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

process. The clerics participating in AA efforts seem to see the intensification of spirituality, as obtained, for instance, at retreats given for alcoholics, as a danger, for it is perceived to bypass or downplay religiosity. Subtly, then, Church-specific religiosity and AA-specific spirituality appear as competing forms of emotional and moral support.

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Michael J. Lambert, *The Effects of Psychotherapy,* Volume II, New York: Human Sciences Press, Inc., 1982. 288 pp. $19.95 (cloth).

Attention has been given to problem behaviors ranging from the sometimes fatal anorexia nervosa to the less lethal, but equally severe, test anxiety. Although generally simple to determine that such behaviors need to be changed, it is often impossible to decide the best form of treatment. Often, widely accepted treatment programs, fail due to individual circumstances. Therefore, a vast array of alternative therapies are needed. With the tremendous increase in psychotherapeutic techniques it is hard to stay abreast of the variety of strategies, and the effectiveness of a technique on a particular behavior is hard to gauge without looking at several applications. Michael J. Lambert's *The Effects of Psychotherapy* (vol. 2), is an excellent resource manual for assessing the effectiveness of numerous behavior modification techniques on a wide range of problem behaviors. This book, the second of its kind, summarizes research done in the last five years (see volume I for research before 1979).

The Effects of Psychotherapy examines almost 700 studies and organizes them into categories providing both general and individual results of different therapeutic techniques for each problem category. His efforts were painstaking, and even though the book tends to read like the abstracts at times, the general sections and summaries are useful.

The specific disorders that Lambert deals with are grouped into five headings: (1) miscellaneous neurotic disorders (i.e., anorexia nervosa, phobic and obsessive-compulsive disorders), (2) depression, (3) psychophysical disorders (i.e., migranes, ulcers), (4) sexual dysfunctions and deviations (i.e., impotency, exhibitionism), and (5) habit disorders (i.e., smoking, obesity, substance abuse). He examines several techniques of therapy (i.e., aversion conditioning, biofeedback, behavior modification schedules and reports general results along with specific procedures. Unfortunately, Lambert's inquiry does not produce any novel conclusions.

Lambert's (79) summary of treatments for phobic disorders is representative of the "unmotivatingness" of research in the last five years:

> The results of current research support the conclusions of past research. Phobias are treated most effectively with procedures that involve direct exposure to the fear evoking stimuli.