

L. D. Breslau and M. R. Haug (eds), *Depression and Ageing*, Springer, New York, 1983, 327 pp., \$24.95, ISBN 0 8261 37105.

This book is composed of revised versions of papers presented to the symposium 'Depression in the Elderly, Causes, Care, and Consequences', held in Cleveland, Ohio, in October 1980. There are seventeen chapters, some of them being multi-authored, and twenty-eight contributors in all. Fifteen of the contributors are psychiatrists (ten being professors). One is a professor of sociology, and another a professor of sociology and social work and another an assistant professor of social work. Three are psychologists, one a nurse lecturer, three are research workers. The contributors make much of this 'varied cast', hoping that 'their juxtaposition will lead to more refined conceptualizations and a more meaningful and successful approach to the treatment of depression in the elderly'. There are several books directed to depression in the elderly with as varied a range of contributors, so that the editors' claim for the uniqueness of the present book is unjustified.

There has been a change in the title of the book from that of the conference, and although this probably reflects the fact that the first part of the title has already been used for another book, it is also more accurate in that several of the contributors have really delivered articles on depression with little bits about the elderly tagged on, often in a rather clumsy way. For example, the chapter entitled 'Depression in the Elderly: Clinical Criteria' devotes seven of its nine pages to discussing American diagnostic categories and two pages tagged on to the end titled 'Involutional Melancholia: A Controversial Category'. The chapter on 'Biological and Genetic Aspects of Depression in the Elderly' only peripherally mentions the elderly as a group. Whatever the brief of the authors, and one can assume that this is contained in the title, only about a half have stuck to their task. Some of the chapters such as those on epidemiology, cognitive therapy, and 'Depression in the Elderly: A Psychoanalytic Perspective' are largely a primer text of their field, while others such as the chapter on 'The Effects of Depression on Individual Social Functioning in the Elderly' are more of a postgraduate level.

From such a motley collection the editors, a professor of sociology and an assistant professor of psychiatry, have struggled hard to make a coherent picture. In the preface and final chapter which they have written, along with commentaries on the sections of the book, they have attempted to integrate the effects of this juxtaposition of ideas, culminating in the last chapter on their model of depression. Unfortunately, this integrated model – much heralded throughout their earlier commentary – is a rather uninspired and now a rather commonplace one of a mixture of vulnerabilities and precipitating situations. Their suggestion that all the different planes of analysis can be seen as having a final common pathway through nervous structures is commonplace. By suggesting that our increasing knowledge in this area is just a result of merging new concepts they have omitted to point in the direction of meaningful research and to highlight gaps in our present knowledge, these being the points that one can reasonably expect from the editors of such texts.

Given then that the editors have failed to integrate the book the sixteen chap-

ters must stand or fall on their own merits. Four of the chapters struck me as good reviews; that of Ostfeld on 'Depression, Disability, and Demise in Older People', that of Gurland *et al.* on 'The Effects of Depression on Individual Social Functioning in the Elderly', that of Hollister on 'Pharmacological Treatment of Depression in Aged Persons', and also that of Gallagher and Thompson on 'Cognitive Therapy for Depression in the Elderly: A Promising Model for Treatment and Research'. Several of the other chapters are very poor, that of 'The Role of the Psychotherapist within the Primary Health Care Model' being steeped in waffly jargon. The chapter by Lieberman, 'Social Contexts of Depression', is also treacly thick with convoluted sentences and jargon stating things of little surprise. For example, 'overall these age comparisons reveal younger people to be most caught up in transition events involving role entry while those transitions involving role relinquishment are typically experienced by older adults'. The editors themselves are not immune to packing their statements with jargon. For example, 'a unified theory of depression that clarifies the nature of the disease, its causes, and its consequences is a prerequisite for such an effort. The lack of such a theory is related to the current paucity of integrative information which in turn is a function of the poverty of interconnections between related fields despite some notable exceptions. In the clinical area as well there is little attempt to reconcile differing views which often become polarized and competitive. The reasons for this unfortunate outcome are undoubtedly intellectual, professional, economic and political. However, their explanation is beyond our scope.' It is of little wonder then that when somebody writes in plain English, as Jarvik has in her chapter on 'The Impact of Immediate Life Situations on Depression: Illnesses and Losses', the editors are overwhelmed by the clarity which they call 'at times poetic'. Jarvik does state clearly what many of the other authors have taken pages to comment on. For example, 'given adequate health we can bear the loss of work, the loss of status, the loss of prestige, the loss of financial security, even the loss of relatives and friends provided they do not all occur at the same time'. Further, she makes a good succinct view of a great deal of recent research, saying 'survey upon survey, study after study, have come up monotonously with the same results; most old parents want to live on their own, but near their children. Most old people fiercely value their independence.'

There is a chapter on 'Mental Health and the Minority Elderly' which reviews material rarely seen in British work.

It is clear we have just scratched the surface in this problem area. We urgently need more clinically relevant investigations to help us in operating more effectively in therapeutic situations and in developing more acceptable service programmes for minority elderly. We also need more basic and comparative research of underlying processes such as cognition, coping, and behavioural styles and life span developmental patterns to provide a more solid knowledge base from which to understand and assess the unique characteristics and problems of the minority aged.

Clearly the task of reviewing about 100 papers and coming up with very little of any substance has been very frustrating for them. As they say in their summary 'yet many years of beating one's head against the assorted impenetrable walls of academic, research, and service systems make it hard to be very

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