of knowledge and *Ideology and Utopia* so popular. This is a book rich with sociological insights that no scholar interested in Mannheim, the sociology of knowledge or the development of social thought should ignore. Kettler, Meja and Stehr provide an excellent introduction, note on the translation describing the difficulties of translating German into English, and index, which greatly facilitate full comprehension of Mannheim's "notes." This book is worth your time and probably your money.

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Bernard L. Bloom and Shirley J. Asher, eds., *Psychiatric Patient Rights and Patient Advocacy: Issues and Evidence,* New York: Human Sciences Press, 1982. 287 pp. $29.95 (cloth).

This collection of eleven essays by anthropologists; psychologists, psychiatrists, sociologists, social workers, and legal practitioners is truly an interdisciplinary effort of ambitious scope. The essays cover most of the topics one would expect from such a volume: the controversies surrounding involuntary treatment, the stigma attached to accepting the role of mental patient, the adjustment problems of former patients, the confidentiality of the client/therapist relationship, and the efficacy of community-based treatments. But the real strength of the volume is not the scope of the topics covered, but the novel and creative ways in which the topics are approached.

In one of the more thought-provoking essays, sociologist Henry Steadman reminds us of the tendency on the part of mental health professionals to greatly overestimate the potential for violence of persons receiving psychiatric care. From this admittedly well-tread ground Steadman emerges with a novel construction of the problem—should there not be, he argues, an affirmative right to "not be a false positive" (p. 129)?[1]

Richard and Mark Pasewark (clinician and attorney, respectively) deal with the disproportionate amount of societal concern surrounding the insanity defense, a defense rarely invoked and more often than not unsuccessful when invoked. The Pasewarks' unique contribution is in the form of a challenge. After reviewing the various tests that have been used over the years to define legal insanity (e.g., the Durham rule, the American Lawyers Index guidelines, as well as the older NcNaughton test), the authors ask us to ponder why we demand linguistic precision in an area that rarely impinges upon the criminal justice system, yet feel oddly complacent with such vague constructions as "beyond a reasonable doubt" that are of relevance to virtually *all* criminal actions?

The Barrow and Gutwirth piece on the efficacy of community treatment also poses a question worth pondering. After lamenting the contaminating influence of the "attention placebo effect" upon empirical data in this field, they suggest that perhaps we should see the effect as a blessing and not a curse. If our data indicate that switching from treatment X to treatment Y produces positive results, why waste much time and energy trying to discover whether the true

difference is between the two treatment modes, or merely in the patients' reactions to the attention afforded them by making *any* change? Why not instead seek creative ways to *prolong* the placebo effect?

There is a cloud to the silver lining, however. Part of the frustration readers feel in consuming this kind of collection is that, precisely because so many areas are touched upon, those that we would like to see developed more fully are not. In their introductory chapter, the editors present an elegantly simple taxonomy for discussing the scope of patients' rights. The four categories are; explicitly granted constitutional rights, rights granted by the courts through common law, rights granted in specific state and federal statutes, and rights implicit in the professional codes of conduct adopted by the various associations of mental health practitioners. These categories are presented, but not mentioned again. Yet, volumes could be written about the historic and doctrinal interrelationships among these different kinds of rights. Criminal neglect of those involuntarily committed after having been judged "Not Guilty by Reason of Insanity," for example, might be deemed unconstitutionally "cruel and unusual punishment," but courts will invariably look to the standards set by the various professional associations in making that determination.

Another appealing yet underdeveloped concept is presented by law professor John Monahan in his concluding chapter—the difference between "positive" and "negative" rights. Positive rights define the scope of what the state must do *for* mental patients, while negative rights refer to things the state is strictly forbidden from doing *to* them. The crucial difference between the two, as Monahan points out, is money:

> It costs virtually nothing to give a patient the right to send uncensored mail, make phone calls, receive visitors, or refuse treatments. These are all essentially rights to be let alone, and leaving someone alone is, among other things, free. . . .
>
> Positive rights, on the other hand, are expensive by their very nature. If one has a right to have an individual treatment plan drawn up, somebody has to pay a mental health professional to do it. If one has a right to a high staff-to-patient ratio, the checks of the additional staff have to be signed (264-265).

Monahan is surely right when he argues that positive rights cost money while negative rights generally do not. But it does not necessarily follow that negative rights will be respected. Administrators can and do often fail to respect either set of rights. On May 13, 1983, an interim consent decree was issued by the United States District Court in Northern California in *Jamison* v. *Farabee*, which grants to involuntary patients the negative right to refuse certain antipsychotic drugs. One of the litigants had this to say about the case: "The underlying political reality of the treatment of mentally ill patients is that cost considerations sometimes severely constrict the alternative offered to patients. Thorazine, Prolixin, and Haldol are quite inexpensive compared with adequate staffing levels."[2] The absence of positive rights, then, does not imply the presence of negative rights—the latter may still have to be won through prolonged litigation.

There are other frustrations to be experienced with interdisciplinary volumes covering a broad subject matter. One problem is the lack of precision involved when contributors write for an audience of professionals outside of their own milieu. The most frequently recurring instance of this phenomenon here is the tendency of nonlawyers to make vague references to "a court" or "the court" having decided something in a particular case. Attorneys are accustomed to being told conveniently *which* court was involved. One of the contributors is further guilty of referring to a decision by "an Alabama court," which to the legal practitioner suggests a state court. The case being alluded to was, in fact, a decision made by the United States District Court *in* Alabama.

Attorneys will not be the only ones pulling hairs at certain junctures. Social psychologists may be upset with the writer who uses a quote from Milton Fishbein in support of his use of attitudes to predict behaviors. That is all fine, as far as it goes. Fishbein argues that certain kinds of attitude statements can be used to predict actions.[3] But the general kinds of attitude statements used by this particular contributor in his own research hardly fit the Fishbein mold. Indeed, Fishbein would probably dismiss them as being of very low predictive utility.

Perhaps the persons who will be most disturbed by the Bloom and Asher collection are those most directly involved in the patients' rights movement. The trigger of their reaction will be the neutral tone which clinicians and researchers alike use when reporting data that laypersons would find upsetting. Several of the contributors to this volume predict in a matter-of-fact tone that even were we to greatly

restrict the State's authority to involuntarily commit citizens, the current victims will be the future victims anyway. In other words, why bother to make changes?

Patient's rights activists will be most indignant after reading the two reports in this volume on attitudes towards mental patients. In one of the two essays, Paul Freddolino accurately reports that "a majority" of surveyed clinicians replied affirmatively when asked if "patients should be made more aware of their rights." Given that the sample revealed a 65 percent acceptance of the statement, perhaps a more disturbing assessment is that fully one-third of mental health professionals admitted openly that they prefer to keep patients ignorant of their own legal rights! It is all a matter of perspective.

The Bloom and Asher volume is destined to provoke controversy. Patients' rights activists will be pleased by much of what appears here, but will be angered by the highly readable Epilogue from John Monahan, in which he argues for the status quo. Those who embrace a traditional medical model of treatment will be warmed by Monahan and a few others, but will be put off by what they might see as a radical, Szasz-ian tone in a number of the essays. If our best work is accomplished when our beliefs are under fire, the heuristic value of this volume should be enormous.

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FOOTNOTES

1. This of course refers to the erroneous rejection of the null hypothesis.

2. "Landmark Victory—Involuntary Mental Patients can Refuse Drugs," 48 ACLU News, No. 4, p. 1. Published by the ACLU of Northern California (May, 1983).

3. Fishbein and Ajzen, Belief, Attitude, Intention, and Behavior (Chapter 8). Reading, Mass.: Addison-Wesley, 1975.

Joseph H. Fichter, *The Rehabilitation of Clergy Alcoholics: Ardent Spirits Subdued,* New York: Human Sciences Press, 1982. 203 pp. $24.95 (cloth).

This book arose from theological reflection on the problem of clergy alcoholism. Survey techniques are used, based on the implicit AA-inspired division of drinkers in three pure types: "normal" drinkers, "wet" alcoholics (alcoholics who still drink), and "dry" alcoholics (alcoholics who have stopped drinking).

Such a rigid typology imposes limitations upon the study. By drawing the clerical drinking population from among those who have "hit bottom" and then stopped drinking, the author perpetuates the same classical mistake that E.M. Jellinek made: that of generalizing from AA members towards the whole "alcoholic" population. The "disease" notion of alcoholism resulting from such sampling procedures certainly has its merit, yet it tends to favor psychologic and biologic explanations of alcoholism over sociologic explanations. The procedure also results in a failure to appreciate the role of the "Mediterranian" type of drinking in the etiology of alcoholism. Finally, it fails to appreciate the role of the "contractual" method in alcoholic counseling and of other methods whereby controlled drinking is sought instead of permanent abstinence and sobriety.

The author distinguishes between spirituality and religiosity. The former is attached to AA affiliation, while the latter involves adherence to an organized religion. Spiritual awakening, such as is expected from an AA member only rarely appears to be anything sudden or spectacular, but it is still experienced by many as "unlike anything they had previously experienced." The study points out that sobriety among the alcoholic clergy can best be maintained when spirituality is reinforced with religiosity. Most clergy alcoholics are reluctant to participate in the AA fellowship to the extent of becoming full-blown members. Even though the ministers and priests had no hesitancy in admitting that they were spiritually bankrupt when they were in their worst stages of alcoholism, the spiritual renewal obtained by participation in the AA did not seem to suffice for their recovery. Ability to stay away from drinking was not found in proportion to the degree of spiritually achieved in the process of rehabilitation. On the contrary, there were many recovered alcoholics among the clergy who exhibited a relatively low level of spirituality achieved in the rehabilitation