

optimistic about the chances for real changes and improvement'. Someone not disillusioned but whom I found rather disillusioning was Professor Blau, a psychoanalyst and geriatric psychiatrist. He reported that Mr S., a 72-year-old widowed man, showed the aimlessness of non-directional therapists. Professor Blau had seen this man 10 years before and said 'he was seen in psychotherapy at that time for 6 months and I finally learned that his business had been barely surviving when a fire occurred, he had lost everything, had decided not to try to reopen and then had become rather depressed. Reluctantly he told me when we were terminating the first time the fire probably resulted from his own carelessness.' It is hardly surprising therefore that 'in this most recent period of therapy he grumbled about the cost of treatment and decided that he could do things for himself, although he had previously been quite reliant on his wife'. The dogged therapist, though, was still able to follow up this patient, for in a follow up conversation later he talked positively about his new social life and his contentment with his new living arrangements'.

This book is very American, not just in its talk of fee-paying patients or in the unusual professional role of the authors such as a nurse psychotherapist in private practice, but also in its references and bibliography which are extensive, but almost entirely American; no work is quoted of Bergman, Roth, Post, or Arie. I feel it would be best read by an American audience, unless of course one would like to read it along with British, Russian, Australian, etc., contributions to gain a global view of depression and the elderly.

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F. I. M. Craik and Sandra Trehub (eds.), *Aging and Cognitive Processes* (Advances in the Study of Communication and Affect, Vol. 8), Plenum Press, New York, 1982, xviii + 396 pp., \$39.50, ISBN 0 306 40946 1.

This book is the report of a conference held in Toronto in 1980. Chapters 1 (Petit) and 2 (McLachlan) review the state of our knowledge of Alzheimer's disease. This is now regarded as the most frequent cause of senile dementia, and though a disease (not a direct consequence of ageing), it is almost invariably present in over-sixty-fives at a subclinical level. Of its causes and possible cure little is, as yet, known for certain. The remaining chapters are concerned with psychological function in the normal elderly, and since that is what I am interested in, I shall devote the bulk of this review to that subject.

Rabbitt (Chapter 5, p. 81) makes the point that 'people very rarely behave as simple systems which are passively controlled by sequences of external events'. What they do is actively monitor and regulate their behaviour so as to allow as far as possible for their own perceived deficiencies and the constraints imposed by the task. The old may sometimes compensate for their deficiencies and produce results as good as those of the young – but by different and more effortful methods. Nevertheless, it is in the capacity to 'monitor and regulate behaviour' that they may be shown to be relatively lacking. Craik and Byrd

(Chapter 11) invoke the concept of 'mental energy' (which has not been employed in serious scientific contexts for very many years) to characterise the effort needed to 'monitor and regulate' in appropriate ways. In the young no effort appears to be required in ordinary circumstances, but the young can be shown to perform very much like the old if they are obliged to divide their attention between two tasks or if they are fatigued or under the influence of alcohol. In the old effort is required even in ordinary circumstances. Rabbitt reports experimental work in which old and young subjects had to categorise a succession of words as 'animate' or 'inanimate'. The words could recur, and both old and young subjects responded more quickly to a word if the same word had appeared immediately before; or two, three or four back in the series. However, the words were also subcategorised (e.g. 'animate' included birds, insects, fishes and mammals) and young subjects responded more quickly even if a word from the same subcategory had appeared. Old subjects, however, did so only in the one-back and two-back conditions. The mental energy required for the main task (classifying as 'animate' or 'inanimate') left a smaller surplus in the old to pick up indirect cues to correct response. A similar effect occurs where the subject is required to respond differentially to one of the nine digits, appearing in one of nine possible locations. Some digits are presented more frequently in particular locations and the fact is reflected in faster response times to those digits – in the young but not in the old. Some of the old subjects become aware of the different frequencies of appearance but their awareness does not affect the speed of their response!

Many of the contributors draw attention to the immense superiority of old subjects living in their own homes over those living in institutions. Winocur (Chapter 9, p. 177) asserts that 'old people living at home adopt problem-solving strategies that are fundamentally the same as young adults but qualitative changes can be associated with institutionalisation'. Unfortunately it has not yet been possible to establish how far these qualitative changes are a consequence of institutionalisation and how far they simply reflect the fact that the more deteriorated elderly are more likely to be in institutions.

Virtually all the studies reported are cross-sectional – they compare subjects who were young or old at the time the experiment was performed. In practice it is usually impossible to work in any other way, but cross-sectional work often makes the assumption that if the old subjects could have been made to perform as they did when young their performance would have resembled that of the young subjects (i.e. their less adequate performance now reflects some kind of deterioration with age in them). It is, of course, possible that the better performance of young as compared with old subjects reflects an increase in average level of ability, perhaps brought about by changes in the environment to which individuals are subjected in their formative years. If this were the case the rejuvenated elders might perform exactly as they do now! As far as I.Q. measurements are concerned this appears to be the position. Schaie has shown that in longitudinal studies (or, more strictly, in 'cross-sequential' studies) most measures of I.Q. show no decline with age, whereas cross-sectional studies show a decline that is both sharp and linear. There is independent evidence produced by Flynn that average I.Q. levels are rising at the rate of about a

third of a point per annum. If what appears to be true of I.Q. were also true of performance on the various tasks considered in this book then the legitimacy of trying to relate the poorer performance of elderly subjects to different types of brain pathology associated with age would have to be called in question. Only one study (Arenberg, Chapter 13) attempts a cross-sequential design, and though the usual cross-sectional differences were found there were only very small longitudinal variations and only subjects over seventy showed evidence of a substantial decline in performance with age.

This seems to me to be the crucial issue. It is inconceivable (in fact clinical evidence shows it to be false) that brain pathology should have no effect on behaviour. Yet in the normal population effects on behaviour that are certainly due to age (not to the epoch during which the subject came to maturity) are not easy to demonstrate. Perhaps the difficulty lies in the fact that the tasks used in I.Q. measurement can be performed in many different ways, enabling the old to compensate for their deficiencies and thus preserve whatever level of performance their early environment had enabled them to attain. The more precisely defined experimental tasks used by most of the contributors to this volume may not be capable of being performed in different ways and thus may measure capacities whose relative decline with age cannot be compensated.

One final result worth a mention is reported by Lachman *et al.* (Chapter 15). He compared a group of volunteer subjects with a group who had specifically refused to volunteer and were induced to participate by a large cash payment (eighty dollars). On a range of tasks there was no difference whatever between the groups and no interaction with age. This result will be of great comfort to those of us who never had the opportunity to work with any but volunteer subjects!

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Nancy J. Osgood, *Senior Settlers: Social Integration in Retirement Communities*, Praeger, New York, 1982, 296 pp., \$26.95, ISBN 0 03 059792 7.

People in the retirement age category are the fastest growing segment of the United States population, and some of that population has moved to planned age-segregated communities in states such as Arizona, California, and Florida. This book is an examination of three such communities – a block of flats and a mobile home site in Florida, and a larger community of detached dwellings in Arizona. The author states that the major objective of the study was to

investigate the nature, kind, and extent of social integration and 'communityness' in these communities, especially in the context of age. (10)

The decision to study three planned retirement communities was based upon a concern for making comparisons in different locations, thus expanding both empirical and theoretical considerations beyond just one case. The community study method – interviewing, participant-observation – as well as the use of official documents was employed to collect data from each community. One