

'Practice in Residential Care' is the title of Barbara Firth's well-structured, readable and up-to-date contribution. There is, however, what I consider a rather questionable faith in the value of adults' experiential knowledge of childhood, as opposed to that of old age, as a basis for creating caring environments. I can think of few if any theories or models of practice in childcare which appear to have benefited from such experience. I would not, however, argue with her criticism of the lack of consistency and uniformity of practice in the assessment process for residential care. Firth also points to the limited role of local authorities in the registration and monitoring of private homes and suggests that they should provide more positive help and ongoing support. A mention of the work of CPA in this neglected area might not have gone amiss.

Some interesting if not surprising tidbits; a DHSS survey found only 5 per cent of officers in charge did *not* have a nursing qualification; sedation might well be less common in part III than in geriatric hospital regimes but is more common than in the community. I was bemused to read the cautionary note, that a greater contraction of the residential sector might mean that, 'only the frailest or most highly dependent would enter care'. Some sceptics might be bold enough to suggest that such is already the case.

Cherry Rowlings' contribution is entitled 'Practice in Field Care' and considers aspects of social work delivery patterns, covered at greater length in her own recent book. Emphasis is laid on the need for skilful assessment by relevant trained professionals. She demonstrates how various professionals have a propensity to identify client needs that fall within the gambit of their own areas of work and expertise. Social workers, for differing reasons, are least accepting of presenting problems, a truth that many clients can vouch for. Cherry Rowlings writes positively of the challenges facing us in our work with and for older people, and of the need to confront the issues rather than be overwhelmed by their apparent enormity.

Among the other contributions are: Wirz on 'Sheltered Housing', Goda on 'Relevant Statistics' and King on 'Review of the Literature and Gaps'. The book ends with an interesting descriptive paper on the care of elderly people in the Western Isles.

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Arthur MacNeill Horton, Jr, *Mental Health Interventions for the Aging*, Praeger, New York, 1982, 198 pp., no price, ISBN 0 03 061 607 7

The striking thing about this book is how similar the issues discussed are to those that might be raised with regard to mental deficiency. For example, it is well known that mental changes in the elderly do not necessarily parallel changes in the brain. Senile histological changes in the brain may not parallel mental changes. On the other hand there may be signs of dementia in life but no sign of senile pathological changes in the brain. The same situation occurs in children, and mental deficiency is often attributed to brain damage without pathological proof. There is evidence that even after known damage there may

be no mental sequelae. At other times there is evidence of brain defects, for example epileptic phenomena, after a normal birth with no injury to the brain. When retardation is attributed to brain damage no attempt may be made to treat the patient psychologically. Similarly with elderly people, mental changes which attributed to physical changes may go untreated. Other children would be described as mentally retarded when they were suffering from the effects of prolonged dosage with drugs such as Pentobarbitone. Children described as too disturbed or retarded turned out to be children that were responsive to strenuous efforts at rehabilitation and psychotherapy when the attempt was made.

The descriptions of psychotherapy are badly written, with a lack of knowledge and understanding of psychotherapy. The authors do not know their Freud, and what little they do know was written at the beginning of the century. Since that time there have been profound and extensive developments in practice and theory. The 'English School' of psychoanalysis, for example, has developed apace, taking on psychotic adults and the elderly, and the psychoanalysis of children, particularly psychotic and autistic children, all of which was not anticipated in Freud's time. The American Orthodox Psychoanalytic Institutes function like a political party and still regard the Kleinian development and the English School of Psychotherapy as a deviation to be banned. In reality there is nothing to indicate that psychotherapy with the aged will differ from psychotherapy with other categories of patient. In reality psychotherapy at any 'age' is possible and is dependent upon the skill of the psychotherapist and the ability of the patient to respond verbally and intellectually. It soon becomes evident if it is not possible, and signs that it is having no impact are not likely to become apparent in a very short time. On the other hand if it is worthwhile marked changes can be observed which no other intervention physical or psychological has produced. The question of whether the mental or emotional state is due to physical or psychological factors therefore does not arise. In either case benefits can accrue.

The most sensible chapters in the book are about the rehabilitation of the aged and the organisation of environments that are stimulating and caring. Laudable as this may be this is not psychotherapy, though they may provide a setting for it.

This pedestrian and uninformed book is really in favour of 'ageism'. There is really no need to categorise people into the Subnormal, Deficient, Terminal, Chronic, 'Brain Damaged' if the optimum effort is to be made to try to restore their dignity as unique and individual human beings. Psychotherapy is one of the most subtle of human activities and makes use of the self awareness which is the essence of the human being. The 'Stick and Carrot' philosophy of Behaviourism is its antithesis. Conditioned reflexology is attractive because it is simple, though it is a very bad explanation of events that it describes. Human beings in full consciousness are not simple, and Pavlovian Behaviourism turns people into machines. Then tears become a 'reflex' and you can be 'conditioned' not to scream when you suffer.

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