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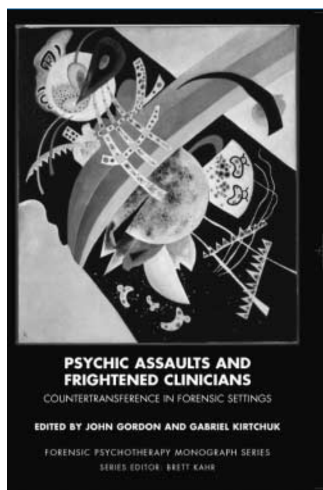
Book review

Edited by Allan Beveridge, Femi Oyebode 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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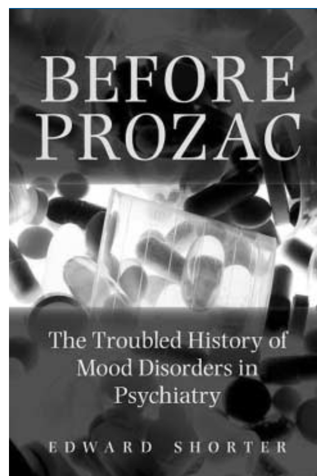

Before Prozac. The Troubled History of Mood Disorders in Psychiatry

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 sweeties – 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,

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