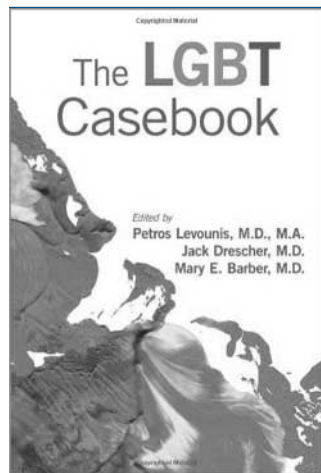


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



### The LGBT Casebook

Edited by Petros Levounis,  
Jack Drescher & Mary Barber.  
American Psychiatric Publishing,  
2012.  
US\$62.00 (pb). 324 pp.  
ISBN: 9781585624218

A young patient of mine described his mother running to the toilet to vomit and then disappearing out of the house for 24 hours when he told her he was gay. This is not the struggle of your average student. The difficulty confronting and dealing with both external and internalised homophobia, as well as coping with the nature of difference, leads some lesbian, gay, bisexual and transgender (LGBT) people to despair. For many years we have known that, despite more liberal attitudes in Western countries, rates of attempted suicide and self-harm are higher in LGBT people than in their heterosexual counterparts. Recently, it has become clearer that rates of completed suicide are also much higher – at least in men – even in those in the most stable of situations such as civil partnerships. Lesbian, gay and bisexual people are more vulnerable to a range of mental illnesses and substance use disorders. This is most likely the result of the difficulties inherent in growing up gay and lesbian in societies which reject homosexuality. Bereavement in particular is more difficult to cope with when the exact nature of relationships may not be known by friends and work colleagues. Religious and spiritual difficulties are common given that most Abrahamic faiths reject the concept of same-sex relationships. Homophobia is nowhere more apparent than in mainstream Christianity and Islam where attempts to ‘heal’ people by making them heterosexual are growing increasingly common, particularly in the USA.

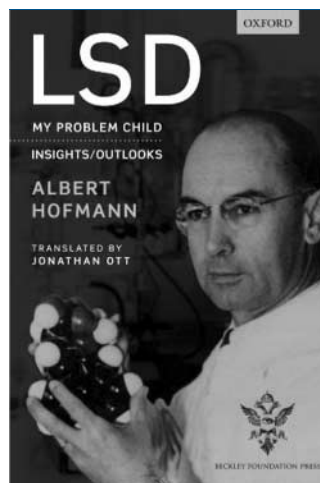
Mental health professionals need to be aware of these issues and this excellent clinical casebook is a step in that direction. It is an intensely pragmatic book which is embedded in the case histories of real people and which deals with issues of mental and general well-being in LGBT people. It begins with basic principles of when, how and how often LGBT people negotiate the minefields of revealing one’s sexuality to family, close friends and colleagues, before dealing with issues of parenting and psychotherapy. There then follows an extensive series of clinical examples, which deal with particular mental disorders in this group. This is the meat of the book on which the editors place particular importance.

This casebook will be extremely useful to mental health professionals who are unaware of or unfamiliar with the issues faced by LGBT people and will go some way towards reducing the discrimination and prejudice they experience, even within

mental health services. Each case history ends with a number of key points and questions that lend it particularly well to continuing professional development.

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doi: 10.1192/bjp.bp.112.120725



### LSD: My Problem Child

By Albert Hofmann  
(transl. Jonathan Ott)  
Oxford University Press. 2013.  
£24.99 (hb). 248 pp.  
ISBN: 9780199639410

When the Swiss chemist Albert Hofmann accidentally discovered the hallucinogenic effects of LSD in 1943, he went for a bicycle ride. Commentators have repeated this legendary tale frequently in the past 70 years but Hofmann’s book is the definitive text – and this new edition offers some interesting contemporary insights.

Edited by Amanda Feilding of the UK’s Beckley Foundation, a charitable institution researching psychedelics as tools for medicine and growth, and translated by Jonathan Ott, the original 1979 text has been given a facelift, with translator’s notes and the addition of previously unpublished essays written by Hofmann in his later years, which provide fresh context to the chemist’s thoughts and philosophical ruminations of his 102-year life.

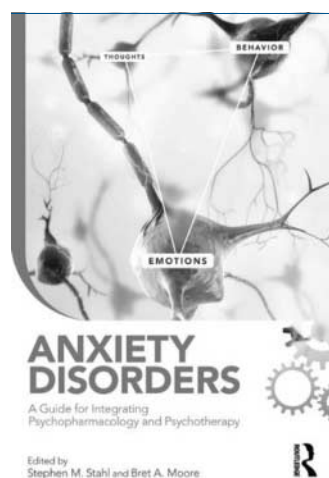
Psychedelic therapy is now a clinical inevitability. Woken from its 40-year, politically induced slumber by contemporary, methodologically robust research, this time around evidence-based medicine is on the side of psychedelic drugs. They *do* work, they *are* safe and they *can* have clinical uses. New research with LSD, psilocybin, MDMA, ibogaine, ketamine, ayahuasca and cannabis is springing up everywhere, from Harvard and Johns Hopkins University to University College London, Imperial College and Cardiff University. The wonder drug, which Hofmann reluctantly renamed his problem child at the end of the 1960s, has emerged from adolescence into a mature and reflective adult with a valuable job to do. Used with care, Hofmann’s LSD can help patients access and resolve repressed traumatic memories. Where current pharmacotherapies with antidepressants and antipsychotics often mask symptoms and trap patients in co-dependence, psychedelic-assisted psychotherapy can get to the heart of the trauma and offer durable remission without the need for daily maintenance medication.

We are in the midst of a psychedelic renaissance but tread carefully with clinical governance as our guide. Hofmann was a conservative adventurer; embracing the spiritual potential of LSD, clear that the doctors must not be allowed to run the show, but acutely aware of the unhelpful hippie image that slowed research. With DSM-5’s publication psychiatry continues its

discussions about restrictive medical models inadequately reflecting the human condition. Despite our over-reliance on an increasingly biological perspective, psychedelic therapy can perhaps offer a more reflective vision for the future. Contemporary neuroimaging using psychedelics is enlightening that elusive territory between cognitions and their biological substrate, offering modern confrontation of Cartesian duality. Each year the subject of psychedelic research edges ever closer to the mainstream and for those still yet to have their minds opened, this book is as good a place to start as any.

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**Anxiety Disorders:  
A Guide for Integrating  
Psychopharmacology  
and Psychotherapy**

Edited by Stephen M. Stahl  
& Bret A. Moore.  
Routledge. 2013.  
£28.99 (pb). 294 pp.  
ISBN: 9780415509831

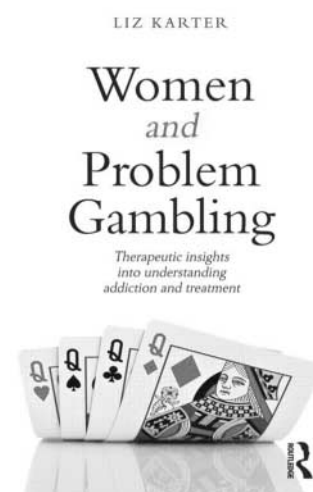
Every clinician, with a few exceptions, is treatment-eclectic, in that they are willing to consider both psychological and drug interventions for patients. When choosing treatment they are receptive to any personal wishes and beliefs of patients. But when the initial treatment fails, as it so often does, the clinician enters an uncertain world where there is very little clear guidance on what to do. Standard guidelines fail us here; not because they do not recognise the issue, but because they do not yet have the data to give authoritative advice on joint treatment approaches. This explains the rationale behind this book; if you have little in the way of evidence to guide you, the next best thing is to have experts who can give you the benefit of their knowledge.

Does it work? Up to a point it does. Each chapter is written in a clear and engaging style, with useful vignettes of believable patients who represent the problems of both resistance to, and complexity of, treatment, and also show the successes of combined treatment. But the reader would want to know the answers to a number of practical questions. When should I change from single to joint approaches in treatment? What approaches are synergistic (i.e. increase the efficacy of treatment) and which are antagonistic? When changing from drug to combined treatment, should I change the dose of drug or keep it the same? What should be my explanation to the patient when deciding to change to combined treatment? There are not many answers to these questions here, and although they are all difficult ones, they can be addressed, at least in part. The reason they are not is, I think, because not many of the authors are all-round clinicians who use joint treatments time after time in their professional lives. Each chapter is written by an acknowledged expert, but most come from the USA, and one of the unfortunate facets of professional life in that country is narrow

specialisation. There is one outstanding initial chapter by Mark Muse and the two editors, which does address the issue very well, but the rest is solid uni-disciplinary advice that can be found in many other texts. Still, the book flirts with the reader and may entice them into using joint treatments more appropriately, and represents a good start to a new genre of publications.

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doi: 10.1192/bjp.bp.113.131854



**Women and Problem  
Gambling:  
Therapeutic Insights  
into Understanding  
Addiction and Treatment**

By Liz Karter.  
Routledge. 2013.  
£19.99 (pb). 154 pp.  
ISBN: 9780415686372

Liz Karter is a female therapist who has been working with female pathological gamblers for the past 10 years. She has collected a decade of clinical observations and experiences with her patients and has written about them in an accessible, non-academic way that lends itself to a much wider readership than much of the existing literature on the subject of problem gambling.

The topics covered are primarily from a gender-specific perspective, but nevertheless give true insight into the suffering caused by the addiction when it takes over. There is enough reference in the early part of the book to the British Gambling Prevalence Survey and to the set of recognised criteria in DSM-IV to make this not just a collection of patients' experiences. However, a third into the book the tone changes and the focus shifts clearly to the individual patients and their stories. These are well written and offer a full range of aetiology as well as consequences linked to the illness. They will be very helpful to training clinicians wanting to 'get a feel' for the illness without a large cohort of patients waiting to be assessed.

Women who grew up as children of addicts and gambled to escape the fear and uncertainty life brought them, women who gambled to get away from the pain and exhaustion of having a child with disability, women whose marriages were violent and who gambled for a moment of hope and to dream of an alternative life. All of these stories repeat themselves in our clinics on a daily basis. The beauty of this book is to have captured them, acknowledged their existence and the need for us as clinicians to treat these women and their gambling within the context of earlier adverse life events.

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doi: 10.1192/bjp.bp.113.131870