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**Review of *Refusing Care: Forced Treatment and the Rights of the Mentally Ill*. Elyn R. Saks. Reviewed by Kai J. Bentley.**

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block for, although pieces of the book would seem to have great utility in human behavior, social welfare policies and services, diversity, and even research classes, I was not able to see how the entire book would fit into any single course. Rather than include programs in the United States, *Realizing Rights* offers a look at programs most of us in this country would tend to ignore. Its global perspective and international authorship are its strengths. While I had somewhat of a difficult time with the numerous acronyms used in each chapter, learning what WEN, PLA, LNGO, SHEASS and IWAG stood for was part of the journey through the book. As this is an edited book, the writing styles from chapter to chapter fluctuate from excellent to mediocre and I would have found it helpful had the editors included transitional text between each of the four major parts. In sum, this is an interesting book that has utility in a variety of social work classes (both at the BSW and MSW levels) but users will need to screen it before using it.

Carol Tully

University of Louisville

Elyn R. Saks, *Refusing Care: Forced Treatment and the Rights of the Mentally Ill*. Chicago: University of Chicago Press, 2003. \$35.00 hardcover, \$24.50 papercover.

Legal scholar and trained psychoanalyst, Elyn Saks acknowledges several times throughout her book that treatment refusal, the topic of this most recent treatise, is *not* the most pressing issue in mental health today, rather societal *neglect* and our *lack of will* to provide adequate community treatment to those who need and want it *is*. Nevertheless, she persuasively purports that a detailed exploration of the "overinterventionalist pole" in the pendulum swing of mental health care is important as well. I am completely convinced. As I read, I began to see this contribution as a provocative demonstration of the centrality of choice in mental health service delivery. Indeed, one of the most refreshing aspects of the book is her implicit argument that the humanity and dignity of clients should be at the center of the mental health system, and should dictate our structures of decision-making about care and treatment. Saks helps us imagine what that would look like. And what could be more important than that.

There are a number of good paraphrases for the guiding question of the book: When should we treat those who don't want treatment, and when are their choices, as Saks puts it, "worthy of respect," or, on what basis should people with mental illness be treated differently than the non-mentally ill, or, how do we go about deciding who gets to decide about treatment? Saks argues that taking extremes of positions on these topics is both irrational and unrealistic; instead she suggests solutions will lie in a balance between patient autonomy and paternalism. Her assumption is that the treatment of people with mental illness should be logical and consistent. She really goes beyond that, however: Early on Saks' clearly defines herself as someone who most strongly values autonomy, and finds the lingering prejudice toward people with mental illness to be a totally unacceptable basis for practice or policy.

While avoiding caricatures, Saks' opening chapter compares and contrasts the socialization and subsequent values of physicians versus lawyers. The importance of understanding the differing "fears and fantasies, empirical suppositions and predictions" of the *healer* versus the *advocate* cannot be underestimated. Indeed, it could be said that the tension between these two professional meta-perspectives is the backdrop for current conflicts and contradictions in rules and regulations about treatment refusal today. A less effective Chapter 2 visits the topic of the so-called myth of mental illness—is mental illness a real phenomena, and if so what it is? Admittedly, the author may need to make her position on this tired question known, and she does: "I am persuaded that a concept of mental illness is useful and necessary" (p. 42). Before she gets to that conclusion, she exhaustively critiques every possible criterion for defining mental illness and notes the numerous definitional problems of "under- and over-exclusively." The exhaustive nature of the analysis there is a foreshadowing of what is to come.

The heart of the book, then, is the systematic consideration of three special cases of forced care-involuntary commitment, forced medication, and the use of seclusion and restraints. Regarding commitment, Saks argues why the standard should require serious impairment, the patient's "transformation into a different person," serious danger or grave disability, and in many cases, a

likelihood of treatment benefit. Likewise, she provides exquisite detail in favor of a "robust" right to refuse medication. In both cases, however, she also argues for what she calls the "one-shot-rule," that gives doctors much more leeway to intervene during the first psychotic break. After that the patient should develop a set of advanced directives that dictate what should occur in the future, should she or he become incompetent again. She notes about medication in particular, "what the refusing patient needs most is talk, not force (p. 104). She argues for a focus on gaining and maintaining consent. She even offers lengthy psychoanalytic interpretations of medication refusal from the client's perspective, which includes topics like transference, secondary gain and even something about sexual imagery. Here more than anywhere, Saks' pro-medication bias is evident. There is no acknowledgement of a more sociopolitical perspective on medication use and refusal, or that not everyone, especially the anti-psychiatrists, is as gung-ho and optimistic about the effectiveness of psychiatric medication. Her strongest language is saved for her discussion of restraints: "barbaric," "degrading," "humiliating," "drastic," and "brutal." She states unequivocally that "tying a patient to a bed spread-eagled should simply be abolished in a civilized country" (p. 159). Even seclusion, while defensible in a small set of circumstances according to Saks, is empirically unjustified and likely counter therapeutic.

I found the book to be immensely stimulating and readable. Saks brings satisfying clarity to very complex philosophical and historical issues. She seems to leave almost no angle unexplored as she skillfully probes potential nuances of her positions, which are rarely tedious or confusing. Only once or twice when following the permutations of her logic did I wish for a good-old flow chart or decision-tree as a visual aid. Saks clearly enjoys intellectual banter, even with herself. She comprehensively justifies one position, and then jumps over the fence and articulates points from the other side, even if she doesn't think they really hold up. And when not jumping fences, Saks at least peeks over them and tells you what she sees. I suspect she is both a wonderful dinner companion and a popular teacher, as even in a book, her love of dialogue and discourse shines through. She asks the reader to consider intriguing "thought experiments," "what if" scenarios,

and intentionally ambiguous case exemplars throughout. She delights in analyzing the complex implications of conceptual definitions. Indeed, many of her arguments rest on precise meanings of such things as "emergency," "incompetence," "impairment," "capacity," "health," and "normalcy."

I applaud the work, and want her to know I make a great seafood risotto, should she want to talk more about "self-binding," or which clients should be permitted to actually choose *between* forced medication and seclusion, or what it could all look like if we really honored the dignity of our clients.

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Zili Sloboda and William J. Bukoski (Eds.), *Handbook of Drug Abuse Prevention: Theory, Science, and Practice*. New York: Kluwer Academic Publishers, 2003. \$150.00 hardcover.

In the early days of substance abuse prevention, most prevention practices and policies were designed and implemented in terms of the "best thinking" of individuals and communities. Programs and strategies aimed at addressing the problem were developed using ordinary and common sense approaches. Prevention efforts, such as the now infamous 'Just Say No' campaign of the mid-1980s, were neither effective nor instrumental in affecting individual or public health.

Much of the ineffectiveness of early substance abuse prevention efforts has been attributed to a lack of methodologically-sound and theoretically-based prevention research. Without empirical evidence to base and support the decision-making processes of substance abuse prevention designers, implementers, and evaluators, the field has left itself open to criticism and skepticism from practitioners and policymakers alike. Fortunately, there now appears to be increasing recognition of the value and necessity of theory- and evidence-based prevention practices. The text under review is a product of the recent progress made in the field of substance abuse prevention toward establishing a practical foundation supported by research and science. It represents a concerted effort to summarize the latest information in the field of substance abuse prevention.