

and the melding of psychiatric epidemiology with general ‘mainstream’ epidemiological themes, has resulted in a dispersion of much valuable material across multiple chapters that makes it difficult for the reader to extract readily. This concerns primarily problems specific to the epidemiological study of mental disorders, such as caseness and measurement error; the determination of onset for time-to-event analysis when studying chronic disorders of an insidious onset; psychiatric co-morbidity; and the utility of diagnostic classifications such as DSM-IV and ICD-10. It might be advantageous to bring such issues to the fore in a section of their own in the next edition of the book.

All in all, *Psychiatric Epidemiology* is an excellent text which sets a new benchmark for epidemiological thinking in mental health research and goes a long way towards making the concepts of the discipline accessible to psychiatric researchers in general, as well as to clinicians and students.

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Why Life Speeds Up As You Get Older: How Memory Shapes Our Past. By D. Draaisma. (Pp. 277; £12.99; ISBN 0521691990 pb.). Cambridge University Press. 2006.

The importance of memory to our everyday lives, in providing an essential link between the present and the past, is difficult to overstate. Saul Bellow tried to do so, asserting that ‘memory is life’, but one need only consider how critical our store of memories and experiences is to our sense of who we are in the world and where we have come from, to conclude that memory may indeed be central to our conscious existence. It is somewhat surprising, therefore, as Douwe Draaisma notes in his book, *Why Life*

Speeds Up As You Get Older, that investigation of our ability to remember personal experiences – our *autobiographical memory* – should have been largely neglected by experimental psychologists until fairly recently in favour of a form of memory that was more amenable to controlled experimentation, *learning*. Led by the work of Ebbinghaus and others, who conducted painstaking studies examining rates of acquisition and forgetting of nonsense syllables, a great tradition of human learning research came to dominate much of twentieth-century cognitive science. In contrast, research into autobiographical memory was typically less prominent, perhaps because of the association with concepts such as consciousness and self-awareness that, at the time, were considered by many to be scientifically indigestible.

There have in recent years been numerous textbooks, and a fair number of books aimed at lay readers, on the subject of human memory. The means by which Draaisma, a professor of the history of psychology at the University of Groningen, The Netherlands, hopes to differentiate his book from those that have gone before is to concentrate on recounting the sometimes tortured history of research into autobiographical memory. Such research, following theoretical conceptualizations laid down in the late nineteenth century by James and Ribot, was carried forward by experimental psychologists such as Galton and Bartlett, who sought to understand for example why people often remember autobiographical experiences from some periods of their lives better than others. As cognitive neuroscience has developed as a discipline, and topics such as consciousness have become more accepted areas for scientific investigation, so autobiographical memory research has gained increasing popularity. Draaisma describes these developments entertainingly, mixing anecdotes and literary references with accounts of scientific experiments, and taking in topics as diverse as near-death experiences, the persistence of unpleasant or traumatic memories, metacognitive phenomena such as *déjà-vu* and tip-of-the-tongue, the particular salience of olfactory memory cues, the memory feats of some autistic savants, and how we remember where we were when we heard about significant events like 9/11.

Each of these issues is dealt with in largely separate, self-contained chapters, with little apparent attempt to bring together convergent themes or draw theoretical conclusions that might contribute to an overall understanding of the operating mechanisms of autobiographical memory. Indeed, there are very few answers or explanations to be found; Draaisma seems content to describe each topic in his interesting and engaging style, with pleasing anecdotes and eloquent narrative prose, while rarely feeling the need to account for the phenomena under discussion. For example, despite the title of the book, we never really gain much of an understanding as to why life might appear to speed up as one gets older. As such, although the book is interesting to read, it feels as though it is lacking in depth and ambition. Perhaps this reflects Draaisma's view that we currently know too little about the phenomena he describes to provide explanations as to their basis, or perhaps there was a conscious decision to aim the book squarely at a non-specialist audience and so avoid too much theoretical complexity. Either way, the book is entertaining and thought-provoking, but a reader seeking to gain a broad conceptual understanding of the workings of autobiographical memory is likely to be disappointed.

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Mental Disorders in Older Adults: Fundamentals of Assessment and Treatment, second edition. By S. H. Zarit and J. M. Zarit. (Pp. 468; \$48.00; ISBN 1-572309466.) Guilford Publications: New York. 2006.

It is generally a good sign if a book makes it to a second edition and *Mental Disorders in Older Adults* is true to this idea. An early clue to the enthusiasm with which the authors approach their task is in the introduction, where they say that colleagues of theirs ask if work with the elderly is boring. Their response is: 'Quite the opposite!'

The authors say that while their primary intent is to provide a reference for mental health

professionals, they believe psychiatrists and geriatricians may find the behavioral and neuropsychological perspectives a useful complement to the biomedical approach. They succeed on both counts, and in fact this would be an excellent book for physicians who work in multidisciplinary settings to recommend to non-physician mental-health professionals who are working with geriatric patients.

The book is well organized and quite readable. It is straightforward and free of pretentious jargon. It can be read straight through or used as a reference. It begins with normal aging, then discusses the phenomenology of the common mental illnesses of late life, followed by chapters on the evaluation process, and then treatment.

A particular strength of the book is the richness of clinical examples and the clinical experience of the authors is obvious. The chapter on the clinical interview covers all the things one would expect (assessing the history and progression of the illness and conducting the mental status examination) and in addition discusses practical issues down to details like what kind of chairs to have, where to sit, and how to pace the interview. And the chapter on psychological testing not only covers commonly used instruments and what domains they test, but also gives a good discussion of competency and decision-making capacity. A minor stylistic quibble I have with these sections is the intermittent use of the first person but after a while one gets used to this.

Overall, the diagnostic section of the book is excellent. For example, it gives a much more thorough discussion of delirium than many books intended for non-physicians. One area that could use a more thorough discussion is manic-depressive illness, as this is a bit brief.

The chapters on treatment are also excellent and again rich with clinical examples. The authors give particularly detailed treatment to non-pharmacologic treatment approaches and anyone who wants a thorough discussion of psychotherapy in depression will be pleased. They discuss behavioral therapy, cognitive-behavioral treatment, and interpersonal psychotherapy in detail, again with specific examples from clinical experience. And non-pharmacologic approaches to dementia are fully discussed,