

The Invigoration Task

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The theoretical underpinnings of the invigoration task are considered first and then applied to the task design, followed by a description of the task, guidelines on overcoming common hurdles that may be encountered in the schizophrenia population, and the handout guide that is to be given to participants.

1. Theoretical considerations for the invigoration task

In addition to the literature on vigour and avolition as well as intervention strategies, the components described below contributed to informing the invigoration task design. This, in turn, made possible the creation of a task that is well suited for augmenting the approaches comprising it.

1.1 Practitioner-patient relationship

A good practitioner-patient relationship has been widely documented for its impact on positive outcomes, regardless of therapeutic approach (Anderson, Crowley, Himawa, Holmberg, & Uhlin, 2016). Studies of empirically-based, standardised therapies reveal that even the most standardised procedures show variability in effect sizes, with the ‘therapist effect’ playing an inevitable role (Norcross & Lambert, 2018). This is relevant even where the contact with the patient is minimal (King, Orr, Poulsen, Giacomantonio, & Haden, 2017), as may be the case with the invigoration task in this study. Person-centred principles were considered for this component, whereby patients are treated with empathy, warmth and unconditional positive regard (Farber, Suzuki, & Lynch, 2018).

Skills required for the practice of person-centred principles include active listening and emotional interviewing. Active listening refers to the process of attunement to what the patient is communicating, taking note of verbal and non-verbal cues and probing where indicated. Motivational interviewing may be seen as a kind of active listening, where the practitioner respects that change is to come from the patients themselves, rather than being imposed, and techniques aimed at eliciting self-motivating statements are used (Rollnick & Miller, 1995).

1.2 Cognitive-behaviour therapy

Cognitive-behaviour therapy (CBT) is an empirically-based and widely researched form of therapy. It deals with one’s thinking, emotions and behaviour as interrelated components in affecting one’s mental health. CBT holds that cognitive processes maintain distress; hence,

change in cognition, in turn, creates change in emotions and behaviour (Corey, 2009). Psychological distress may be considered an exaggeration of normal human functioning, with faulty information processing being a prime cause for such exaggeration. Regular repetition of maladaptive patterns of thinking, feeling and behaving reinforces these and solidifies unhelpful core beliefs.

Prominent figures considered in designing the task included Ellis, Beck, and Padesky and Mooney (Ellis, Padesky, & Beck, 2005; Padesky & Mooney, 2012). Ellis was considered for taking note of rigid beliefs elicited by the participants, such as, "I must". Beck's work was considered for its emphasis on empirically based treatment protocols, as well as its contributions towards understanding the role of faulty information processing and cognitive distortions in mental health issues, all amenable by the effectual working through and restructuring of such cognitive processes.

Therapy is structured, present-centred, time-limited, with clear goals and treatment plans, as well as the active involvement of both therapist and patient. Typically, this entails psychoeducation, the use of homework tasks, role-plays, behavioural experiments, tracking via self-monitoring charts and systematic restructuring of old patterns. There is an active component of learning, practice, repetition and subsequent restructuring. An established, standardised, measurable invigoration task may be incorporated into CBT, either as a CBT-informed invigoration exercise in itself or as a tool within a broader intervention. The practice component included small, consistent efforts towards increasing vigour and the practice of self-invigoration, taken up as 'homework'.

1.3 Strengths-based CBT (SB-CBT)

Strengths-based CBT is a new branch of CBT that incorporates a person's existing strengths at each stage of therapy. An example of such strengths would be a patient battling financially who has the innate tendency to use whatever food scraps or leftovers may be in the house, allowing for a meal to be available despite lack of resources. This may be identified as an ability to be creative, and once taken heed of, the patient's newfound strength may be kindled, practised and capitalised on (Padesky & Mooney, 2012). It would be sensible to consider SB-CBT in furthering the outputs of this study. Its structure and empiricism (inherent to CBT), coupled with the interest in strength and well-being, bode well for the positive psychology prospects mentioned earlier. This kind of CBT was reviewed for its inclusion of the value of a persons' own strengths in potentially increasing their vigour.

1.4 Imagery

Mental imagery refers to the experience of perception, be it 'seeing', 'hearing' or 'moving' in the 'mind's eye' (Holmes & Matthews, 2010). A new study referred to mental imagery as a "motivational amplifier" to promote activities (Renner, Murphy, Ji, Manly, & Holmes, 2019). It involves numerous sensory faculties and cognitive abilities, and it affects a person physically, mentally and biochemically. Research in cognitive neuroscience shows that mental imagery engages the same substrates as perception in much the same sensory modality (Blackwell, 2019; Kosslyn, Ganis, & Thompson, 2001). This means that one responds to the imagery as though it is happening in real life.

The scientific literature further indicates that repeated rehearsal of an image can make it more vivid and plausible, and it has been postulated that it may increase the subjective sense of likelihood (Blackwell, 2019). Imagery thus holds potential for stimulating behaviour. Blackwell (2019) suggested that imagery may be incorporated into interventions intended to encourage someone to engage in particular behaviours. One suggestion was to develop and rehearse an imagery script incorporating both the process of moving towards the desired outcome and the consequent reward from this.

Imagery and CBT approaches go hand in hand. Sometimes, imagery exercises are used as part of a CBT intervention, while cognitive processes are typically a fundamental aspect of imagery-based interventions. Techniques may be cognitive or motivational, as well as general or specific and internal or external (McMorris and Hale, 2006). A commonly practised imagery is guided imagery, which entails a therapist guiding the process of image-creation to reach a desired therapeutic goal. Specific targets include relaxation, pain management, and rehearsal for situations, to name a few, often indicated for mood disorders or addictions. An experimental study on guided imagery targeting the lack of motivation in psychotic patients showed that it significantly improved anticipatory success (Cox, Jolley, & Johns, 2016). The authors concluded that guided imagery could help in shifting cognitive processes that underlie negative symptoms in schizophrenia (Cox et al., 2016).

Literature on imagery from sport psychology was also considered for its documented motivational effects on various performance-based populations (Callow, Hardy, & Hall, 2001; Blankert and Hamstra, 2017; Quinton, Cumming, & Williams, 2018; Simonsmeier & Buecker, 2017; Conroy & Hagger, 2017; Ritchie & Brooker, 2018). Athletes would imagine vividly practising and successfully carrying out certain sports activities and gaming strategies, which in turn improved their performance. Studies have also shown the positive impact on motivation, focus and confidence (Turan, Disçeken, & Kaya, 2019), which further contributed to imagery becoming a central component of the task.

In sum, imagery may be useful not only for psychopathology, but also for fostering well-being and adaptive behaviour, such as kindling motivation (Sherman, Gangi, & White, 2010; Solbrig et al., 2017). The recognition in the literature that further research in mental imagery may serve to establish innovative treatment tasks as building blocks resonates strongly with the premises of the invigoration task.

1.5 Mindfulness

While CBT techniques and some of the invigoration task's objectives are change-driven, mindfulness refers to acceptance rather than change (Crane et al., 2017). Mindfulness, a concept that has gained increasing popularity both in literature and in mainstream media, has been described as the practice of conscious, non-judgmental focus on and awareness of the present moment (Kabat-Zinn, 2015; Langer & Ngnoumen, 2017). There has been a confluence of mindfulness with cognitive science. A distressing situation may be tackled from the angle of challenging faulty thinking associated with the experience, while mindfulness would call for merely noticing the situation with radical acceptance. Both approaches may help attain positive outcomes; hence, mindfulness and CBT have been interrelated in research and practice.

1.6 Savouring

Savouring refers to the process underlying one's capacity to attend to, appreciate and enhance positive experiences (Bryant & Veroff, 2017). This has an inevitable overlap with mindfulness, but there is an important distinction; Savouring entails more than merely experiencing pleasure; it also entails conscious attention to or meta-awareness of the experience of pleasure. Savouring involves the deliberate use of a set of cognitive and behavioural strategies through which people regulate their positive feelings in response to specific positive events (Smith & Bryant, 2017). Bryant and Veroff (2017) suggest that one can *choose* to enhance the likelihood that savouring will occur in future by invoking cognitive and behavioural processes to set up conducive conditions for savouring to occur.

A study in a population of schizophrenia patients found that the patients were less likely to mentally rehearse savouring (Cassar, Applegate, & Bentall, 2013). The authors noted that patients had reduced self-efficacy and they rated everyday tasks as more difficult to master than healthy controls, which could explain the lack of social engagement and everyday functioning associated with negative symptoms. They further suggested that there is a need to develop cognitive-behavioural savouring and self-efficacy interventions for patients experiencing the negative symptoms of schizophrenia.

In light of the above, it is easier to see how an established, standardised and validated invigoration task could potentially have uptake in a diverse range of approaches and vigour-enhancing strategies, ranging from a task in itself that is invigorating, to a component of a particular therapeutic approach such as CBT. If taken to neurofeedback training, one may even tailor the task within a recreational gaming context, where a patient, for instance, learns to drive forward the image of a car on a screen. A new study has demonstrated this with children using a toy car (Zhang, Jadavji, Zewdie, & Kirton, 2019); this may be applied to invigoration training.

2. Theoretical underpinnings applied to the task design

The theoretical underpinnings relevant to the task served to set the background from which the task was practically developed. Visualisation principles were adapted to the task, where the imagery was tailored to invigorate participants. Guidelines with script suggestions were consulted in designing the visualisation protocol (Hagger, 2017). The relational style was accordingly person-centred, following humanistic principles. The task provided a balance of structure and space for the participants to bring forth that which was important to them. The practitioner followed the participant as far as possible and prioritised their agency-taking over compliance (Constantino, Romano, Coyne, Westra, & Antony, 2018). This relational context was considered throughout the task design and its execution, taking care to incorporate active listening and motivational interviewing, bearing in mind that empathic understanding may only be considered valid when it is experienced as such by the participant (Norcross & Lambert, 2018).

In line with CBT principles, the task was designed to target the problem of avolition, but with emphasis on stimulating vigour. The task sessions were structured, standardised and time-limited, focusing on immediate improvement in participants' vigour. The clinician-researcher served as assistant to the participant in becoming aware of self-talk. The aim was for participants to actively work on telling themselves more helpful thoughts in pursuit of employing self-authored invigorating cognitive styles and beliefs. In line with a person-centred approach, Strengths-based CBT was incorporated in eliciting that which invigorates a particular person. This also served to facilitate increased ownership and participation in the treatment, opening up avenues that would not have been visible through a more prescriptive task. A handout was created for the homework component of CBT for participants to take home and use as a guide for practising the task on their own. Pre- and post-task measurements were made, which served to examine change in vigour.

The task design incorporated mindfulness in both the imagery and the CBT task components. While mindfulness involves an open state of awareness with deliberate attention to all aspects of ongoing experience, the task also entailed a mindful awareness of ongoing experience but with a more delineated attentional focus (i.e., a kind of focused mindfulness). The visualisation component calls for a sharpened awareness of the imagery in its different sensory modalities. Mindful visualisation requires intentional focus (as opposed to avolition) and conscious awareness (rather than mindless experience), as can be seen in some meditative practices. The calmness of this state sets the stage for vivid sensory simulations, involving many of the same neural pathways involved in actually experiencing the situation that is imagined. The cognitive component also calls for mindfulness in that participants were prompted to become aware of their self-talk, radically accepting this as being the case at the moment, without judgement but instead with full acknowledgement of their thinking being so. This was followed by becoming aware of elements in their thinking that would need to change in order to increase their vigour, as well as an awareness of their own particular strategies for cognitive invigoration. Thereafter, mindfulness practice was to be continued by participants doing the task on their own as part of the “homework”.

3. Description of the task

The researcher engaged each participant in “the invigoration task” during two sessions spaced one month apart with “homework” in between. There were two main components to the task during each of the sessions, namely an imagery component and a cognitive component. Each session first used imagery to invoke vigour, followed by a cognitive restructuring phase. The imagery component invited two imageries: one pertaining to the *state* of being inspired or motivated, and the other imagery was *action*-based (imagining oneself on the go). The duration of each session was approximately 20 minutes.

The sessions commenced after participants had completed all the self-rated questionnaires. An attitudinal stance was designed to invoke as much vigour during the sessions as possible. Accordingly, sessions began with an encouraging opening, with a linguistic style appropriate to specifically invoking this.

Now we get to the fun part!

The opening served as a re-focus from the potentially tiresome assessments, towards an expectation of a rewarding experience consistent with stimulus-reward principles of behavioural theory. This was followed by setting the scene for what vigour might look like in their day-to-day lives. Participants were guided and prepared to be more readily able to identify with experiences congruent to vigour, thereby familiarising them with vigour. This formed the foundation for the task, launching the activities that followed.

You know when you just can't wait to get out there and get going and move and just get on with things? Where you feel a spring in your step and a refreshing burst of energy? That is what vigour's about...

Once it was clear that participants grasped the 'feel' of the concept of vigour, the course of the sessions was described. The description also served as part of an invitation to the sessions, which may in itself be activating.

I would like us to tune into a set of two exercises, and what we're aiming for is to facilitate and nurture that oomph/vooma in your life. First, we will go into an imaginary invigorating situation and then we'll do a fun activity to launch your vigour and get you going.

3.1 Imagery component

Upon accepting the invitation, participants were, through the use of mobilising words, primed to become active in creating imagery. The sense of togetherness was included, akin to a travel partner, to assist participants with becoming immersed into the imagery while continually engaging with the practitioner.

So let's jump into this fantasy together and imagine a situation in which you want to be...specifically where you're very inspired and motivated. Close your eyes if that will help you imagine it. When you have an image in your mind's eye, say, "Yes!"

Participants were given the opportunity to generate a subjectively invigorating image. Some participants required prompting to do so.

Imagine starting something with excitement...where you just can't wait to get into it/being motivated/being really into something that you want to do.

Once participants had an image in mind, they were asked to convey the event or situation that they had imagined, with prompts to heighten awareness or mindfulness of the full spectrum of sensory stimuli that comprised the image.

I'm curious to hear what is happening?

Participants would first relate their spontaneous narrative of the imagery, after which they were assisted in adding vividness to this by creating an awareness of the different senses. The prompts to add more awareness details, nonetheless, maintained an attitude of encouragement to elaborate spontaneously.

And what do you see?

Here, attention was given to the visual aspect of the imagery. They would describe people, objects, colours and details that would build on the imagery. Some would describe what they were seeing through their own eyes in the scenario, others conveyed seeing themselves through the eyes of those around them. Descriptions limited to a detached/third-person perspective were followed up with prompts to become more engaged with the imagery.

And what's that like?

Participants expanded on their experiences of the image, typically starting out with short responses, e.g., “nice” or “good”. They were encouraged to elaborate on their descriptions, with energetic acknowledgement and validation of that which was conveyed as subjectively important or meaningful to participants.

I can hear the purpose and meaning in _____!

What do you hear?

In the same manner, participants created the audible aspects of the image by noticing sounds, chirps, voices, and so on.

Next, attention was focused on the mood and emotional experiences of the image as well as any tactile sensations.

What do you feel?

Interestingly, the ambiguity of the word ‘feel’ often steered towards the tactile, olfactory (even gustatory) rather than emotive, e.g., “I feel the fresh mint”. In those instances, follow-up questions guided participants to the remaining aspects of feeling.

The researcher continually followed participants closely in being in tune with their subjective narratives, using active listening and appropriate exclamations.

Oh wow!

It is indeed refreshing to feel _____!

Once the first imagery component has been built to the full in terms of setting, motivation, feeling, the second imagery component was invited. Taking the task to the next level, the focus was on vigour in action.

Let's imagine similarly you doing something with excitement...where you're 'on the go'.

What do you imagine?

When relating the situation, further awareness was again encouraged by:

What do you feel?

If they had difficulty feeling, they were prompted to try.

Try to...feel it more...feel it (the situation) grooming this excitement.

What are you doing?

Some participants would have already covered activity during the preceding questions to some extent. At this point, the *action* undertaken by the participants was the focus of the imagery. This part of the image was important in mobilising participants to take authorship and ownership in creating their own vigour, by focusing on doing something invigorating.

3.2 Homework for the imagery component

Once participants had completed the imagery task, their efforts were affirmed and they were encouraged to perform the task on their own after the session.

Clearly, we've created an image here. Would you be able to create a similar image on your own?

Participants who were hesitant or uncertain were assisted.

Let's see what you could do to try it.

This was followed by the assignment of homework. Homework is typically a CBT term and part of common CBT practice, inclusive of visualisation and mindfulness tasks. The aim was for participants to generalise the imagery generated to their real-world experiences and to reinforce the gains of the task in practising on their own.

May I ask you to do some homework? I would like you to try and create a similar image once a day until I see you next month (session 1) /as often as possible (session 2). What time of day would suit you best? Maybe in the morning? This would be a great start to the day, wouldn't it?

Assistance was given with deciding on the logistics for doing the homework such as time of day, to facilitate momentum, ease and flow in carrying out the task. Leading questions were posed to encourage 'buy-in' from participants for the homework being a desirable activity, owing to the potential desirable gains from doing this.

The homework was also posed as something simple and attainable.

All you need to do is to imagine yourself in this invigorating image in terms of three things, namely, "What do you see?", "What do you feel?", and "What do you do?"

The three questions would serve as a reminder of the main steps followed in creating the imagery during the session. These were printed on a laminated handout and given to participants to take home (see Appendix C).

For your convenience, we've created a script with a guide for you [hand them the script].

The script also served as a tangible reminder of the potential gains attained during the session. Participants were generally embracing of the suggestion that they practise this exercise at home. For the more reluctant participants, they were encouraged to try anyway.

Even if it's just for fun

The assignment of homework concluded the imagery component of the task. Next, the cognitive component was introduced as the means by which cognitive patterns were restructured to be (more) invigorating and the imagery exercises mobilised into invigorated activity.

3.3 Cognitive component

Now, we are going to mobilise a "launchpad" in your head for you to take action in your life and do more of the things you want to do.

Once participants understood the action-based rationale for the "launchpad", psychoeducation was provided on the role of thinking in taking action, including inner dialogue, beliefs and core assumptions. This was followed by guidelines for optimal self-talk.

How do you get going and take action? Well, you, like all people, are believing in what you tell yourself. You can take action by telling yourself realistic but new stuff by which to take action and do more of the things you want to do. You, like all people, usually listen to what you tell yourself to do. So, tell yourself things you would like to believe and things you would like to obey. We are talking about doing the small things you want to do and also the larger things you want to do. The next steps for you are to begin with the smaller things that will build up to doing what matters a lot to you.

Emphasis was placed on small, consistent and workable goals for self-talk that are set up for success by virtue of their feasibility.

After introducing and explaining the cognitive component's principles, participants were directed to the back of the laminated handout they received earlier, titled 'Invigoration Launchpad'. The handout contained the cognitive component's main points that were followed during the session (see below).

First, participants were asked to ask themselves the following:

What do I tell myself now about doing what I want to do now?

This question aims to create mindfulness about one's current, unaltered process of self-talk. For most participants, focusing attention on what they were telling themselves was a novel experience, as it would typically be automatic and buried beneath awareness. This provided a cognitive baseline from which restructuring could begin to take place.

Participants were given a chance to respond first, then volunteer anything additional. Sometimes they simply responded, whereas others took some time to do so. There were rare instances where participants would come to their own insights by merely saying out loud what they were telling themselves. For most, however, guidance was needed before proceeding to the next question.

Focusing on the moment (keeping with mindfulness practice) aimed to foster real-time cognitive restructuring. The language was phrased and rephrased in a simple manner, toned towards the pursuit of rewards (in the spirit of vigour). The onus was placed on the participant's efforts at self-invigoration, to encourage an internal locus of control and, in doing so, to empower them to achieve themselves. Responses were elicited and discussed where necessary, to ensure that participants were on track. Typically, the first few responses elicited ample opportunity to develop insights into cognitive distortions. Rather than 'distortions', which implies judgement values (right/wrong), phrasing was normalised along the lines of, 'unhelpful thinking styles'. For example, one participant stated the following: "I must go out and make a success". Through discussion, the participant realised that the word "must" was unhelpful owing to rigid expectations, and that idea of success was unattainable. In learning what to do instead, the next question was posed.

How do I need to change what I tell myself now to take action now in my life and do now more of the things I want to do?

Now that participants had more of a grasp on the role of self-talk and the generally unhelpful self-talk taking place, attention was brought to the 'how' of optimal self-talk. Borrowing from the example above, the participant could replace "must" with something more helpful, such as "can't wait to", "plan to", "intend to", "am starting to" and so on. Where participants were stuck, guidance was given, but it was done so conservatively and collaboratively.

3.4 Homework for the cognitive component

Next, participants were encouraged to tell themselves helpful affirmations whenever possible, and they were taken through the list provided in the Launchpad. Some phrases were more

relevant than others to any given participant, and some of the phrasings would be adapted to the personal context.

So, tell yourself activating things as many times as you want every day. Here are some examples for you to use. Take the ones that speak to you best and repeat them as often as possible.

Participants were guided through the list, then encouraged to get active right away, with a reminder that reaping the benefits is up to them and that these are within reach with consistent practice.

So, take action! You can make your dreams come true by taking small steps towards them during the course of every day, right away.

Next, homework was assigned.

Carry this sheet with you and read it as many times as possible, every day [stop the sentence here at session two] for the next few weeks till I see you again. Do what these slogans say, because you can choose what you tell yourself.

The cognitive strategies generated the possibility of vigour and were consolidated with an encouraging concluding remark.

Alright! You just got a number of tips now on how to think in a way where you can have much more oomph/vooma/zing/vigour. These tips are seedlings that can germinate (grow) stronger every day.

4. Overcoming hurdles in task sessions

During the task sessions, there were certain recurrent hurdles encountered. These are described below and accompanied by suggestions for working through them.

4.1 Being fixated on attainment status rather than attainment process

Participants may focus on the pursuit of an end goal and may depend on the attainment thereof in order to experience vigour. Where this may be the case, they are reminded that the focus is on bringing life to the invigorated experience that happens during the active *pursuit/doing* (rather than passive *having*). For example, a participant visualises that he has become a successful jazz performer and has brought ample imagery to light while constructing this, but battles to do so when considering the process that it entails. He vividly hears the buzz emanating from the audience, appreciates the decorum on stage, feels the shape of his instrument, smells his polished shoes. He feels energised, hopeful, capable and immersed. He is playing tunes that he loves and singing from the heart. This seems to be disconnected

from his experience in the room as his image is 'out there', to be experienced 'someday'. Here, one may guide the participant to imagine placing their hand on their instrument while singing from the heart on the bench at home, to visualise the act of polishing their (existing) shoes to pristine condition, inviting the neighbour to come by and listen to a tune...with the aim of presently bringing to life the feelings of energy, hope, ability and flow that he described in his initial end-goal imagery.

4.2 Overcoming the hurdle of unfeasibility (imagery component)

It may happen that participants visualise something that is not possible. For example, a childless participant may imagine playing with her children. Here, one may probe into the act of playing and expand on this. It also may be that the participant dreams of a big house, an ideal partner, substantial income, fame and so on. As with 1), the focus should be on identifying the subjective experience of the participant as they imagine being in this situation, and then abstracting it from the unfeasible end goal. Once this has been done, the participant is refocused towards the experience itself and brought to the 'here and now'. One elderly participant was lamenting his lost fitness, imagining he could regain his active, youthful body. This was clearly not going to be possible to the extent that he longed for, but he was willing to imagine the act of caring for his body and sculpting it to be a little stronger than it was yesterday...and then a little stronger than that. He reshaped his imagery to include him picking up bricks outside his home, working through the messy pile and visualising it becoming more sorted out, and at the same time, his body being respected for the growth it can attain.

4.3 Overcoming the hurdle in constructing an image (imagery component)

This can happen more often in highly avolitional participants. They may respond with "I don't know". This can be probed by asking them about anything that they found curious/interesting/exciting lately. If they are still unable to connect with the task, one may probe around information that has already been gathered about the participant or make comments on observations that were made during the process thus far. For example, a participant who was battling with the task was given a comfort break, during which he took out a muffin. Afterwards, the researcher casually inquired about his experience of the snack, to which he said he enjoyed it but would rather have eaten something without raisins. This led to a chat around the topic of baking and formed the basis of his imagery, which entailed the design and creation of blueberry muffins at his placement (or raisin-free muffins to begin with). The scope was relatively humble, but it was appropriate to his level of functioning and was still in line with the principles of kindling some vigour.

4.4 Overcoming the hurdle of understanding how self-talk influences one's state of mind (the cognitive component)

This can quickly be addressed by using metaphors, especially ones that are applicable to the person's day-to-day context. For instance, a participant who does gardening work at their placement may be guided using a gardening metaphor. "Imagine you had to mow the lawn, and usually you mow along the same path. It would be easy to maintain, wouldn't it? Now, imagine you left that area for a while and tried to mow a part of the lawn that was usually left to grow out. There would be shrubs, and tough grass and the mower would struggle to get through. This would be the case over the first couple of tries. However, after persisting with mowing along this path, over time, you may find that it becomes easier and easier. What do you think happens to the two parts of the garden that you mowed? (Elicit that the first area was easy to do because it was habitually done over and over. When left alone, it would slowly grow out. Meanwhile, the new area that is tended to becomes increasingly smoother and easier to work on.) Just as the garden gets reshaped by your repeated actions, so does one's state of mind. You have the ability to do the 'gardening' in your mind, so to speak."

4.5 Overcoming the hurdle of deciding on the content of the appropriate self-talk change and/or action (cognitive component)

This can be due to poverty of thought and/or difficulty that the participant experiences in connecting with the pointers outlined in the task. Participants can be reminded of the imagery they had previously created and prompted to describe their thought process and self-talk. Helpful self-talk should then be highlighted to the participant and consolidated with context-specific prompts. For example, a vision of becoming more educated may be accompanied with self-talk along the lines of, "I am walking on a path to gaining new skills". Change that may be helpful could entail the development of awareness of one's attitude towards the vision and noting unhelpful self-talk. The creation of a schedule that incorporates small learning opportunities each day would serve as a sensible action towards the pursuit of learning.

4.6 Overcoming the hurdle of pacifying thought patterns

Participants typically hold assumptions that have kept them in a passive, disempowered state. Examples that were elicited during this study include the following: "I am a schizophrenic. There is nothing more to it"; "I don't have money so I can't go for what I want"; "Nobody wants to date a mentally ill person"; "I can't do anything to make things better"; "I must first get a house before I can start"; "I am just stuck here". It is appropriate to help the participant identify cognitive errors at play and offer some alternatives as starting points for them to build on. Once again, this is highly influenced by the level of functioning of each patient. It is important to remain attuned to the dialogue with each participant so that one does not infantilise

(assuming a much lower level of functioning, which can be patronising) or intimidate (presume that the participant ought to know CBT principles).

Usually, at the follow-up session, difficulties with the cognitive section have become more apparent to the participant and can be followed up for refinement. It is not uncommon for participants to alter the activating phrases in B) and even to add phrases that have been instrumental in sculpting helpful patterns. Some may seem odd, but as long as they serve to aid the pursuit of vigour, they should be respected and encouraged. Examples of mantras volunteered included, “Go as the sunflower – it looks towards the sun”; “I add beats to my song with each breath that I draw”; “I am fantastic elastic, stretching like a panther”; “Yesterday was 23. Today is 23 plus one” (they had been adding one each day); “Brick by brick will do the trick”; “I see the angel inside the stone and chip away to release her”; “Treat thoughts like Facebook friend requests”; “I am ready”; “Try to bury me; I am a seed!”; “Pop bad thoughts like bubble-wrap”; “Just try, start small, just try anyway”; and “I’m a Gogo but I Go, Go!” (here ‘gogo’ means granny, creating a play on words to encourage movement despite old age).

5. Guide to be given to participant during session and for homework

Invigorate with Imagery

Imagine yourself in a situation where you'd like to be...

What do you see?

What do you feel?

What do you do?



INVIGORATION LAUNCH PAD

Ask yourself:

1. "What do I tell myself now about doing what I want to do now?"
2. "How do I need to change what I tell myself now to take action now in my life and do now more of the things I want to do"?

Tell yourself:

1. "I can choose and do choose to tell myself activating things"
2. "I believe what I tell myself and want to charge up and energise what I do by choosing to tell myself activating things and quash the things that I tell myself that hold me back."
3. "I quash thoughts that hold me back in doing what I want to do"
4. "I will do it now rather than later even if I do not feel like doing it now"
5. "I can do more now - I can surprise myself"
6. "I will do more now and will surprise myself"
7. "I am interested in everything that comes my way"
8. "Let's find something interesting to do"
9. "Let's get to know something new"
10. "It does not take that much effort - let's do it and carry on till it's done"
11. "I have more energy and umph than I have thought moments ago"
12. "Even if not fully committed, I will take action bit by bit, everyday"

Rocket launch image: NASA (n.d.)