

GUIDED IMAGERY TECHNIQUE

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INTRODUCTION

Guided imagery (sometimes called guided meditation, visualization, mental rehearsal and guided self-hypnosis) is a gentle but powerful technique that focuses the imagination in proactive, positive ways. It can be as simple as an athlete's 5-second pause, just before leaping off the diving board, imagining how a perfect dive feels when slicing through the water. Or it can be as complex as imagining the busy, focused buzz of thousands of loyal immune cells, swarming out of the thymus gland on a search and destroy mission to wipe out unsuspecting cancer cells. Although it has been called visualization, mental rehearsal and mental imagery, these terms are misleading. Guided imagery involves all the senses, not just the visual sense – a good thing, since only 55% of the population is strongly wired visually – and it is experienced throughout the body, not just mentally. And because it catalyzes a naturally immersive altered state, it is rightly called a form of self-hypnosis as well. Guided Imagery is a form of meditation, and can be used interchangeably with the term Guided Meditation. Almost anyone can use this highly democratic technique. It works across differences in education, class, race, gender, vitality, culture and age – a truly equal opportunity resource. It requires no training or discipline – just the ability to press Play. People can stop paying attention and even fall asleep while listening and it will still get through, yielding benefits to even a snoozing end-user.

Guided imagery (also known as *Guided Affective Imagery*, or KIP, *Katathym-imaginative Psychotherapy*) is a mind-body intervention by which a trained practitioner or teacher helps a participant or patient to evoke and generate mental images that simulate or re-create the sensory perception of sights, sounds, tastes, smells, movements, and images associated with touch, such as texture, temperature, and pressure, as well as imaginative or mental content that the participant or patient experiences as defying conventional sensory categories, and that may precipitate strong emotions or feelings in the absence of the stimuli to which correlating sensory receptors are receptive. The practitioner or teacher may facilitate this process in person to an individual or a group. Alternatively, the participant or patient may follow guidance provided by a sound recording, video, or audiovisual media comprising spoken instruction that may be accompanied by music or sound.

HISTORY OF GUIDED THERAPEUTIC IMAGERY

Various forms of guided imagery have been used for centuries, as far back as ancient Greek times, and the technique is an established approach in Chinese medicine and American Indian traditions as well as other healing and religious practices. Jacob Moreno's technique of psychodrama, developed in the 1940s, can also be linked to guided imagery, as the enactment of the person in therapy's unique concerns can be understood as a method of directing a person's own imagery. In fact, Hans Leuner, who further developed psychodrama, called the approach guided affective imagery.

In the 1970s, Dr. David Bressler and Dr. Martin Rossman began establishing support for guided imagery as an effective approach for the treatment of chronic pain, cancer, and other serious illnesses. Their work led them to co-found the Academy for Guided Imagery in 1989. Throughout the 80s, a number of health advocates and professionals began to publish materials exploring the positive impact of guided imagery on health concerns both mental and physical. Ulrich Schoettle, Leslie Davenport, and Helen Bonny were a few such individuals.

Currently, guided imagery is an established approach in complementary and alternative medicine, and studies show it is frequently helpful when used as part of the therapeutic process.

CLINICAL INVESTIGATION AND SCIENTIFIC RESEARCH

Mental imagery can result from both voluntary and involuntary processes, and although it comprises simulation or recreation of perceptual experience across all sensory modalities, including olfactory imagery, gustatory imagery, haptic imagery, and motor imagery. Nonetheless, visual and auditory mental images are reported as being the most frequently experienced by people ordinarily as well as in controlled experiments, with visual imagery remaining the most extensively researched and documented in scientific literature. In experimental and cognitive psychology, researchers have concentrated primarily on voluntary and deliberately generated imagery, which the participant or patient creates, inspects, and transforms, such as by evoking imagery of an intimidating social event, and transforming the images into those indicative of a pleasant and self-affirming experience. In psychopathology, clinicians have typically focused on involuntary imagery which "comes to mind" unbidden, such as in a depressed person's experience of intrusive unwelcome negative images indicative of sadness, hopelessness, and morbidity; or images that recapitulate previous distressing events that characterize posttraumatic stress disorder. In clinical practice and psychopathology, involuntary mental images are considered intrusive when they occur unwanted and unbidden, "hijacking attention" to some extent. The maintenance of, or "holding in mind" imagery, whether voluntary or involuntary, places considerable demands upon cognitive attentional resources, including working memory, redirecting them away from a specific cognitive task or general-purpose concentration and toward the imagery. In clinical practice, this process can be positively exploited therapeutically by training the participant or patient to focus attention on a significantly demanding task, which

successfully competes for and directs attention away from the unbidden intrusive imagery, decreasing its intensity, vividness, and duration, and consequently alleviating distress or pain

ISSUES TREATED WITH GUIDED IMAGERY

While initially considered to be no more than an alternative or complementary approach, the approach's proven effectiveness has garnered support in recent years. Guided therapeutic imagery is now widely used and supported by research. The technique is commonly used for stress management, with the person in therapy encouraged to picture a place that instills a sense of relaxation. Research shows guided imagery to be helpful in the treatment of a number of concerns, including:

- Posttraumatic stress disorder
- Social anxiety
- Depression
- Bipolar disorder
- Stress
- Depression
- Substance abuse
- Grief
- Relationship issues
- Diminished self-care
- Family and parenting issues

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD. Posttraumatic stress disorder often proceeds from experiencing or witnessing a traumatic event involving death, serious injury, or significant threat to others or oneself; and disturbing intrusive images, often described by the patient as 'flashbacks', are a common symptom of this condition across demographics of age, gender, and the nature of the precipitating traumatic event. This unbidden mental imagery is often highly vivid, and provokes memories of the original trauma, accompanied by heightened emotions or feelings and the subjective experience of danger and threat to safety in the present "here and now.

Post-traumatic stress disorder symptoms may start within one month of a traumatic event, but sometimes symptoms may not appear until years after the event. These symptoms cause significant problems in social or work situations and in relationships. They can also interfere with your ability to go about your normal daily tasks. PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. Symptoms can vary over time or vary from person to person.

Intrusive memories-Symptoms of intrusive memories may include:

- Recurrent, unwanted distressing memories of the traumatic event
- Reliving the traumatic event as if it were happening again (flashbacks)
- Upsetting dreams or nightmares about the traumatic event
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event

Avoidance- Symptoms of avoidance may include:

- Trying to avoid thinking or talking about the traumatic event
- Avoiding places, activities or people that remind you of the traumatic event

Negative changes in thinking and mood- Symptoms of negative changes in thinking and mood may include:

- Negative thoughts about yourself, other people or the world
- Hopelessness about the future

- Memory problems, including not remembering important aspects of the traumatic event
- Difficulty maintaining close relationships
- Feeling detached from family and friends
- Lack of interest in activities you once enjoyed
- Difficulty experiencing positive emotions
- Feeling emotionally numb

Changes in physical and emotional reactions

Symptoms of changes in physical and emotional reactions (also called arousal symptoms) may include:

- Being easily startled or frightened
- Always being on guard for danger
- Self-destructive behavior, such as drinking too much or driving too fast
- Trouble sleeping
- Trouble concentrating
- Irritability, angry outbursts or aggressive behavior
- Overwhelming guilt or shame

For children 6 years old and younger, signs and symptoms may also include:

- Re-enacting the traumatic event or aspects of the traumatic event through play
- Frightening dreams that may or may not include aspects of the traumatic event

Intensity of symptoms

PTSD symptoms can vary in intensity over time. You may have more PTSD symptoms when you're stressed in general, or when you come across reminders of what you went through. For example, you may hear a car backfire and relive combat experiences. Or you may see a report on the news about a sexual assault and feel overcome by memories of your own assault.

Social Anxiety

Social anxiety is the fear of being judged and evaluated negatively by other people, leading to feelings of inadequacy, inferiority, self-consciousness, embarrassment, humiliation, and depression. If a person usually becomes (irrationally) anxious in social situations, but seems better when they are alone, then "social anxiety" may be the problem. Social anxiety disorder (formerly termed "social phobia") is a much more common problem than past estimates have led us to believe. Millions of people all over the world suffer from this devastating and traumatic condition every day, either from a specific social anxiety or from a more generalized social anxiety. Individuals with social anxiety have a higher than normal tendency to fear situations that involve public attention, such as speaking to an audience or being interviewed, meeting people with whom they are unfamiliar, and attending events of an unpredictable nature. As with posttraumatic stress disorder, vivid mental imagery is a common experience for those with social anxiety, and often comprises images that revive and replay a previously experienced stressful, intimidating or harrowing event that precipitated negative feelings, such as embarrassment, shame, or awkwardness. Thereby, mental imagery contributes to the maintenance and persistence of social anxiety, as it does with posttraumatic stress disorder.

In particular, the mental imagery commonly described by those suffering from social anxiety often comprises what cognitive psychologists describe as an "observer perspective". This consists of an image of themselves, as though from an observing person's perspective, in which those suffering from social anxiety perceive themselves negatively, as if from that observing person's point of view. Such imagery is also common among those suffering from other types of anxiety, who often have depleted ability to generate neutral, positive, or pleasant imagery.

Depression

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work

and at home. Depression is almost twice as likely to affect women than men and tends to have different contributing causes in women than it does in men. Contributing factors include reproductive hormones, a differing female response to stress, and social pressures that are unique to a woman's life experiences.

The capacity to evoke pleasant and positively affirming imagery, either voluntarily or involuntarily, may be a critical requisite for precipitating and sustaining positive moods or feelings and optimism; and this ability is often impaired in those suffering from depression. Depression consists of emotional distress and cognitive impairment that may include feelings of hopelessness, pervasive sadness, pessimism, lack of motivation, social withdrawal, difficulty in concentrating on mental or physical tasks, and disrupted sleep. Whilst depression is frequently associated with negative rumination of verbal thought patterns manifested as unspoken inner speech, ninety percent of depressed patients reporting distressing intrusive mental imagery that often simulates and recollect previous negative experiences, and which the depressed person often interprets in a way that intensifies feelings of despair and hopelessness. In addition, people suffering from depression have difficulty in evoking prospective imagery indicative of a positive future. The prospective mental imagery experienced by depressed persons when at their most despairing commonly includes vivid and graphic images related to suicide, which some psychologists and psychiatrists refer to as "flash-forwards".

Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely "up," elated, and energized behavior (known as manic episodes) to very sad, "down," or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes. Bipolar disorder is characterized by manic episodes interspersed with periods of depression, 90% of patients experience comorbid anxiety disorder at some stage; and there is a significant prevalence of suicide amongst sufferers. Prospective mental imagery indicative of hyperactivity or mania and hopelessness contributes to the manic and depressive episodes respectively in bipolar disorder.

Principles

The therapeutic use of guided imagery, as part of a multimodal treatment plan incorporating other suitable methods, such as guided meditation, receptive music therapy, and relaxation techniques, as well as physical medicine and rehabilitation, and psychotherapy, aims to educate the patient in altering their mental imagery, replacing images that compound pain, recollect and reconstruct distressing events, intensify feelings of hopelessness, or reaffirm debilitation, with those that emphasize physical comfort, functional capacity, mental equanimity, and optimism.

Whether the guided imagery is provided in person by a facilitator, or delivered via media, the verbal instruction consists of words, often pre-scripted, intended to direct the participant's attention to imagined visual, auditory, tactile, gustatory or olfactory sensations that precipitate a positive psychologic and physiologic response that incorporates increased mental and physical relaxation and decreased mental and physical stress.

Guided imagery is one of the means by which therapists, teachers, or practitioners seek to achieve this outcome, and involves encouraging patients or participants to imagine alternative perspectives, thoughts, and behaviors, mentally rehearsing strategies that they may subsequently actualize, thereby developing increased coping skills and ability.

Stages

According to the computational theory of imagery, which is derived from experimental psychology, guided imagery comprises four phases:

1. Image generation
2. Image maintenance
3. Image inspection
4. Image transformation

Image generation

Image generation involves generating mental imagery, either directly from sensory data and perceptual experience, or from memory, or from fantasy.

Image maintenance

Image maintenance involves the volitional sustaining or maintaining of imagery, without which, a mental image is subject to rapid decay with an average duration of only 250ms. This is because volitionally created mental images usually fade rapidly once generated in order to avoid disrupting or confusing the process of ordinary sensory perception. The natural brief duration of mental imagery means that the active maintenance stage of guided imagery, which is necessary for the subsequent stages of inspection and transformation, requires cognitive concentration of attention by the participant. This concentrative attentional ability can be improved with the practice of mental exercises, including those derived from guided meditation and supervised meditative praxis. Even with such practice, some people can struggle to maintain a mental image "clearly in mind" for more than a few seconds; not only for imagery created through fantasy but also for mental images generated from both long-term memory and short-term memory. In addition, while the majority of the research literature has tended to focus on the maintenance of visual mental

images, imagery in other sensory modalities also necessitates a volitional maintenance process in order for further inspection or transformation to be possible.

Image inspection

Once generated and maintained, a mental image can be inspected to provide the basis for interpretation, and transformation. For visual imagery, inspection often involves a scanning process, by which the participant directs attention across and around an image, simulating shifts in perceptual perspective. Inspection processes can be applied both to imagery created spontaneously, and to imagery generated in response to scripted or impromptu verbal descriptions provided by the facilitator.

Image transformation

Finally, with the assistance of verbal instruction from the guided imagery practitioner or teacher, the participant transforms, modifies, or alters the content of generated mental imagery, in such a way as to substitute images that provoke negative feelings, are indicative of suffering, or that reaffirm disability or debilitation for those that elicit positive emotion, and are suggestive of resourcefulness, ability to cope, and an increased degree of mental and physical capacity. This process shares principles with those that inform the clinical psychology techniques of "imagery restructuring" or "imagery re-scripting" as used in cognitive behavioral therapy. While the majority of research findings on image transformation relate to visual mental imagery, there is evidence to support transformations in other sensory modalities such as auditory imagery. and haptic imagery.

Outcome of image generation, maintenance, inspection, and transformation

Through this technique, a patient is assisted in reducing the tendency to evoke images indicative of the distressing, painful, or debilitating nature of a condition, and learns instead to evoke mental imagery of their identity, body, and circumstances that emphasizes the capacity for autonomy and self-determination, positive proactive activity, and the ability to cope, whilst managing their condition.

As a result, symptoms become less incapacitating, pain is to some degree decreased, while coping skills increase.

LIMITATIONS OF GUIDED THERAPEUTIC IMAGERY

Although the use of guided therapeutic imagery is supported by research, some studies suggest it can lead to false memories. However, there are typically other factors contributing to the recovery of false memories, such as group pressure, personality factors, and personal experiences. Guided imagery may not work for every individual, and some people may prefer to address their concerns with other approaches. This technique is generally considered to be safe for use by most people, whether they choose to seek the support of a mental health professional or use guided imagery on their own. The initial guidance of a therapist is encouraged, and when a person experiences a serious concern, the support of a mental health professional is always recommended.

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