellow. She expresses gratitude for her early education and the shelter it provided her through her early years; her respect for the value of this educa-

Epileptic

by David B.; New York, Pantheon Books, 2005, 361 pages, \$25

Jesse Geller

David B's autobiographical graphic novel, *Epileptic*, recounts his childhood in a small town near Orléans, France. He later changes his name to David, but the narrator is called by his given name, Pierre-François, or his nickname, "Fafou," throughout the majority of the book. The story focuses on the author's relationship to his family, the focal point of which is his older brother, Jean-Christophe, who develops epilepsy at age 11. The novel is extremely articulate in demonstrating how a disease suffered by an individual, afflicts an entire family.

For readers unfamiliar with graphic novels, such books appear as extended comic strips with a series of panels that read left to right and top to bottom. This book consists of a couple thousand panels, with both text bars and spoken word bubbles, drawn in black ink. David's drawing style, which does not employ chiaroscuro as a means of giving a perceived three-dimensional depth to the images, creates an appropriately flat world. The lack of depth accentuates the claustrophobic enclosure cast over the family by Jean-Christophe's epilepsy, while the stark black-and-white contrast allows David to cast his characters in a world of sinister shadows and visions. The characters and drawings frequently include frightening creatures

Mr. Geller is affiliated with D. F. Shaw and Company in New York.

Dr. Guzofski is a psychiatry resident at University of Massachusetts Medical School in Worcester.

and scenes conjured by David's childhood imagination.

Jean-Christophe's seizures are represented rather stereotypically, and the narrative gives little technical or medical analysis of epilepsy. Needless to say, this is a subjective account and would not be especially helpful as a case study of epilepsy. Instead, David casts the disease as a literally black monster that haunts the entire family. The family attempts to battle the disease with a variety of treatments. When surgery is suggested, the family turns to a variety of less conventional means, such as magnetism, hypnosis, psychic seers, and a macrobiotic diet. Each new method forces the family to adapt to yet another way of life and often a new home. The strain placed on the family's cohesion is felt throughout the story and foreshadows the relationship between David and his brother later in life.

David's parents actively search for ways to stifle the seizures, while Jean-Christophe passively suffers through them. David's need to fight

his brother's epilepsy forms because of his brother's passivity. David, in turn, is so incredibly frustrated that he is forced into an imaginary world. He often imagines himself as a warrior, clad in an armor that protects him from the evils of the world. His grandfather's spirit, depicted as a man with a birdlike head, accompanies him in his imaginary world. This world is his sanctuary, where he can defeat the physical form of his brother's illness, a task which neither Jean-Christophe nor his parents have managed.

David's story is experienced by many. Illness always creates tension in relationships, and when there is no cure, the illness becomes an obstacle in forming a close bond. What makes *Epileptic* such an engaging book is the artistic rendition of the story and David's detailed recollection of his childhood, including his wild imagination. For readers not troubled by an intense, and at times dark, story, *Epileptic* provides a compelling, graphic narrative.

depredations of Francesco's character and physical presence, and the later, sad but strangely comforting peace which they discover together. But Federica rejects the notion that her responsibility to her husband is a burden. Her writing reveals such compassion and insight through their travails that we are not only not afraid but eager to take that relentless journey with her.

It is, unquestioningly, a journey of discovery and love. Federica is not a saint, though she is a remarkable person. She is at times afraid of her husband's unpredictable behavior. She wishes, in difficult moments, that he were dead. She imagines the challenges she faces with despair and terror. She unflinchingly details the physical, financial, and emotional demands she has accepted; the tentative withdrawal of friends which left them deeply alone; and the insensitivity and unhelpfulness of some of the health care providers she encountered—though she judges no one.

As she struggles to remake her life after her husband's death, she says, "I grieved for all the times we had been together; the happy as well as the dark, because we had lived them so intensely. . . . I was nostalgic for the precious days of being at Francesco's side, even though at times he was not always aware of my presence, and the strength I had derived just from giving and the joy therein. I realized that, in the end, our journey together instead of a grievous duty had turned into a love story." It is Federica Caracciolo's great achievement that we find this affirmation entirely plausible and feel through her story the strength and mystery of that love.

The book begins in media res, which creates a sense of immediate intimacy and spontaneity. It is as if we are privileged acquaintances, opening a letter with news of her family's progress. As obscure references become clear, Federica, in assuming this familiarity, is able to make us trust her as guide and mentor.

Although she understands well the neurological implications of Alzheimer's, she seeks and finds mean-

Alzheimer: A Journey Together

by Federica Caracciolo; Philadelphia, Jessica Kingsley Publishers, 2005, 112 pages, \$14.95 softcover

Timothy B. Sullivan, M.D.

Francesco Caracciolo was creative, restlessly curious, peripatetic, and incautiously embracing of experiences and of people, especially those remote from modern preoccupations. His life was a store of unusual adventure until Alzheimer's disease began to drain it from him. His wife, Federica, a translator for a United Nations agency and now a volunteer counselor for families of Alzheimer's patients in her native Italy, has written about their six years of adaptation to

this disease. She has created something unique—and subtly provocative—in this warm, poignant, and engrossing book, which is as much a revelation to health care providers as to the families whom it is directed.

I have read the phrase "caregiver burden" uncritically, and sympathetically, in the past, because I associated the term with the struggles of many families whom I have assisted as they coped with illness, disability, and death. One could imagine that concept occurring frequently in an account such as Federica's. Although she is resolutely respectful of her husband's dignity, she does tell us about pain, frustration, and fear with remarkable clarity. There are the first intimations of peculiarity and intemperateness, the consequent

Dr. Sullivan is chief of services for the seriously mentally ill at Saint Vincent's Catholic Medical Center in Westchester, New York, and assistant professor of psychiatry at New York Medical College in Valhalla.

ing in gestures. She inexhaustibly discovers creative ways to stimulate Francesco's memory and to recover elements of their past. She is determined to find what pieces of her husband remain, despite the losses. And she is rewarded so many times that she can bear, a little longer, to fight on.

I confess that it was with trepida-

tion that I opened this book, uncertain that it would hold me, uncomfortable with the subject of a feared and too common illness. Indeed, I might never have read it had it not been assigned to me for this review. What a loss that would have been, and what providence that I was able to share these lives, which I will never forget.

be read because of my family, it is also my way of letting go of my family. My declaration of independence—I hope.” From the intermittent anger, swearing, and bitterness that bubbles to the surface, the reader gets the sense that the “symptoms of withdrawal” due to separating from the Kennedy family might be harder to master than those from substance use.

Symptoms of Withdrawal: A Memoir of Snapshots and Redemption

by Christopher Kennedy Lawford; New York, William Morrow and Company, 2005, 416 pages, \$25.95

Miriam C. Tepper, M.D.

It is a challenge for a memoir to be both compelling in its narration yet not make the author sound fully self-absorbed. It must have been particularly difficult for Christopher Kennedy Lawford, the son of Patricia Kennedy—a sister of John F. Kennedy—and Peter Lawford—a Hollywood actor. He was reared both on extended Kennedy family football games in Hyannis Port and in the company of such entertainment giants as Marilyn Monroe, Frank Sinatra, and Hugh Hefner, although he did not feel quite comfortable in either setting.

Although he alludes early in the book to his later struggles with drugs, reading the first third of the book feels a bit like being a voyeur into the Hollywood social scene of Lawford's parents before their divorce, and then into Kennedy family dynamics once Lawford moves with his mother and sisters to New York. A sense is prominent of how very difficult it is to find oneself in the context of such family greatness. “We were put on notice that there were more important concerns than the beat of one's different drummer,” he wrote. “It really wreaks havoc on your inner self when you realize you have been born to a life so compelling and attractive

that finding your own path and own self feels like losing.” The mythic proportion of his uncles' murders and the early loss of male role models—his uncles John and Bobby and his father after his parents' divorce—further complicate his personal development.

More compelling and relevant for readers of this journal, however, is Lawford's discussion of his descent into drug use and subsequent recovery, which occupies most of the book's second half. This material is written with a great deal of honesty and a very valuable perspective. I found myself wondering if Lawford set out to write a book primarily about his recovery from substance use but the publishers felt that it needed the Kennedy and Hollywood cachet for sales. And sales are clearly in mind with the front cover photograph of a young Chris Lawford and John Kennedy. Regardless, his treatment of his substance abuse is more satisfying than that of his complicated feelings about his family. This seems likely to be true not just for the reader but also perhaps for Lawford; he describes recovering from substance abuse as one of the few things he can feel proud of having accomplished himself.

Lawford notes at the end of the book that “Although this book was published because of my family, is about my family, and most likely will

Secret Girl: A Memoir

by Molly Bruce Jacobs; New York, St. Martin's Press, 2006, 221 pages, \$22.95 softcover

Margaret Chaplin, M.D.

The back cover of Molly Bruce Jacobs's *Secret Girl: A Memoir* is intriguing. At age 38, Ms. Jacobs sets out to meet her sister Anne, whom she has never seen. Anne, diagnosed at birth with hydrocephalus and mental retardation, is never brought home. She is raised instead in institutions and group homes, while Ms. Jacobs's other sister, Anne's twin, is brought home to join the family. The cover promises to reveal how the author “gains surprising insights about herself, including why she drank for most of her adult life” and even to shed light “upon the struggle for human connection that we all share, and upon the need to accept one's limitations, as well as to learn forgiveness.”

It is sad to say, but I found that the book fell short of these lofty expectations. Though Ms. Jacobs, nicknamed “Brucie,” clearly does make some personal gains through her reunification with her sister, the book is more a chronicle of her sister's resilience and unswerving good nature than of any transformation of the author.

When Brucie and Anne first meet, Anne greets her with the words, “I missed you, Buddy. How was your vacation?” This becomes her refrain on subsequent visits. At the end of the

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book, Brucie reflects that these are words of forgiveness. She is impressed that Anne does not judge, blame, or recriminate. She does not speculate about why Anne retains this positive outlook and seemingly attributes it to her limited cognitive abilities. Likewise, she marvels at Anne's ability to be spontaneous and to act without regard to what others think of her. Although she attempts to recreate Anne's past by visiting many of the places where Anne grew up, Brucie comes to no conclusion as to how Anne's experiences shaped her personality. She reflects on the difficulty she herself faced with her own less than perfect parents but seems to gloss over the difficulty Anne faced without any parents at all.

Overall, I found the memoir emotionally unsatisfying. Particularly telling for me is the question of Anne's

moving into Brucie's home. This issue comes up several times, and then at a team meeting the group home director raises the question with Anne present. There is silence, but that evening, Anne calls Brucie and for the first time asks to come for an overnight visit. Brucie enjoys the visit and says, "I felt more at ease with Anne than ever before. . . . For once, I was completely present."

When she returns Anne to the group home, Anne cries, something else she had never done before. Brucie fails to make any connection between these new behaviors and Anne's poignant desire to live with her and notes only "As much as I hated to see her cry, it was probably good for her." I finished the book filled with frustration and sadness that Brucie remained so disconnected from Anne despite her assertions to the contrary.

The Merry Recluse: A Life in Essays

by Caroline Knapp; New York, DaCapo Press, 2004, 256 pages, \$24 softcover

Ann L. Hackman, M.D.

When I received a book to review for first-person narratives, I expected something like Kay Jamison or William Styron, a memoir, an introspective description of experience with psychiatric illness. Then I read the second essay in Caroline Knapp's *The Merry Recluse*. "The Cords That Bind" considers the relationships—the trust, the confidentiality, and the intimacy—women develop through telephone conversations. The essay goes on to consider Monica Lewinsky and Linda Tripp and how in some ways Linda's taping of those infamous telephone conversations was the biggest betrayal and ethical violation in that whole mess. Then I knew this was not your average first-person narrative of psychiatric illness.

The Merry Recluse is a collection of essays by Caroline Knapp. Knapp was a writer of books, columns, and essays. She wrote books titled *Drinking*, *A Love Story* about her alcoholism and *Appetites: What Women Want* about eating in general and her own struggles with anorexia in particular. Another book, *Pack of Two*, examines relationships between people and their pets. In 2002 Knapp died of lung cancer at age 42, and this collection of her essays was compiled posthumously and published in 2004. It includes pieces for the *Boston Phoenix*, *New Women Magazine*, and *Salon*. The articles are divided into five sections: "With," "Without," "Out There," "In Here," and "The Merry Recluse." "Without" deals most directly with Knapp's alcoholism and her eating disorder. The essay "Food as the Enemy" is as clear and succinct a description of anorexia as I have encountered. Another, "Living Without Alcohol," beautifully articulates the

My Brother's Keeper: A Kindergartner's View of Autism

by Jace Richards and D. R. Richards; Rome, Georgia, MBK Publishing, 2005, 19 pages, \$19

Tess McCabe

The short, educational picture book called *My Brother's Keeper* is about Jace, a 6-year-old, who tells the story of his brother Justin and Justin's autism. Jace and his mom wrote the book. It tells the story of how Jace and his brother, Justin, get used to autism, after they find out Justin has it. I think kids with autism and their brothers and sisters would like this book, because it proves that there are people like them and people to help them. I think the book could use a definition of autism. A definition is in the beginning, before the story starts, but it should be easier to understand for younger people. I think autism means that a person has trouble organizing information and it causes him or her to have trouble interacting with people. Some people might skip over the beginning, and autism doesn't really have a good definition in the story.

The book is sweet and interesting to read. It has that charm that short books have, and it has a nice way of putting things. The pictures are nice and various. You could read the book once for the words and another time just to look at the pictures. Most of the pictures are of Justin or Justin with Jace. My mom, who is a child psychiatrist, says that she thought the book gives the impression that going to the doctor won't do any good and will just hurt the child, but going to the chiropractor will help a lot. She might have said this because a poem at the end of the book says that a special school and going to the chiropractor are better than any pill. She says it wouldn't be educational for anyone but kids, and she worries people may get the wrong impression about treatment for autism. In my opinion, though, I think it's a great story about a child with autism and his everyday life, and many will enjoy reading it over and over.

Ms. McCabe, age 11, lives in Grafton, Massachusetts.

Dr. Hackman is assistant professor at the University of Maryland School of Medicine in Baltimore.

challenges not of achieving sobriety but of figuring out life once drinking has stopped.

The range of essays in *The Merry Recluse* is remarkable. There is an exquisitely written essay titled "Overload, Post 9/11," which describes the personal aftermath for Knapp, a New Yorker, of September 11, 2001. In some articles Knapp talks about her alcoholism, and in others she talks about her dog, about her anorexia, and about dealing with her psychoanalyst father, their complicated relationship, and his death from a devastating brain tumor. Some pieces are about loneliness and others are about buying furniture. All are beautifully written. Some are laugh-out-loud fun-

ny, others are deeply insightful, and some take on an unintended poignancy in light of Knapp's untimely death.

Psychiatric Services reviewers are asked about the appropriate audience for books reviewed. I will use portions of this book to teach medical students about anorexia. I might recommend other segments to mental health providers, at varying levels of training, who are working with individuals with addictions issues. But in general this is a book for people who like to read essays and are interested in the human condition. When I finish with this review, I am passing the book on to my sister who directs plays, teaches drama, and faithfully reads the *New Yorker*; I think she will love it.

Omaha Blues: A Memory Loop

by Joseph Lelyveld; New York, Farrar, Strauss and Giroux, 2005, \$22

Joseph Berger, M.D.

Joseph Lelyveld was executive editor at the *New York Times* between 1994 and 2001. He is also the eldest son of a very prominent Reform rabbi, Arthur Lelyveld, and in many ways this memoir is a belated eulogy to the memories of his dead parents. Lelyveld has a cordial, and certainly not hostile, relationship with his father, but it is not a close relationship. His parents have their difficulties with each other and eventually divorce, and his mother is also often emotionally unavailable. Lelyveld is emotionally—and at times even physically—abandoned by his parents.

In his later years, Lelyveld's father sends his son a number of letters he and his wife wrote to each other when they were younger. Joseph is very reluctant at first to look at these letters. But when his father is dying, a visitor mentions that in the basement of the father's synagogue in Cleveland there is a trunk that belongs to his father and is believed to contain many documents. Lelyveld retrieves the trunk, and the combination of the letters and the material in the trunk lead him to discover much greater insights into his parents and their lives during the time before he was born and when he was very young. More important, Lelyveld discovers much about himself and events in his own early life that he thought he had remembered, but with this new evidence realizes he had distorted.

Lelyveld follows this discovery by searching for and interviewing a number of people and their descendants, who are family members or important figures at various times in his and his parents' lives. He obtains various factual records to fill in gaps and correct some of the memory distortions in his family history. What this leads to is a fuller and more accurate picture of his parents, their paths, and their strug-

Dying Declarations: Notes From a Hospice Volunteer

by David Resnik, J.D., Ph.D.; Binghamton, New York, Haworth Press, Inc., 2005, 83 pages, \$14.95 softcover

Dennis Martin R.N., L.I.C.S.W.

The book *Dying Declarations* is a small tome that defies easy description. Most simply put, it can be called a nonthreatening invitation to explore the field of hospice care. The author, who is a bioethicist, employs an almost folksy, conversational style as he discusses both the philosophical perspectives of hospice and palliative care and also practical considerations faced by caretakers of the dying and hospice volunteers. His stated intent in writing the book is to try to bridge the gap he perceives between moral theory and moral practice.

Unabashedly candid in nature, the book is an amalgam of case vignettes, the author's poetry, lessons taught by the dying, and philosophical asides concerning the state of health care in the United States. It really is best seen as a primer or introduction to the field, because it does not attempt to explore, with any academic rigor or depth, core issues in hospice medicine and care. In very cursory fashion,

the book touches upon subjects such as euthanasia, do-not-resuscitate orders, withdrawal of life support, and more practical concerns, such as effective pain management, caretaker fatigue, grief, and bereavement.

The book has two chief goals, both of which it achieves quite successfully. The first is to portray hospice care as an attractive, dignity-enhancing option for people who are confronted with a terminal diagnosis and for their families. The second goal is to describe the varied and pivotal roles a volunteer plays on the hospice treatment team.

The author shares his own initial fears as he contemplates becoming a hospice volunteer and quickly debunks the perception that it is likely a dreary, depressing undertaking. Through the use of very touching, almost confessional reminiscences of people and families he has encountered as a hospice volunteer, the author puts forth the gentle encouragement, "If I can do this, so can you!"

The book is an easily accessible read for anyone interested in the field of hospice, regardless of their training or education.

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Dr. Berger lives in Downsview, Ontario, Canada.

gles, and how those factors might have influenced his own growth, choices, and attitudes. In other words, the author did what we try to do in a good psychodynamic psychotherapy, especially if we have a patient as articulate as Lelyveld.

Although this book is a memoir, it is not really an autobiography. Lelyveld shares very little about his career and work as editor of one of the world's leading newspapers. Instead, this book is about his parents and their marriage as seen through his own eyes and with the "modifications" or "corrections" as offered by the perceptions of others.

Lelyveld also pays tribute to a highly controversial character, known as both Ben Goldstein and Ben Lowell, a rabbinical colleague of his father who at one point in Lelyveld's life seems almost to be a substitute father figure. Lelyveld's many references to this other man can perhaps be understood as reflecting Lelyveld's own need for greater closeness and attention from his father.

Lelyveld basically suggests that his mother felt unfulfilled and stifled in the marriage. She frequently sought to escape, sometimes physically leaving the family but at other times making suicide attempts. Joseph's father appears to have been the one repeatedly trying to hold the marriage together.

A brief vignette at the end summarizes so much; his mother who has wanted to be free and who remains single after the marriage broke up, later resents her husband's remarriage and yearns for some sort of recognition from him on the family occasions when they both are present. Shortly before they both die they meet at their grandson's Bar Mitzvah, and for the first time in many years Lelyveld's father greets his mother with a smile, "my Mom's face lit up with sheer delight," they hold hands, kiss, and part. The whole episode lasts barely a minute. Joseph sees it as his father being his usual friendly self, but for his mother it brought a belated peace and sense of relief. A fascinating book.

Better Than Sane: Tales From a Dangling Girl

By Alison Rose; New York, Alfred A. Knopf, 2004, 240 pages, \$23

Marcia L. Zuckerman, M.D.

When I signed on to review a first-person account, I looked forward to an insightful story of illness and recovery by someone who has wisdom to share. Alison Rose's *Better Than Sane: Tales From a Dangling Girl* is not that story.

Rose starts her memoir by describing her present-day New York City room and highlights special objects that presage the stories she will tell. In this introductory chapter she also reveals the unhealed little girl that still drives this now-60-year-old woman. "People can come into my room if I invite them, but if they don't like it they can get out fast, because it's *my room*."

Next we hear of her childhood in Palo Alto, California, where she is raised by a detached mother and a psychiatrist father who calls her "Personality Minus" or "Babs III." Her mother and sister were Babs I and II, though neither was named Barbara. Her best friends at ten are three "blond" mops that she dances with and a collection of pencils with names and faces. At 19 she is in Manhattan with an odd collection of friends, living in bars, abandoned rooms, cheap hotels, or on the grass in Central Park. After a number of lovers—they all have nicknames like "Baby Bob" and "Stevie the Greek"—and a period of shared housekeeping with a gay man named Dill whom she calls "Mother," Rose moves to Los Angeles on the promise of a screen test that never actually takes place. Her acting career doesn't get off the ground, but she occupies herself with a long affair with Burt Lancaster's son, "Billy the Fish," and with Valium and Eskatrol prescribed by her father.

By 40 she's back in New York, where she lands her first real job as the re-

Front of the Class: How Tourette Syndrome Made Me the Teacher I Never Had

by Brad Cohen and Lisa Wysocky; Acton, Massachusetts, VanderWyk and Burnham, 2005, 250 pages, \$22.95

Neal Adams, M.D., M.P.H.

Storytelling has become an increasingly popular approach for communicating important compelling messages intended to change awareness and attitudes. *Front of the Class* is a personal account of one man's lifelong struggles with Tourette's syndrome—from childhood to adulthood—and his success in realizing his dreams.

This rather simply written but straightforward book is most appropriate for a lay audience rather than the professional reader. Tourette's is a rare condition and is one of those unusual disorders with significant neurological and psychiatric impacts. The book

does a good job of describing the neurological symptoms while providing some insights into the physical symptoms of this disorder and the psychological and social impacts on both the individual and the entire family.

Although the book might help some professionals to understand the personal experience of Tourette's, I think that the greatest value of this book will be as a reference for mental health and neurology professionals to recommend for patients and families when considering or establishing a diagnosis of Tourette's syndrome.

It is increasingly clear that hope is an essential component of wellness and recovery. This book provides a genuine and heartfelt message of hope in the face of a potentially devastating disorder.

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ceptionist at *The New Yorker* magazine. For the remaining half of the book, she describes her reign over the entrance to the writers' floor—which she comes to call “School”—as she forms and breaks alliances with the quirky staff made up of mostly older men. She writes down all the odd things they say about her, like “A beguiling person such as you; the boring people, it's unsexy,” and “Darling, you're lenitive and droll.” As best as I can tell, she has torrid affairs with at least five of these men—Harold Brodkey, George Trow, “Europe,” “Personality Plus” (recalling her father's moniker), and “Mr. Normalcy”—some of them simultaneously, some behind the backs of wives. She goes on to write “Talk of the Town” pieces for *The New Yorker*. For some reason they publish her personal history piece “How I Became a Single Woman:

Scenes From a Life of Passion and Solitude,” an earlier version of this book with the same graphic stories of sex on the kitchen floor with some of *The New Yorker's* best known writers. When her time there is finished, she carefully packs up the three bulletin boards full of clever things people have said to her and rehanges them at home, exactly as they were.

Other reviewers of this book either loved it or hated it. “The book is original, beautiful, droll . . . , elegiac, and perfect,” says one. “The most vapid foolish sycophant little rich girl imaginable,” says another. It's not a boring read—especially if you fancy Hollywood or gossip about *The New Yorker*. But for my part, it's ultimately a sad story, the tale of a grown woman, stuck in a search for her father's love, who still acts and thinks and writes like a child.

tale so accessible. But we can't stop being clinicians.

What is unique about this account is the public, shared experience of suicide. Most suicide is lonely and private and shared only by what the dead one leaves behind. For two years Guy and Laura live with this knowledge until the very last moment.

The book has much more. Guy believes that if you could turn your grownup work into the kind of play you enjoy as a child you could make a satisfying life. And to some extent he does. The book is about climbing, humor, invention, creativity, world history, opera, and classical literature—especially 19th century. It's also a classic case history set against a background of bad experiences with 1950s psychiatry and stigma about mental illness. The story becomes repetitive, but I did not find it boring.

Losing the Garden could be a movie. Though she glamorizes and romanticizes her experiences, Laura generously shares her life at Barra with us so we can get a vicarious thrill, as if we are there. I doubt anyone can read this memoir purely as a clinician.

Losing the Garden: The Story of a Marriage

by Laura Waterman; Emeryville, California, Shoemaker and Hoard, 2005, 275 pages, \$24

Leslie H. Gise, M.D.

The book *Losing the Garden* is definitely worth reading. From the first page to the last, two questions emerge. How could Laura let her husband kill himself? What would have happened if Laura had acted differently during the two years she knew her husband was going to commit suicide? Laura could have ruined her marriage, alienated her husband, and he would have killed himself anyway, or she could have saved his life. We don't judge her, but as mental health professionals we think we should be able to prevent suicide. Even though we know the ending, Laura makes the story compelling, and we compulsively read a pageturner we can't put down.

Guy Waterman is a bright, talented man who had been a jazz pianist, a political aide on Capitol Hill, and a cor-

porate speech writer in New York City. He and his second wife, Laura, take up a largely successful but extreme form of homesteading in Vermont for 27 years before Guy kills himself. He probably has bipolar disorder. Guy and Laura are bound by their love of climbing and books. Homesteading is a way out. It is the 1970s, “at the height of the back-to-the-land movement.” They have a full, if somewhat unusual, life. But would you want to live without running water and have to go to the outhouse when it is 20 below?

In the beginning, the pain is so unendurable. But as we go on, we get used to it, like Laura does. It's so compelling because it's so human. Who hasn't been down-and-out or hard on themselves? We all have a little craziness inside us. This is what makes our work so interesting.

We read this book with some degree of dissociation, splitting, or doubling. We read it as clinicians but also as human beings. Laura makes the

Everything I'm Cracked Up to Be: A Rock & Roll Fairy Tale

by Jen Trynin; New York, Harcourt Trade Publishers, 2006, 355 pages, \$23

William H. Fisher, Ph.D.

Success as a rock star seems an appealing if elusive goal for many young people. For every Eric Clapton, Bob Dylan, or Neil Young, thousands of “wannabees” will never make it out of the clubs in their town. But a handful of youthful artists do succeed, get recording contracts, tour, and become famous. Some will be

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told that they are the “next big thing,” and they actually are, albeit briefly, and fall out of fashion only when the “next big thing” comes along. These casualties of the music business are persons in their twenties who suddenly face the need to redefine themselves, often after a monomaniacal obsession with rock stardom. Some make a successful transition. But others hang on as local celebrities in a kind of rock purgatory and try to eke out a living as musicians without the money and fame but with some of the same undesirable trappings of the music business—unstable relationships and substance abuse.

In the 1970s I played in a band that achieved a degree of local success and was signed to a recording contract, only to find out a week after the signing that our “guy” had been fired. The band broke up a few months later. We all emerged relatively intact, but we had some musician friends whose landings were not as soft. The diverse life trajectories of this peer group, all of whom failed to realize their youthful goals, offer a study in individual resiliency and vulnerability. Unfortunately, the behavioral sciences have not taken advantage of such experiences in their efforts to understand how persons cope with failure and disappointment.

Everything I'm Cracked Up To Be could be a first contribution to literature in this area. It is the first-person account of Jen Trynin, a singer-songwriter who experiences a meteoric rise to stardom and an equally rapid fall from fashion during the mid-1990s. Trynin writes catchy, angst-filled tunes that resonate with young adults. When a self-produced CD becomes a local hit, record executives and promoters swarm over her. She is signed, is sent on tour, is written up in *Rolling Stone* magazine, and achieves modest financial success. But when a second CD fails to ignite, her record label and agent lose interest. She returns home from touring exhausted and questions her priorities and abilities. Ultimately, she decides she could live without the music business, refreshes a long-standing romantic relationship, and has a baby. Some of her

associates, however, including her drummer and bassist, seem cast adrift. Their emotional and personal resources are less viable and their futures uncertain.

This book is not written from a psychological perspective, obviously, but is nonetheless full of self-insight and frank self-disclosures, including descriptions of her excesses with alcohol and concerns about self-image. Personally, I wish she had explored her emotional transition from rock star to wife and mother a bit more fully. But hopefully this book will prompt others with similar experiences to share their stories. These accounts should be of particular interest to anyone interested in resiliency and coping in young adults.

BRIEF REVIEWS

◆ Richard McLean's *Recovered, Not Cured* (Chicago, Independent Publishers Group, 2005) is subtitled, *A Journey Through Schizophrenia*, and it is exactly that. The book is a multimedia journal composed of McLean's writings, his artwork, and Internet messages from persons with schizophrenia. No book provides better insights to the reader about what it feels like to struggle through life burdened by the perceptual distortions and cognitive burdens of schizophrenia. McLean writes, “It seemed the part of my mind that controlled logic went out the door . . . I felt as if I could not concentrate. I was sensitive to every nuance of social hierarchy, and talking to people was hard work.” He adds, “I needed to be more insignificant . . . I get sick of neutralizing thoughts that might be taking me into delusions, or suppressing ideas in this way. I feel as if I'm being robbed of something.” This book is a view of schizophrenia that should be read by everyone. At the end of the book it is hard not to pay homage to people who have the courage to face life every day with the chronic disorder schizophrenia.

◆ Suzanne Tocher's *Well Connected:*

Journey to Mental Health (Wellington, New Zealand, Philip Garside Publishers Ltd., 2001) is, like *Recovered, Not Cured*, a multimedia presentation. It includes prose, poetry, photographs, and drawings. The transitions between these modes of expression are not always smooth. The strongest part of the book is the recreation of hospital notes followed immediately by Tocher's comments about her actual experience. For example, the February 25, 1978, note reads: Hospital Note: “Everything fine. Discharged.” Tocher's note: “Each day I plot how I'm going to kill myself.” Tocher is the product of a dysfunctional family, a story about which would be humorous if it wasn't so sad. Her father is a traumatized war veteran who runs the family like a never-ending boot camp. She refers to him as “The General.” Mother, “The Colonel,” is along for a bumpy ride while Tocher is victimized. In 63 pages, many of which have either pictures or very few words, Tocher takes the reader through her developmental years, her inpatient treatment, and her emergence to recovery. The book can be read in an hour and is worth reading. It is not a bad resource to have patients read and use in treatment. *Well Connected* would be a particularly good read for inpatient groups.

◆ Kayla Williams' *Love My Rifle More Than You: Young and Female in the U.S. Army* (New York, W.W. Norton and Company, 2005) is a story, as the subtitle indicates, about being young and female in the U.S. Army. Williams's experience is in Iraq. Williams describes the Army as a “massive frat party with weapons.” She provides a list of 25 preparatory steps for deployment to Iraq, including such suggestions as, “Hire a garbage truck to run all day and night in your driveway for correct ambient noise. Keep a pit of manure burning for proper fragrance.” She adds, “Only eat food that is prepared by strangers, making sure that you never have any idea what it is, or what's in it.” She also reminds us that, “Like death, like taxes, military incompetence is something you can bet on.” Williams informs the reader of how

soldiers deal with combat, "The first thing any soldier did in a combat situation was learn to dehumanize the enemy." Hence, demeaning slang terms are used to describe the enemy. Williams reminds us that, male or female, most of the time, most of the people in the military and in Iraq feel "powerless." Running throughout the book is Williams's description of her history, how it affects her in the service, and how being a female affects her experiences in combat. She reports, "I heard that a female in the army deployed to Iraq was either a bitch or a slut. That was the choice we faced." Although sometimes too superficial, Williams' account provides a better picture than most readers already have about what combat in Iraq is like and a far better picture than most of us have access to about what life in combat is like for a female soldier. A book with 288 pages with big font is a quick read, with a tone much like that of a novel.

◆ In Paula Kamen's *All in My Head: An Epic Quest to Cure an Unrelenting, Totally Unreasonable, and Only Slightly Enlightening Headache* (New York, DaCapo Press, 2005), we are taken through a cornucopia of interventions that the author, born in 1967 with chronic head pain starting at age 24, has tried. Medications include Flexiril, Depakote, Imitrex, Sansert, Klonopin, amitriptyline, Inderal, Anaprox, Cafegout, Midran, desipramine, Compazine, phenelzine, Sparine, Toradol, calcium channel blocker, Paxil, Norgesic, Fiorinal, Percodan, Darvoset, and Vicodin. Nonpharmacologic interventions include nerve blocks, osteopathic manipulation, hypnotism, transcutaneous electronic nerve stimulation, ice packs, energy work, meditation, neuro-feedback, guided imagery, magnets, vibrating hat, fig tea, immersion in lavender, movement therapy, Bach flower essences, cranial sacral nerve treatment, restricted diets, homeopathy, reflexotherapy, herbal remedies, light therapy, Chinese medicine, and intravenous dihydroergotamine. Kamen reminds us that, "The fact that our culture often

glosses over the complexities and difficulties of chronic pain only compounds the suffering, self-blame, and isolation of patients like me." Further, she indicates, "In our society, illness as a metaphor is an especially potent and pervasive force when the illness is invisible . . . when it is experienced mainly by women, and when the causes are largely unknown." Chronic pain sufferers, Kamen points out, get marginalized with other populations, which she refers to as "roaming hordes of the methadone-seeking, demented, and just plain down and out." Chronic pain causes withdrawal, isolation, anxiety, and protectiveness to avoid paying one day for the preceding day's excess. That payment comes in the form of exacerbated pain. An important message is that headaches are not "all in one's head." *All in My Head* is unfortunately a much longer memoir than it needs to be. Despite the fact the book is written chronologically, it is a work that one could pick up and just start reading at any point. At half its length, it would be much more valuable to both professionals and patients.

◆ *Box of Mustaches: The Darkly Funny, True Story of How Twin Brothers Survived Their Mother's Madness* (Lincoln, Nebraska, iUniverse Publishing, 2003) by Stan Evans is the story of Evans and his twin brother, born in 1963 to a 16-year-old woman who is both mentally ill and totally irresponsible. The boys' parents divorce when they are five years old, but their father is gone long before that, having volunteered to serve in Vietnam, ostensibly to escape from his wife. Although the book's cover indicates that the tale is "darkly funny," I found it mostly sad. Evans's mother abandoned her children to any source she could, including the boys' maternal grandmother, babysitters, day care, foster homes, an orphanage, the movies, friends' parents, the family automobile, and alone. The take-home message here is that a mother's total self-absorption is exquisitely painful for her children. Evans writes, "When mom finished her convalescence at the hospital, she

used her free time to bleach her hair, get a boob job, and bump and grind in strip clubs." Evans's mother never provides grounding and makes remarks like, "I think mental illness can be fun. You just have to have the right one. I always wished I'd had multiple personality disorder. Then I could be a mad Martha Stewart hosting a tea party in my head." This short, 161-page book traces Evans's life from beginning to just about the present time. With no foundation with either parent, there is little relationship between either parent and the adult Evans. Evans, a television writer and producer with a history that includes acting and stand-up comedy, sometimes tries to be too cute. This book is useful for adult children of mothers with mental illness and for professionals working with both the adult children and the mothers themselves. Used properly, this could be a good text in preventive psychiatry.

◆ *Got Parts?* (Ann Arbor, Michigan, Loving Healing Press, 2004), whose author is only identified as ATW, is derived from the author's own experiences with dissociative identity disorder plus from members of her therapy group of individuals with the disorder. *Got Parts?* is another multimedia presentation with photographs and drawings in addition to text. *Got Parts?* is a fascinating guide to how to live successfully with dissociative identity disorder. These patients' points of view are not quite the same as the views of psychiatrists who specialize in working toward reintegration. Their perspective rather is to organize the parts into a successful team. Not only does *Got Parts?* provide information, it's a morale builder for persons with the disorder and encourages them to persevere. *Got Parts?* should be read by anybody who works with persons with the disorder or is interested in this phenomenon. It could also be read by persons who are simply interested in first-person accounts and want to read a personal account written by a committee.

◆ Charles Barber's *Songs From the Black Chair: A Memoir of Mental In-*

teriors is not what its subtitle implies. Barber, who has struggled with obsessive-compulsive disorder and is treated with fluoxetine, tells this tale of working at the largest homeless shelter in New York, located within a complex of buildings known as Bellevue. Part I of *Songs From the Black Chair* is devoted to the author's relationship with his childhood friend Henry, who becomes a suicide victim. Part II focuses more on Barber's own psychiatric history and his work at the Bellevue shelter where man after man enters his basement office, sits in the black chair, and unloads his soul. Barber writes well, and some of his comments are delightfully insightful, such as, "I was ready to return to Harvard University, which I now regarded with a certain healthy vigor as simply a very large group home of its own, complete with its own token economy." His descriptions of the men who visit him—"a thousand men a year come and sit in the black chair next to my desk"—can be heart-wrenching. My disappointment with *Songs From the Black Chair* is that despite what would appear to be efforts to the contrary Barber seemed very far away from all that he wrote. Barber indicates in the epilogue, "I

am still not skilled in speaking directly about things . . ." That's exactly my problem with *Songs From the Black Chair*.

◆ Angelina Szot worked as an LPN at Danvers State Hospital from 1948 through 1972. Hence, she witnessed this Massachusetts state hospital rising to its peak census and then participated in the "deinstitutionalization" or "dehospitalization" era. *Danvers State: Memoirs of a Nurse in the Asylum* (Bloomington, Indiana, AuthorHouse, 2004) is an up-close and personal view of life on the wards. Szot's first day: "The wards were scary—dark and gloomy, full of people unfit for the outside world. It seemed as if the daylight couldn't penetrate this hidden enclave that appeared to be bursting with people. There were 150 patients crammed on each floor. Even to a novice like me it was obvious that the wards were designed for far fewer patients." Szot works the second shift often, which is from 6:00 p.m. to 2:30 a.m., and is assigned only to the female wards. She describes "the violent wards" as "all the rooms were teeming with patients. These patients were like savages, really, like animals, when I think of it. We didn't have

tranquilizers available to us, so we would just have to listen to their maniacal tirades. Nonsensical words would fill the hallways." The impoverished condition of life in the state hospital seeps through like the leaking pipes in the facility's rotting ceilings. Patients are dressed "when clothing was available." When there is no clothing "PJ tops and johnnies . . . would suffice." Unfortunately, Szot mixes sensitive insights with graceless derogatory remarks such as "The vast majority of patients were total loonies." She also says, "Sometimes you'd have a patient from a back ward that was a little off center, nothing too severe, but sometimes they'd go off their rocker." Life for nurses and aides can almost be as difficult as it is for the patients. Their tasks are overwhelming, their supports insufficient. About the physicians, Szot notes "We had some of the worst doctors around. No 'serious' physician wanted to work in an insane asylum." The staff, which is inadequate in number and in training, is left to care for 3,600 patients, and the focus is daily turmoil to avoid mayhem. *Danvers State* is a sad look back, sad both for what it portrays and how somebody who was actually there would portray it.

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