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Looking Glass Land

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Looking Glass Land

Susan Inman '71, *After Her Brain Broke: Helping My Daughter Recover Her Sanity*, Bridgeross Communications, 2010

A desperately ill child. A bewildering succession of symptoms, along with a shifting assortment of diagnoses. A seemingly endless series of trial-and-error treatments, which compound a degree of symptom relief with unwellcome and even dangerous side effects. This is the world of severe mental illness, a world that Susan Inman aptly terms “a ridiculous hell.” It is the world that Inman brings to life in her wrenching and courageous memoir of her family’s struggle to care for Molly, their teenager, who has developed a severe psychotic disorder.

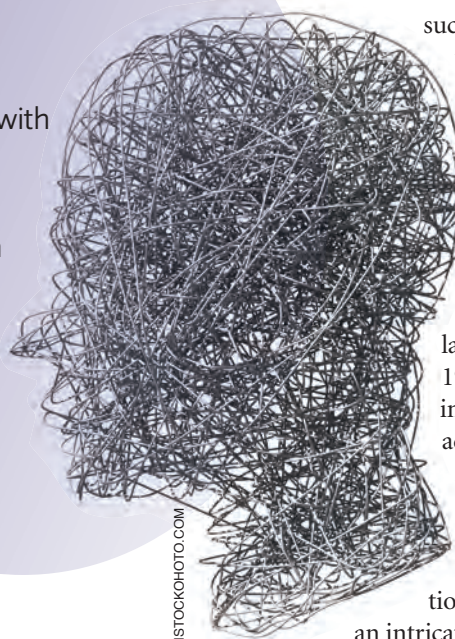
Susan Inman’s experiences with the mental health system—like those of many patients and families—resemble the nightmarish world that Alice experiences when she steps through the mirror into Looking Glass Land. Unlike biomedical diagnoses, psychiatric diagnoses do not carve nature at its joints; they merely describe clusters of symptoms. Molly’s symptoms morph unpredictably through the nine years of illness that Inman charts. Inman encounters several therapists whose knowledge of psychotic illnesses is antiquated as well as a few whose notions of psychotherapy are downright flakey. The family also encounters a maze of bureaucratic regulations that limit their options and sometimes threaten Molly’s safety.

Inman’s account brings us face to face with the yawning chasm between what sufferers need and what is currently available. In Canada (Inman’s home), as in the United States, a cost-conscious health care system has relinquished its responsibility for care, leaving families to shoulder enormous financial, practical, and emotional burdens.

Inman’s memoir eloquently portrays the frustration, helplessness, and anger that engulf families as they attempt to navigate the fragmented and underfunded treatment system. But another story parallels the story of anger and disappointment: The story of a family’s arduous but ultimately successful efforts to secure competent and responsive psychiatric care and to locate (or create) community-based programs that will support Molly as she creates a life for herself outside her illness. Inman learns all she can about her daughter’s illness. She; her husband Peter Seixas '69; and their elder daughter master the strategies and skills needed to work the system; they coax and cajole various agencies and social services (a GED program, special schools, and the local community college) into meeting Molly’s needs. And, although Molly has setbacks when her illness flares up, her progress is remarkable. She gains the capacity to stand outside her illness and learns how to manage it.

Susan Inman draws a picture of severe mental illness that strikes a balance between hope and realism. Like most parents of children with

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such illnesses, she has been the target of mother-blaming by some mental health professionals; others have been accusatory and distrustful. These practices are lingering residue of the psychoanalytic theories popular in the 1950s and 1960s. It is hardly surprising that Inman staunchly advocates for biomedical models of mental illnesses. Yet, as Molly’s experiences demonstrate, the manifestations of a mental illness are an intricate interplay of biochemical abnormalities, a person with a distinctive set of coping resources, and an interpersonal milieu that fosters recovery or impedes it.

In a poignant passage, Molly spots a homeless man huddled in a parking lot, rearranging the contents of his shopping cart. “Will I be getting a shopping cart?” she asks her mother with heartbreaking naïveté. “No,” Inman declares, “These are sick people who don’t have a family to help them.” Indeed, Molly’s family is the crucial factor in her recovery. Inman and her husband muster extraordinary energy and unflagging determination to bring Molly beyond her illness. Luckily, they have substantial social, cultural, and financial capital at their disposal. Inman simply refuses to be daunted, defeated, or thwarted by the myriad obstacles that confront her. As she obtains more and more knowledge, she gains the confidence to challenge Molly’s caregivers and even to resist treatment recommendations that seem askew. Ultimately, her efforts to restore her daughter’s health propel her into leadership positions in the local community of families coping with severe illness.

After Her Brain Broke is addressed primarily to families coping with mental illness. Inman laces the book with information about scientific research; she also includes appendices listing print and online resources for families. She tells about psychoeducation programs such as NAMI’s Family-to-Family and BRIDGES groups, in which peers offer one another empathic witnessing, material help, and practical measures to cope with quotidian difficulties. However, families facing severe mental illness are not the only ones who can benefit from reading *After Her Brain Broke*. For mental health professionals, the book offers needed, albeit humbling, lessons about what families need. For the rest of us, Susan Inman provides a compelling portrayal of the emotional maelstrom of severe mental illness.

—Jeanne Marecek

William R. Kenan Jr. Professor Emerita of Psychology