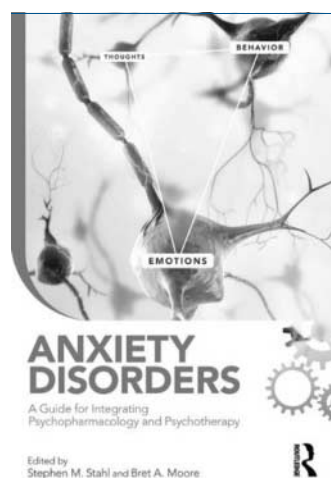


discussions about restrictive medical models inadequately reflecting the human condition. Despite our over-reliance on an increasingly biological perspective, psychedelic therapy can perhaps offer a more reflective vision for the future. Contemporary neuroimaging using psychedelics is enlightening that 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

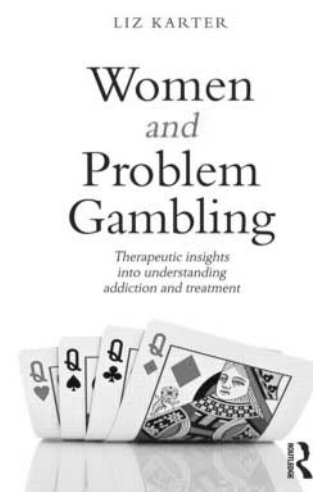
Every clinician, with a few exceptions, is treatment-eclectic, in that they are willing to consider both psychological and drug interventions for patients. When choosing treatment they are receptive to any personal wishes and beliefs of patients. But when the initial treatment fails, as it so often does, 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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**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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