ate articles, this book, in contrast to Bell's work, blends the historical and contemporary. It is a reflection of the lead author's belief that historical material properly employed can potentially enhance the depth of contemporary research and the persuasiveness of the authors' policy prescriptions.

The format of this three-part book was obviously designed with this idea in mind. Part one is an historical section that attempts to portray WSH as the victim, since its founding in 1833, of recurrent policy errors. Part two has a contemporary focus. Comprised of 6 chapters, this section reports the results of six different research projects and/or policy initiatives connected with efforts to deinstitutionalize WSH partients during the 1970s. Part three is a synthesizing section that recommends specific policies to remedy current problems and avert future difficulties.

The book's principal strength is part two. The 6 chapters comprising this section informatively and insightfully discuss the impact of deinstitutionalization upon the seriously disturbed client. Of particular interest is a chapter by Eric D. Lister and Jeffrey L. Geller on the effect of changes in the commitment statutes on the WSH patient population. This first-rate research effort indicates that pre-trial commitment for psychiatric evaluation "now accounts for the bulk of involuntary commitments to WSH" (p. 157). As noted by these authors and others, this new pattern of involuntary commitment raises the troublesome spector of inappropriate pre-trial detention and abuse of judicial discretion. Other noteworthy articles in part two address the subjects of general hospital psychiatry, adolescent treatment programs, and the post-hospital experience of a specific group of ex-hospital patients.

Unfortunately, the ability of the authors to clearly and persuasively communicate their analytically significant conclusions is seriously undermined by the authors' reliance on a 'socio-ecological perspective' to explain policy changes at WSH. This theoretical framework conceptualizes WSH "as an open system interacting with a varied social environment" (p. 128). The analytic difficulties of this perspective—problems to which the lead authors are particularly susceptible—are twofold. First, there is a tendency to use ponderous or distracting jargon, e.g. 'administrative disaggregation' and 'functional stability' when describing policy phenomena. As a result, many important observations are sapped of their vitality and vigor. Second, the authors' theoretical perspective lacks both specificity and explanatory power. Frequently, the authors either state the obvious or fail to provide the reader with a concrete understanding of how political, administrative, and legislative decisions have affected WSH. For example, Goldman at one point observes that conflict between staff and patients at WSH "mirrors the resource scarcity and zero-sum mentality which are fundamental features of the larger society" (p. 135). Goldman, in other words, ascribes specific policy conflicts to vague, societalwide values. This analysis however is an inadequate explanation of policy change. Competition for resources in the mental health field is an intensely political activity whose outcome frequently reflects hard-fought political battles between politicians, different mental health professional organization, administrators, and lay advocates—individuals and groups whose value structure is diverse and often contradictory. By attributing internal institutional staff-client conflict to 'fundamental features of the larger society', Goldman fails to answer the crucial question of how political decisions and interest groups have affected the policies of WSH.

The effect of the arguments of Morissey, Goldman and Klerman in particular is also to legitimate the existing order. These authors, by linking the causes of policy problems such as internal discord to the value structure of the larger society absolve the WSH administration, the Department of Mental Health, and even the legislature from responsibility in precipitating the problem. It essentially diffuses the ever-present political content of any policy disagreement. Specific political and legislative decisions to rectify the situation are thus largely meaningless.

This problematic analysis is also a reflection of the fundamental inadequacies of the swinging pendulum conception of mental health policy; a view endorsed with equal fervor in both books. The root of the problem lies in what factors are deemed to be the causative elements in policy change. Basically, the pendulum theory explains policy change as essentially a shift in values. But values are diverse, contradictory, specific to a particular issue and even unformulated. Public opinion polls, for instance, have found popular opinion regarding many mental health issues largely uncrystallized. A more plausible and realistic theoretical framework conceptualizes mental health policy at any one given point in time as formulated and implemented within a certain political and social milieu, one which has its own set of historically-determined structural characteristics. Each era, in other words, is essentially noncomparable, although certain issues do recur, the policy response in each particular era is framed by a unique set of political and social conditions. This is not to suggest that history cannot provide lessons for current policymakers; it can. But these lessons need to be based upon a thorough understanding of each historical period; only then will the policy-makers be able to identify the political, economic, and institutional impediments of humane, effective care for the mentally ill.

*Kennedy School of Government* STEVEN R. SMITH
*Harvard University*
*Cambridge, MA, U.S.A.*

**Language and Communication in the Elderly: Clinical, Therapeutic and Experimental Issues**, edited by LORAINE K. OBLER and MARTIN L. ALBERT. Lexington Books, Lexington, MA, 1980. 320 pp., $34.50

Obler and Albert, two neuropsychological researchers at the Boston Veterans Administration Medical Center, invited scientists to present the latest knowledge in the newly emerging field of gerontological language and communication. Because this research field is comparatively young, it is important that these papers be distributed to gerontologists, language specialists, and other researchers and practitioners in order to alert them to the dimensions of the field and to the initial substantive findings which have been obtained. Their book successfully achieves this purpose: it charts the field's domain, lays out the hypotheses and issues currently being explored, and suggests further directions for research, encouraging other researchers to recognize the relevance of their own research to the problems included in the book. Seventeen chapters are divided into seven 'experimental' (i.e. research based on comparing test scores of different groups) and ten concerned with treatment (i.e. diagnosis and rehabilitation).

Enthusiastically endorsed by Eisdorfer, one of the deans of gerontology, the cumulative findings use language issues to investigate several lacunae and popular beliefs concerning the elderly. A major methodological and conceptual problem mentioned by nearly all the contributors is that there is still no model of normal aging. Basic research is thus needed to describe and measure behavioral norms at various ages and among various groups relatively free of debilitating disease and environmental stress. Similarly, we frequently differentiate poorly the etiology both of deficiencies and changes among the elderly. Thus, skill loss in the

elderly is often mistakenly attributed to profound neurological or psychological change when on closer examination minor disorders such as hearing loss might suffice.

Joan Borod and Harold Goodglass's presentation of findings with regard to cerebral lateralization with age, demonstrate that left hemisphere specialization for language remains constant across adulthood. Marjorie LeMay presents evidence that anatomical brain changes which are related to aging (such as atrophy) are not consistently proportional to increasing age. Based on these findings, Martin Albert claims that three factors interact with life span changes in brain organization for language: education, atrophy of aging, and brain changes in the different varieties of dementia. Language skills themselves develop over the life span in response to these brain changes.

Methodologically, it is important in aging research as in all other forms of research, not to confuse correlation with causality. Thus, even if hearing loss, for example, were correlated with advanced age, as is suggested, the cause for this linkage could well be found in the environment. For example, loneliness and dependency can profoundly affect communication. Ralph Rupp's clinical piece suggests, therefore, that 2-fold rehabilitation is needed for elderly persons with hearing loss: training the individual to compensate for the loss and modifying the environment to enhance success. Another possibility is that what appears to be skill or ability deficits in old age are instead intentional change strategies used by the elderly to solve problems. Edith Kaplan's review of changes in cognitive style with aging demonstrates how the problem solving strategies of elderly individuals resemble in certain ways those of brain-damaged patients who have lesions in the frontal right hemisphere. Yet another model to explain skill loss, such as speech, is to consider changes in intermediary functions such as hearing, rather than invoking more serious neurological disorders. We need more cumulative research programs to increase our confidence that these hypotheses are confirmed since we have only comparisons rather than predictions to stand on.

The contributors are aware of both the substantive and methodological intricacies of gerontological research and remind us not to attribute great practical significance to findings which demonstrate only statistical significance. Because of the socially-defined negative expectations regarding the elderly, small declines on various tests by subjects older than 60 may unwittingly be overinterpreted. K. Warner Schaie's piece on 'Cognitive Development in Aging', for example, which carefully separates age and cohort effects, found more significant generation than ontogenetic differences in his samples.

Exploring another issue of public and therapeutic concern, Martha Storandt argues that it is difficult for the elderly to encode and retrieve verbal episodic memories, whereas long-term memory remains stable with age as does metamemory, i.e. the confidence one feels about the existence of an item in one's memory for possible retrieval. Harold Goodglass presents data on object naming disorders of aphasics and normal elderly persons, helping to differentiate the two groups. Whereas the former make sound substitution errors or give words minimally associated by meaning, healthy elderly more likely give multiword descriptions of the elusive object or give words closely associated by meaning.

Important differences must be recognized among the ability to speak, to use language appropriately, and to converse. These differences in developmental onset are clearly apparent in infants and young children. Among patients diagnosed with senile dementia, John Hutchinson and Mary Jensen found that their subjects took fewer conversational turns than do normals but bring up topics more frequently than is appropriate. Within this domain of discourse, Loraine Obler reports from testing that people in their 60's and 70's seem to have more elaborate speech styles than do younger persons. Whereas in our society, these characteristics might be termed 'running on', in other cultures which she investigated, the same behavior is labelled tale-telling and is highly valued.

Varieties of communication patterns among age groups are significant not only as clues to developmental neurology but also for treatment. R. Knight Steel offers a sensitive discussion of the communication issues to which health-care workers must pay particular attention when attempting to take a medical history. Thus, as Leon Epstein discusses, the communication style of the professional is an important factor in the communication style of the client. Other recommendations in the clinical chapters concern the teaching of new approaches to tasks rather than retraining in old ones (Marcel Kinsbourne and Norman Geschwind), and the prevention of further language deterioration in addition to the rehabilitation of known language loss (Norman Geschwind). There is reason for optimism, according to Martha Sarno, since language rehabilitation in elderly aphasics can be just as successful as in younger adults.

Although this book is a collection rather than a monograph, the consistent themes running through the varied topics are clear enough to lend the volume an intellectually satisfying, integrated quality. Even readers only peripherally connected to this topic will be stimulated by the provocative questions addressed, the care for the subject population which is conveyed, and the pressing need for further research. Finally, it is a tribute to Obler and Albert that they have put in interdisciplinary perspective a problem definitely not confined to one field.

*Department of Psychology*
*University of Michigan*
*Ann Arbor, MI, U.S.A.*

SHULAMIT REINHARZ

**The Shaping of the Swedish Health System**, edited by ARNOLD J. HEIDENHEIMER and NILS ELVANDER. Croom Helm, London, 1980. 245 pp., $27.80

This book is compiled on the papers of 14 selected contributors to a symposium on Swedish health policy held in Sigtuna, Sweden, in August 1978.

Following a basic orientation on the administrative structure and nomenclature of the present Swedish health care system it consists of 5 parts dealing with: the historical development of Swedish health institutions, the Swedish decision-making style and the politics of health, health policy reforms and the medical profession, health expenditures and public resource allocation and, finally, the health system in Sweden as compared with that in Britain and the United States.

Sweden, like other industrialised countries, during the last hundred years went through a kind of ideological transformation from what in this book is called 'animistic medicine', characterised by religious conceptualisations, through 'dogmatic medicine', i.e. separate traditional schools pretending to cure most illnesses with their particular and highly specific method, onto 'scientific medicine' founded mainly on bio-physiological research and evaluation.

Also like other industrialised countries, and perhaps moreso than most of these, Sweden is confronted in recent times with certain problems connected with a systematic application of 'scientific medicine' such as fragmentation, technologisation, institutionalisation and urbanisation of medical care, leading to what here is aptly called a 'transformation of mortality into morbidity', particularly in terms of creating an unmanagable load of disabled elderly people.