important, but often ignored relationship between individual and society.

Love, Sorrow, and Rage: Destitute Women in a Manhattan Residence, by **Alisse Waterston.** Philadelphia: Temple University Press. 1999. 235 pp. $59.50 cloth. ISBN: 1-56639-706-5. $19.95 paper. ISBN: 1-56639-707-3.

JACQUELYN LITT
Iowa State University

Alisse Waterston brings us into the lives of 29 women and 16 staff who reside or work at "Woodhouse," a fifty "bed" residential facility (run by a not-for-profit agency) that provides housing and other services for mentally ill and formerly homeless women in New York City. The study took place from 1994–1996, during Giuliani's tenure as mayor, when poverty rates were increasing, the labor force was becoming more segmented and segregated, and public resources for the poor were declining. Waterston's objective in this urban ethnography is to counteract the destructive stereotypes regarding poor, mentally ill women, whom, she argues, have come to signify social "collapse" (p. 20). This is a committed, passionate book; readers will find *Love, Sorrow, and Rage* eye-opening and moving.

Waterston is a long-time urban activist. She entered the project as a qualitative researcher on an HIV-prevention project funded by the National Institute for Mental Health. Her entree was arranged and consent established by Eric Susser, a senior investigator on the project. Her methodology includes semi-structured and unstructured interviews and participant-observation. Waterston got to know her respondents best through the cooking group, an informal group of residents who met to cook and eat in a small dining facility off the main cafeteria. She participated in the shopping and cooking chores, occasionally brought her daughter to the residence, and even took on a quasi-therapist role as the women sat around the kitchen.

Waterston's thesis is that forces of social inequality touch and create individuals' lives through women's internalization of the "harsh messages" (p. 5) of their unworthiness. Lacking the material and social resources to counteract these messages, the women of Woodhouse lead lives of psychological and social fragility. While not always a direct cause of mental illness, the vulnerability of homelessness, exclusion, and derision often provide the conditions that foster depression, suicidal thoughts, and possibly even psychotic breaks. In analyzing the narratives, Waterston attempts to distill the political economic conditions in "social suffering" and the wider social and ethical questions that are raised by the suffering these women endure. She uses primarily a life-history approach that describes women's personal histories (filled with abuse, drugs, alcohol, and isolation) that have led them on a path to Woodhouse.

Waterston argues that control and help coexist in the mental health system, including Woodhouse. While women are "served," they are also subject to the rules of the staff (room inspections, eviction standards, etc.) and of the psychiatric establishment. In "treatment," no attention is paid to the political and economic conditions that structure their suffering. Moreover, diagnosis, categorization, and segregation support the construction of these women as "others," that is, excludable. Drawing on Sander Gilman's ideas about the social stigma attached to the mentally ill, Waterston argues that psychiatric and social support services render women "captive" to the mental health system and "carriers" of the disgrace associated with mental illness (p. 165). One respondent who refuses to accept her diagnosis as schizophrenic, Waterston concludes, is subject to these contradictions: "Annie is at once mentally ill (schizophrenic, and she could benefit from the medication) and absolutely right to fear the institution and what its representatives can do to ruin the rest of her life" (p. 165).

Waterston reflects on the social meanings of "risk" and "risk group" that the public and mental health systems construct. Barriers to reducing the risk of AIDS, she argues, have less to do with reforming women's attitudes about the disease than with eliminating the conditions of living in poverty. She also questions the consequences of working in a framework of "risk" and "risk group" that has the power to construct these women as essentially different from the normal—diseased and dangerous. She sees a great diversity of views in the women's narratives about risk and safety; there is nothing like the monolithic picture of irresponsibility and danger that is conveyed by such categorization.

I find Waterston's ethnographic material interesting in its picture of residents' relations to one another. Rather than an atomized collection of individuals, Waterston describes a community of women who, through their arguments, advice-giving, and listening, are inextricably linked together. While she does not analyze the norms of reciprocity and hierarchy that organize these relationships, we do come to understand that they are central to the meaning women attribute to living in Woodhouse. It is worth exploring further whether these relationships help women fend off the insulting cultural messages of their marginality, and whether they are important connections where alternative conceptions of risk and safety are formed.

Waterston gives us a vivid account of the women who live in Woodhouse. We identify with them, worrying about HIV test results, possibilities of eviction, and problems with love relationships. The book's real strength is not in its sociological theory but in these sensitively rendered descriptions of women negotiating with illness in the context of social inequality. I recommend the book to classes in urban studies, social inequality, medical sociology, and qualitative sociology.

Being Mentally Ill: A Sociological Theory, 3d ed., by **Thomas J. Scheff**. Hawthorne, NY: Aldine De Gruyter, 1999. 220 pp. $45.95 cloth. ISBN: 0-202-30586-4. $22.95 paper. ISBN: 0-202-30587-2.

STACY DE COSTER
North Carolina State University
smdecost@server.sasw.ncsu.edu

In the most recent edition of *Being Mentally Ill*, Scheff adds three new chapters to his classic treatise on labeling and mental illness. Changes in the field of mental illness and new developments in Scheff's theoretical and methodological interests prompted the additions of Chapters 1, 8, and 9. The implications of these chapters for Scheff's original labeling theory of mental illness will be the focus of this review.

The first new chapter was sparked by developments in the field of mental illness. Some of these developments—including the introduction of psychoactive drugs on a massive scale, the hope of finding genetic causes of mental illness, and the proliferation of psychological therapies—reflect an acceptance of the biopsychiatric approach to mental illness. Scheff challenges the central claims of biopsychiatry in Chapter 1, citing recent studies that question the validity of genetic causation, the effectiveness and safety of psychoactive drugs, and the reliability of classifying mental illness. After citing these studies, he responds to Gove's critique of labeling theory by discussing recent studies that confirm some of the central tenets of labeling theory. His main point in citing these studies is not to suggest that the biopsychiatric approach should be abandoned for the labeling approach, but to show that the evidence surrounding biopsychiatric approaches is just as mixed as is the evidence for labeling approaches. Nonetheless, the biopsychiatric approach has remained a viable force, while the labeling approach has cowered in the background. To explain this, Scheff discusses the economic interests of drug companies, HMOs, and psychiatrists, as well as the self-protective interests of patients and families who often prefer to maintain the status quo through drug treatment. This latter point is central to Scheff's main argument: The biopsychiatric approach relieves families from having to deal with shame and guilt, or more generally, with any behaviors, emotions, or relationships. Specifically, the biopsychiatric approach to mental illness helps perpetuate the hiding of the emotional/relational world.

It is precisely this emotional/relational world that Scheff proposes must be uncovered and incorporated into his previously specified labeling theory of mental illness. Since the publication of the earlier editions of *Being Mentally Ill*, Scheff's theoretical work has shifted to a focus on specifying links between emotions and the social bond. The method he uses to study these links is that of dialogue analysis, using words, verbal sounds, and gestures to infer implications and feelings in a context that includes all that has happened before or after each utterance and all that might have happened instead. In Chapters 8 and 9, Scheff demonstrates how dialogue analysis can be used to uncover the usually invisible emotional/relational world.

In Chapter 8, he uses dialogue analysis to decode a brief dialogue between a therapist and patient. This analysis uncovers what Scheff refers to as a shame/rage spiral or a feeling trap. This feeling trap, a combination