

Guided Imagery Gets Respect

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Guided imagery, a technique that has had a role in healing traditions for millennia, is increasingly being used as an adjunct to contemporary medical care. Its application as a support to allopathic medicine is often credited to a landmark study conducted by radiation oncologist O. Carl Simonton, MD and published in 1978. In the study, Simonton, who was director of the Cancer Counseling and Research Center in Dallas, Texas, compared the effects of guided imagery used in conjunction with conventional medical treatment for cancer to the effects of medical treatment alone. Over a four-year period, he studied a group of 159 patients with medically incurable malignancies, who practiced guided imagery along with their prescribed medical treatment.

At the time the study was published, the still-living patients who practiced guided imagery had survived, on average, two times longer than patients who received medical treatment alone. Even the patients who had died

lived one-and-one-half times longer than those in the control group.

A similar study was done at the Medical Illness Counseling Center in Maryland, applying guided imagery to chemotherapy treatment. The results, published by Will Stapp in *Medical Self-Care* in 1988, indicated that guided imagery stimulated white blood cells to multiply to fight cancer cells. Since the time of Simonton's studies, guided imagery's usage has expanded to include a variety of medical areas such as pain management, pre- and post-surgical procedures, hypertension, autoimmune disorders, as well as to enhance general well-being among inpatient and outpatient populations.

Types of Imagery

There are many styles of guided imagery, with a variety of purposes. Two of the major ones are called "scripted imagery" and "receptive imagery." In the first approach, the guide directs the patient to imagine a designed scenario, whether it be a relaxing walk on the beach for stress management, or a picture of

vital cells within the immune system combating disease during cancer treatment.

Receptive imagery elicits the most personally meaningful images as they arise during the session. The guide encourages the patient, while in a deeply relaxed state, to focus all his or her attention and to allow images to form that are descriptive of her or his present state of experience.

Being receptive to images is quite different from passivity; receptivity has an active component embedded within it. The meaning of receptivity stems from the Latin *re-capere* "to take back"; it suggests the reclaiming of those parts of oneself that have been disowned, forgotten, or covered over, and reconnecting with the full scope of one's human potential. It is not uncommon for patients to report after a session that they have no idea where an image came from, but that its message is clear and relevant to them.

Although approximately 60 percent of people are visually oriented in imagery, it is neither a requirement nor a goal to be able to

visualize. Some people hear or sense their experiences.

The variety of personally meaningful images that arise is boundless: shifting patterns of light, roses that grow in winter/ a wise presence, the scent of jasmine, ferocious creatures, a vision of the microscopic workings of the body, a feeling of enclosure, an alluring melody, a kinesthetic experience of well-being, objects that speak, a sense of timeless-ness, childhood dreams. As long as the imagery is engaging and useful information can be accessed through awareness and understanding, healing can occur.

Ninety-Three Surgeries

Michael Lerner, president of Commonwealth, a health and environmental research center in Bolinas, California, defines the difference between curing and healing in the following way: "Curing is what allopathic mainstream medicine has to offer, when it can, and that's what the physician brings to you. Healing is what you (the patient) bring to the encounter."

Currently, researchers are studying guided imagery both for its potential to help cure and its ability to help heal. Research has already shown that guided imagery techniques not only stimulate the immune system, but also access the patient's emotional, mental, and spiritual resources. Cognitive processes are a case in point.

Rachel Naomi Remen, MD, medical director of the Commonwealth Cancer Help Program in Bolinas, California, tells the story of a patient who, while giving her his medical history, reported that he had vividly experienced 93 surgeries.

"Ninety-three!" she exclaimed.

"Yes, but I only had three operations," explained the man.

Most people have not vividly imagined 93 surgeries, but almost everyone knows what it is like—on sleepless nights—to play back a range of scenarios on a deep-seated fear, or envision many variations on a distasteful theme, or agonize over a potential hazard.

Imagery addresses this kind of anxiety through cognitive restructuring. The imagery process is used to uncover the causal factors of the anxiety, allowing negative images to be uprooted through a broadened understanding, making room for new and empowering images to emerge. What is often needed is not an in-depth psychoanalytic approach, but a simple understanding of anxiety as an acquired habit. In the case of the man worrying about surgery, guided imagery's function is to replace an old and disabling thought pattern with mental images that support resolution or acceptance.

Imagery is also used to help in decision-making. It is common, when faced with an important decision regarding a medical procedure, for patients to secure two or more divergent recommendations. Even after gathering additional medical opinions, conducting a literature search, and seeking advice from family and friends, the patient may still experience doubt about the the best course of action. The "right" decision thus becomes a very personal one.

Because imagery utilizes different mental capacities than those employed in conscious, rational thought, it can offer a fresh

perspective and trigger insights that lead to an intuitive confirmation on the patient's part regarding the best choice. Imaging the self.

Patients often find themselves trapped in habitual emotional responses, such as pervasive anxiety or depression, based on inaccurate images of themselves. When their self-image imposes limits on what they see as possible, it creates frustration and low self-esteem and can be damaging to health.

Most medical personnel now recognize, for example, that emotional depression can and does depress immune function. Jean Achterberg reports that Gary Schwartz and colleagues found that imagery associated with sadness, anger, and fear produced negative cardiovascular changes, while imagery based on positive images had the opposite effects (*Imagery in Healing: Shamanism and Modern Medicine*, 1985).

Type A behavior has also been addressed through imagery. Patients whose emotional patterns place unrealistic and excessive demands on themselves, requiring them to be "the one in charge" often suffer over-identification and rigidity. These behavior patterns have the potential to exacerbate stress related disorders, including heart disease. Imagery is often used to bring this kind of self-image into balance, broaden the spectrum of emotional and behavioral responses, and cultivate other kinds of inner strengths.

Because imagery works at a deeper level than most thought processes, it can bypass the typical justifications and defense mechanisms that often fortify an unhealthy habit. Imagery also

contains an experiential element, which enables a person to feel immediate positive reinforcement.

Food for the Spirit

Physicians have long noted that a medical crisis frequently triggers in patients a desire to journey deeply into their spiritual beliefs. For some, it is a time to reconnect with their religious heritage. Others may feel betrayed by their belief systems, and be moved to explore new spiritual paradigms, bringing a different focus to their search for understanding. Still others become immersed in a unique, freewheeling process of discovery, not limited by any particular tradition.

Regardless of the direction taken, the search is generally motivated by a deep desire to cultivate enduring meaning in everyday life. It frequently prompts lifestyle changes that can support a shift in values and priorities. Thus imagery offers the opportunity to gain an intuitive confirmation of the direction of an inner search, strengthening awareness of spiritual being.

Spiritual traditions worldwide have utilized imagery throughout history as a way of experiencing a reverence for life, a feeling of connectedness, an acknowledgment of the mystery of life. The Egyptian culture, from 3,000 to 300 BC, used imagery to connect people's inner life to the cycles of the seasons. The Yoga Sutra of Patanjali, dating back to 200 BC, teaches the practice of holding a concentration on places, objects, and qualities, both inside and outside of the body. The Torah engenders a rich collection of visionary experiences that can be transforming. Tibetan Buddhism teaches an intensive

and intricate visualization of deities, as a way of invoking divine qualities. Christianity draws upon the contemplation of icons in forms of prayer. The practices of shamanism within many indigenous cultures are some of the most developed with regard to imagery and healing.

Will It Save Money?

Although the specific mechanisms of imagery and healing remain largely mysterious, current research holds much potential for understanding. Across the nation, hospitals are conducting a variety of research studies, funded by the National Institutes of Health's Office of Alternative Medicine in Washington, DC. The studies include a broad spectrum of areas using imagery: the treatment of asthma, the healing of bone fractures, and immune response in cancer and AIDS.

Methods of guided imagery offer realistic hope to individual patients, and related complementary healing approaches can play an important role in the transformation of the healthcare system as a whole. Certainly, the economic structure of healthcare is one area that stands to benefit from the psychosocial aspects of health and healing.

Studies conducted in the United States and England confirm that 50 to 75 percent of all medical problems presented in a primary-care clinic are emotionally based, although they present through a variety of physical symptoms such as headaches, stomach pains, and dizziness (Rossman, *Healing Yourself: A Step-By-Step Program for Better Health Through Imagery*, 1987; Rosen, Kleinman, and Katon, *Journal of Family Practice* 14(3), 1982;

Stoeckle, Zola, and Davidson, *Journal of Chronic Disease* 17(959), 1964).

It has now been documented (according to *Mental Medicine Update: The Mind/Body Health Newsletter* IV(4), 1995) that emotionally distressed patients have a significantly higher rate of physician visits and are hospitalized more frequently than the general population. And further, that in nearly two-thirds of all physician office visits, there is no confirmation of a biological basis for the symptoms. In addition, illness and injury often trigger significant emotional distress, which usually is not addressed within medical settings. This oversight may contribute to overall medical costs.

The same newsletter reports, for instance, that in a recent three-and-a-half-year study of more than 1,000 Medicaid patients, nearly 80 percent of medical costs were accounted for by 20 percent of high-utilizing patients. Another study found that a group intervention in which high-utilizing patients learned and practiced mind/body skills saved more than \$85 in medical costs per participant in just six months.

The Cleveland Clinic Foundation recently completed its first research study on the benefits of guided imagery for patients undergoing colorectal surgery. Victor W. Fazio, M.D., chairman of the Department of Colon and Rectal Surgery, announced that in his study of 130 surgery patients, those who used guided imagery experienced a significant decrease in both pre- and postoperative anxiety, required half the amount of pain medication, and returned to bowel functioning 1.2 days earlier than the control group. Moreover,

the length of hospital stay for those who utilized the imagery program was reduced from an average of 7.9 days to 6.4 days. The researchers estimated an annual projected savings to the hospital of approximately \$1.4 million (*Health Journeys: Network News* 4, 1996).

Imagery and Its Close Cousins

Although there are few reports exclusively focused on the cost-containment potential of guided imagery, there are numerous studies in which the therapeutic elements being measured are also native to imagery. Because imagery addresses the mental and emotional climate of experiences, it is most often viewed as a specialized approach within the broader field of psychotherapy.

Imagery often utilizes relaxation training, breath-work, and, depending on the style of imagery, can include meditation, prayer, hypnosis, behavioral medicine, and stress management techniques. As a result, many of the recent body-mind-spirit studies provide significant implications for the cost-saving potential of imagery. Here, for example, are three observations reported in *Mental Medicine Update: The Mind/Body Health Newsletter* (4(4), 1996):

An analysis of nearly 200 studies revealed that psychologically preparing for surgery results in an average 1.5 days shorter hospital stay.

Patients receiving focused mental health treatment reduced overall medical costs by 22 percent over a year and a half, while costs rose 22 percent for those not offered any mental health treatment.

Patients frequently seeking help for unexplained physical symptoms were helped with a behavioral intervention that decreased annual medical charges by an average of \$289—that's a 33 percent reduction.

Other studies support these findings, and additional research is under way. It may be that these kinds of services will become a powerful support to controlling medical costs in the newly emerging healthcare model in the United States. They provide an avenue for education and empower self-care, which supports wellness. They encourage a humanistic atmosphere in the fast-paced technological world of medicine, and, as studies described above demonstrate, they have been shown to save overall medical costs when integrated into healthcare.

David's Story

The room is quiet: Through the closed door hallway sounds create an ambient hum. The afternoon sun bleaches the wall with slow-moving pale squares. I am thinking that David must be athletic, looking so strong the day after surgery for prostate cancer. His eyes reflect the shock of his diagnosis as he tells me his story: 49 years old, no family history of cancer. Although David is unfamiliar with guided imagery, a close friend whose aunt found it valuable during cancer treatment has urged him to call. David tells me he is hoping to minimize his reliance on the morphine drip during his hospital stay.

As we begin the session, he closes his eyes and is able to focus on his breath, which gradually becomes slower and deeper. I invite him to bring attention to his body, focusing on the area recovering from surgery, and encourage him to describe aloud whatever sensations or images may be present. He describes a pink, swollen, smooth ball of tissue,

stitches, and plastic tubing. He senses heat and pressure. I encourage him to allow an image to form that could offer relief to the area. He immediately describes a cool, soothing white light that coats and penetrates the tissues. His face relaxes, and his voice softens. I direct him to amplify his experience, as a means to deepening his sense of physical relief and inner calm.

I ask him if there is anything else he wants to address before we bring the session to an end. Eyes still closed, David tells me he is very concerned about his work; he owns his own business. He relates the scope of his responsibilities, financial pressures, concerns. He clearly identifies the fears fueling his thoughts.

I ask him to notice if any other parts of himself can offer a perspective on his work-related decisions. He is silent for a few moments, and then tears well up and slide down his cheeks. He says

it is as if his body has a voice, and is encouraging him to take time to rest and heal. His body, he explains, feels as if it has been searching for a way of communicating with him all his adult life.

Guided to bring his focus back to the room, David opens his eyes. He is quiet, relaxed, and pensive. He tells me that he feels a new relationship with his body that feels very important to him. We talk about how he can learn to use this widened understanding in a balanced way adding these perspectives to his other methods of decision-making. I leave him some resource materials in case he wants to follow up with classes or individual sessions. As I walk out, I notice that the sunlight has arced into new patterns along the wall. The atmosphere in the room is peaceful.

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