

# Therapeutic Imagery

## Practitioner Statement

Imagery is an important complementary health care modality, one that can be used with just about any medical condition and in any health care setting. Imagery rituals were developed in hospital and clinic settings to enhance the effectiveness of medical treatment and nursing interventions. Imagery may be used to help clients cope with their disease, regain a sense of control, and find the strength to make the necessary changes in their life-style and health practices. A skillful imagery practitioner knows that people carry knowledge of their truth deep within themselves. The practitioner assists the client in learning to value and trust the inner resources available to them. Imagery is a very intimate and personal modality that asks clients to trust that their inner experiences and imagination can be a source of insight, healing, and well-being.

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## History/Philosophy

Imagery involves the use of the imagination for healing. Images involving all the senses (sight, sound, taste, smell and kinesthetic bodily sensations) can be directed to specific healing and life goals.

Imagery as a healing tool has been used throughout the ages and in all parts of the world. Achterberg has documented how evidence of shamanism, a folk method of healing with the imagination, is at least 20,000 years old and occurred in Asia, Australia, the Americas and Europe. Early Greek medicine as practiced by Aesclepius, Aristotle, Hippocrates and Galen utilized imagination and dream content for healing purposes.

Early modern application of imagery in medicine, as developed by H.H. Schultz and Wolfgang Luthe in the 1920's, was called "autogenic training". In their clinical work they documented the healing effect of imagery for a variety of acute and chronic diseases including asthma, headaches, back pain and arthritis as well as its specific effect on various physiological functions such as blood pressure, heart rate, brain waves, skin temperature and blood sugar levels. Edmund Jacobson created a technique called "Progressive Muscle Relaxation" in the 1920's based on his experimental research with visualization. Later examples of research were done by Chlomo Breznitz at Hebrew University and Nicholas Hall at George Washington Medical Center demonstrating the effect of imagination on the immune system. Imagery has been furthered by a number of disciplines. The use of imagery is involved in biofeedback (with early work done by Erik Peper and Stoya and Budzynski) and hypnosis (utilized in the work of Milton Erickson and studies by Howard Hall, et al in the 1980's). Nursing practice and research have been instrumental in the integration of guided imagery into health care practice. In the 1970's the Simontons introduced the use of imagery into cancer treatment along with standard medical treatment, psychotherapy and lifestyle change. Many physicians and psychologists pioneered the use of imagery and incorporated it into their practices. These include Irving Oyle, Michael Samuels, Dean Ornish, Tom Ferguson, Bernard Siegel, Norman Shealy, Larry Dossey, and Bella Naparstek among many others.

There are many types of therapeutic imagery used to facilitate healing, change attitudes and behaviors, enhance performance and relieve stress-related symptoms.

## **Treatment Approaches**

### **Different types of treatment**

Guided imagery is usually presented through an audiotape or a person leading an imagery session. Suggestions are made to the listener that might include relaxation scenarios and exercises, or imagery related to some specific health concern such as post-operative healing or boosting the immune system in relation to a particular disease.

Progressive relaxation is a body-centered approach in which the individual scans each part of their body and sees and feels it letting go as they move in their mind from head to toe.

Creative visualization is a combination of imagery exercises, positive ideas or affirmations, and meditations geared toward a specific goal such as a change in a life situation, health condition, or habitual feelings and attitudes.

Receptive visualization is a process of self-discovery. The individual relaxes, turns their attention inward, and waits to see what emerges from their unconscious, often in response to a question they have posed to themselves. Programmed visualization, imagining a process or a result, on the other hand, is an active process in which the individual mentally creates a desired outcome in great detail. Used as a healing tool, the patient is encouraged to learn as much as they can about the anatomy and physiology of their illness and to use these concepts as a basis for the imagery they construct.

Clinical imagery is a method that offers a synthesis of all imagery schools and techniques through studying and experiencing the imaginal mind and by learning how to use that mind in any situation. Imagery techniques have the ability to tap the inner healing resources of the body, mind and spirit. This holistic model incorporates and acknowledges the client's strengths and inherent drive toward wholeness and integrates an understanding of the mind-body connection. It recognizes the healing interaction between practitioner and client and evokes the healing qualities of empathy, faith, trust, hope and safety within the therapeutic relationship.

### **How it works & when to use it**

#### **Different theories on how it works**

There are various theories of how imagery produces desired changes. Some believe it works through neurological and biochemical mechanisms. The underlying concept is that the brain does not appear to differentiate between what is imagined and what is real. It seems to handle both types of information in the same way and they both can produce the same physiological responses in the body. On a neurological level it is now known that nerve fibers reach from the brain to the thymus gland, spleen, lymph nodes and bone marrow, mediating the immune response from brain to body. In addition the brain produces chemicals that send messages to the body and cause the body to react in both stressful and positive ways. Chemicals transmit information from the hypothalamus to the pituitary and from the pituitary to the major hormone secreting glands of the body. Chemicals released by nerve cells transmit information to other nerve cells. Feelings, thoughts and images can cause chemicals to be released and these chemicals (serotonin, endorphins, dopamine, epinephrine, norepinephrin, acetylcholine and others) can in turn cause feeling states and physiological and immune system changes through a kind of natural biofeedback loop.

Another explanation is derived from cognitive theory and suggests that changing negative thought patterns leads to a reduction in autonomic nervous system arousal and a decrease in muscle tension, mood disturbances and pain.

Others believe that the benefits of imagery may be due to its action as a coping skill, giving the individual a greater sense of control, hope and empowerment when dealing with a difficult life situation such as illness.

Another school of thought studying the effect of imagery on the experience of pain has postulated that its effect is due to cognitive distraction. This is based on the assumption that if there are competing stimuli, the brain filters out certain signals, such as pain, and attention becomes focused on other information, such as the guided imagery suggestions.

### **Conditions it works best for**

Guided imagery is used as part of the treatment regimen for a wide variety of health conditions, and research on its effectiveness has been increasing steadily over the past 20 years. University and medical society clinical guidelines include imagery as a therapeutic option for the treatment of acute pain management and obesity. Clinical research points to its usefulness as part of a therapeutic program for the treatment of pediatric asthma, cancer pain, bulimia, breast cancer coping, and post-operative pain, anxiety and recovery.

## **What you need to know about treatment**

### **Description of a session**

Guided imagery sessions can be conducted live with someone leading the session or can be audiotaped and used whenever the time is appropriate. Other types of visualization can be done whenever the individual has quiet time and space available. An imagery session can be conducted alone or in a group session. The technique usually begins with a short relaxation exercise involving becoming still in mind and body and often using the breath to relax. Often a pleasant scene usually selected by the individual is imagined in as much detail as possible, including how the place looks, sounds, feels and smells. The person may choose to bring another person into this imagined safe and comfortable place to accompany and guide them through the experience. At this point specific suggestions related to the goal of the imagery experience are introduced or the individual can imagine the type of experience they desire. The session concludes by gently bringing the person back to everyday reality with the suggestion that the new knowledge or experience gained is available to them.

### **Course of treatment**

The number of sessions varies greatly, from one to ten sessions in a therapeutic setting to as often as the person feels is beneficial when done privately. Practice of the technique is determined by the patient and can be done from several times a day to several times a week.

### **Side Effects**

Imagery is a generally safe therapeutic approach. For certain psychiatric conditions and situations, however, it is advisable to consult your health care professional before initiating treatment.

## **Safety Issues**

In general it is not recommended that imagery techniques be used with people experiencing hallucinations or posttraumatic stress disorder, as disturbing images may arise and worsen certain symptoms such as anxiety. It is also not clear whether imagery is effective in young children less than four years old and is usually not considered the treatment of choice,

## **Other modalities that work well with Clinical Imagery**

Imagery can complement the use of any treatment, whether conventional medical therapy or complementary/alternative approaches. It may act to boost the effectiveness of other treatments or simply support them by its role as a relaxation tool.

## **Training & Licensing**

### **Education**

Training and certification are available from a variety of schools and institutes. Courses vary in terms of the number of hours required and the types of imagery taught. Some courses are only available to health care professionals holding a licensure in a related field. Currently there are no overall national educational standards.

### **Official licensing bodies**

No licensing in imagery is available at this time. Only certification is available which is issued by the various training programs. It is advisable to choose a licensed health care professional, such as a nurse, psychologist, MD, dentist, social worker, and others, to provide this service as they have the training and sensitivity necessary to work on this therapeutic level.

### **References:**

Achterberg, Jeanne. *Imagery in Healing: Shamanism and Modern Medicine*. Boston and London, Shambalha Publications, 1985.

Fanning, Patrick. *Visualization for Change*. Oakland, CA: New Harbinger Publications, 1994.

Hatler, Carol W. "Using guided imagery in the emergency department." *Journal of Emergency Nursing*. 24(6):518-522, Dec. 1998.

Sanzero Eller, Lucille. "Guided imagery interventions for symptom management." *Annual Review of Nursing Research*. 17:57-84, 1999.

Spiegel, David and Rhonda Moore. "Imagery and hypnosis in the treatment of cancer patients." *Oncology*. 11(8):1179-89, 1997.