Photographs in this book show an African boy chained to a bench, and ‘cage beds’ used in central European asylums. Such violations of dignity and freedom must be stopped. But if we are serious about preventing stigma, we also have to support the entitlements associated with ‘second-generation’ reforms in more enlightened countries. And that is where it gets tricky.

This book delivered a clear, important and depressing message: that much of what we thought we knew about stigma prevention turned out to be wrong. Campaigning optimists (like me) might once have thought that ‘stigma reduction requires well-developed plans’, that ‘science is the best guide for programmes’ and that ‘improved knowledge about mental illness will eradicate stigma’. Sadly, such optimism wilted in the light of experience and the research evidence that is succinctly summarised in this book.

The first section challenges these faulty anti-stigma ‘paradigms’ (they are clearly not ‘paradigms’, but we will return to that in a moment), and the second part offers practical guidance on establishing anti-stigma programmes. The guidance is straightforward and sensible (e.g. select ‘target groups’, ‘use media wisely’ and ‘identify lessons learned’). It is the paradigms we need to think carefully about. The punning ambiguity of the title suggests Thomas Kuhn’s scientific ‘paradigms’, whose conventions are periodically overturned by scientific revolution; and Milton’s epic poem about the Fall of Adam and Eve, and their struggle for redemption. Anti-stigma work requires a vision and a call to arms, but campaigns may be prone to a Milton-style ‘splitting’ between the forces of good and of evil. This book teeters on wilful intolerance, emboldened by power. We could accurately label that ‘stigma’ and condemn it. But this leaves a wider puzzle unsolved: if less egregious forms of discrimination are not caused by bad people, nor motivated only by prejudice, what is going on?

We are all opposed to the stigma of mental illness, but that is not enough. We needed this book to remind us of what we previously misunderstood, and to reinforce what we now know. As Kuhn said, ‘looking at a contour map, the student sees lines on paper, the cartographer a picture of a terrain’. We may be redrawing our old map, but we have not – as yet – found a new one.

Paradigms Lost: Fighting Stigma and the Lessons Learned

Dignity: Its History and Meaning

The author, Michael Rosen, is a British political philosopher who is currently a professor at Harvard University. The book evolved from a series of lectures he produced about dignity. He comments that it is a matter of regret that philosophy these days is not accessible to the general reader, especially as ‘philosophical issues press on us whether we like it or not’. My comprehensive school, university and postgraduate education was sadly lacking in any such philosophy education, so it was with interest, as a philosophy novice, that I read this informative book. In trying to reach a wider audience, the author favoured an informal approach to attempt to bridge the gap between philosophy and the general reader. That he achieves with a conversational writing style while still explaining some basic tenets of philosophy.

This short book comprises three chapters considering the historical evolution of the concept of dignity, legislation of dignity (concentrating mainly on the German courts) and the ‘duty to humanity’. The historical review traces the meanings of the term dignity from biblical times to its modern-day use. It discusses contemporary dignity issues using varied examples, such as President Ahmadinejad of Iran’s fondness for the discourse of dignity (including an interesting letter to the German Chancellor Angela Merkel), football managers, various popes, and dwarf-tossing (a case at the European Court)!

The author notes that the word dignity has become central to contemporary political and ethical discussion and is central to human rights discourse, having been embedded in numerous constitutions, international
conventions and declarations. It plays a vital role in the United Nations’ Universal Declaration of Human Rights from the 1940s, where the very first sentence of Article 1 reads ‘All human beings are born free and equal in dignity and human rights’. Interestingly, although acknowledged as a concept underpinning the European Convention on Human Rights, dignity is not actually mentioned within it. Despite this, Professor Rosen acknowledges that some authors feel that dignity is a useless or even redundant concept and one subsumed by autonomy.

There are plenty of controversial and thought-provoking passages, such as when considering the issue of suicide, including the permissibility of suicide and the right of a person to end their own life, and discussion on the right of an individual to choose to behave in an undignified way as a corollary to the State’s positive duty of having to protect ‘the dignity of the human person’.

Human rights can be a nebulous concept for many – people invariably know they have them but most are unsure as to what they are, or how they affect reality. The author finds this situation ‘deeply puzzling’. Although not clinically based, this is a very readable book. Philosophy novices such as myself, those interested in human rights issues, or the intellectually curious will find this book of interest. By the end the reader will have a more in-depth understanding of dignity as a rank or status, as an inherent value unique to humans, a behaviour or character that is dignified, or the idea that people should be treated with dignity and accorded respect.

Madness at the Theatre
By Femi Oyebode.
ISBN: 9780199793754

This book’s aim is clear: an exploration of the dramatic representations of madness in theatre. The preface highlights how both psychiatrists and dramatists are concerned with delineating extreme mental states. Throughout his journey from ancient Greek theatre to the contemporary work of Sarah Kane and Wole Soyinka, Oyebode locates examples of descriptive psychopathology. Readers will experience Shakespearean delusional jealousy in _The Winter’s Tale_, induced jealousy in _Othello_, melancholia and factitious madness in _Hamlet_ and disintegrative madness in _King Lear_. Oyebode explores how Ibsen exposed his characters’ inner worlds, pre-dating Freud’s concern with how the past affects us. Problematic family relationships, suicide and Götard’s syndrome are available for study in Ibsen’s dramatisations.

Ancient Greek theatre receives considerable attention. Of particular interest is the discussion of _Oedipus Rex_. Oyebode argues that this ancient play challenges our contemporary ’assumed association between self-knowledge and personal growth’. It is _Oedipus_’ quest for self-discovery (his unwitting incest and murder of a blood relative) which leads to tragedy. The book reaches its zenith when presenting uncomfortable dilemmas, made relevant to current-day psychiatry. This questioning of certainties finds greatest expression in chapter 7, through Harold Pinter’s exposition of the ‘quicksand that is reality’. Oyebode suggests that the encounters between this playwright’s characters have parallels with those between psychiatrists and patients in a post-modern world: ‘What is expected of both parties is ambiguous . . . can be experienced as threatening and potentially treacherous’. The point is reiterated by Kane’s dramatic work, _4:48 Psychosis_, in which she bares her own mental anguish and her relationships with psychiatrists. In contrast to this focus on mental states of individuals, Soyinka’s African plays are concerned with degenerating human society. Oyebode argues that Soyinka’s plays evoke the brutality and corrupt leadership in parts of contemporary Africa, equivalent to a mad world.

Madness at the theatre has widespread appeal. The particular relevance of theatre to psychiatrists is best described by Tennessee Williams’ Blanche DuBois as she addresses the courteous doctor who is taking her to the asylum: ‘Whoever you are – I have always depended on the kindness of strangers’.

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All We Have to Fear: Psychiatry’s Transformation of Natural Anxieties into Mental Disorders
By Allan V. Horwitz & Jerome C. Wakefield.
ISBN: 9780199793754

How do we account for the apparently inexorable rise in the prevalence of anxiety disorders in the Western world? What part are psychiatrists playing in this process? And who stands to benefit from it?

The authors propose that our current ways of classifying anxiety disorders are responsible. Although clinicians tend only to see people with problems, research instruments can lead us to define, as diseases, states that should be viewed as ‘normal’ anxiety. Hence the apparent increase of these states and the potential bonanza for Big Pharma. Evolutionary psychology is proposed as the prism to achieve the clarity we currently lack.

This is a well-written critique of different ways of classifying anxiety disorders. I particularly liked the historical review of thinking about anxiety, spanning classical authors, the age of neurasthenia and Freud. The authors write, of course, in the shadow of the American health system, with its coupling of
This is an unusually good post-conference book and would be an excellent way into the relevant concepts and literature. An underlying theme is that a reductionist, materialist approach is inappropriate to explain certain experiences – mind is more than a product or epiphennomenon of the brain. Most scientists adopt a materialist view or so-called ‘promissory materialism’ (that this belief will be scientifically demonstrated in the future), but we are reminded here that science should not be conflated with materialism. With modern investigative methods such as functional imaging, much of the content and function of mind can be explored. An excellent way into the relevant concepts and literature. An underlying theme is that a reductionist, materialist approach is inappropriate to explain certain experiences – mind is more than a product or epiphennomenon of the brain. Most scientists adopt a materialist view or so-called ‘promissory materialism’ (that this belief will be scientifically demonstrated in the future), but we are reminded here that science should not be conflated with materialism. With modern investigative methods such as functional imaging, much of the content and function of mind can be explored.
techniques and, along with a chapter on mental preparation, give the intended primary target audience (mental health professionals working in sport) a detailed understanding of the psychological life of athletes. A chapter on substance misuse pulls together some disparate strands but would have benefitted from more discussion of the psychological and psychiatric antecedents of ‘doping’ for performance enhancement.

Later chapters tell us what we should already know — that mental illness is no less common (and in some cases more common) in sportsmen and sportswomen. However, the key message from these chapters is the value that psychiatry adds if integrated into the support teams that surround elite performers.

This is a message that needs to be heard by the book’s secondary target audience of sports medicine specialists and team managers. There might seem to be a modest audience in the UK for a book of this nature, and sports psychiatry, even in the USA, is still an emergent practice area, but McDuff has provided the template that could ensure the mental health needs of athletes are met in the same comprehensive manner as their physical health needs.

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