

2 Tamir, L. M. *Men in their Forties: the Transition to Middle Age*, Springer, New York, 1982.

3 *Ibid.*

4 *Ibid.*

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T. C. Twining. 'Social skill, psychological disorder, and aging.'
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With this brief and thought-provoking paper Charles Twining sets out 'to examine, in the context of the few reported studies, the utility of the social skill model in psychological disorder among the elderly, and to consider the possible development in the application of this model to problem analysis and therapy' (p. 8).

This is a worthwhile ambition indeed: social interaction can pose major problems for such old people. Contacts, when they do occur, can be relatively unrewarding for all concerned, or even downright aversive, and the sharpest difficulties are often found between old people and the crucial immediate caregivers. With a few fortunate exceptions, the social atmosphere within a family maintaining an old person with major psychological problems usually can be located on a continuum of disturbance ranging from strained, insincere goodness, through barely controlled hysteria, to pitched battle.

It is sad, therefore, that the author promises more than he performs, pointing out a way but never arriving at his declared destination. An early hazard en route is that the context he describes is not complete: recent books by Roger Patterson¹ and by Eyde & Rich² (which could have appeared after this paper was written) indicate that there has been a greater depth of studies using a social skills approach with the elderly than Twining suggests, and a number of those which he does not take into account appeared before 1982. It would have been more than a brief exercise to have reviewed this area thoroughly, and without a careful review it appears premature to propose, as he does here, that a *revised* social skill model needs to be developed to deal with the particular problems confronting old people.

As Twining reminds us, the best-documented model of social performance, by Argyle and his co-workers, stresses the importance of serial motor skills, co-ordinating speaking, listening, and a wide variety of

non-verbal communications in the production of mutually rewarding interaction. Given the importance of motor skills in social performance, and recognising that age-related changes in these skills have been demonstrated to produce compensating behaviour such as increased cautiousness in older people, we may reasonably expect age-related changes in social skill to reflect motor skills decrement and consequent compensatory action.

This general hypothesis is not new, as the literature on sensory impairment and ageing and on group therapy with the elderly can witness, but Twining's specific reference to social skill theory is novel, I believe, and opens up a positive prospect of exploring a well-researched area of social psychology which might indeed prove to have untapped potential for gerontology.

Disappointingly though, having opened up this can of worms, the author hastily slaps the lid back on again. He points out that the causes of social incapacity in the elderly 'are more likely to be ill-health and poverty than lack of self-confidence' (p. 9). He also asserts that while residents of an old people's home can appear to be socially impaired it would be dubious to assume 'that the deficits lie within the residents rather than within the institutional regime' (p. 11). Cognitive deficit, sensory loss which can affect both care-giver and client, and breakdown of family relationships, can be additional problems which confound the use of the generally accepted social skills model in work with old people in the community.

While all these points are worth making, they hardly seem to add up to a demonstration that, as Twining concludes, 'traditional applications of the model do not seem appropriate' (p. 11). Not all old people lack self-confidence in spite of social handicaps. Some healthy, economically secure old people are not socially confident. Why not apply social skills training to care staff? Why not adapt social skills analysis and even intervention for community crisis situations?

Twining concludes by recognising that the social skills model does indeed seem to have potential for the analysis and solution of social problems between the elderly and their care-givers. This would certainly seem to be the case, and his reminder, though equivocal, is timely.

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NOTES

- 1 Patterson, R. L. *Overcoming Deficits of Aging. A Behavioral Approach*. Plenum Press, 1982.
- 2 Eyde, D. R. & Rich, J. A. *Psychological Distress in Aging. A Family Management Model*. Aspen, 1983.