

Clinical:Case Study: Guided Imagery Part I: Use in Medical Practice

Important Resources for Case Study: Guided Imagery Part I: Use in Medical Practice:

Original materials created in July 1999 by Belleruth Naparstek, MA, LISW

History

Melissa, a 43-year-old married real estate agent with two adolescent kids, was told by her doctor at the Cleveland Clinic that her lifelong difficulties with her colon would almost certainly lead to colon cancer. Because her surgeon had invented a procedure that promised to bypass this eventuality by removing the colon, she was encouraged to sign up for the procedure as soon as possible. This would mean that she would have an ostomy bag for about a year, but that eventually her colon would return to normal functioning. Melissa was terrified, not of the procedure, nor of the disfigurement, nor of the prosthesis, but of the loss of control from the anesthesia during surgery. In fact, it was enough to keep her from signing up.

She knew this was irrational. She was wholeheartedly in favor of the surgery, grateful for the existence of such a procedure. She saw it as her chance to save her life. But she kept canceling, because the thought of the anesthesia filled her with terror.

By the time she came to see me, she had thwarted four successive dates, and the Cleveland Clinic, her doctors, and her husband were exasperated and worried.

I saw her twice. She was very tense when she entered my office. I asked her to attempt to get comfortable and to fold her hands over her belly and take a deep breath. Then I asked her to tell me about a moment in her life when she was filled with feelings of love and gratitude, feeling utterly safe and protected. She immediately went to a memory of a camping trip with her husband, several years earlier on Lake George. Her eyes became dreamy, her face softened, and she had a slight smile as she remembered.

At my prompting, she added more sensory detail, which got her deeper into the experience: the scent of pine needles in the crisp night air, the night sounds of crickets serenading them, feeling a fresh breeze on her face, and inhaling the richness of their combined body warmth, emanating from the sleeping bag...

Recalling these sensory memories and feelings sent the anxious Melissa into a relaxed trace in seconds. But she also wanted an image that would allow her to feel safe about being unconscious. She decided that she liked the idea that she was being watched over by trusted guardians while she slept. So she evoked the image of the O.R. filled with the faces of her

grandmother, her husband, her father, a few special friends, her kids, two dearly loved pets, and a guardian angel or two. Her mother, usually a nervous wreck, was left to cool her heels outside in the waiting room.

Melissa played with these images several times a day, always positioning her hands the same way, folded over her belly, and breathing deeply as she began. This, of course, became a conditioning cue, what hypnotherapists call an “anchor.” Invariably, she would relax, smile, and feel safe, and the more she practiced, the more quickly she achieved this state.

She felt in control again. When it came time for her to get on the gurney to take that lonely ride up to the O.R., she was smiling and peaceful. After all, she was at Lake George, wrapped in her husband’s arms.

Melissa also used imagery to help her with postsurgical wound healing, pain, bowel control, and return to normal bowel function.

Discussion

Guided imagery leans heavily on sensory imagination and emotion as a way to create mental images that help to heal or relax the body. It is the power of visualization, the power of mind over matter - and it is nothing new.

For years, professional athletes have used it to see victory on the playing field, surgeons to envision successful procedures, stockbrokers to imagine a system of success in the midst of the chaotic trading floor.

Guided imagery is a way of creating images in the mind that direct the body to increase physical and emotional healing. Narratives that contain positive imagery are carefully designed to activate the nervous system to send neurohormones through the circulatory system to trigger healing activity at the cellular level. For example, Jeanne Achterberg, Ph.D., a psychologist who is also President of the Association for Transpersonal Psychology has published twelve “Bodymind” audiotapes for pain, disease, and stress-related disorders. Dr. Achterberg defines imagery as “a thought process that invokes and uses the senses: vision, audition, smell, taste, senses of movement, position, and touch. It is the communication mechanism between perception, emotion, and bodily change.

” Dr. Achterberg’s narratives are divided into “disease imagery, treatment imagery, and healing imagery.” On her cancer tape, for example, the disease imagery asks the listener to create an image from physiological and biological information. The narrative invokes a picture of the body as a marvelous machine with a surveillance system and built-in devices for protecting itself.

The treatment imagery asks patients to visualize the powerful white blood cells becoming active, guarding and protecting the patient, and attacking all abnormal cells and the tumor. The healing (or “end state”) imagery invites people to see themselves the way they want to be - whole and balanced, mentally, spiritually, and psychologically.

Psychological imagery works with the idea that the body is a metaphor for the psyche. If the body/psyche is not protecting itself properly, the patient can consciously concoct a metaphor to correct that situation. For example, a person can encircle him or herself with loving protection (in whatever form) to combat a sense of isolation and despair about being unprotected in the world.

Potent emotional imagery helps the listener to shift moods by generating feelings of love and gratitude, and “blue print” imagery reminds the patient how the body feels when it is functioning at full strength and engaged in what it loves to do.

A recent study on the use of guided imagery techniques in patients undergoing colorectal surgery was done at the Cleveland Clinic. This prospective randomized trial demonstrated the perioperative use of guided imagery decreased length of stay, use of pain medication, and perioperative anxiety in patients undergoing elective surgery for diverticulitis, Crohn’s disease, ulcerative colitis, familial polyposis, or colorectal cancer.

The 150 female and male patients were ages 18 to 75. Excluded were those with a history of substance abuse, chronic pain, major psychiatric disorder, or narcotic or benzodiazepine use for more than one month prior to surgery, and those unwilling to use IV patient-controlled anesthesia (PCA) or who were intolerant of morphine. Half of the patients received instructions on relaxation techniques along with standard perioperative instructions. For three days prior to surgery, they listened twice daily to audiocassettes that taught guided imagery techniques and promoted expectations of a positive outcome. On the day of surgery, they listened to tapes of soothing music in the preoperative holding area and in the OR. Postoperatively they listened to guided imagery tapes containing positive suggestions about outcomes for six days. The control group received only standard preoperative instructions. All patients received intravenous PCA.

Both study patients and controls were asked to rate anxiety and pain levels twice a day on a numerical ranging scale ranging from 0 to 100. In addition to IV PCA, narcotic use was tallied. In the patients using guided imagery, an average length of stay was reduced 1.5 days (from 7.9 to 6.4 days) and pain medication use was decreased by 50 percent. In addition, bowel function returned to normal 1.2 days sooner.

Self-reported perioperative anxiety levels were also significantly lower. Among guided imagery patients, the average perioperative anxiety level was 38, while the controls reported an average anxiety level of 73. Similarly, guided imagery patients reported steadily declining postoperative anxiety levels of 40, 30, 17, 10, and 3 on postoperative days 1 through 5 while controls’ anxiety level remained consistently 50-55 during that period.

Reference

Fazio, et al, Consult: 15, 1. Winter 1996

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Clinical:Case Study: Guided Imagery Part II: Use in Life-Threatening Circumstances

Original materials created in August 1999 by Belleruth Naparstek, MA, LISW

History

L.M., retired home economics teacher, championship golfer, wife, and mother of two girls, had survived breast cancer twice and was battling ovarian cancer when she came to see me. She had been told her chances were not the best. She had been treated with chemotherapy followed by a temporary abdominal implantation of radioactive pellets. She wanted to learn imagery to help beat her cancer. We talked a lot about why she wanted to stay alive. Soon her most passionate reason was clear. She had a seriously learning disabled daughter in fifth grade who was teased mercilessly, and this drove Laura “wild.” She was determined to get that child through high school with her self esteem intact, even if it meant tutoring her for three exasperating hours every night.

The imagery Laura and I created was about attending this daughter’s high school graduation, sitting in proud anticipation, with her husband and younger daughter in the auditorium. In her imagination she could hear the squeaky, dissonant sounds of the high school orchestra tuning up. She could smell the leather seats that had absorbed decades of teenage sweat, and the many perfumes and shaving lotions in the air. She could see her friends waving to her as they arrived, many of them aware of how hard she had worked for this day. She was aware of her daughter’s name, standing out on the program, noting with satisfaction the asterisk that denoted a special sports award. She leaned happily into her husband, and he gratefully squeezed her shoulder — for him, a wildly expressive gesture. They are very happy.

Laura worked with this imagery with the same relentless drive that she played golf. Then I lost touch with her until last summer, when I saw her again. She looked great, vital, sexy, very alive. She was back to golf and teaching part time. Her kids were doing well in high

school. This was the woman who was supposed to be dead, but had some serious tutoring to do, and had a graduation to get to, one that she had already been to, hundreds of times, in her imagination.

Discussion

Guided imagery is a gentle but powerful technique that focuses and directs the imagination. Although it has been called “visualization” and “mental imagery,” these terms are incomplete. Guided imagery involves far more than just the visual sense - and this is a good thing, given only about 55% of people have vision as their primary imaginative skill. Instead, guided imagery involves all the senses and is accessible to almost anyone. Neither is it strictly a “mental” activity - it involves the whole body, the emotions, and all the senses, and it is precisely this bodybased focus that creates its powerful impact.

Because guided imagery is a right-brain function, evoking it also often will access contiguous functions: emotion, intuition, empathy, laughter, sensitivity to music, and openness to spirituality.

Over the past 24 years the effectiveness of guided imagery has been established by research findings that demonstrate its positive impact on health, creativity, and performance. We now know that even ten minutes of imagery can reduce blood pressure, lower cholesterol and glucose levels, and heighten shortterm immune cell activity. It can reduce blood loss during surgery and postoperative morphine use. It can lessen headaches and pain. It can increase skill at skiing, skating, tennis, writing, acting and singing; it accelerates weight loss and reduces anxiety; and it has been shown, again and again, to reduce the adverse effects of chemotherapy, especially nausea, depression, and fatigue.

When properly constructed, guided imagery has the built-in capacity to deliver multiple layers of complex, encoded messages through simple symbols and metaphors. And because it mobilizes both unconscious and pre-conscious processes to assist with conscious goals, it can access more of a person’s strength and motivation. As subtle and gentle as this technique is, it can be very powerful, especially over time. One of the most appealing and forgiving features about imagery is that almost anyone can use it. Although children and women probably have a slight advantage, imagery skips across the barriers of age, race, class, gender and education - a truly equal opportunity, natural gift.

Guided Imagery Research

Cancer

A study by Fawzy Fawzy, MD and his colleagues on the effects of support groups that use imagery and relaxation with early stage melanoma patients, showed that after six months these patients had significantly decreased negative mood states and significantly increased natural killer cell activity. Dr. Fawzy’s study reinforced David Spiegel’s findings, published in Lancet in 1989, that showed in a similarly-designed study with breast cancer patients,

support groups that taught relaxation and imagery prolonged patients' lives significantly. (Malignant Melanoma: Effects of Early Unstructured Psychiatric Intervention; Recurrence and Survival 6 Years Later. Archives of General Psychiatry: 1003;50)

Surgery

Henry Dreher demonstrated in three metaanalyses that preoperative mind-body interventions have been proven consistently effective in improving postoperative medical and psychological outcomes. In the largest metaanalyses (191 studies with more than 8,600 patients) psychosocial/behavioral interventions showed improved recovery, pain reduction, and reduced psychological stress. Length of hospital stay was decreased an average of 1.5 days. These studies have shown reduced blood loss and postoperative pain, and improved wound healing, and speed of recovery. (Tusek, DL et al: Guided Imagery: A Significant Advance in The Care of Patients Undergoing Elective Colorectal Surgery. Dis Colon Rectum, 1997; 40:172-178)

Asthma

James Halper at Lenox Hill Hospital studied the effect of guided imagery on asthma patients, and showed that although imagery did not decrease measurable asthma symptoms, significantly more patients were able to discontinue their medication. Not surprisingly, he also found significantly less depression and anxiety in the guided imagery group than in the control group. (Halper, L. Alternative Health Practitioner: The Journal of Complementary and Natural Care, vol.3(3), Fall/ Winter, 1997)

Resources

Alternative Therapies in Health and Medicine A peer reviewed journal, Innovisions Communications: phone 800-899-1712 email alttherapy@aol.com BelleRuth Naparstek's web site www.healthjourneys.com/research.html and her electronic consumer newsletter: ImageryNews@healthjourneys.com (Imagery News)

Correction July 1999 ITC Part I Guided Imagery: Jeanne Achterberg is a past President of the Association for Transpersonal Psychotherapy. She is now with Saybrook Institute and is on sabbatical from Alternative Therapies in Health and Medicine.

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Making "Sense" of Children's Books

By Julie Douglas



The group of young moms examined their new copies of *Goodnight Moon* and listened intently to the woman sitting in front of them.

"I'm going to read this book to you like I would read it to children," she said, "not to read 'down' to you, but to let you remember what it was like to have someone read a story to you." The moms settled back in their chairs. They looked content to me.

The woman seated in front read in a soothing, quiet voice. She paused to ask the listeners about the story unfolding in the pictures.

"Can you find the mouse? Do you see something you like in the bunny's room? What do you see outside of Bunny's window?"

The questions flowed naturally. Sometimes the moms answered; sometimes they simply smiled and looked at the pictures again. I have heard and read *Goodnight Moon* possibly thousands of times, but that night I felt as if I had been inside Bunny's room as he snuggled into bed.

That's the amazing thing about the people who lead our *READ from the START* classes. Each leader brings his or her own special gifts and interests, making each program a unique experience. And because the *READ from the START* parents/caregivers come from such a variety of families and backgrounds, they too make each program unique.

At the heart of every *RFTS* program are the stories. Children's books are inviting, colorful, and lively, so it doesn't take long for adults to jump right in and explore. And just like having a good guide on a nature walk, reading a book with a guide and a group of peers creates a richer experience.

READ from the START Leaders use questions and conversation to encourage parents to look more closely at the stories. These are the easiest techniques to learn; that's the whole

point of the program! We help parents become the discussion leaders in the home. That ability is something magical in the development of relationships between parents and children.

A beautiful two-page spread in *Goodnight Moon* shows a little bunny's bedroom at bedtime. A fire burns in the fireplace, a little old lady rocks and knits in a rocking chair. Bunny tosses and turns and fidgets in a big comfy bed. On the nightstand is a bowl of "mush."

How would you explain to a child what "mush" is?

A tiny white mouse moves about the room, apparently unseen by two kittens playing on the floor. Here are some questions/comments that might encourage a child to use all of his/her senses to explore this illustration.

1. **Sight.** What do you see that you like in the illustrations? Does the picture remind you of somewhere you have been? What colors do you see? What shapes? Look at the character's face. What do you suppose he is feeling?
2. **Touch.** I wonder how that tiger skin rug on Bunny's floor would feel. Can you find something in the room that might feel scratchy? Would you like to pet those little kittens? Do you see something very hot in this room?
3. **Smell.** I wonder what "mush" smells like? What smell would come from the fireplace?
4. **Taste.** Look at the bowl of mush on Bunny's nightstand. What do you think mush tastes like? How does oatmeal taste? What is your favorite flavor?
5. **Hear.** Close your eyes and be very quiet. What sounds can you hear? What things in Bunny's room might make noises? How does a rocking chair sound when it rocks?

When we learn to talk to our children about sensory imagination, we can continue those threads of conversation in the other rooms of the house. "Come smell this," is an easy way to involve a child. "Do you think this needs a little salt?" Beyond sensory imagination is the imagination of feeling -- empathy.

I sat in that group of RFTS parents and felt the enchantment of the child I had been, felt the warmth come over me as the leader read, paused, posed questions, read again. I was a participant in one of life's small miracles.

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See also, *5 Types of Imagery*: <http://www.stress-relief-tools.com/types-of-imagery.html>.