

Book reviews

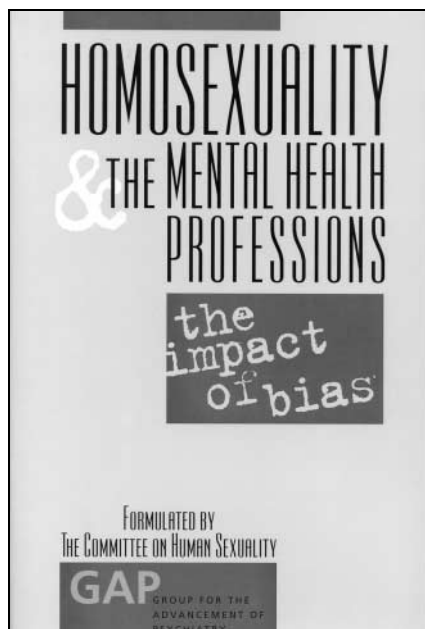
EDITED BY SIDNEY CROWN and ALAN LEE

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

subsidies; (12) lobbying the news and entertainment media, as part of (13) a global anti-stigma campaign – which incidentally takes you back to (1), as people with schizophrenia often get a raw deal from our medical colleagues for all their many physical conditions.

Sounds interesting? Well it is. Warner's breadth and depth of vision and his positive approach are most refreshing. He provides cogent arguments and background information for all of his proposals. Many of the most 'radical' interventions, for example those on consumer involvement and domestic alternatives to hospital for acute treatment, are based on what has been achieved at Denver.

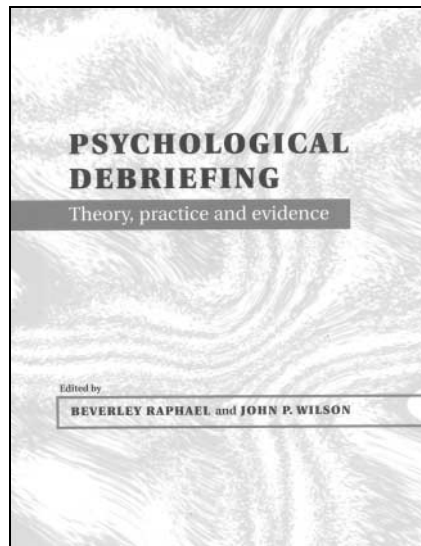
This is a book not for the library, but for the table, desk or pocket. After you have read it, the workaday landscape seems a bit different and full of opportunities.

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Psychological Debriefing: Theory, Practice and Evidence

Edited by Beverley Raphael & John P. Wilson.
Cambridge: Cambridge University Press.
2000. 376 pp. £37.95 (pb). ISBN 0 521 64700 2

The history of psychological trauma is littered with episodes of knowledge and forgetting, just as post-trauma memory is scattered with episodes of remembering and amnesia. This authoritative text goes some way towards the prevention of the threatened but premature death-knell for psychological debriefing. Few issues in mental health are as controversial as psychological debriefing, with polarised views common. The term 'psychological debriefing' has been used for different types of intervention, and this book highlights the range of



conceptualisations, methodologies and interventions that constitute the area of debriefing, with single sessions superseded by critical-incident stress management (the Cochrane Collaboration review examined only randomised controlled trials incorporating one-off sessions (Rose *et al.*, 2001)).

The editors, Raphael & Wilson, have an impressive track record in their *International Handbook of Traumatic Stress Syndromes* (1993), a seminal text on psychological trauma. Here, they precede each chapter with an editorial commentary, which provides a helpful overview. The book comprises 25 chapters in four parts, and the contributors include leading trauma researchers. The first part focuses on key conceptualisations, the last provides an overview of debriefing. In between, Part II contains chapters detailing models, research and debriefing practice and Part III outlines the adaptation of debriefing models to various groups.

Particularly helpful chapters are those examining or highlighting the shortcomings and difficulties of research strategies (Chapter 1); the possibility of consensus

(Chapter 23); and an examination of the background and evolution of debriefing (Chapter 24). The wish to tackle the dilemmas facing debriefing strengthens the text and emphasises the editors' desire to analyse the evidence appropriately. The sections, and chapters therein, vary in interest for expert and non-expert, with Parts I and IV of greatest interest to the non-expert.

Two recurring themes are welcome and reassuring. The first is the need to target interventions to those needing help (and thereby letting sleeping dogs lie!), and the second is that debriefing should not be compulsory. The humane wish to assist individuals at the point of major trauma or disaster is not helped by a closed debate, with advocates and antagonists retreating to their enclaves. Consensus can only be reached by further research and open discussion. This book highlights the key questions needing answers. Other interventions, such as psychological first aid, should not be adopted without supporting empirical evidence simply because evidence supporting debriefing is inconclusive.

This book is uniformly well written and offers some chapters to provoke, others to reference and none to bore. It has international appeal, covers a range of trauma and will be appreciated by many professionals, not just those with a special interest in psychological trauma.

Rose, S., Wessely, S. & Bisson, J. (2001) Brief psychological interventions ("debriefing") for trauma-related symptoms and prevention of post traumatic stress disorder. *Cochrane Library*, issue 2. Oxford: Update Software.

Wilson, J. P. & Raphael, B. (1993) *International Handbook of Traumatic Stress Syndromes*. New York: Plenum.

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