

Developing Ideological Mottos For the Rehabilitation Of Chronic Psychiatric Patients

By John R. Suler

Abstract

Rehabilitation groups, especially those with a self-help emphasis, often rely on an ideology to assist their members in achieving therapeutic change. Mottos that are condensations of the ideology can serve as flexible cognitive tools for coping with problems. This article describes the rationale and procedures for developing mottos based on a case study application in a program for chronic psychiatric patients. To be effective, the mottos must be integrated into the routine activities of the group and must generalize to problems experienced in daily living.

In many forms of psychotherapy and psychiatric rehabilitation the curative process parallels the individual's adoption of a new belief system or ideology. The system of attitudes and values embodied in the ideology offers a cognitive framework for understanding problems and indicates directions for resolving them. In particular, many programs and therapeutic groups with a self-help orientation succeed because they endorse a belief system that (a) provides meaning and purpose in the members' lives; (b) creates a social reality which guides their perceptions and actions; and (c) constitutes a framework for an individual's identity at those points where the identity was weak or unformulated (Suler, 1984). According to Antze (1976), different ideologies may evolve in different groups because each belief system acts as a specific cognitive antidote for the dysfunctional beliefs that perpetuate the problem experienced by the members of that particular group.

In order to benefit from the ideology, the individual must be able to apply it to the difficulties that he or she encounters in everyday living. Some programs have discovered that an ideational vehicle may be necessary to facilitate this translation of an abstract philosophy to a practical coping strategy. Therefore, these programs often develop mottos or slogans that represent pithy condensations of important attitudes and values -- ideological expressions that may then be recorded in written documents, as in the "12 Steps" of Alcoholics Anonymous' Big Book, or incorporated into group ceremonies. These mottos serve as handy cognitive tools for problem-solving and guiding actions; they act as reminders of the ideology during times of conflict, ambiguity, and crisis. Examples are Al-Anon's expressions "live and let live" and "easy does it." These apparently trite slogans, when adopted by the alcoholic's spouse, are actually quite therapeutic because they can prevent the spouse's desperate attempts to control the alcoholic's problem -- attempts that only tend to perpetuate the drinking cycle (Antze, 1976).

Utilizing such mottos as a component of the therapeutic process may be conceptualized as a form of cognitive behavior modification. As cognitive coping strategies, therapeutic mottos resemble the self-instructional expressions or "adaptive self-talk" procedures that are employed by cognitive behavior therapists to help clients deal with a variety of problems, including anxiety, pain, and impulsive anger (Meichenbaum, 1977). The underlying assumption -- as suggested by cognitive behavior theory -- is that adopting productive cognitions can effect therapeutic changes in emotion and behavior. The added advantage of mottos created in a group context is the social cohesion that arises from members sharing a common language.

The purpose of this article is to describe the rationale and procedures for creating a set of therapeutic mottos in a group of psychiatric patients. The proposed strategy for creating mottos was applied in the Psychiatric Extended Rehabilitation Program (PERP), a day treatment program for chronic patients that is a component of the Capital Region Mental Health Center in Hartford, Connecticut. Although mental health professionals supervise the program and conduct many of the activity groups, PERP adheres to the procedures described by Fairweather, Sanders, Cresser and Maynard (1969) which emphasize a self-help approach in the rehabilitation of individuals suffering from schizophrenia and severe personality disorders. The patients are encouraged to take responsibility for themselves and each other. Their common goal is to develop those basic living abilities that often deteriorate as a result of chronic mental illness, such as health and hygiene habits, work-related behaviors, and social skills. In this atmosphere of mutual support and guidance, each patient advances through a "Step-Level" system which specifies the degree of achievement at each step and the next set of goals to be attained. Due to the clearly specified objectives of the PERP Program, its self-help orientation, and the chronic patient's need for cognitive structure, the staff believed that mottos could be effectively incorporated into the rehabilitation process.

Selection of Participants and Ideological Exploration

The patients who had attained the highest step-levels (3 males, 3 females; mean age = 35; age range 25-46) were asked to participate in a group whose task was to create the mottos. There were several advantages to selecting these particular individuals. First, they had progressed further through the rehabilitation process and were, therefore, more

psychologically capable than lower level patients to contribute to this relatively complex and demanding project. Second, they had succeeded at accomplishing many of the program's goals and were in fact long-standing citizens of PERP; consequently, these patients were more knowledgeable of PERP's philosophy and more devoted to its cause. As successful "old-timers" who were respected by other patients, they also could later serve as effective role models in teaching the mottos to other patients.

The first meeting was devoted to orienting the participants to the purpose of the project. The staff discussed how groups, including PERP, have certain beliefs and values; what mottos are; and how familiar slogans, such as "better late than never" or "look before you leap," sometimes help people solve everyday problems. Two of the participants who were also members of Alcoholics Anonymous readily attested to the importance of mottos as guidelines for living.

In subsequent meetings, the group focused specifically on exploring and identifying the PERP ideology, much in the tradition of value clarification techniques (Smith, 1977). The participants considered the questions that members of PERP might ask themselves, such as "What do I believe is important?," "How should I act?," and "What goals should I strive for?" Group members read and discussed the PERP literature, examined the objectives of the various activity groups in the program, and defined the meaning of such crucial words as "socialize" and "hygiene." A list of PERP beliefs and goals were compiled, and then grouped into the following six categories: (a) control of one's symptoms and appropriate social behaviors; (b) motivation to change; (c) participating in social, vocational, and recreational activities; (d) realistic assessment of one's progress; (e) health and hygiene; and (f) group and self-responsibility.

To remain true to the self-help philosophy of PERP, the author acted as a facilitator and structuring agent during the meetings of the motto group. Because chronic schizophrenic patients often experience disrupted cognitive functions -- including attentional deficits and overly concrete, tangential, and circumstantial thinking -- it was necessary to continually direct and focus the group process. Over time, an interesting and productive group dynamic emerged, particularly during the creation of the mottos. The loose associations and divergent thinking of the participants often led to important ideas and flashes of insight. However, the facilitator was essential in regulating these divergent cognitions before they disrupted the group process, in recognizing when an important idea occurred, and in synthesizing ideas into a workable product. As such, the participants and the facilitator personified the interaction between primary and secondary process that is the essence of creative thinking according to psychoanalytic theory (Suler, 1980).

Creation of the Mottos

Once the group derived the six general objectives of the PERP ideology, it attempted to create mottos that embodied the spirit of each objective. For each objective category, the group created a brief list of key words and phrases that could be incorporated into a motto, that could suggest other relevant words and phrases, and that generally provided fuel for the imagination. The procedure for generating the mottos was

analogous to Osborn's (1963) brainstorming technique. At first, ideas for each category were suggested in a "free-wheeling" manner without critical evaluation, and in an atmosphere where playfulness and mutual encouragement prevailed. To stimulate this generation of ideas as well as reinforce their comprehension of the ideology, the group also recalled mottos that seemed to contradict the PERP philosophy, such as "every man for himself" or "an eye for an eye...". After producing these ideas for mottos, the group then closely examined each suggestion to determine its appropriateness and practicality as a PERP motto. Abstruse, wordy, and overly specific or concrete slogans were discarded or modified. Gradually, the group arrived at six mottos, each of which represented, either implicitly or explicitly, a condensation of a number of important beliefs and values. In addition, each motto was phrased in sufficiently general form to maximize its flexibility as a cognitive tool for problem-solving. The six mottos developed, and the rationale behind them, are as follows:

1. **"Easy Does It!":** Borrowed from Alcoholics Anonymous, this motto is intended to enhance self-control of emotional and behavioral responses. Psychiatric patients, in particular, are inclined to experience overly intense or exaggerated reactions to stress, such as impulsive anger, unrealistic fear, or ritualized and sometimes self-injurious behavior. Control of symptoms and appropriateness of behavior in social situations are key components of the PERP philosophy.

2. **"You Need Pep to be in PERP":** Apathy, lethargy, and depression can be transitory or long-standing problems for the chronic psychiatric patient. Those individuals who can sustain their motivation and enthusiasm succeed in meeting the challenges of the program and striving toward mental health.

3. **"Don't Hesitate, Participate!":** Obviously, an individual cannot benefit from PERP without participating in its activities. Yet, the chronically ill often withdraw from the outside world. PERP encourages involvement, not only in its own program, but in any social, recreational, or vocational activity.

4. **"One Day at a Time":** Also borrowed from A.A., this motto is intended to counteract an individual's unrealistic assessment of his or her ability to change, including grandiose patients who want to accelerate the therapeutic process, as well as those who feel overwhelmed by the challenges of the program. Because the step-level system clearly describes the sequence of goals to attain in the rehabilitation process, a corollary of this motto, more specific to PERP, is "One Step at a Time."

5. **"Look Good/Feel Good":** Chronic patients often neglect basic self-care behaviors, so PERP emphasizes the importance of health and hygiene habits. As assumption is that the improvement of an individual's physical condition and appearance coincides with the improvement in his or her state of mind.

6. **"Help Others and Help Yourself":** Taking responsibility for helping others is the source of therapeutic cohesion in the group; taking responsibility for oneself is a necessity for those striving to overcome their handicaps. According to the "helper-therapy principle" (Riessman, 1965), groups with a

self-help orientation thrive on the philosophy that by helping others you also help yourself. Being able to beneficially influence someone else enhances your own self-esteem and sense of self-efficacy.

The thrust of many of these mottos, in fact the general rationale behind using them as cognitive tools, is reminiscent of Low's (1950) notion of mental health through "will-training." As a result of his work with ex-psychiatric patients, Low believed that by strengthening will and determination, by cultivating productive thoughts and aspirations, an individual could learn to control symptoms and lead a more healthy life. He founded the self-help organization, "Recovery" based on this philosophy. Using mottos as guidelines for living is a cognitive reification of Low's will-training ideology.

Rehearsal and Integration

During the sessions that followed the creation of the mottos the group discussed and rehearsed the utilization of these mottos as problem-solving strategies. Mottos are most effective when they can be applied with relative ease and spontaneity. The group members, therefore, needed to be especially fluent because they served as agents in disseminating the slogans throughout PERP. In vivo assignments required that they experiment with applying the mottos to situations that they witnessed in the program or encountered themselves. These experiences were then shared with all members of the motto group. Structured role plays were written and enacted based on these experiences and on other situations recalled or imagined by the group members. These and other more free-form role plays were then video-taped and played back as a stimulus for discussion. As a result of these exercises, group members gradually became more adept in their understanding and application of the mottos.

The final and most important phase was to introduce the mottos to all PERP members and to integrate their use into the daily functions of the program. The patients who had participated in the creation of the mottos embarked on a campaign of modeling their appropriate application for the other patients. They constructed posters that advertised and briefly explained the mottos. Staff members were also encouraged to apply the mottos in their daily encounters with PERP members and in the various activity groups they conducted. Special presentations in these groups were devoted to discussing the mottos, viewing the prerecorded videotapes, and role-playing. A more routine mechanism for exposing the patients to the mottos was made possible by permanently incorporating their use into the Social Skills and Problem-Solving groups that are attended regularly by PERP members. Several of the mottos served as guidelines for interpersonal interactions and were, therefore, directly relevant to the objectives of social skills training. As cognitive tools for resolving day-to-day difficulties, the mottos also served as practical supplements to the Problem-Solving group, which is designed to help patients identify and cope with the daily problems that they experience in their lives. In general, stimulating the cooperation of both patients and staff, as well as locating a vehicle for permanently integrating the mottos into the program activities, were essential to establishing their effectiveness as practical instruments of the PERP ideology.

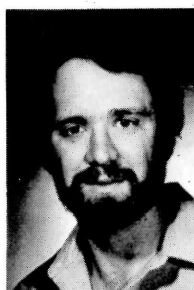
Conclusion

The rationale and techniques for introducing mottos is by no means limited to groups of psychiatric patients. Such individuals may have a greater need for cognitive structure as a basis for guiding behavior, but any program for individuals with psychological, physical, or social problems can employ mottos to crystalize its ideology and to guide the therapeutic objectives of the program. The same basic issues will emerge: (a) creating mottos that are effective condensations of the ideology; (b) integrating the mottos into the routine activities and functions of the program; and (c) facilitating members in their attempt to generalize the application of the mottos to their daily lifestyles. By no means should such mottos be regarded as panaceas, nor should they be reduced to mindless, ineffectual lingo. Instead, care must be taken to maintain their integrity as meaningful adjuncts to the program's therapeutic functions.

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