Socialization Groups: Using The Book of Questions as a Catalyst for Interaction

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This article describes the use of The Book of Questions (Stock, 1987) as a tool for assessment and as a catalyst for social interaction in an acute short-term inpatient psychiatric unit. Examples of questions and how they can be used to provide information for the evaluation of personality style and social and interpersonal skills are provided. Group objectives, membership criteria and format, and leadership techniques are discussed. Analysis of the group activity and patients' responses to the group indicates that a group structured around The Book of Questions facilitates social interaction and is easily transferable to social activities outside of the structured therapeutic group setting and hospital environment.

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sonality style and emotional vulnerabilities (Schwartzberg, 1988).

As a means of evaluating and developing social and interpersonal skills in acute short-term psychiatric inpatients at Montefiore Medical Center in New York City, a group was developed whose format was structured around The Book of Questions (Stock, 1987). This book is used in the group as an informal self-report questionnaire and interview. It is also used as a social activity that stimulates verbal interaction, whereby the demonstration, observation, and development of social and interpersonal skills can take place.

Treatment Setting
The psychiatric inpatient unit at Montefiore Medical Center is a 22-bed training and research unit, the population of which consists primarily of white middle-class patients. Most of these patients have conditions diagnosed as an affective disorder, most often major depression. The average length of stay is approximately 28 days. Premorbid functioning ranges from poor social and interpersonal skill development, isolation, and leisure time inactivity to highly developed and productive skills and leisure interests.

The occupational therapist provides evaluation information on the patient to a Medical Model treatment team to aid in diagnosis and treatment planning while offering opportunities and encouragement for patients to function at the highest level possible in interpersonal relationships and activities. The treatment objectives include minimalization of the patient’s symptoms and encouragement toward normal behavior as well as maintenance of function and use of abilities and skills that the patient had before hospitalization (Corry, Sebastian, & Mosey, 1974). In line with these objectives and as a means of addressing the various levels of psychosocial skill development in the patient population, a group called Special Topics was established and included into the overall program of group activities in occupational therapy.

Group Criteria and Objectives
The Special Topics group is open to all patients from time of admission—when they may be severely depressed and withdrawn or psychotic—until discharge. The group is open ended; attendance and participation are encouraged but not mandatory. Attendance at each group has ranged from 2 to 12 patients. However, the ideal number of patients and most active and productive groups have been those with 8 to 12 patients in attendance.

The primary objectives of the group are to decrease social isolation and to increase constructive use of leisure time while in the hospital and to integrate the activity into one’s repertoire of social activities after discharge. Underlying these objectives are the ability to concentrate, to tolerate a group, and to effectively communicate thoughts and feelings to others. Diminishing depressed moods through having fun and experiencing joy in social activity is a means by which the primary objectives can be accomplished.

Group Format
The group meets once a week for 1 hour. Questions selected from The Book of Questions are presented to the group to be answered by each member individually. The group format can be either loosely structured or highly structured; issues and themes can range from concrete and simple, such as how and with whom one spends time in social activities, to abstract and complex themes, such as morality and the significance of different types of relationships. The type of question chosen and the amount of structure needed for the discussion depends on the composition of the group. Because the patient population changes rapidly, the level of functioning of the membership can vary from week to week. Any number of questions can be discussed in the group depending on the amount of discussion each question evokes. Certain questions have follow-up questions in the back of the book that further explore and expand the central theme of the question. Each group member can give a short answer to each question, which allows for many questions to be asked with equal participation from each member. However, as few as one question can be asked, which would allow for more exploration, discussion, and interaction among the members.

The Group in the Evaluation Process
The Book of Questions is used and equated with nondysfunctional social activity. Experiences with patients’ disclosures in the group have indicated that most patients are willing to participate and reveal thoughts, feelings, and experiences within this format, possibly because it is the group norm. In addition, the group is not associated with the more structured psychiatric assessment and other traditional analytically oriented groups, in which resistance is often heightened. Questions require a patient to reveal personal experiences, which can provide the occupational therapist with information about past or current personal relationships and experiences as well as the patient’s level of comfort with self-disclosure. The occupational therapist can also see whether the patient is being evasive, guarded, or paranoid in his or her reaction or response to the question. For example, questions from The Book of Questions might include the following:

- “When were you last in a fight? What caused it and who won?” (p. 44)
- “How many of your friendships have lasted more
than 10 years? Which of your current friends do you feel will still be important to you 10 years from now?” (p. 147)

- "How close and warm is your family? Do you feel your childhood was happier than most other people?” (p. 91)
- "How many different sexual partners have you had in your life? Would you prefer to have had more or fewer?” (p. 101)
- "Who is the most important person in your life? What could you do to improve the relationship? Will you ever do it?” (p. 107)
- "What was your best experience with drugs or alcohol? Your worst experience?” (p. 40)

There are other questions that are less confrontational and threatening to the ego because they are posed as hypothetical situations or general questions, as shown below:

- "What is your most treasured memory?” (p. 33)
- "If you could change anything about the way you were raised, what would it be?” (p. 110)
- "What do you value most in a relationship?” (p. 129)
- "If you had to spend the next two years inside a small but fully provisioned Antarctic shelter with one other person, whom would you like to have with you?” (p. 133)

Other hypothetical social situations are provided that can elicit information on the patient’s personality and social skill, including such aspects as problem-solving ability, assertiveness, judgment, and etiquette. Examples include the following:

- "At a meal, your friends start belittling a common acquaintance. If you felt their criticisms were unjustified, would you defend the person?” (p. 93)
- "If you were at a friend’s house for Thanksgiving dinner and you found a dead cockroach in your salad, what would you do?” (p. 98)
- "If you went to a movie with a friend and it was lousy, would you leave?” (p. 151)
- "Before making a telephone call, do you ever rehearse what you are going to say?” (p. 148)

Personality characteristics such as honesty, morality, narcissism, humanitarianism, self-esteem, and confidence can be revealed through questions such as the following:

- "Can you be counted on to do what you say you’ll do? What does it take for you to trust someone?” (p. 157)
- "How forgiving are you when your friends let you down?” (p. 191)
- "What sorts of things would you do if you could be as outgoing and uninhibited as you wished? Do you usually initiate friendships or wait to be approached?” (p. 154)

- “If you could wake up tomorrow having gained one ability or quality, what would it be?” (p. 24)
- “Do you find it so hard to say ‘no’ that you regularly do favors you do not want to do? If so, why?” (p. 118)

There are questions that can assist the occupational therapist in understanding the patient’s view of himself or herself or the world, as in the examples that follow:

- “What do you most strive for in your life: accomplishment, security, love, power, excitement, knowledge, or something else?” (p. 89)
- “What do you like best about your life? least?” (p. 152)
- “Relative to the population at large, how do you rate your physical attractiveness? your intelligence? your personality?” (p. 158)
- “Whom do you admire most? In what way does that person inspire you?” (p. 22)
- “In love, is intensity or permanence more important to you? How much do you expect from someone who loves you? What would make you feel betrayed by your mate—indifference? dishonesty? infidelity?” (p. 187)

Other valuable information on the patient can be gathered through the use of The Book of Questions, including the patient’s ability to imagine and fantasize, his or her use of concrete versus abstract thinking, and his or her use of psychic defenses and coping skills. Information can also be gained on the person’s obsessiveness, cognition, values, belief system, and personal habits. During the group, the occupational therapist internally analyzes and interprets the content and emotional tone of the answers to questions as well as those questions that a patient does not answer and attempts to validate or revise hypotheses based on verbal feedback from the patient. The context of a therapist-led group and all the dynamics that this involves is considered in order to evaluate with some accuracy the patient’s personality structure. Information from questions answered is combined with observations of the patient’s social and interpersonal skills as he or she functions in the group activity in order to give the therapist a dynamic assessment of the individual. After the group, the occupational therapist makes a written record of the group member’s participation. This information is then used as either part of the initial occupational therapy evaluation or in the verbal progress report provided in team meetings. It is also used in the patient’s weekly group progress note documented in his or her medical record.

The Group in the Treatment Process

The session begins with a discussion of the purpose of the group, including an explanation of how the source book can be used in socialization activities either in one-
on-one situations or in a group of friends, family, or social acquaintances. Examples are given of the kinds of questions to be asked in the group. The leader also reminds the patients that answers to questions in the therapeutic group situation of a hospital may not be appropriate in social situations outside of the hospital.

The therapist-leader of the group sets the norms or standards for member participation. Members are encouraged to show respect for differing opinions, to be honest in their answers, and to provide a generally supportive environment for the expression of thoughts and feelings. If a patient does not want to answer a particular question, he or she is allowed to pass. Allowing members to decline to answer questions reduces the level of anxiety about participating and gives them the freedom to participate at their own level of comfort.

This supportive atmosphere sets up an expectation that makes the situation different from the expectations generally associated with evaluation and treatment. During one group session, a patient asked if the leader was using the information to evaluate the group members. The leader responded affirmatively, yet this did not appear to affect participation. Honesty, independent answers, and differing opinions are encouraged and reinforced, because they validate the patient's unique personality and help to build self-esteem. The therapist helps to develop communication skills by assisting members with verbal clarity and comprehension. Group members are given the opportunity to ask questions from the book. The therapist's participation includes answering questions as well as asking them.

Socialization skills, such as the timing of a social initiative, the quantity and quality of verbal responses and nonverbal behaviors, and the ability to self-disclose and problem solve interpersonal situations, are demonstrated and developed by the therapist and group members. At times, a patient answering a question will self-disclose information and experiences that would not be appropriate for most situations outside of the hospital. The patient is then helped to formulate an answer that would be more appropriate for a situation outside the hospital setting. Group members often help manic or thought-disordered patients to focus and control their disruptive and dominating behavior by setting limits. A person's values, opinions, attitudes, beliefs, and worldview are expressed, validated, and supported or are confronted and critically questioned and examined by others in the group. Members receive support for personal experiences, whether they be traumatic or rewarding ones. Both the questions and the members' answers are frequently humorous in their content, which makes for an atmosphere of fun and enjoyment. This stimulates thoughts and feelings, making members eager for expression and for response from others. Through the provision of a structure for conversation, some of the anxiety associated with and inherent in social interaction decreases. It is as if the book, not the person, is asking the question, so through its use a person can connect socially with others.

Patients’ Responses to the Group

For many of the depressed patients on the unit, getting out of bed to participate in the occupational therapy program is a monumental achievement and a sign of progress. According to group attendance records, in the 8 months since the inception of the group, it is the most consistently, regularly, and highly attended group in the occupational therapy program (average attendance is 40% of the patients on the unit). A review of the weekly progress notes from the medical charts of patients who had attended the group showed that each patient had verbally participated in the group, no matter how minimally. One female group member in her 40s who had never participated in any other activity group asked about the group with enthusiasm each week and participated actively. A 15-year-old female patient, who claimed to be shy and would not speak in group psychotherapy, self-disclosed and interacted comfortably within the Special Topics group. A depressed and suicidal male patient in his early 20s stated that he felt better after the group, had found it fun, and had laughed for the first time in a long time. He purchased the book while in the hospital and used it in socializing with other patients on the unit. A 16-year-old female patient copied questions from the book, then called her boyfriend on the telephone to ask him the questions. She reported feeling she had learned things about her boyfriend she had not previously known. Patients frequently ask to borrow the book to use with each other during periods of inactivity on the unit. Several patients have asked for the name and author of the book and inquired where they could purchase it after discharge.

Discussion

The Book of Questions is used in the action process or activity of socializing as a catalytic agent or stimulus that elicits intrapsychic and interpersonal responses or reactions. Personality structure, particularly how it affects interpersonal relationships and social situations, is revealed through projection and the demonstration of social and interpersonal skills within the group. In addition, historical information on the patient's functioning and satisfaction in interpersonal and social relationships and activities is revealed. Within the acute short-term psychiatric unit, the occupational therapist's role of evaluating patients' functional skills to aid in diagnosis and treatment planning is considered a valuable one.

Provision of activities and interpersonal experiences to maintain functioning or to exercise skills at a premorbid level are the treatment concerns of the occupational
therapist in acute short-term treatment. Skill development is encouraged and underlies the therapeutic interactions and interventions with patients both individually and in groups. However, there are limitations due to the short length of stay, and objectives must be realistic as to what can be achieved developmentally in this setting. For depressed patients who tend to withdraw and become isolative due to internal preoccupation, motivating participation in social activities is a major task for the occupational therapist and can be quite challenging. In this regard, a group structured around the use of The Book of Questions has an enormous appeal to patients because of the fun and enjoyment associated with the activity, the minimal expectation for participation, and the ease in which the activity can be incorporated into one’s social activities in and outside of the hospital.

References


