

Abstracts

Psychology and Psychiatry

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Kendrick, D. C., 'Why assess the aged? A clinical psychologist's view', *British Journal of Clinical Psychology*, 1982, 21, pp. 47–54.

Rabbitt, P., 'How to assess the aged? An experimental psychologist's view. Some Comments on Dr Kendrick's paper', *ibid.*, pp. 55–9.

Kendrick, D. C., 'Psychometrics and neurological models: a reply to Dr Rabbitt', *ibid.*, pp. 61–2.

As wine, cheese and biscuits splattered with morsels of dead creatures circulated at our local Alzheimer's Disease Society meeting, I closed on my friendly neighbourhood geriatrician for a free opinion. 'What,' I asked, with immense cunning and a brimming glass, 'do *you* think a psychologist working with old people should be turning his mind to?'

Pausing only to let his tongue capture a fugitive crumb, the consultant offered a crisp decision (that's what they're paid for and they do it very well): 'Making your assessments qualitative – not just quantitative. *Qualitative*. Think about that.'

As he disappeared in the direction of the buffet, I thought. And am still thinking. And judging by these papers I am not alone in my brooding.

The assessment of cognitive status, Kendrick reminds us, is indeed an important issue, not only in clinical practice but also as a concern that links a number of important research areas. Briefly and clearly, he explains the importance of assessment in: early detection of Alzheimer's Disease; the psychological side-effects of anticholinergic drugs; evaluation of late onset depression: and relating physical activity, ageing and cognitive status.

But, says Kendrick, clinicians and researchers using orthodox assessment procedures such as IQ tests, may labour largely in vain. Such measures 'do not belong to the ecology of the subjects being assessed, they are irrelevant to the subject and therefore motivational and attentional difficulties, already a problem of the aged, are going to be exacerbated by such procedures and possibly give spuriously low results and poor reliabilities.' (p. 50)

Hope, though, is in sight. He suggests that the Kendrick Battery for Detection of Dementia in the Elderly (KBDDE), is an acceptable alternative because its tests 'can be seen to belong to the ecology of the subject,

(a) copying numbers and (b) learning the meanings of new words, which we all have to do from time to time.' (p. 50) He also commends the Clifton Assessment Procedures for the Elderly (CAPE), by Pattie & Gilleard. The KBDDE, he points out, involves speed of performance and memory, different aspects of information processing, and with the prospective addition of a subtest to assess planning capacity involving a finite number of decisions represents a worthwhile step towards a future in which we may all find ourselves as we grow older having 'our cognitive status regularly monitored in the same manner as we have our teeth or eyes checked, so that the causes of significant changes can be investigated before a downward trend becomes irreversible.' (p. 47)

The author, arguing for his own brainchild, shows the understandable excesses of any proud parent. From my experience of using his tests, many subjects doubt their ecological validity in no uncertain terms. It should also be pointed out that his description of the KBDDE is unclear, since he seems to revert to referring to the synonym learning subtest which has been replaced by object learning in the battery's present format.

However, he is justifiably at pains to remind us that the battery has been developed within a theoretical setting tapping as sources: the known effects of normal ageing on cognitive functioning; the two-arousal hypothesis of cortical excitation; and a somatic approach to psychiatric abnormality. He admits that speed of performance and memory are not defined by him with exactness, but suggests that this is because 'the experimental psychologists are unable to delineate the parameters defining such mechanisms with any degree of confidence.' (p. 51)

Rabbitt makes a trenchant reply. Welcoming 'Kendrick's intuition that an ideal assessment task for an elderly person may be one which he performs regularly in everyday life', he expands the argument for using familiar tasks, and claims that 'experimental psychologists have begun to bring everyday life into the laboratory in ways as yet unexplored by psychometricians.' (p. 56) By way of illustration, he names a computer interactive game, developed at Oxford's Department of Experimental Psychology, which simulates 'Supermarket Shopping' and allows 'simultaneous measurement of search efficiency, memory efficiency, cognitive ability to strategically organize relevant information in memory and speed of execution of sequence of response.' (p. 58)

He explains that experimental psychologists do have functional models of simple reaction time and of working memory, but these are not simple. Global measures of 'speed of performance' or 'memory' are naive and misleading attempts to represent complex processes and can be of little value in understanding individual differences.

Rabbitt admits that 'the single, most striking failure of human experi-

mental psychology has been the complete lack of any useful models for change.' (p. 56) There has been little concern with experimental investigation of the change in function which occurs with the onset of mental illness, ageing, or alterations in brain biochemistry. Psychometricians, he argues, have been much more concerned with the issue of understanding change, but progress has been limited by undue reliance on functional models derived almost exclusively from correlational data, and with consequent logical limitations.

Rapid progress by experimental psychologists in developing models for change can be anticipated, with progress currently being achieved in appreciating the importance of active, self-optimizing cognitive control systems, and the growing use of microprocessors to widen the range of tasks which can be simultaneously monitored in the laboratory.

Kendrick's reply makes an effective defence of psychometric investigation of cognitive impairment, indicating that simple performance indices can achieve diagnostic accuracy and be sensitive to change to a degree that demonstrates their relevance.

He welcomes communication between experimental and clinical workers as a hopeful sign for future research developments.

One must reflect that while this debate does indeed carry seeds of hope they could take a long time to germinate. The necessity for psychologists in clinical practice with old people to use the principles of experimental psychology in a more dynamic approach to assessment with greater emphasis on measurement of change has been clearly argued before, by James Inglis – 20 years ago.¹

NOTE

- 1 Inglis, J., Psychological practice in geriatric problems, *Journal of Mental Science*, 1962, 108, 669–74.

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Sociology and Social Policy

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Walker, A., Dependency and old age. *Social Policy and Administration*, 16, 1982, 115–35.

In this article Walker has attempted to do what a decade ago Bradshaw¹ did for the concept of need: develop a theoretical framework for the con-