

BOOKS, THE CHILDREN OF THE BRAIN

'The Liars' Club'

Mary Karr is a poet and a writer, not a mental health professional, but her final unraveling of some of the psychiatric mysteries of her childhood shows the skills of a therapist in asking key questions from a most recalcitrant informant: her own mother.

At a time when the general public shows little interest in psychiatric issues, it's encouraging that they kept "The Liars' Club: A Memoir" (New York: Viking Penguin, 1995) on bestseller lists for more than a year. We psychiatrists would do well to read it and think about what it has to say about this particular "apocalyptic childhood" and others.

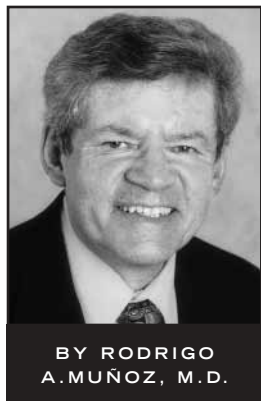
The book is rich in psychiatric formulations, psychiatric descriptions, and psychiatric opinions—although Ms. Karr makes no mention of formal psychiatric diagnoses. Early in the first chapter, several of her family members are said to be "Nervous." "I should explain here," Ms. Karr writes, "that in East Texas parlance the term Nervous applied with equal accuracy to anything from chronic nail-biting to full-blown psychosis."

The central characters are the author, Mary; her sister Lecia (pronounced Lisa); her father Pete; and her mother Charlie ("not Charlotte or Charlene, but Charlie like a boy").

In the opening chapter, Charlie is taken away to a psychiatric hospital after being "adjudged more or less permanently Nervous" for, we learn much later, setting fire to all the family's belongings. Charlie's mother, Grandma Moore, suffers delusions and hallucinations even when she hasn't been drinking. (Later in life, she would consume 30 beers a day.) Pete, according to Mary, was "some sort of Nervous and just hid it better than most," at

least until he retired, when his drinking increased dramatically and he became obnoxious and dangerous.

Ms. Karr's astute descriptions of her mother's psychiatric manifestations have an elegant poet's touch:



BY RODRIGO A. MUÑOZ, M.D.

► "She looked genuinely crazy sitting in her mother's rocker with the neatly ruffled blue calico cushions in front of that blazing stove with the smell of charcoal fluid and her own face all scrawled up bloody red."

► "Once, for instance, when our car was winding home from a particularly nasty dinner in town, Mother just threw open the car door and pitched herself out on the road. Suddenly, the black night was rushing in across the place where Mother had been sitting a few seconds before in a sullen drunk's quiet."

People who suffer mental symptoms are often attracted to one another, so that different disorders end up being expressed in the same family. Alcoholism seems to be a common denominator in this family, but depression can be identified in several members and psychosis seems not to be far away. Without the same wit, humor, and detachment, many a patient has described a personal history similar to that of Ms. Karr. The outcomes are not always as rich, but they are not necessarily sad.

Her father was a lanky and stoic cowboy turned oil worker, and he kept most of his thoughts to himself unless he was telling one of his many stories. Reading the narrative as tape recorded by Mary, one could think of Pete as an East Texas Mark Twain, much given to fantasy and hyperbole. In the best times of Ms. Karr's childhood, Pete and his fellow oil workers would get together to drink beer and whiskey and to exchange tall stories. Mary—"Pokey" to

her father—would be there, an informal member of the club (dubbed "The Liars' Club" by disapproving neighbors).

Grandma Moore, one of the most unpleasant characters in Mary's early life, seemed to focus on criticizing and punishing her. This behavior became a present and immediate danger when Grandma was diagnosed with metastatic melanoma at the age of 50 and—after many months of intense family disruption—came all the way across Texas to die in the home of Charlie, the daughter whose life she had made impossible years before.

Grandma's last curse destroyed the family: She left Charlie a large amount of money. The frenzy of activity that followed included a semifinal departure from Leechfield, a rapid if seemingly unwise relocation to Colorado, a divorce, a new marriage for Charlie, her purchase of a bar, her graduation to a combination of alcohol and diet pills, and her progressive decline.

When Pete and Charlie said good-bye to each other in Colorado, they let the girls decide whether they would stay with Charlie; Lecia and Mary felt they had no choice but to stay to protect her, mostly against herself. The morning Pete departed, he picked up his duffel bag and dis-

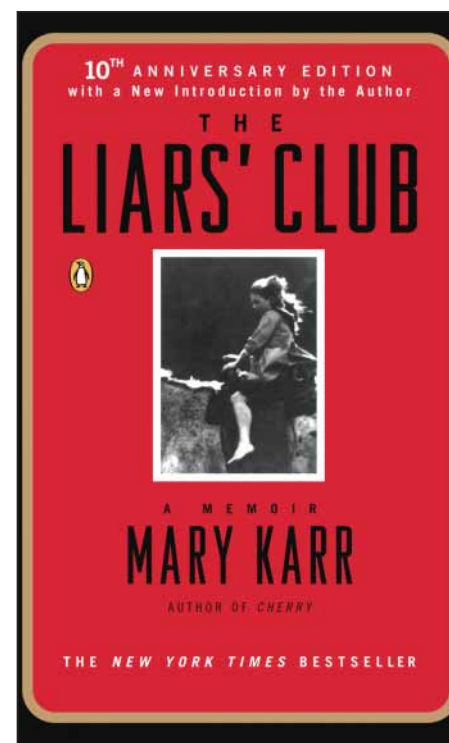
covered that Mary had accommodated herself inside among his clothes: "'Get outa there, Pokey,' he said, drawing the zipper down to my belly bottom. 'God sakes, you'll break a fella's heart.'"

A psychiatric formulation seemingly satisfactory to Ms. Karr explains Charlie's sadness. By the time she had met Pete, she had

been married four times, the first time for love. With her first husband, in New York, she had had two children, whom she loved dearly. The husband left her surreptitiously, took the children, and established a new home with a new wife. Charlie eventually found him and tried to reclaim the children, only to realize that she had no means of support. She tore apart her custody papers and left the children with their father, promising to come back. After several failed marriages, she had given up her quest and had seemingly decided to drown her sorrows in alcohol.

Those of us in psychiatry can find in this book the kind of situations that make our field challenging and rewarding. But as humanists, we find ourselves hoping that psychiatry is doing more for our patients than was done for Charlie. ■

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Cost-Saving Alternatives Offered for Medicaid Program

BY NELLIE BRISTOL
Contributing Writer

WASHINGTON — Private bounty hunters are one way to fight fraud in the Medicaid program, according to Stan Dorn, J.D., senior analyst at the Economic and Social Research Institute.

Successfully used by Medicare, the bounty hunter approach allows whistleblowers to share in funds recovered through prosecutions under the False Claims Act.

According to recommendations developed by Andy Schneider, an attorney and Medicaid policy expert for Taxpayers Against Fraud, Congress could bolster Medicaid whistle-blower opportunities by increasing federal payments to states that enact their own False Claims Act and by offering whistle-blowers a minimum of 20% of the federal share of any recovered funds.

At a policy forum sponsored by the American Public Health Association, Mr. Dorn included enhanced fraud reduction efforts among nine budget cutting options that would trim the cost of the program without capping spending or enrollment. Congress is expected to propose Medicaid program changes this year that will result in \$10 billion in reduced federal spending over 5 years.

Mr. Dorn offered other cost savings alternatives, such as improving case management for the chronically ill and implementing community-based obesity prevention strategies. The Bush administration in its fiscal year 2006 budget proposed reducing Medicaid funding by re-

forming the program's drug purchasing system and limiting asset transfers that qualify seniors for long-term care.

Limits on spending and benefits are not part of any current federal budget plans, but lawmakers are looking broadly at Medicaid reform proposals this year. Caps could be considered as part of those proposals, Mr. Dorn pointed out at the forum, which was cosponsored by the Joint Center for Political and Economic Studies.

Not only would caps affect Medicaid recipients, but they also could prove detrimental to the economy, Mr. Dorn said.

Since Medicaid must provide benefits to all of those eligible, the bulk of the program is economically "countercyclical," he

said, meaning it expands as the economy contracts. Not only does this ensure health benefits are available to low income individuals, but it also contributes to the flow of funds to health care providers and, in turn, other sectors of the economy.

To capitalize on Medicaid's stabilizing effects, Mr. Dorn suggested that federal matching rates could automatically rise when the economy slows. With national and state unemployment rates as triggers, automatic adjustment would not require waiting for new federal legislation each time a recession begins and the increase would end promptly when economic conditions improved. "It would be better timed and come into effect immediately," Dorn noted. Congress passed a 2.95% increase in the federal matching rate for the 15 months ending on June 30, 2004.

Studies show the boost allowed states to continue Medicaid benefits even though state revenues shrank. ■

Enhanced fraud reduction and community-based obesity prevention strategies are among the options that might save the program money.