Brit. J. Psychiat. (1979), **135**, 379–384

Correspondence

SOCIAL THERAPY

DEAR SIR,

You recently published a paper by Woods (*Journal*, May 1979, **134**, 502–7) demonstrating that elderly mentally infirm subjects benefited more, in some respects, from a reality orientation group than from belonging to a control group. The latter, run by 'care staff with no formal training,' encouraged discussions which 'permitted and accepted' residents making 'rambling, inappropriate or unrealistic contributions'. This Mr Woods calls, with no further ado, the social therapy group!

Like psychotherapy, social therapy has no universally accepted definition; however, since Rapaport's work (1960) it is generally accepted to necessarily utilize reality confrontation (see, for example, Clark (1974) or Morrice (1979)). Mr Woods' bizarre group, therefore, represents the antithesis of social therapy. My fear is that in future, to add insult to injury, we shall see this paper cited as 'proof' of the inferiority of a social therapeutic approach.

GEOFFREY PULLEN

Fulbourn Hospital,
Cambridge

References

CLARK, D. H. (1974) *Social Therapy in Psychiatry.* Harmondsworth: Penguin.

MORRICE, J. K. W. (1979) Basic concepts: a critical review. In *Therapeutic Communities: Reflections and Progress* (eds. R. D. Hinshelwood and N. P. Manning). London: Routledge & Kegan Paul.

RAPAPORT, R. N. (1960) *Community as Doctor.* London: Tavistock.

DEAR SIR,

Dr Pullen may well be justified in taking me to task for my inexact use of the term 'Social Therapy'. May I, however, make the following points in mitigation?

1. The group in question is in fact introduced as a "non-contingent attention ('Social Therapy') group". The less exact description 'social therapy' was used subsequently for reasons of brevity.

2. This control group has features in common with programmes used by Cosin *et al* (1958) and Powell (1974), both of which are described as 'social therapy'.

3. Clark (1974) likens the practice of social therapy to trying to "maximize the placebo effect". This is precisely the aim of this control group, applying a vigorous, confident, hopeful approach without the specific procedures of reality orientation. In his discussion of insulin coma therapy Clark further describes intensive social therapy as "a warm supportive group with a high staff ratio, close staff-patient interaction and high morale." The greater enthusiasm of the staff for this group over the reality orientation group illustrates that to some extent these features were achieved.

Finally, this group was not bizarre. In psychogeriatric wards and old peoples' homes in many parts of the country, confused elderly people *are* permitted every day to ramble and to make inappropriate and unrealistic contributions to conversations with other elderly people and with staff. Not only are these contributions accepted, but in some cases staff feel it is kinder actually to encourage this confused talk rather than adopt alternative strategies of gentle confrontation or distraction. I hope that my study will be a beginning point for the examination of the details of the interaction between staff and confused elderly people, following up the suggestion that does emerge that allowing confused talk without reorientation may not be the most helpful way of working with confused elderly people. It is not a question of the inferiority or otherwise of a social therapeutic approach, but rather a question of what is the most effective way for staff to communicate and interact with this population.

R. T. WOODS

Brighton Clinic,
Newcastle General Hospital,
Westgate Road,
Newcastle upon Tyne NE4 6BE

References

CLARK, D. H. (1974) *Social Therapy in Psychiatry.* Harmondsworth: Penguin.

COSIN, L. Z., MORT, M., POST, F., WESTROPP, C. & WILLIAMS, M. (1958) Experimental treatment of persistent senile confusion. *International Journal of Social Psychiatry*, **4**, 24–42.

POWELL, R. R. (1974) Psychological effects of exercise therapy upon institutionalized geriatric mental patients. *Journal of Gerontology*, **29**, 157–61.