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## FAST FACTS AND CONCEPTS #211

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**Background** Anxiety occurs in hospitalized patients for many reasons including fear of specific procedures, worry about the future, and lack of control. Guided imagery is an intervention that can be delivered at the bedside in 10-15 minutes by a wide range of trained health care providers at a low cost (1). This Fast Fact will discuss guided imagery as an anxiety reduction technique.

**The Technique** Guided imagery is a mind-body exercise based on prompting patients to formulate meaningful mental pictures to achieve relaxation and reduce anxiety. Many guided imagery scripts include common elements such as asking the patient to sit or lie in a comfortable position, quieting the mind, removing negative thoughts and images, and calling to mind a vivid image or scenario that is calming and relaxing (a 'safe place'). The content of a guided imagery script can include quiet and peaceful music with focus on a "safe place" where one feels secure and relaxed or it may involve more active, physical sensations such as playing and winning a tennis match. It can be performed by trained professionals or with the use of audio recordings, and can be performed daily or as needed by the patient. An example of language used in a guided imagery exercise is: *"Position yourself as comfortably as you can, shifting your weight so that you're allowing your body to be fully supported by your chair or couch.... Take a deep, full, cleansing breath...inhaling as fully as you can...breathing deep into the belly if you can...and breathing all the way out.... Imagine a place where you feel safe and peaceful and easy...a place either make-believe or real...."* See reference (2) for an example of a full script. Information about further training in the use of guided imagery can be found at <http://academyforguidedimagery.com>.

**Research Outcomes** Guided imagery has been shown to reduce anxiety and use of anxiolytics, and to improve patient satisfaction in a variety of medical settings (1, 3, 7). In separate studies it was shown to significantly reduce anxiety and worry among patients facing abdominal surgery or cardiac catheterization compared to usual care (3, 4). In a group of patients who had been hospitalized for more than two days, use of anxiolytic medication and heart rate were lower in the guided imagery group than in a control group (5). A combination of diaphragmatic breathing and guided imagery was used with a group of breast and gynecological cancer brachytherapy patients using 10 minutes of face to face training and a follow-up taped script via audiocassette. Patients in the intervention group had significantly less anxiety at follow-up several weeks later than those in the control group (6). Clinical experience and expert opinion support its helpfulness for advanced cancer patients, although there is little research yet in this population (8).

**Limits and Cautions** While a safe technique, guided imagery can rarely elicit negative emotional reactions, as well as create situations of patient vulnerability and susceptibility. Due to this, guided imagery should be initiated in health care settings by a clinician who is trained in its proper use, who is comfortable with professional therapeutic boundaries, and who can respond appropriately to negative emotional reactions. In particular, guided imagery may trigger flashbacks in patients with post-traumatic stress disorder, and it is relatively contraindicated in these patients. It is also contraindicated in patients who have hallucinations or delusions, delirium, or severe obsessive compulsive disorder. As with any intervention, there are some patients who do not benefit from this technique or who are unable to call to mind a relaxing image.

## References

1. Miller R. Nurses at community hospital welcome guided imagery tool. *Dimensions Crit Care Nursing*. 2003; 22(5):225-226.

2. Naparstek B. Staying Well with Guided Imagery. New York, NY: Warner Books; 1994: pp.76-79.
3. Tusek D, Church JM, Fazio V W. Guided imagery as a coping strategy for perioperative patients. AORN Journal. 1997; 66(4):644-649.
4. McCaffrey R, Taylor N. Effective anxiety treatment prior to diagnostic cardiac catheterization. Holistic Nursing Practice. 2005; 19(2): 70-73.
5. Toth M, Wolsko PM, Foreman J, Davis RB, Delbanco T, Phillips RS. A pilot study for a randomized, controlled trial on the effects of guided imagery in hospitalized medical patients. J Alternative Complementary Med. 2007; 13(2): 194-197.
6. Leon-Pizarro C, Gich I, Barthe E, et al. A randomized trial of the effect of training in relaxation and guided imagery techniques in improving psychological and quality of life indices for gynecologic and breast brachytherapy patients. Psycho-Oncology. 2007; 16:971-979.
7. Halpin LS, Speir AM, Capobianco P, Barnett SD. Guided imagery in cardiac surgery. Outcomes Management. 2002; 6(3): 132-137.
8. Foley KM, Back A, Bruera E, et al, eds. When the Focus is on Care: Palliative Care and Cancer. Atlanta, GA: American Cancer Society; 2005: p.176.

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