

Book Reviews

Beautiful Boy. A Father's Journey through His Son's Addiction.

By David Sheff; Houghton Mifflin Company; New York, New York; 2008; ISBN: 978-0-618-68355-2; \$24.00 (hardcover), 326 pp.

I have always considered memoirs of people suffering from mental illness, or memoirs of their family members, very useful and informative reading. A while ago I read some accolades of *Beautiful Boy* by David Sheff (a professional writer and author), and I also heard an interview with both the author and the subject of this book (author's son Nic) on National Public Radio. The story of a father whose son is addicted to crystal meth sounded interesting for multiple reasons, such as the fact that it is a memoir of a family member, a memoir of addiction, and a story of methamphetamine, or crystal meth—"the most malefic drug of them all" as David Sheff notes on p 108—I didn't know much about.

The title of this book comes from the song "Beautiful Boy (Darling Boy)" by the late John Lennon. The book is for ". . . the women and men who have dedicated their lives to understanding and combating addiction . . . as well as the anonymous—the brave ones who keep coming back—at countless twelve-step meetings every day and night throughout the world—to them and to their families . . . the families of the addicted. . ."

In the Introduction, the author notes that there are at least 12 million people in the United States who have tried crystal meth, and about 1.5 million are addicted to it. It is the most abused hard drug, with 35 million users worldwide, and it is used more frequently than heroin and cocaine combined. David Sheff's son Nic claimed that he was searching for meth his entire life. ". . . When I tried it for the first time, that was that" (p 10). His father gradually became "addicted to his child's addiction" (p 15). He became totally preoccupied with it, "even at the expense of my responsibilities to my wife and other children" (p 15). While combating his son's addiction, David Sheff kept writing about his experience, and his writing culminated in an article published in the *New York Times Magazine*. After this article was published, many, including members of families of others addicts, encouraged him to write a memoir, and his writing finally led to this book.

Many of those who encouraged him to write felt that he described their own experience. As one father wrote, "Our story is your story. Different drugs, different cities, different rehabs, but the same story" (p 12).

David Sheff starts with tracing his son's life since his birth, through the divorce from his son's mother and a surprising joint custody hearing "victory" where Nic was assigned to stay with him through the school year and with his wife through the summer, to getting married again, starting another family (Nic being part of it), and moving to the idyllic little town of Inverness, north of San Francisco. There were some minor signs that, when looking back, may have been warning signs, but . . . hindsight is easy. David Sheff has had a very close relationship with his son and spent a lot of time with him. They used to hike together, swim together, surf together, went to the Nirvana concert together. He shared with his son the fact that he tried marijuana and educated him about the danger of using marijuana. He felt that he had done everything right. When he smelled cigarettes once when Nic got into the car after school, he lectured him about it, and Nic promised not to do it again. Everything looked fine. So, nothing prepared David Sheff for the discovery of a small bag of marijuana in his son's possession.

On the subsequent pages, the author-father describes how he was trying to figure out what went wrong. He discusses the work of Judith Wallerstein about the impact of divorce on kids . . . more depression, underachieving, struggle to establish and maintain a relationship. He sees the problem of joint custody and traveling between parents ". . . he is left with a meager consolation prize for all his commuting between parents: he has more frequent-flier miles than most adults." Nic seems to be doing fine, but then suddenly another surprise—he is suspended from school for buying marijuana on campus. Things get a bit more complicated, but Nic gets a good counselor at school and seems to be doing OK. He reads a lot, but his favorite authors such as J.D. Salinger or John Steinbeck are replaced by "an assortment of misanthropes, addicts, drunks, depressives, and suicides," such as Burroughs, Kerouac, Miller, Nietzsche, and Charles Bukowski. He spends several weeks in Paris, France, studying French. He looks terrible when he returns, but the father still does not suspect much. Then, during a visit of the author's parents, Nic offers his father a joint. And the father hesitantly accepts. Looking back, he can see that he should not have smoked it with him, but ". . . I'm desperate—way too desperate—to connect with him."

Later on, Nic starts college at Berkeley. He struggles and finally states that college is not working, denies drug abuse, and claims to be depressed. Then, one day he calls that he is in trouble. When his father picks him up, he looks terrible. During the subsequent discussion about entering rehab (which

he refuses), it finally becomes clear that Nic is using crystal meth, "his drug of choice" (p 106). (Interestingly, the father tried meth years ago himself, but did not become addicted.)

David Sheff has done a lot of research about crystal meth. He also has lived through the sixties, the era that glorified substance abuse. He educates the reader about the discovery and spread of crystal meth. He points us how dangerous this drug is. He cites David Smith, MD, the founder of the Haight Ashbury Free Clinic on how meth devastated the neighborhood, sent kids to the emergency room, some to the morgue, and "Meth ended the summer of love" (p 110). Sheff describes how relatively easy it is to manufacture crystal meth and how widespread the manufacturing and use are. He also addresses the dangerous and fallacious attraction of suicide among famous and not so famous people who abused drugs, such as Kurt Cobain. As a young man, Sheff interviewed John Lennon who took an exception to this saying, "It's better to fade away like an old soldier than to burn out. I worship the people who survive. I'll take the living and the healthy" (p 118). Sheff also tones down the hope of those entering rehab—the true number of successes for meth addicts seems to be in the single digits. In addition, many rehab programs are ran by people who have no qualification other than their former addiction, a fact that does not make them experts.

As his son spirals deeper and deeper into substance abuse, David Sheff continues to look for answers and solutions. He talks to researchers around the country and finds out about the damage meth causes to the neurons. He finds out that the re-growth of damaged nerve endings may take as long as two years (p 138), and thus it could take meth addicts a very long time to recover. He also reminds us that addiction is an equal opportunity affliction, affecting people without regard to their economic circumstances, education, race, geography, or any other factors (p 178). He realizes that movie or book descriptions of drugging and drinking are no longer funny to him, but rather pathetic. He presents the readers with a controversial debate whether designating addiction a brain disease gives addicts an excuse to relapse.

Nic's addiction gets worse and worse; he almost dies several times. He lies and steals, even from his family. His addiction poses a heavy toll on both his father's and his mother's families. David Sheff develops a cerebral hemorrhage, which may or may not have been related to the continuous stress of coping with his son's addiction. As he lies in the hospital, unable to remember his name, the only thing he thinks about is his son and the fact that he cannot remember his phone number. He fully recovers. His son still does not. His lies and his actions continue to afflict his family. David Sheff quotes his son about drug addict's lies, "An alcoholic will steal your wallet and lie about it. A drug addict will steal your wallet and then help you look for it" (p 265). The family (author, his second wife, and their two younger children) enter family therapy, which Sheff found fairly helpful. Life goes on, with hope that Nic, who, toward the end of the book seems to be in long-term recovery, will stay sober.

David Sheff continues to contemplate what went wrong and what he could have done differently. He wishes he had forced his son into a long-term rehabilitation program when Nic was young and it was legally feasible. He tells us that to send a child into rehab against his or her will is the hardest decision parents ever make (p 313), but it is the right one. "Rehab isn't perfect, but it's the best we have" (p 314); he also reminds us that no outcome is guaranteed and statistics are almost meaningless.

David Sheff ends the book with the hope that his son will stay clean, and that their relationship will continue to heal.

This memoir sucks you in. It is an extraordinary story of a family's dealing with the son's addiction. It is deeply moving. The author is very open about his feelings, his guilt, and his anger. The book is very well written. It is one of the great memoirs of addiction. I would recommend it to anyone interested in addiction and in coping with the addiction of a family member. Family members and addicts themselves will deeply appreciate this beautiful memoir. Mental health professionals would also appreciate it and learn a lot about the terrible epidemic of crystal meth and its impact on families of those addicted to this drug.

Richard Balon, MD
Wayne State University
Detroit, Michigan

Binge-Eating Disorder. Clinical Foundations and Treatment.

By James E. Mitchell, Michael J. Devlin, Martina de Zwaan, Scott J. Crow, and Carol B. Peterson; The Guilford Press, New York, New York; 2008; ISBN: 978-1-59385-594-9; \$30.00 (paperback), 214 pp.

With the continuously rising rates of obesity, eating disorders other than anorexia nervosa or bulimia are also becoming center of our attention and interest. One of such disorders is the binge-eating disorder (BED). This disorder has not yet been recognized as an "independent" diagnostic entity. It has been included in the Appendix of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-1) (1) as a disorder for further study and as an example of the eating disorder not otherwise specified. The main features of this entity are recurrent episodes of distressing overeating, on average two days a week for six months. These episodes are not associated with purging, fasting, or exercise, or other compensatory behavior. According to the authors of this volume on BED, Robert Spitzer originally used to call it "compulsive overeating" (p viii). The concept of BED has strong face validity, yet its content and construct validity are less well established (p 6). It seems to be more prevalent than anorexia nervosa and bulimia nervosa, with approximately 2% prevalence in the general population (p 9). Thus, it seems that this entity should get more of the physicians' and psychiatrists' attention. A group of authors-experts in eating disorders, Drs. Mitchell, Devlin,