

## Book reviews

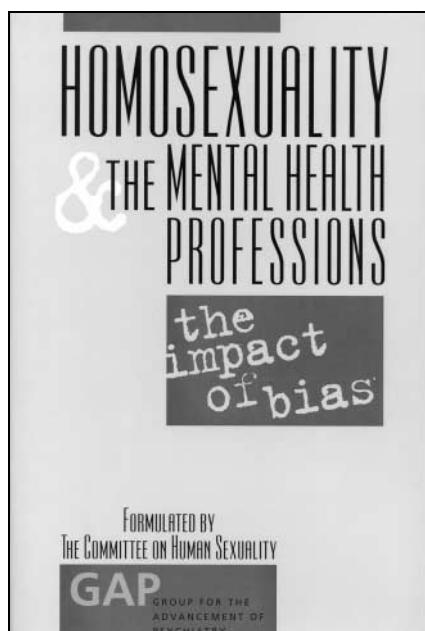
EDITED BY SIDNEY CROWN and ALAN LEE

### Homosexuality and the Mental Health Professions: The Impact of Bias

Formulated by the Committee on Human Sexuality. Hillsdale, NJ: Analytic Press. 2000. 132 pp. £22.50 (hb). ISBN 0 881 63318 6

Gay and lesbian people are vulnerable to prejudice and persecution and have little protection from antidiscrimination laws. The Group for the Advancement of Psychiatry has published this short volume in order to address antihomosexual bias (a term the Group prefers to homophobia) in the practice of psychiatry and psychotherapy. A number of young American psychiatrists who were impatient with the conservatism of the American Psychiatric Association founded the Group in 1946. Its aim was to produce position statements on relevant and controversial psychiatric issues. This monograph, which is number 144 in the series, draws attention to the problem of antihomosexual bias not only in psychiatry and psychotherapy but also in the legal system and the medical response to patients with HIV and AIDS.

It briefly traces the historical (particularly religious) origins of antihomosexual bias, before focusing on where it occurs in the health and social services. The style is economical and yet rich in clinical and social illustrations. The text serves both as a warning against negative assumptions about homosexuality and a practical manual on how particular issues might be addressed. For example, it emphasises how gay and lesbian people, having grown up accepting the bias in society against them, might collude with ill-advised therapeutic efforts to modify their sexual orientation. Negative stereotypes held by gay people about their own sexuality may be reinforced by therapists who share them and who do not recognise that they are symptomatic of homophobia. A person's sexuality might count against his or her application for care and control of a child. Therapists may assume that gay and lesbian



relationships are inherently unstable, any sign of bisexuality must mean the client is 'really' heterosexual or that the presenting disorder, such as depression, must be a consequence of the client's sexual orientation.

The Group recommends changes in the training of doctors and therapists. Supervision provided in psychoanalytical training institutes that, until relatively recently, excluded openly lesbian or gay professionals from training posts, must be free of prejudice. Psychiatric and medical educators must exert decisive, knowledgeable and moral leadership in challenging antihomosexual bias. Professionals must be encouraged to be open about their own sexuality, especially when in training posts, despite fears of discrimination in career advancement.

This short, well-written book is not a manual on political correctness. It is essential reading for doctors, psychotherapists and members of the professions allied to medicine who are curious about their own unconscious antihomosexual bias and who want to familiarise themselves with its

manifestations and do their best to prevent it from harming their patients.

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### The Environment of Schizophrenia

By Richard Warner. London: Brunner Routledge. 2000. 136 pp. £40.00 (hb); £14.99 (pb). ISBN 0 415 22 306 (hb); ISBN 0 415 22 307 5 (pb)

Richard Warner is well known for his contributions to social psychiatry, both theory and practice, and for innovations in the mental health services in Denver, Colorado. In this short and stimulating book, he reviews the state of knowledge of some important aspects of schizophrenia and proposes 13 interventions. The first of these would lower the incidence of this condition, while the other 12 would reduce the disabilities and promote the abilities of those having to cope with it – the patients themselves and their social and therapeutic circles. His straightforward style is clearly aimed at a wide readership: the people who might be involved in initiating, encouraging or carrying out the interventions.

The 13 proposals are focused on three different 'levels': the individual (five), the domestic (three) and the community (five); and are as follows: (1) an educational campaign on the risk of obstetric complications, which for various reasons are particularly common in mothers with schizophrenia; (2) individual substance misuse counselling (which goes against the punitive approach adopted in the USA towards illicit drug users); (3) cognitive-behavioural therapy for psychotic symptoms; (4) the proper use of benzodiazepines to reduce stress-induced psychotic symptoms; (5) consumer involvement at all levels of service provision (some striking examples are given); (6) tax-free support payments for caregivers (landlords and foster-parents as well as families); (7) marketing of the family psychoeducational approach; (8) domestic alternatives to the hospital for acute treatment; (9) expansion of social firms – businesses employing consumers; (10) modification of disability pension regulations to increase the allowable earned income level; (11) provision of wage