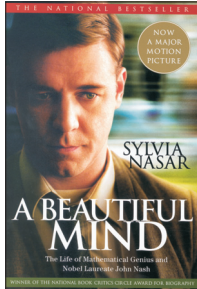


Book Reviews

Biographies



A Beautiful Mind. Sylvia Nasar. 1998. New York: Simon and Schuster. 461 p. US\$25.00

Reviewer rating: Very Good

Review by Vivian Rakoff, MA, MBBS, FRCPC *Toronto, Ontario*

Straight off, this is a very good book. It tells a long, complicated story about a complex man and his complex illness. Nasar approaches him with respect but without any tinge of romanticizing or softening his difficult personality, or of glamorizing his story as the tale of a “misunderstood genius.” She tells the story at detailed length, with a dogged scholarly modesty (the bibliography is as large as any literary PhD thesis). One imagines that she decided early in her writing that she would not strive for sparkle and brilliance, which may have seemed narcissistically competitive with a protagonist who had enough brilliance for a faculty of biographers. Similarly, although a mental illness is the core of the story, she avoids anything approaching psychobabble. She doesn’t interpret Nash but slowly portrays him enduring his journey—a journey that resembled one of Northrop Frye’s classic heroes on a quest in a romance. He begins in daylight and clarity, enters a dark kingdom of confusion and trial, and emerges at the end, chastened

and apparently benignly altered, into daylight again.

Although Nash’s story hinges on what was diagnosed as a “schizophrenic” illness—an illness with a horribly egalitarian sweep affecting the rich, the poor, the smart, and the stupid in all societies in the world—his disease, like Nash himself, is not typical of anything but himself. It is true that he displayed an odd personality, clumsiness in personal relationships, thought disorder, hallucinations, and idiosyncratic ideas—not unlike other people with schizophrenia—but the beautiful mind that decompensated and appears to have recovered to a major degree is not in the realm of the democratic. His delusions were often as complex as his great achievements.

The same power that allowed him to solve complex abstract mathematical problems with amazing originality generated his bizarre paranoid ideas, and his delusions of grandeur were pathetically close to the grandeur of his intellect. Edmund Wilson applied a mythical metaphor to such gifted, damaged creative souls: he compared them with Philoctetes, the mythical archer who had both an invincible bow and an unhealable wound. Although some individuals with schizophrenia recover, there are few who do. Likewise, they rarely go on to become even as modestly productive (in his own terms) as Nash appears to have done. They seldom resume intimate relationships, as Nash did by remarrying his loyal, long-suffering wife, by acting as a mentoring parent to his son with schizophrenia, and by attempting to reestablish a bond with his older son. In ordinary human relationship terms, the recovered Dr Nash, after receiving the Nobel Prize, somehow launched into a new personhood—a gentler, more socially aware man than the brilliant smart-ass

who produced his most remarkable achievements.

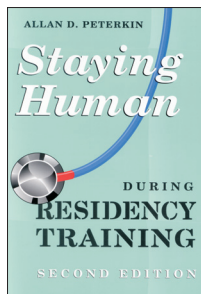
The unusual nature of Nash’s clinical career makes one question the diagnosis of schizophrenia. Certainly, he displayed affective disorder patterns, which may have placed him in the category of the many affectively disordered writers and artists whom Jamison described. Further, he was sufficiently bizarre before he developed psychosis and was labelled as an individual with a “personality disorder”—albeit a type of gifted personality disorder that long ago might have been labelled “creative psychopathy.” However, none of these alternative diagnoses truly describe his condition, and we are left with the leaky grab-bag of “schizophrenia.” One can fudge the diagnostic problem by resorting to the label “the schizophrenias.” But that pluralized rubric dramatizes the issue. Are we dealing with a symptom complex that is the final common pathway of multiple causes, or are we dealing with a disease entity, unitary in its etiology and, with luck, having a unitary cure in the future? The person who solves this puzzle will almost certainly journey to Stockholm as Nash did.

Nasar’s great achievement is that she makes a person such as Nash understandable to the educated but unspecialized reader. I am certainly no mathematician, but I discovered the intensely abstract domain of Nash’s mathematical achievements: the universe as a metaphor, a Platonic model of relations and meanings removed from their pragmatic shadows. Like a great poet, a mathematician such as Nash perceives connections and significance that most individuals barely apprehend. Nasar, on the other hand, also clearly maps the moment when the Daemon plummeted effectively to earth, the occasion when Nash’s esoteric contributions to game theory were used to

structure the auction of television and radio rights to entirely pragmatic corporations bidding for their prize in the concrete marketplace of the bottom line.

In following Nash's life, we learn much as we do in reading a great realist novel. We learn about the world of the institute of advanced study at Princeton, the way fellowships and medals are awarded, and brilliantly, the details of the working of a Nobel Prize committee. Nash's contexts are wonderfully realized, but his essential mystery remains—the mystery of mathematical creativity, of profound intellect, and of the mysterious illness that fragments all gifts of thought, scholarship, and inventiveness.

General Psychiatry



Staying Human During Residency Training, 2nd edition. Allan D Peterkin. Toronto: University of Toronto Press; 2000. 160 p.

Reviewer rating: Good

Review by Emmanuel Persad, MBBS, FRCPC *London, Ontario*

How times have changed. I was a resident in psychiatry from 1966 to 1969, in

a Canadian training program. My fellow residents and I approached our training experiences with an amazing degree of trust, acceptance, and as some might say, naivete. The apprenticeship model was alive and well. The brain remained a mysterious and yet-untapped frontier. We learned that, to acquire the skills for our profession, we had to learn from our patients rather than from textbooks. Perhaps, most important, we were blissfully unaware of our rights.

Dr Peterkin's book establishes how all this has changed and why such a book may be helpful or even be necessary. The book in its second edition is described as a concise manual designed for medical students, interns, residents, and post-doctoral fellows in all areas of specialization. The book begins with a chapter entitled "The Risks of Residency Training." Subsequent chapters include such titles as "Choosing a Humane Residency," "Living, Learning and Teaching with No Time," "Protecting your Mental Health," and "Protecting Personal and Professional Relationships." Several other chapters deal with new and emerging issues, such as those concerning women, international medical graduates, gay and lesbian residents, and residents with disabilities or chronic illnesses. There is also a chapter on finances and on the resources that are available for residents.

The chapter, "Thoughts on the End of Residency" is quite revealing. Dr Peterkin begins this chapter with a reference to Greek mythology and the infamous Procrustes. He concludes that

residency is truly a modern Procrustean voyage where conformity, even to deforming principles, can be the price of success. Musical, creative, playful, spontaneous, even romantic aspects of our lives may be cut

off. There is no modern day Theseus to intervene to preserve our integrity to remind us of our need to remain whole. Our superiors and patients often expect too much of us.

Are things that bad? This disturbing analogy brings to mind the ongoing discussions that are currently taking place in psychiatry with respect to the challenges of postgraduate education in Canada and the belief that residency training may require significant overhaul. If residency training in any specialty or for family practice remains such a burden and an experience to escape from, then we are in significant difficulty, and the profession and society will not be well served.

Buried and given little emphasis in this book is the vocational nature of our calling as physicians and healers. Dr Peterkin deals with the spiritual aspects of our practice in his chapter on unique concerns. I was particularly interested in the physicians' prayer on page 98, which reads as follows:

Dear Lord:

Give skill to my hand, clear vision to my mind, kindness and sympathy from my heart. Give me singleness of purpose, strength to lift at least a part of the burden of my suffering fellow mortals and a true realization of the privilege that is mine. Take from my heart all guile and worldliness that with the simple fate of a child, I may rely on thee.

—Author unknown

I commend Dr Peterkin for the comprehensive collection of relevant information, which alone would be well worth the price of the book.