defect, as its content is limited to the bare facts. Further elaboration of the ideas by the author would have been desirable.

Although it falls short of the exhaustive review scholars are fond of, it provides more than enough material to satisfy both professionals and aficionados who approach the topic of psychosomatics.

In the preface, Shoenberg warns us of the difficult challenge of psychosomatics, to ride two horses at the same time: the psyche and the soma. Throughout the book he takes on much more as he tells us about the findings of physiology, neurobiology, medicine, phenomenology, general psychiatry, psychoanalysis and other psychotherapeutic schools. Also including approaches to literature and poetry, he illustrates his accounts with lively clinical examples. Certainly, he avoids falling in one of the most common pits of the studies on psychosomatics, that of oversimplification. However, he doesn't successfully integrate all these sources of information in a comprehensive model, rather just puts them together.

One chapter is dedicated to his teaching work with medical students. It seems to me that, through his work on Balint groups and offering doctors an experience of psychotherapy, he is promoting the use of psychosomatics at a clinical level and preparing the ground for its theoretical integration in the future. He concludes by stating that each system of thinking has its place, leaving it to the reader (or to the future) to find out what that may be.

In summary, I consider this a highly informative book either as a first approach to psychosomatics or as an up-to-date reference guide for the profession.

Ángel Sánchez-Bahíllo Bridger House, 22 Summer Road, Acocks Green, Birmingham B27 7UT, UK. Email: angelsanchez@gmail.com

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The book is divided into four parts, each encompassing the key aspects of psychiatric practice from assessment and diagnosis to specific disorders to treatment and interventions and finally policy and services. I particularly enjoyed reading, for example, the exhaustive and informative chapter on clinical services for challenging behaviour, which I found enormously instructive. The book is well written and includes summary points at the end of each chapter which help to drive home important messages.

However, there are a few issues that should also be mentioned. First, the references are already out of date; the most recently cited are from 2005. In addition, there are a number of stylistic differences in references between chapters. Second, it would have been desirable to include a considered view of what might be the impact of current UK Government legislation (*Valuing People*, 2001), on the lives of people with intellectual disabilities several years on. Third, the chapter on interdisciplinary assessment of mental disorders might have been better placed as the last in Part 1, rather than in the middle of that section as it is at present.

Overall, though, this book, revised and updated from the first edition of 1999, is a useful and reliable resource for professionals and psychiatric trainees. In my view it forms a stimulating and worthy companion to *Seminars in the Psychiatry of Learning Disabilities* (2nd edn edited by W. Fraser & M. Kerr) published by Gaskell in 2003.

Angela Hassiotis University College London, Wolfson Building, 48 Riding House Street, London W1N 8AA, UK. Email: a.hassiotis@ucl.ac.uk

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Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities



Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities (2nd Edn)

Edited by Nick Bouras & Geraldine Holt. Cambridge University Press. 2007. £48.00 (pb). 438pp. ISBN 9780521608251

Handbook of DYNAMIC PSYCHOTHERAPY for HIGHER LEVEL PERSONALITY PATHOLOGY



Eve Caligor, M.D. Otto F. Kernberg, M.D. John F. Clarkin, Ph.D.

Handbook of Dynamic Psychotherapy for Higher Level Personality Pathology

By Eve Caligor, Otto F. Kernberg & John F. Clarkin. American Psychiatric Press. 2007. US \$60.00 (hb). 284pp. ISBN 9781585622122

Bouras & Holt are both widely known and respected researchers and clinicians in the field of intellectual disabilities with many years experience in publication of academic as well as servicerelated work. They have maintained a strong international perspective and the list of participating authors is a veritable Who's Who in the field. This book presents a model of interpretative psychotherapy that is provided through twice weekly sessions over several years. It is for people who may be able to get by, but not to fulfil themselves, in work or love. (In a UK context, they will be typical of many seen in the private sector or as training cases). The self-defeating habits responsible are attributed to avoidant, obsessive–compulsive, depressive/dependent or hysterical/histrionic personality traits. The use of descriptive personality profiles to map psychotherapeutic needs is not new, having been the organising principle of Anthony Storr's *Art of Psychotherapy* nearly 30 years ago. With the possible exception of some paranoid and schizoid tendencies

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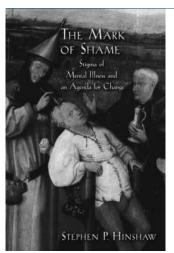
that do not qualify as higher pathology here, the terrain has changed surprisingly little between the two books.

Of course, the present volume belongs to a different era, one where scientific credibility has become far more important. Although use of the shorthand acronym for dynamic psychotherapy for higher-level personality pathology (DPHP) encourages implicit comparison with many well-established therapies - or the treatment devised by the same group for borderline personality (transference-focused psychotherapy, or TFP) - such comparisons are misleading as 'DPHP', as yet, lacks clear research evidence of its efficacy. However, the care taken throughout over description, cross-referencing and illustrative vignettes will undoubtedly facilitate its use as a treatment manual in future evaluative studies. Within the traditions of psychoanalytic therapy, the model presented here is true to Kernberg's longstanding interest in internal structure as well as conflict, using a language of object relations and developmental positions indebted to classical Kleinian theory.

What the book offers is a theoretically coherent and clear guide to exploratory, transference-sensitive psychotherapy. It seems likely to be of considerable practical use to therapists (and supervisors) because of its refusal to simplify unnecessarily and its ability to convey the strategic thinking behind the guidance it provides. At times it also strays usefully beyond the boundaries of higher pathology. At its conclusion, the authors say 'our hope is to leave the reader with a coherent way of thinking about dynamic psychotherapy'. I found they succeeded as far as is likely to be possible without discussing actual patients. The book deserves to be widely read and studied.

Chris Mace St Michael's Hospital, Warwick CV34 5QW, UK. Email: c.mace@warwick.ac.uk

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The Mark of Shame: Stigma of Mental Illness and an Agenda for Change

By Stephen P. Hinshaw. Oxford University Press. 2007. 352pp. £19.99 (hb). ISBN 0195308441 academic point of view, Hinshaw really does know what he is talking about.

The book is understandably strongest on the psychological literature about stigma. For example, he writes with clarity and subtlety about attribution theory and the mixed evidence of whether using biochemical or genetic causal theories of mental illness in fact lead to lesser or greater stigmatisation. The book also goes further than previous accounts in a detailed discussion of both the perception of social risk which is generally held, and the existential risk that people with mental illness symbolise. He elaborates upon this using both an adapted version of terror management theory and a careful interpretation of concepts from evolutionary theory. Further particular strengths of the book include: the thorough reviews of relevant social psychological theories; a comprehensive summary of attempts to change public attitudes about mental illness; and a nuanced view of how stigma relates to children with mental illness, and to children of mentally ill parents.

This book needs to be seen in the context of a re-emerging scientific interest in the origins of stigma and in the roots of its destruction, with a recent suite of books strengthening the field. The reader finds less here on sociological theories that try to understand or guide action about stigma, for example what is called systemic or structural discrimination, and these issues are better dealt with in the recent book by Corrigan.¹ Similarly, Hinshaw largely restricts his focus to stigma within an American context; the global picture is more fully covered by Sartorius & Schulze² in their overview of the Word Psychiatric Association campaign against stigma. More practical aspects of social inclusion, such as employment, are addressed particularly well in the recent brief volume by Warner & Leff.³

But I also need to declare an interest, a strong interest, in reviewing this book. Just months before the publication of Hinshaw's volume I also wrote a related book (on discrimination from the perspective of people with mental illness), for the same publisher!⁴ With some hesitation I read The Mark of Shame to see whether our independent reviews were convergent or discordant. I am pleased to report, despite our different approaches to this literature, a high degree on interrater reliability in these two non-systematic reviews! Hinshaw and I both come to the view that stigma should be seen to include three related elements: a cognitive/information challenge (ignorance and the use of stereotypes); an affective challenge (prejudice); and a behavioural challenge (discrimination). In systematising our knowledge, especially of the first two of these domains, Hinshaw's new book brings greater clarity to our understanding of the processes active in stigmatisation and so strengthens our hand in going on to take the necessary action.

- 1 Corrigan P. On The Stigma Of Mental Illness: Practical Strategies for Research and Social Change. American Psychological Association, 2005.
- 2 Sartorius N. & Schulze H. Reducing the Stigma of Mental Illness: A Report from a Global Association. Cambridge University Press, 2005.
- 3 Leff J. & Warner R. Social Inclusion of People with Mental Illness. Cambridge University Press, 2006.
- 4 Thornicroft G. Shunned: Discrimination against People with Mental Illness. Oxford University Press, 2006.

Stephen Hinshaw has produced a very useful contribution to the debate on two particular issues: why do we stigmatise people with mental illness, and what should be done. He sets the scene by disclosing that his father had 'lifelong, misdiagnosed bipolar disorder . . . the condition – and the stigma he experienced – took a major toll on him and the whole family'. So, although written from an

Graham Thornicroft Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK. Email: g.thornicroft@iop.kcl.ac.uk

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