BOOK REVIEWS

Quick Cognitive Screening for Clinicians
By KENNETH SHULMAN AND ANTHONY FEINSTEIN
Hardback, pp. 183. ISBN 1 84184 239 7

With a rapidly growing older population, neuropsychiatric disorders will become one of the major health care challenges of this century. Quick Cognitive Screening for Clinicians is a most welcome and useful book for health care professionals in the fields of psychiatry, geriatrics, neurology, psychology and primary care, as well as for use in research settings. The authors present a thorough review of the most frequently used cognitive screening tests. In addition, they expand on when, how and for whom they should be used, and how they should be interpreted. The book is well researched and the layout excellent. After a short introduction describing the pros and cons of cognitive screening and the requirements for the ideal screening test in Chapter 1, the authors follow with a chapter on the assessment of premorbid intellectual functioning in conditions such as dementia, Korsakoff’s syndrome, Huntington’s disease, schizophrenia, depression, traumatic brain injury and glioma.

Separate chapters are devoted to the Mini-mental State Examination (MMSE), the Clock-Drawing Test, tests of frontal lobe function, short cognitive screening tests and batteries, and informant questionnaires. The last two chapters deal with neuroimaging and clinical correlates of cognitive dysfunction.

Throughout each chapter, the authors discuss the development of the various tests, their validity, and how to score and interpret them. Receiver operator characteristics (ROC) curves are provided throughout the book to reflect the accuracy and validity of the various tests and instruments. The emphasis is on tests and instruments which can be applied at the bedside ‘without additional equipment’, and on the responsibility of the clinician for the correct interpretation of test results, taking into account clinical data, as well as effects of age, premorbid intellectual functioning and sociocultural background.

I found the chapters on the MMSE, the Clock-Drawing Test and informant questionnaires especially informative and stimulating. The authors point out that the MMSE is the most widely-used standardized instrument in psychiatry around the world, with 13,000 citations! Advantages and limitations, and age- and education-correlated cut-off scores are discussed, and a comprehensive review of the literature is provided.
In the chapter on the Clock-Drawing Test, the authors discuss the full range of published scoring systems, psychometric properties and the correlation with other tests, as well as its value in detecting dementia cases and in differentiating between dementia subtypes. They also summarize the value of the Clock Drawing Test in other neuropsychiatric conditions, such as delirium, vascular dementia, stroke, Parkinson’s disease, white matter lesions, and Huntington’s disease, and give recommendations for an optimal scoring system.

The next chapter provides the readership with the best indicators of frontal lobe function. Three frontal function tests for bedside use are recommended. The authors stress that the interpretation of these tests should always take place in relation to behavioral and clinical data, mental state assessment and, wherever possible, neuroimaging.

A review and comparison of short cognitive screening tests and batteries is provided in Chapter 6, including ROC curves for the most frequently used. Telephone cognitive screens are discussed for use in epidemiological studies and for follow-up in longitudinal studies of cognitive impairment. The contribution of informants to the diagnosis of dementia is highlighted in the chapter on informant questionnaires, which I found very useful for application in daily practice.

The only shortcoming of the book is the lack of a separate list of abbreviations. Although some of the abbreviations have been included in the index, many have not. Nevertheless, this is an excellent book for clinicians and other health care professionals working with older people, as well as a reference for specialists, researchers, teachers and trainers. It is concise, well written, and well referenced and adds to our insight and knowledge of tests which most of us use routinely.

I highly recommend it.

TISCHA J. M. VAN DER CAMMEN, Head, Section of Geriatric Medicine
Erasmus Medical Center
Rotterdam, The Netherlands
Email: t.vandercammen@erasmusmc.nl

What if it’s not Alzheimer’s? A Caregivers’ Guide to Dementia
Editors: LISA RADIN AND GARY RADIN
Paperback, pp. 346. ISBN 1 59102 087 5

This is actually a guide to frontotemporal dementia (FTD) and is edited by the wife and son of a person who had the disease. The front cover does state this, but not the title.
FTD can be regarded as the ‘poor cousin’ of the four main dementias and caregivers often struggle to obtain more than rudimentary information about the condition. This manual certainly addresses this need, but is targeted only to a U.S. audience. While most of the clinical information and some of the care information is universal, non-U.S. readers may find it frustrating to only be given information about U.S. support and professional caregiving organizations, and information about U.S. systems such as Medicaid. They may also not be in a country with ready access to a behavioral neurologist, or to a rehabilitation nursing home.

The book is divided into four parts. The first, providing medical information on FTD, is possibly the most useful. It is generally addressed to the caregiver, but one chapter, on genetics, seems to be addressed to healthcare providers. Unfortunately some claims may infuse unwarranted optimism (e.g. page 51 “medications can contribute to clinical slowing of progress”) and a few words are not explained (e.g. “polymorphisms”). The advice on selecting a specialist the caregiver feels comfortable with is particularly helpful. But where does one draw the line when providing specific treatment advice in a condition where no drug class has shown effectiveness? The advice about guanfacine for executive dysfunction and the statement that quetiapine is best for psychotic symptoms and agitation is not evidence-based, but little is for FTD. Acupuncture and (Chinese) herbal treatments are well discussed, but not other natural therapies. The encouragement to support research is laudable, but some readers would perhaps feel coerced by the section promoting autopsy.

The second part focuses on caregiving advice and services, and includes comprehensive accounts of speech and swallowing issues, physical therapy, environment (the “silent partner in caregiving”) and assisting with daily activities. This part bristles with useful information (a “36 Hour Day” for FTD carers). A few omissions stand out – for instance, in the chapter about altered relationships, there is no discussion of sexuality, an issue which can cause great stress in carers of people with FTD. The discussion on driving is only brief and does not discuss how FTD may particularly impact on safe driving at an early stage. The page on tube-feeding states that the carer may resist this, preventing the person with FTD becoming stronger so they can eat again, but only very briefly refers to the other ethical issues. However, end-of-life care is discussed later. These chapters were appropriately written by non-medical caregivers, but this has resulted in a few clinically spurious claims (e.g. “many will develop symptoms of Parkinson’s Disease or . . . . . Amyotrophic Lateral sclerosis”).

The third part concentrates on caregiver resources and, while it particularly suffers from its confinement to the U.S.A., it still has very useful advice such as visiting nursing homes in person before accepting a place, and a “how to” chapter on setting up a support network. The final part is about “Caring for Yourself” (the caregiver) and includes insightful discussion about knowing when respite is
needed, maintaining emotional health, and grieving (especially if it is your child with FTD!).

The challenge is either to produce an international edition of this book, or to write one for each country. Until then, this may well be the best resource available to caregivers of those with this devastating disease.

MICHAEL WOODWARD, Associate Professor of Geriatric Medicine
Austin and Repatriation Medical Centre
Heidelberg, Australia
Email: Michael.Woodward@armc.org.au

Advancing Gerontological Social Work Education
Editor: JOANNA MELLOR
Hardback, pp. 276. ISBN 0 7890 2064 5

Longevity should indeed be “celebrated as one of the greatest achievements of the 20th century,” as pointed out by Lubben and Harootyan in the ninth chapter of this informative collection of articles. Until that point was made, the silhouette of aging baby boomers loomed persistently and worryingly on the demographic horizon of the year 2020 in the U.S.A.

The United States Committee for Social Work Education’s (CSWE) agenda for the integration of gerontological core competencies at baccalaureate level, and promoting specialization by students at Masters and Doctorate level, is logical from a demographic standpoint. The Hartford Foundation, which has financed much of the work documented in this volume, has supported gerontological social work since the mid-1990s, and in 2001 committed $22 million to the expansion of gerontological social work education in the U.S.A.

Social work educators and researchers have considered purposefully why the majority of North American social work schools were not including gerontological content at any level. Well-described replicable strategies, resources and teaching modalities presented by the writers should now foster sound gerontological foundation knowledge and skills in new graduates, specialized abilities in Masters of Social Work, and a strong cohort of new academics to continue this impetus within schools of social work for the coming decades.

Proposals include a commitment to gerontological issues at policy level within the universities, and a system of visiting deans to resource social work academics delivering gerontological content new to them. Topics notably absent are initiatives promoting healthy aging, and targeting systemic gerontological public
policy and planning, to provide a co-ordinated network of care for this undeniable oncoming population of people aged 65 years and over. Initiatives generated by the International Year of Older Persons might perhaps provide fresh leads in these areas.

Some reported consortium style fieldwork practicum projects exposed students to a range of agencies serving people aged 65+ from “wellness to death.” As a fieldwork teacher, I would have liked to read more about the experiences of those students. The need for balance between exposure to the broad service system and students’ opportunities for in-depth work, is a challenging issue.

Changing family patterns are seen to contribute to increased need and increased isolation of older Americans. Many students surveyed about their attitude to older people reported previous negative experiences, or not having any direct relationships with people over 65 years of age. Is this indicative of the marginalization of older people in U.S. society? Other social work students surveyed considered work with aging clients far more positive than work with younger people, who remain in the social environment which generates and sustains their difficulties. Mature age social work students show significantly stronger interest in the aging field. Some students reported awareness that gerontological social work practice involved an inherent confrontation with the prospect of their own aging. The attitudes of teaching staff may merit similar exploration. The pragmatic considerations of final year doctoral students whose choice of dissertation topics may be shaped by funding considerations, is a point well made (pp. 102–103).

Some students reportedly chose the aging elective when reassured that mental health issues would be included. There is very little reference to the practice of social work in aged psychiatry in this book. Aged psychiatry, a rich practice environment for social work students and practitioners alike, is perhaps a setting even more at risk than general aged care, with marginalization and avoidance through students’ lack of informal contact or experience.

Conceptualizing elders as a “minority group” reportedly renders the field of gerontology more accessible to students as they may align the elderly with other subgroups such as “persons of color.” The phrase, “persons of color,” used by more than one author in this publication, in reference to students or elderly minority groups, is evidently accepted terminology in the field in the U.S.A. The term is uninformative to me about the people concerned, and seems unintentionally to support a stereotype which can only further marginalize. Interventions could have better direction if based on group descriptors such as having a specific cultural prescription to care for elders at home, or pertinent social issues faced by client groups, such as low income or risk of homelessness.

Denis Eldemere-Shearer and Chloe Morris’ report (pp. 241–259) of a WHO initiative in the Caribbean, in which students make in-depth family assessments,
is the only reported project located outside the U.S.A. The report provides an interesting window into gerontological social work education and practice in a unique community experiencing substantial cultural change.

The Hartford Foundation’s substantial philanthropic support for gerontological social work education is well described by Robbins and Rieder (pp. 71–90). Editors might consider reducing extensive description of the funding program by other contributors to avoid repetition. I look forward to further publications generated by the commitment of CSWE and philanthropic supporters of gerontological social work education in the U.S.A. and perhaps elsewhere?

Potential happy readers will include social worker educators, researchers, field work supervisors and those in direct practice, as well as non-social work members and managers of gerontological and psychogeriatric multidisciplinary teams. Baccalaureate social work students reading this collection may present to gerontological classes and their fieldwork placements with greater insight and enthusiasm. Postgraduate students may be enticed into gerontology, or at least reflect with greater insight on their choice away from this important area of learning and practice. I encourage maturing baby boomers to read this book, and consider our image problem in the social services policy, planning, professional education and social work practice areas. Our attention is required, urgently!

ROSEMARY C. KELLEHER, Social Worker and Honorary Teaching Fellow
University of Melbourne, Academic Unit for Aged Psychiatry
St George’s Hospital, Melbourne
Australia
Email: roseck@bigpond.net.au

An Aging India, Perspectives, Prospects and Policies
Editors: PHOEBE S. LIEBIG AND S. IRUDAYA RAJAN
Paperback, pp. 248. ISBN 0 7890 2240 0

India, like many developing countries, is awakening to the challenges and needs of a growing aging population. Currently, 7% of India’s population of one billion are persons above 60 years of age, i.e. 72 million. It is estimated that this population will increase to 301 million by 2050, which is about the size of the total population of United States. Unfortunately, we know little about this significant aging population in India.

Most of our current knowledge about aging and the needs of the aging population is based on western models or from other developed nations. These
do not translate to a culturally, economically and socially diverse country like India. Even within India, there are sizeable differences between the aging population in different parts of the country. The South Indian state of Kerala is a good example of how higher literacy has resulted in very different profiles of aging compared to other states in India.

This book is therefore very welcome in filling this gap in our knowledge base about aging in India.

The editors along with several other experts in aging have contributed to this very readable and informative book. Following the introduction by the editors which gives an overview of the book, there are 12 other chapters. These cover a wide range of important topics which include demography, perspectives on research, economics, health, social and family issues, geriatric hospitals, old age homes and the role of NGOs. Final chapters include advocacy and developing a policy of aging in India.

As an old age psychiatrist working in a westernized country but with aging parents living in India, I found the book most interesting and informative. I feel that it will benefit not only those interested in India but all who are interested in understanding aging in a modernizing world.

KURUVILLA GEORGE
Director of Aged Persons’ Mental Health, Eastern Health and Adjunct Professor
Deakin University, Victoria
Australia
Email: Kuruvilla.George@peterjames.org.au

Dealing with Dementia
By BRIAN DRAPER
Paperback, pp. 255. ISBN 1 86508 853 6

Even in a field crowded with books on dementia for the lay public, this recent effort from one of Australia’s leading old age psychiatrists stands out. It is up-to-date, comprehensive, accessible and grounded in a professional lifetime of clinical experience and research productivity. The section on drug treatments is especially useful: succinct, accurate and pretty complete, and is likely to answer most families’ questions about what to expect from available and emerging therapies. Although Draper’s text has an optimistic tone, he does not induce false hopes, nor does he shy away from the fact that at present most dementias are terminal diseases and likely to remain so for quite some time. My only
hesitation in recommending this book to an international audience comes from the fact that only Australian telephone helpline contact numbers are given in the appendix, though a three page list of international websites which follows would allow anyone familiar with the use of a computer to track down telephone contact numbers in their own country with a couple of mouse clicks. The glossary provided at the book’s end is a particularly useful feature. If practitioners advise families and patients to read Draper’s book, I think they will pleased with the results.

DAVID AMES, Editor-in-Chief, *International Psychogeriatrics*

University of Melbourne
Parkville, Victoria, 3050
Australia
Email: ipaj-ed@unimelb.edu.au

**New Directions in the Study of Late Life Religiousness and Spirituality**

Editors: S.H. MCFADDEN, M. BRENNAN AND PATRICK J. H.


Paperback, pp. 243. ISBN 0 7890 2039 4

This collection of papers presented at the 2001 meeting of the Gerontological Society of America is an example of the burgeoning research literature in the field of late-life religiousness and spirituality. For readers unfamiliar with the area, the diversity of papers in this text may not provide the overview they are looking for, and they would be better served by reading some of the pioneering works of Harold G. Koenig, Kenneth I. Pargament, or the late David B. Larson. Schumaker’s *Religion and Mental Health*, published by Oxford University Press, is also a good introductory text, with chapters by most of the leading lights.

More seasoned travellers, however, will enjoy at least some of the contributions in this latest text from Haworth Press. The standout chapters for me were several.

Mowat and Ryan’s description of their attempt in Scotland to bring spiritual issues into the public health arena was fascinating. Entitled “Spirited Scotland,” they hope through their initiative not only to promote well-being in old age (I was surprised to learn that a man in Glasgow lives on average ten years less than a man in Dorset!), but also to enhance the Eriksonian concepts of integrity and transcendence. They posit a model of geriatric interdependence, rather than independence, acknowledging that it is unrealistic to expect hardy caber-tossers to be always rugged individualists in their dotage. This chapter is a ‘must read’
for health policy makers who would like to bring spirituality to the forefront of discussion.

Paul Wink’s contribution on the course of religiousness and spirituality over the lifespan is probably the best in the collection. An absorbing analysis, it draws on both quantitative and qualitative data of a longitudinal study of 185 men and women, from childhood through to their late 70s (à-la-George Vaillant). Highly “religious” individuals are defined as “those for whom belief in God and the afterlife and organized religion (e.g. church attendance)” are central. These individuals have consistently high levels of religious involvement, with perhaps a slight drop in mid-adult life, a commitment to relationships and community involvement, and a generative concern for younger generations; their religiousness tends to buffer them against illness in late life. Their faith also becomes more tolerant with age, in contrast to young adulthood, when guilt and rigid moral rules tend to dominate. In contrast, the highly ‘spiritual’ individual is one “for whom a personal quest for a sense of connectedness with a sacred Other” is central. They are less likely to belong to one religious tradition but more likely to seek out meaningful practices from a variety of traditions. The emphasis here is on personal growth and healing, often triggered by a series of traumatic events in early adult life; generativity is expressed in terms of “leaving a legacy that would outlive the self” (e.g. supporting environmental causes). Spirituality here does not have the same buffering effects against ill health in old age. The author notes that religious individuals are more likely to benefit from having a strong social network, whilst spiritual individuals, because of their interest in personal growth, are more likely to benefit from psychotherapy.

I also enjoyed Kinney and colleagues’ chapter on the use of general and religious coping styles by caregivers of spouses with dementia. Their discussion of the three religious coping styles – deferring, collaborative, and self-directed – I found particularly useful. Their study gets into a complex discussion of the relationships between religious and general coping styles and their goodness of fit with the perceived controllability of the situation. Beginners beware!

Other chapters in the book discuss the effects of religion on emotional well-being, adjustment to bereavement, and depressive symptoms, the dilemmas of defining religion and spirituality, a chapter on resilience from a feminist perspective, and one on the use of latent growth curve analyses in spirituality research. Caveats, such as the dangerous assumption that religious scales have universal validity, are also discussed.

In the postscript, the three editors answer three key questions, helping to put the text into perspective and offering portals for future research.

Overall, the editors’ promise that their collection will provide “useful information” and “stimulating ideas” for people working with the elderly who
want “the latest thinking about late life religiosity and spirituality” is, I think, fulfilled. Four stars out of five!

Vahid Payman, Psychiatrist
Melbourne, Australia
Email: Vahid.Payman@peterjames.org.au

Vulnerable Populations in the Long-Term Care Continuum
Hardcover, pp. 168. ISBN 0 8261 6834 5

Vulnerable Populations in the Long-Term Care Continuum is an exciting offering that presents the broader view of long-term care, encompassing underserved and neglected populations. Many of these populations routinely challenge long-term care providers. The target audience for this book is a wide range of practitioners, administrators, and program developers. Many of the topics presented are so specialized that this book will require a broader distribution to reach practitioners in these specialized areas. There are three unique chapters rarely addressed in depth: “Pediatric Skilled Nursing Facilities” although I am not sure the target audience will seek a book in the geriatric literature; “Chronic Illness and Disability in Prison Populations”, and “Workforce Shortages and Physician Practice in Long-term Care.” Other chapters include “Decision-Making for Vulnerable Populations”, “Mental Health Services in Long-Term Care Facilities”, “Sexual Activity and Capacity”, and “Management of AIDS Patients.”

Randall’s comprehensive chapter about African Americans is excellent and thought-provoking. The complex issues in accessing and providing care to this clientele, along with the discussion of other factors such as lack of facilities within the African American community, lack of knowledge of the long-term care system and services, barriers limiting access, as well as issues in discrimination are presented. Randall reviews existing policy and laws as they affect African Americans. She challenges the long term-care community to address access as well as the care needs of this population.

Inmates in prisons are largely ignored and forgotten. Prisons, as Massie Mara points out, are designed for younger and more vigorous inmates. This is a disturbing chapter, which describes the issues and special needs of ill inmates. For example, older, frail, and ill inmates may receive more punishment for
their slowness and are not allowed to use assistive devices, which are viewed as potential weapons. Other issues identified include not only education of and staffing changes to address aging and illness but a lack of physically adaptable facilities. Last there are major philosophical concerns in custody, control, and care.

This is an excellent and challenging text that discusses many tough issues in providing care to special vulnerable populations. It is practical and uses case examples as in Kapp’s chapter on decision-making, to help the reader explore issues determining the fine line between individual rights and the facility’s responsibility to protect. With competition for health care resources, proactive identification of vulnerable populations is necessary for the future of long-term care and development.

PEGGY A. SZWABO, Associate Clinical Professor in Geriatric Medicine and Geriatric Psychiatry
Saint Louis University School of Medicine
St. Louis, U.S.A.
Email: Szwabop@aol.com

**Atlas of Psychiatric Pharmacotherapy**

By SHILOH, NUTT AND WEIZMAN


Few psychiatrists could, after reading this book, say that they have not learnt something about a topic which, though the cornerstone of our clinical practice, often seems mysterious and unfathomable.

Initially, this book does little to rid the mystery with ‘maps’ of tangled arrows, bright colours and chattering annotation. However, if the reader persists he will achieve two things; first, an understanding of the consistent key and style to each diagram which leads to (in fact) great clarity, and second the discovery that this is an excellent reference book. To achieve excellence, a reference book must cover its topic in a comprehensive way, be accurate and be user friendly – and this text succeeds in these three areas.

The book is divided into four sections: basic principles of psychiatric pharmacotherapy – which covers some relevant pharmacological points, before dealing with drug group (including a section on ECT). The next section details profile the pharmacology of abused substances. The third section covers drug interactions and the final section provides the clinician with some useful
pharmacological management strategies for more common mental illnesses as well as extra-pyramidal side-effects. Each page has a complex diagram on the right leaf and the associated text on the right. This avoids endless flicking between pages, as each pair of pages stands alone in covering the topic to which it is titled.

One criticism is that there is no section on the management of any of the dementias, while there is a section on the pharmacological management of schizoid personality disorder! This is an oversight and one that should be addressed if a second edition is requested of the authors.

This book should be bought (and used) by any individual who prescribes psychotropic medication or sees patients who abuse pharmaco-active substances. It is an excellent reference point for this topic and I await with eager anticipation the next edition, which should have topics about the metabolic syndrome, management of dementia and the even newer antidepressants and antipsychotics.

CRAIG RITCHIE
Royal Free Hospital, RFUCMS
London, U.K.
Email: c.ritchie@medsch.ucl.ac.uk

**Mental Health and Spirituality in Late Life**

Editor: ELIZABETH MACKINLAY


Paperback pp. 154. ISBN 0 7890 2123 4

Spirituality and mental health are closely related but seldom discussed in the general mental health literature. This book is a collection of papers put together after the National Conference of the Centre for Ageing and Pastoral Studies held in Canberra, Australia in September 2001. The editor, Reverend Dr. Elizabeth MacKinlay, RN, PhD, is a registered nurse and an ordained priest in the Anglican Church of Australia who directs the Centre for Ageing and Pastoral Studies in Canberra.

This book is really a curate’s egg (pardon the pun) with some excellent papers and others that are not so impressive. The papers in Part 1 on *Theological Perspective* (McNamara), *The Defiant Power of the Human Spirit: Mental Health in Later Life* (Kimble) are impressive in their depth and scholarship; whereas the paper on *Mental Health, Culture and Spirituality* (Kanitsaki) disappointingly recycles the polemics on migration in Australia. In Part 2, there are papers by Michael Bird, Richard Fleming and Judy Raymond, well-known Australian practitioners in aged care and old age psychiatry. These are clinically orientated,
with only minuscule suggestions of spirituality in the text. The two papers by the editor, one on *Listening to People with Dementia* was very enlightening, while her final paper, *Mental Health and Spirituality in Late Life: Pastoral Approaches*, is masterly, thoughtful and thought-provoking and is required reading for all who work with people with depression in later life, and people with dementia. MacKinlay’s definition of “spiritual integrity” (p. 133) and her idea that “Failure to thrive may well be related to lack of nourishment for the soul, and may thus be a human response to lack of life meaning, and even fear of non-being” (p. 135) must be considered as the most meaningful passages of this book. Her model of the spiritual tasks of aging (p. 138ff) should be considered seriously by all who provide quality care (including pastoral care) to older people.

For those who value spirituality in our patient’s lives and in their own lives, this book is worth reading just for MacKinlay’s two papers. It parallels (and also quotes frequently) the works of Frankl and Kitwood, though not matching the eminence of these two works. One looks forward to future publications from Reverend Dr. MacKinlay.

EDMOND CHIU, Professor, Psychiatry of Old Age
Academic Unit for Psychiatry of Old Age
University of Melbourne
Australia
Email: e.chiu@unimelb.edu.au

**Gay and Lesbian Ageing: Research and Future Directions**

Editors: GILBERT HERDT AND BRIAN DE VRIES
Hardback, pp. 320. ISBN 0 8261 2234 5

Over the past fifty years, there have been profound changes in attitudes towards homosexuality in developed Western societies. As a consequence, successive cohorts of gay men and lesbians have had very different experiences as they have aged, and have made very different accommodations to the world around them. The post-war gay and lesbian “baby boomers” are the first fully self-identified generation to approach the threshold of old age, and planners and policymakers now need to be considering what their expectations and needs in later life might be. Unfortunately, as the editors and authors of this book freely acknowledge, there is very little useful evidence to draw upon and what there is, based as it is on the experience of previous generations, may be of limited relevance for the
future. Gay and lesbian seniors have until quite recently been largely ignored by social gerontology. This is partly because gerontology has traditionally had more to do with health and welfare issues than with how people live their lives, and partly because of the difficulties inherent in studying the subject. It is apparent from both the empirical and the review chapters in this book that most of the “facts” in this area of study come from surveys that are unrepresentative, underpowered, poorly designed and limited in their areas of enquiry. In many cases, studies of “aging gay men” refer to those in their thirties and forties, and are of little value except perhaps as a comment on the age-segregation that currently exists within gay communities. One of the declared aims of this book is to make clear the extent of our ignorance, and to provide an agenda for future study and research.

Despite the paucity of evidence, there is still much to discuss. The value of this book lies not in the accumulation and marshalling of facts (though existing knowledge is well reviewed), but in the detailed consideration of the experience of gay and lesbian aging, often drawn from qualitative and ethnographic studies, and the various models of aging that may explain this. These range from the “old and lonely” stereotypes to notions of successful and exemplary aging through crisis competence and the construction of “families of choice”. For the generation currently aging at a time of declining stigma and growing acceptance there may be new, more existential, challenges – for example, how to value and validate life experience after the moral act of coming out. The lack of roles, social norms and milestones for gay men and lesbians remains problematic, and it is in this context that the current debates about legally recognized partnerships are so important.

The other great experience that has marked out the “baby boom” generation of gay men in particular is the AIDS crisis, and a chapter is devoted to the implications of this. Progress in treatment means that a substantial number of HIV+ gay men are now growing older, and the impact of HIV infection on the aging process is bound to have physical, psychological and social consequences that need to be studied. The long-term impact of the epidemic upon this generation as a whole is as yet unknown, but many of the issues, such as health care need, the burden of care, cumulative loss and survivor guilt, might, for good or ill, be seen as a rehearsal for the experience of being old.

This is an interesting and thought-provoking book, not only for social theorists and policymakers, but also for those health professionals who are interested in the social lives and past experiences of their patients and who need an up-to-date and accessible overview of this topic. The authors argue, cogently in my view, that many of the issues and questions raised in the context of sexual minorities are of relevance and importance in the understanding and explaining of aging in general. Inevitably, there are some limitations. The focus is on sexual
minorities in developed societies, particularly the U.S.A. While they may still find themselves on the front line of some political and cultural wars, there is a growing sense that in these societies the arguments have been won and the debate can move on to longevity and fulfilment for all. In those nations and cultures where homosexuality is still illegal and abominated (Egypt, India, Jamaica, Malaysia, Namibia, Saudi Arabia, Zimbabwe – to name but a few of the current worst offenders) the issues for gay men and lesbians of all ages are very different and rather more pressing.

JAMES LINDESAY, Professor of Psychiatry for the Elderly
Department of Health Sciences
University of Leicester, U.K.
Email: jebl1@leicester.ac.uk

Mental Wellness in Aging: Strengths-based Approaches
Editors: JUDAH RONCH AND JOSEPH GOLDFIELD
Health Professions Press, Maryland, 2000, $U.S. 41.95.
Paperback, pp. 386, ISBN 1 878812 69 6

There is a basic bias in Medicine where aging is concerned. Those who are specialists of this field (the geriatricians) define their competence on the basis of the patient’s age and not, as it is done in other fields of medicine, according to the specific problem of the patient. This reflects a more general view adopted in the entire society, which makes age itself an implicit negative criterion for considering a person.

The book Mental Wellness in Aging by J. L. Rouch and J. A. Goldfield tries to change this traditional negative cultural approach to aging into a more positive and constructive one, the strengths-based approach, bringing “the concepts of positive aging to the field of mental health”.

This book is an editorial product written by 21 different contributors and with a final Afterword. All the authors are senior health professionals who have tried to present a different approach to aging in order to move the focus of geriatrics and gerontology from coping with aging’s consequences to mastering its changes and opportunities.

The topics covered range from policy-making propositions to quality-of-life oriented solutions for the aged population, and arrive at possible solutions for the care of dementia patients: all topics based on the strengths-based approach.

Reading this book may not make you an enthusiastic follower of this approach, but it will surely make the reader think of how powerful cultural undercurrents are starting to make the approach of all those whose professional activity is
Book Reviews

concerned with the aging population health and well-being, less obvious and fatalistic.

MARIO FIORAVANTI, Professor of Psychiatry
University of Rome “La Sapienza”
Rome, Italy
Email: Mario.fioravanti@uniroma1.it

Reeling in the Years — Gay Men’s Perspectives on Age and Ageism
By TIM BERGLING
Paperback, pp. 272. ISBN 1 56023 371 0

All individuals, regardless of age, have a need for love, touch, companionship, and intimacy. Unfortunately, however, stereotypical thinking, ignorance, and prejudice dominate our society's views on sexuality in the aged. A youth-oriented culture that attributes sexuality to the young, healthy and beautiful, propagates the myth that the aged are asexual beings. The stereotype of the “asexual older person” thus remains pervasive and, despite having little empirical grounding, continues to influence not only popular portrayals of later life, but also government policies and research agendas throughout the world. Consequently, the sexual needs of the aged are often overlooked or ignored, and attitudes towards sexuality and aging remain restrictive and negative ad infinitum.

This holds mutatis mutandis even truer for those individuals, who are aging and gay. If sexuality and aging is an under-researched area, homosexuality and aging is ultra under-researched! In this context, Tim Bergling’s Reeling in the Years — Gay Men’s Perspectives on Age and Ageism, adds a welcome perspective, and a critical as well as frank contribution to the slowly, albeit gradually evolving amount of gerontological literature in the area of aging and homosexuality.

Fama est that Bergling, a journalist and television producer, was in an America Online “m4m” chat room one night eight years ago. When he told a younger guy that he was 36, the man instantly ended their chat, “Too old. Bye,” he said. Following this first encounter with ageism (!) among gay men, Bergling decided to explore aging issues more in depth, culminating in the publication of his second book with the aforementioned title in the beginning of 2004. As research for his book, the author created a Website (reelingyears.com) to gather information and comments about ageism in the gay community. During the year that his Website was active, more than 2000 men of all generations
took his poll and another 250 men filled out his more-in-depth survey. He also interviewed some subjects vis-à-vis. Bergling is the first to acknowledge the issue of a potential selection bias in his sample. Nevertheless, the results of the polls, surveys, and interviews conducted with men from five different age groups, make for some very interesting reading. The author skilfully and occasionally humorously, but always painstakingly honestly, illustrates the gay community’s attitudes toward age and the rites of passage associated with certain age groups. The book explores the gay experience through young, middle-aged, and elderly viewpoints, including relationships, dating younger men, dating older men, the internet, sex, drugs, alcohol, HIV/AIDS, fitness, cosmetic surgery, retirement, bereavement, harassment, and discrimination. In their own words, hundreds of men discuss what it’s like to be 16, 28, 40, or 70, examining myth and reality about age and aging from different attitudes and perspectives. Reeling in the Years examines the fears, suspicion, and prejudice that exist at both ends of the age spectrum of the gay experience, while displaying rays of hope, acceptance, and understanding for a possible truce in the war between the ages.

This easily-read compilation of what he discovered is divided into eight chapters, beginning with “Nothing in common”, ending with “Yesterday, Today and Tomorrow.” I particularly enjoyed Chapter 6, which almost exclusively discusses various life-events and topics from the perspective of the age group I work with most. The interviews with older gay men regarding their history and plight were particularly illuminating and often touching. In his final chapter, Bergling presents over thirty pages of graphed data, portraying the survey’s results clearly, but without being excessively scientific, whilst adding comments representative of the data presented. Most of the book is filled with easily readable, engrossing personal stories and experiences of the respondents interwoven with the author’s own comments and life experiences. In addition to his source references, Bergling includes a list of resources on senior organizations for those interested in more exploration, such as SAGE (Senior Action in a Gay Environment; www.sageusa.org) and GLARP (Gay and Lesbian Association of Retiring Persons; www.gaylesbianretiring.org).

Overall, the book offers an engaging read, not only about age specifically, but about gay culture in general. I recommend this book, not only to all aspiring and practicing colleagues in the field, but to anyone who would want to further their understanding of gay men of all ages.

WALTER PIERRE BOUMAN, Consultant Psychiatrist-Sexologist for Older Adults
Mental Health Services for Older People (MHSOP)
University Hospital, Nottingham, U.K.
Email: Walter.Bouman@nottshc.nhs.uk
Sociological Analysis of Aging: the Gay Male Perspective
By J. Michael Cruz

J. Michael Cruz, has bravely added some spice to the often dry field of gerontology and aging research in his book, Sociological Analysis of Aging: the Gay Male Perspective. Yes, older adults have sex. Yes, some older adults are gay. And yes, we live in a rapidly changing world in which gay marriage, judicial overturning of sodomy laws, and television shows like “Will and Grace” and “Queer Eye for the Straight Guy” have brought gay and lesbian issues into our daily lives.

This work often reads like a doctoral thesis, which I assume was the germ of the book, because Dr. Cruz conducted the research reported in it while a graduate student. This at times made it difficult to read. However, when I re-read the preface, he appropriately warns the reader: “This book is definitely an academic book. I do not pretend that it will be useful and interesting to everyone. However, I do think that persons working with elderly populations will be enlightened after reading the book.” As an academic geriatric psychiatrist who has also conducted research with older gay men, I agree that the book does not make for light reading, but is an important contribution to a sparse literature. Lending credence to the importance of his work, Dr. Cruz notes that “all mainstream gerontological literature has a heterosexist slant,” and that “a search of the literature in each of the areas assessed has revealed that little or no empirical work has been done specific to gay males.”

The book is divided into five sections: 1) an introduction, which provides the rationale for the project; 2) a thorough literature review, which is evidence of extensive scholarship; 3) a sometimes tedious description of the research methodology; 4) the results of the research; and 5) a coherently written conclusion and discussion.

The research reported in the book is an examination of the life situations of 125 men. They are at least 55 years old and from four major cities in Texas. Dr. Cruz’s general research question was: How do gay males approach and experience aging? Using both quantitative and qualitative methods, the research focused on four areas of crucial importance: 1) housing; 2) health, well-being, and depression; 3) access to social support networks; and 4) degree of involvement with family, friends, church, and community. The results suggest that older gay men want to be treated as the equals of aging heterosexuals, achieve human rights and a sense of dignity, same-sex benefits, affordable health care, coverage for medication costs, and affordable housing.
In the age of AIDS and hepatitis, I would have liked further assessment of the sexual needs, behaviors, and sense of fulfillment of older gay men. This has direct bearing on their health and well-being, especially because AIDS has become a chronic illness, and increasing numbers of older adults now live with the disease. Dr. Cruz is upfront in acknowledging that the sample is not necessarily representative – it tends to be whiter, better educated, and more well-off than most older gay people. I hope that minority gay men and women, many of whom have little education, poor access to established resources for sexual minorities, and limited financial means, will be the focus of future projects. Gay and lesbian people of color or lower socioeconomic status may be, because of their disenfranchised and outsider status, at increased risk of agism, homophobia, and legal and financial disadvantage.

This book will be a useful addition to “helping profession” libraries. Older gay men and women are more like their straight counterparts than not. However, there are special needs and inequalities that put these individuals at risk of increased morbidity and decreased quality of life, so work such as this should be applauded.

JORDAN F. KARP, Psychiatrist, Geriatric Psychiatry
University of Pittsburgh School of Medicine
Pittsburgh, PA, U.S.A.
Email: karpjf@upmc.edu