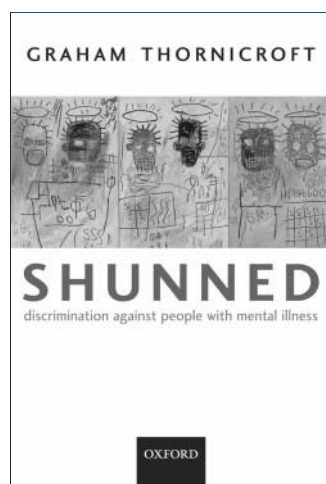


conditions, by ‘the mapping of language onto disorders’. ‘The close study of language contributes to understanding the phenomenology’.

Unfortunately, *Language in Psychiatry* is less successful when it deals with some disorders. It covers pervasive developmental disorders, attention-deficit hyperactivity disorder, psychotic disorders, mood disorders and personality disorders. One wonders why the personality disorder chapter is there – how does their language differ from normal? Schizophrenia is particularly disappointing with nothing explanatory on neologism, stock words and phrases, and so on. There is also the surprising omission of organic disorders such as dementia and delirium, with perseveration mentioned only in the context of schizophrenia. Whereas the linguistics is soundly based, psychiatry is linked to the rather sparse descriptions of DSM–IV rather than to a more general psychiatric text; this is a limitation but it offers the psychiatrist an opportunity to put clinical flesh on these nosological bones. Psychiatrists could better help their patients by adding linguistic analysis, which is well introduced here, to listening to their patients.

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Shunned: Discrimination against People with Mental Illness

By Graham Thornicroft.
Oxford University Press. 2006.
328pp. £24.95 (pb).
ISBN 0198570988

Shunned is a book exploring discrimination against people with mental health problems. It asks a lot of questions, quotes many mental health service users, looks at a huge number of research findings and comes up with some answers. It seems to have been written with a lot of passion for finding ways to defeat the inequality faced by those with mental health difficulties.

As a source of information on what research has been done to study stigma and discrimination, it is second-to-none. I cannot imagine that there is a recent academic paper in the English language that has not been tracked down and studied. It certainly filled in a lot of the holes in my knowledge. However, for all of the quotes from service users, the language and approach does not seem to be aimed at the general public.

The book is divided into areas of the mental health service user's life such as family, neighbours and work, and asks questions about the evidence for discrimination in each of these. There are frequent passages from individuals and their families about aspects of their lives in their own words. It then widens out to cover areas of society, for example mental health services and the media. These are also explored for their attitudes. Towards the end of the book there are suggestions for action that individuals and groups might take to defeat such inequality.

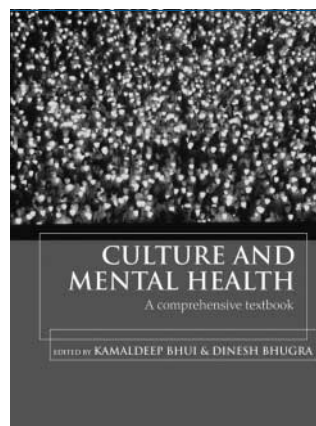
Although I enjoyed reading *Shunned*, I found myself getting irritated by a couple of things. First, the use of quotes from service users/consumers seems to be more important than their cultural context. There are pages where the text discusses one part of the world while the quotes are from another. Does culture count for that little? Also, the same quotes are sometimes used more than once, in one case on two subsequent pages.

The other thing I was uncomfortable with was the assumption that seems to pervade the book that all service users want the same things and want to be integrated into society. There are a substantial number of people among mental health service users who delight in being different, wacky and non-conformist, and others who are happy to live in what others would consider to be a lonely way. We have to acknowledge and explain these people to the general public as well.

Overall, I think this book will be of value to everyone working in mental health. Indeed, it should be obligatory reading for anyone thinking of running a anti-stigma or anti-discrimination campaign so that they can avoid things that have been shown not to work. It could also be a starting point for debates among service users on how they really want to interact with their society. I do not agree with all of it, but I am very glad I have read it.

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Culture and Mental Health. A Comprehensive Textbook

Edited by Kamaldeep Bhui
& Dinesh Bhugra.
Hodder Arnold. 2007.
376pp. £99.00 (hb).
ISBN 9780340810460

All of medicine and medical conditions have to be considered within the context of culture: the culture in which patients and their families live; the culture that has produced the healthcare providers; and the culture in which the doctor–patient encounter is negotiated. From a consideration of lifestyles, sociocultural values and ideas of health, to acceptance of and adherence to medical interventions, both physical and mental health issues are intricately tied to the culture in which health or ill-health is experienced. However, culture has a particular salience for mental health not least because of the fact that many mental disorders are still defined relative to an implicit or explicit cultural norm.

Given its importance to mental health, it is surprising that the traditional way of considering culture often does not go beyond a discourse on ‘culture-bound syndromes’ or on ‘masked’ depression or ‘somatisation’. Typically, an insufficient focus on the various contextual factors that may produce differences in the experience and expression of psychological distress leads to the hood being taken for the monk: differences that have their origin in poverty or in the ways health systems are organised are ascribed to the broader culture in which patients live.