

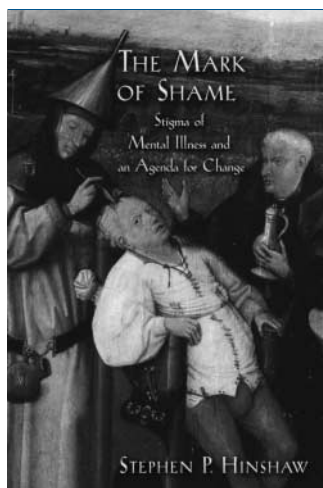
that do not qualify as higher pathology here, the terrain has changed surprisingly little between the two books.

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.

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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

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

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 World 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.

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