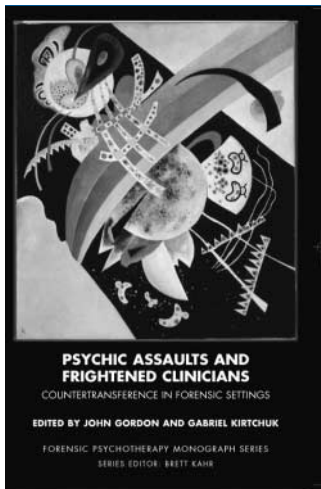


## Book review

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Psychic Assaults and  
Frightened Clinicians:  
Countertransference  
in Forensic Settings**

Edited by John Gordon  
& Gabriel Kirtchuk.  
Karnac Books, 2008.  
£19.99 (pb). 176pp.  
ISBN: 9781855755628

First, I commend the authors on choosing a title that even Hollywood would be proud of! It has, without fail, enticed all visitors to my house to pick up the book and read the back cover. But does the book do justice to its dramatic name?

Admittedly, it is not a gripping thriller but it held my interest (commendable in itself). Its theoretical background is psychodynamic psychotherapy; the contributing authors are primarily psychotherapists who have significant experience within forensic settings. The book raises the profile of countertransference in forensic settings, especially how its influence can permeate through the layers of an organisation and significantly affect patients, staff, systems and care. It is written to bring meaning and support to staff as they attempt to ‘emotionally care for the “intolerable”’.

One of the strengths of the book is that each chapter can be read in isolation and they offer a comprehensive march through the various ‘microsystems’ that form the forensic National Health Service institution: nursing staff, individual and group psychotherapy, supervision, management dynamics, interpersonal dynamics in in-patient care, organisational consultancy. The chapter on the supervision of managers is particularly welcome as illustration that no member of an institution is immune to the effects of countertransference and that all could benefit from the space to reflect and ‘feel’ about their work. Excellent clinical examples are included that bring the material to life. In criticism, consideration of community forensic settings is missing and, as is often the case, discussion of care for those in prison. However, the authors have remained within their field of expertise and the specification of the book.

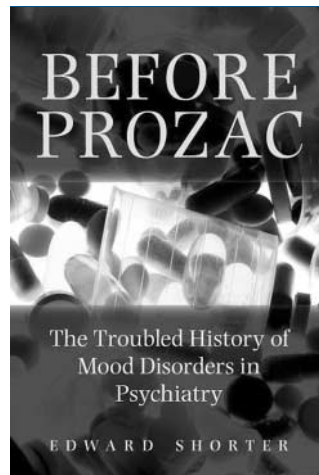
The case for reflective practice is well marketed here, but my cynical side would prefer a frank evaluation of staff groups by a ‘participant’, which avoids the risk of portraying reflective practice in an idealised manner. At the end of the day, it’s meaningless if the staff don’t benefit.

As someone who is already on the forensic psychotherapy bandwagon, I welcome this publication as I think it (very successfully) makes a case for the existence of forensic psychotherapy. This is an eminently readable and thought-provoking book for staff and managers in forensic settings, with excellent writing capturing how challenging this work can be. I will end this review with my particular favourite phrase, from the book’s

foreword: ‘The most useful vaccination against the impact of madness is to create meanings in its place.’

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doi: 10.1192/bjp.bp.108.060517



**Before Prozac.  
The Troubled History  
of Mood Disorders  
in Psychiatry**

By Edward Shorter.  
Oxford University Press, 2008.  
US\$29.95 (hb). 320 pp.  
ISBN: 9780195368741

This is an entertaining book, written as if Shorter had half an eye on a screenplay. The plot centres on the pharmaco-politics of the past century. The cast are dark institutions: the Food and Drug Administration (FDA; power-hungry); academic psychiatry (vain and untrustworthy); and the pharmaceutical industry (money-grubbing). Our heroes are the pharmacologists of the past, untroubled by the cruel whisper of the blinded trial.

Scene 1: Shorter has us imagine a desert, barren but for two tall cacti. One represents selective serotonin reuptake inhibitors (SSRIs), the other, atypical antipsychotics. We travel back in time to learn how we came to be in this desperate place . . .

Shorter believes that the pharmacotherapy of depression could have been a lot more exotic – and effective – than it is now. He suggests that political and commercial power games (and the unfortunate DSM catch-all construct ‘major depression’) have swept away useful treatments for depression: first opiates, amphetamines, alcohol and cocaine; followed by barbiturates, meprobamate and methylphenidate; and then monoamine oxidase inhibitors, tricyclics and benzodiazepines. Apparently, we are left today with the anaemic SSRIs.

Like any good history lesson, this one nails a recurrent theme: every time a psychiatric drug class gets the chop, it follows a political furore about addiction or lethality or both. Barbiturates – addictive and lethal; benzodiazepines – addictive; tricyclics – lethal, and so on. On cue, the SSRI cactus is being sawn down right now. In Scotland, for example, a wearisome target has been set by civil servants to reduce antidepressant prescription by 10% – such is the fact-free ministerial concern that general practitioners are handing them out like sweets – despite consistent evidence that depression is under-recognised and under-treated wherever researchers take the trouble to look.

Shorter does not collar the real villain; that role is surely taken by the general public’s distaste for the very *idea* of psychopharmacology. As the ‘Defeat Depression’ campaign demonstrated, tabloid folklore would have antidepressants as some sort of highly addictive emotional anaesthetic. Stigma thus ensures that demonising psychiatric drugs has always been a sure-fire crowd-pleaser for the politician. Whether it is 1963,

with US Senator Hubert Humphrey professing horror at the prescription of meprobamate 'as freely as aspirin', or today, as British MPs jostle to condemn antidepressant prescription volumes, the careerist rhetoric remains the same.

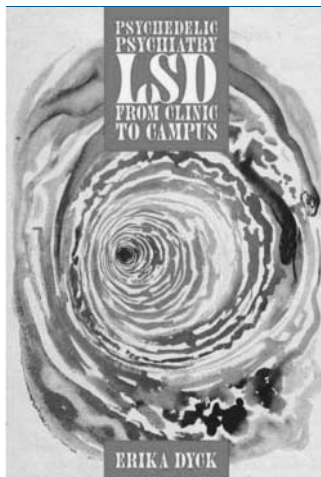
Anyone picking up Shorter's book to enjoy a diatribe against the evil of antidepressants will be disappointed (NICE guidance is the place to go for that). His concerns lie with the paucity of effective drugs, not the principle of chemical treatment. But his assessment of the value of older therapies is not correct: opiates and alcohol are possibly not the best approach to mood disorder (though a fair proportion of the antidepressant-sceptical 'public' seem keen), whereas the serendipitously discovered antidepressants and their descendants were never wholly effective despite the advance they represented. The monoamine hypothesis that grew as drug mechanisms were unravelled could never be adequate either. Mundane commercial conservatism was responsible for the raft of 'me-too' agents that followed: industry simply got on with making products to sell. Academic psychiatry did not have the technology or the ideas to contribute anything new, and got on with making an increasingly fine-grained but futile map of the monoamine system. A sufficiently sophisticated neuroscience of mood disorder just does not exist to guide rational drug development. Possibly it is beginning to emerge now, from interplay between the realms of molecular biology, imaging and neuropsychology. But it may be too late, as it was for Charlton Heston, emerging dumbfounded from a crashed spacecraft to discover that his planet had been taken over by an advanced but brutish civilisation of cognitive therapists. (My memory of plot detail may be a little hazy here.)

The hyperbolic blurb on the back cover would have you believe that this book is a revelatory work of Kuhnian stature. It is not. But it is engaging, sprinkled with Chandleresque dialogue – FDA agents say things like, 'Baby, it ain't gonna happen' and 'your products are toast' – and fun: you will learn that Leandro Panizzon (who synthesised methylphenidate) named his drug 'Ritalin' after his wife Rita because she liked to take it before tennis matches. And that a horse named Marsilid (after the first monoamine oxidase inhibitor used in depression) won in the 9th at Belmont in 1949 (perhaps it was cheating too).

I would recommend the book as solid summer holiday reading; but don't just continuously develop professionally on the beach – bid for the film rights.

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doi: 10.1192/bjp.bp.109.064196



**Psychedelic Psychiatry:  
LSD from Clinic  
to Campus**

By Erika Dyck.  
Johns Hopkins University Press.  
2008. US\$35.00 (hb). 216pp.  
ISBN: 9780801889943

Psychedelic psychiatry was a topic I knew little of. The use of lysergic acid diethylamide (LSD) in treating mental illness seemed an alien and somewhat dangerous concept. I was interested to see what emerged from this historical review of these practices in North America in the 1950s and '60s. The author, an assistant professor in history, narrates the real life events from the perspective of the two main protagonists, Humphry Osmond and Abram Hoffer. Osmond was a British psychiatrist who trained at Guy's and Hoffer was an American psychiatrist. They were kindred spirits, both biologically minded in their approach to treatment. The story of psychedelic psychiatry and LSD is told as if it was intertwined with their professional fates.

The book reads like a tragedy. There is initially much hope and enthusiasm that LSD could lead to major breakthroughs in understanding the biological basis of mental illness. There were hugely promising results from trials. Hoffer and Osmond appear as pioneers on the edge of a great leap in psychiatric treatment through the use of LSD. But as with tragedies, LSD, psychedelic psychiatry and the two main characters suffer repeated blows. The psychiatric world becomes reluctant to acknowledge the results, for various reasons. Increasingly desperate to make their mark, Hoffer and Osmond seek other non-medical uses of LSD such as aiding self-realisation and spirituality. This alienates them further and leads to the journey of LSD from clinic to campus. The 'tragedy' ends with LSD becoming increasingly used illicitly. Eventually, this leads to statutory legislation that heavily restricts and stigmatises its clinical use. Thus, LSD, psychedelic psychiatry and the two main characters are pushed to the backwaters of psychiatry.

The story is very well written and researched, allowing the reader to have empathy for the two psychiatrists through the highs and lows of their journey. Along the way the author gives fascinating insights into conflicts within psychiatry. She also illustrates how societal views and politics can influence the development of psychiatric treatments. Overall, the book is a good read and has the bonus of imparting historical understanding of psychiatry during its most exciting and innovative era.

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doi: 10.1192/bjp.bp.109.064121



**What Every Therapist  
Needs to Know  
about Treating Food  
and Weight Issues**

By Karen R. Koenig.  
W. W. Norton. 2008.  
US\$25.00 (pb). 256pp.  
ISBN: 9780393705584

This is a short and initially engaging book written in an informal style. Its purpose is to help non-specialists 'gain confidence and competence in assessing and treating weight and eating issues'