

value for his work as a psychotherapist from this experience in the three decades to follow.

British psychiatry's dalliance with LSD in the treatment of neurosis and alcoholism from 1953 onwards through to the mid-1960s when it fell out of favour pre-dates the widespread use of antidepressants as a treatment for neurotic conditions. It also pre-dates the opprobrium that was to attach to LSD-25 or 'acid' in the cultural conflicts between the establishment and the hippie generation. This conflict led to LSD's class A status in the Misuse of Drugs legislation that followed in 1971. The psychiatric story is only one aspect of this 'popular' history which is an excellent piece of high-quality journalism, ranging across the interests of the military and security services in Albert Hofmann's 'problem child' as either a weapon to disable the enemy or a 'truth drug' for interrogation, to much detail on the counter-cultural psychedelic movement from the 1960s up to the present.

The story presented by Roberts fits very well with Mike Jay's comment that the history of mind-altering drugs often follows a three-stage Frankenstein narrative: in the first stage the drug is discovered and celebrated; in the second it escapes from the laboratory, taking on a life of its own, and is perceived as a menace to the prevailing order; finally, in the last stage the powers that be try their best to capture and control the 'monster'.¹ There is no doubt from the account here that the high priests of the counter-culture who advocated that all should try LSD at least once in their life wanted to overturn the fundamental values of our materialistic culture. Timothy Leary is refused entry to the UK at various points in this story and the memoranda of the customs official refusing him entry are enlightening. Also of interest is that the LSD revolutionaries wanted to go further than even Ronnie Laing would countenance and Laing refused to associate himself with distributing free LSD to a large number of young people simultaneously as a social experiment in the UK. (Laing is also mentioned as conducting LSD psychotherapy with Sean Connery who was feeling insecure after the success of *Goldfinger* in 1964.)

Roberts's work is a very useful addition to the literature as it complements Jay Stevens' earlier account from the USA, *Storming Heaven*,² and also represents original research in the oral history tradition using the medium of the internet.

Albion Dreaming is not a work by a medical historian and it generously points the way to the need for more detailed scholarship on this topic, such as is starting to emerge – for example, Dr Erika Dyck's work on Canadian psychiatrists' use of LSD in the 1950s and 1960s. Similar work for the UK would be of interest.

The story remains highly topical at a time when the classification of drugs of misuse in the Misuse of Drugs act has become a political football – witness cannabis recently moving from class B to C and then back again. The disregard for expert testimony on the relative safety of LSD was as strong in the high-profile court cases of the 1960s as it is today for LSD's ranking as 14th out of 20 in the league table of drug harmfulness³ produced by the expert panel of Blakemore, Nutt and others. Still, LSD remains a class A drug. Interestingly, the use of LSD has been declining in recent years perhaps because of the range of other psychedelics available.

My main quibble with Roberts's book is that he underplays the risk of psychiatric harm which he is right in saying has often been overplayed by the media. As a corrective, I would refer readers to the review by Abraham & Aldridge⁴ but otherwise commend this book as an engaging work of cultural history.

1 Jay M. *Emperors of Dreams: Drugs in the Nineteenth Century*. Dedalus, 2000.

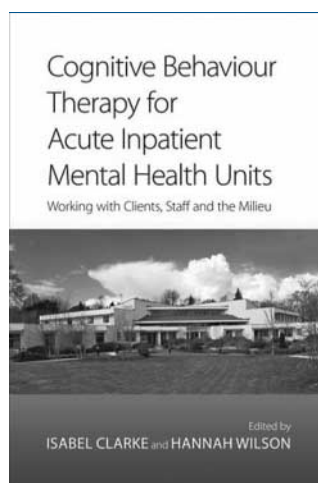
2 Stevens J. *Storming Heaven – LSD and the American Dream*. Heinemann, 1988.

3 Nutt D, King LA, Saulsbury W, Blakemore C. Development of a rational scale to assess the harm of drugs of potential misuse. *Lancet* 2007; **369**: 1047–53.

4 Abraham HD, Aldridge AM. Review: adverse consequences of lysergic acid diethylamide. *Addiction* 1993; **88**: 1327–34.

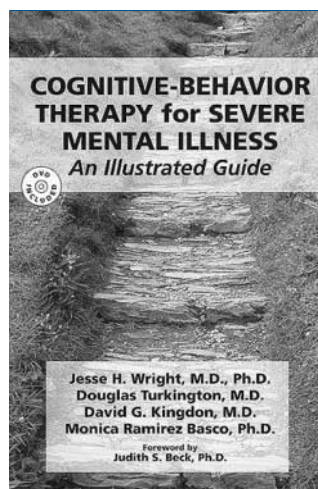
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Cognitive Behaviour Therapy for Acute Inpatient Mental Health Units: Working with Clients, Staff and the Milieu

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Routledge, 2009.
US\$44.99 (pb). 248pp.
ISBN: 9780415422123



Cognitive-Behavior Therapy for Severe Mental Illness: An Illustrated Guide

By J. H. Wright, D. Turkington, D. G. Kingdon & M. R. Basco.
American Psychiatric Publishing, 2009. US\$65.00 (pb). 374pp.
ISBN: 9781585623211

Cognitive Behaviour Therapy for Acute Inpatient Units is written 'both for and by those people who find themselves in acute mental health inpatient units in the UK', and it certainly tells it like it is. Written mainly by clinical psychologists (one of the few irritating aspects of this book lies in the interchangeable use of clinical psychologist and cognitive behaviour therapist), the challenges of providing any kind of psychological therapy in an in-patient setting are clearly laid out. Sections on working with individuals, staff teams and groups, illustrated by case studies, all contain useful descriptions of practice and what can be achieved through the application of psychological theory, mainly third-wave cognitive-behavioural therapies (CBT). It is, however, the relentless optimism of the authors in the face of all the ridiculous barriers to their work (which will be familiar to most readers) that gives this book its peculiar charm.

Although it will be of real interest to all staff who work on acute units, I would like to make it mandatory reading for ward

and hospital managers, as what really shines through is how shift patterns, nurse staffing levels and the way agency staff are used can make or break the implementation of psychological ways of working in an in-patient setting. This is a nettle that needs to be grasped and which we ignore at our peril.

Cognitive Therapy for Severe Mental Illness: An Illustrated Guide is a completely different type of book. Written by 'experts in the field' and from a medical model perspective, it has a profoundly North American flavour. It meets its aim of providing a 'how to' guide for working with people with a diagnosis of severe depression, bipolar disorder and schizophrenia. However, clinicians who practise CBT outside of the framework of the medical model will need to work around those sections that are most influenced by that perspective, or look elsewhere. The case

studies used are either fictitious or composites and in the DVD which accompanies the book the 'patients' (no service users here) are played by the authors' colleagues. Just as randomised controlled trials are often criticised for not providing any sense of success rates in the real world that Clarke & Wilson write about, so there is a lost opportunity here for the authors to demonstrate segments of their work with real people. Worth a look for those who see CBT as 'quasi-neuroleptic'.

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