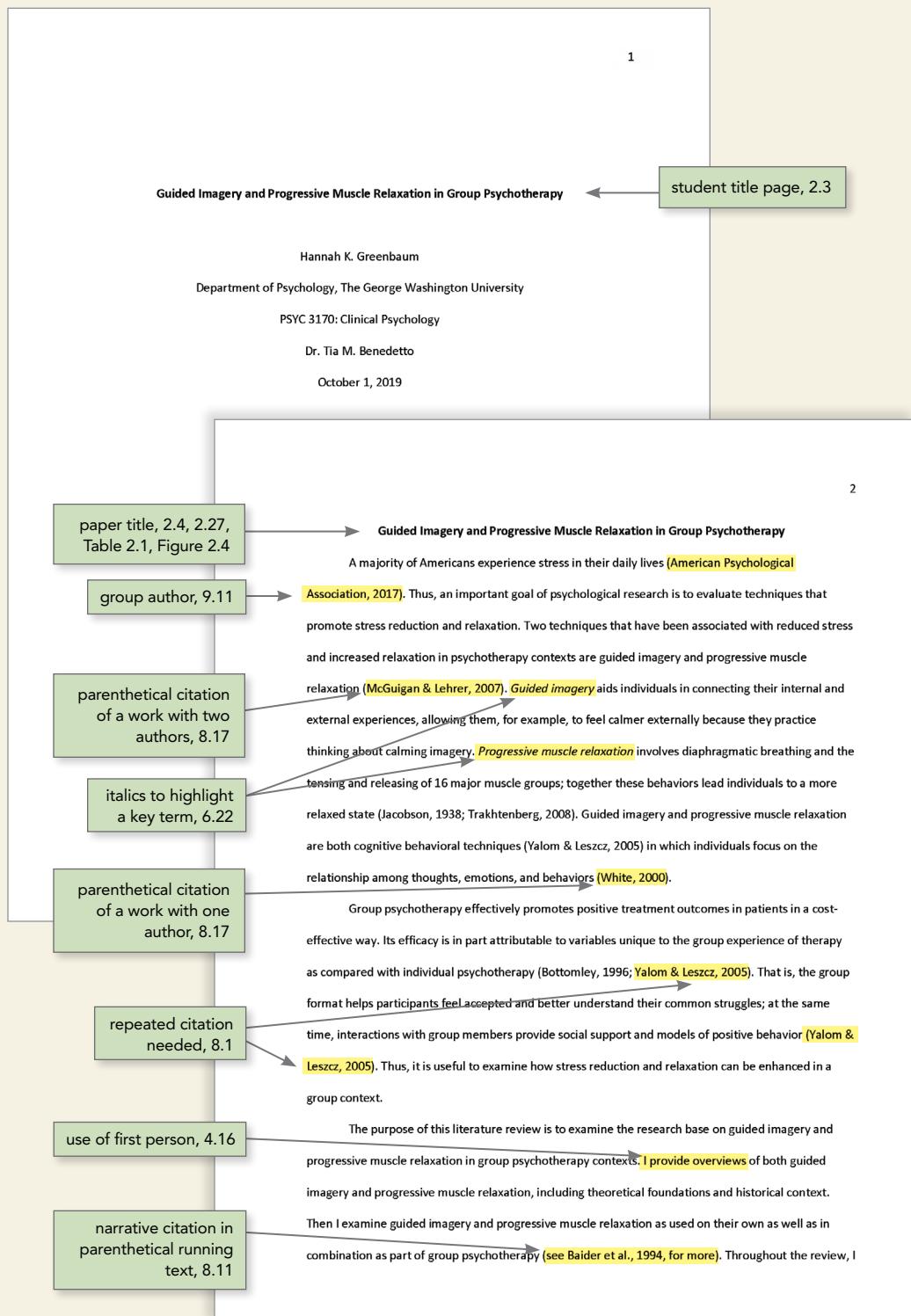


Sample Student Paper



Sample Student Paper (continued)

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Level 1 heading, 2.27, Table 2.3, Figure 2.5

highlight themes in the research. Finally, I end by pointing out limitations in the existing literature and exploring potential directions for future research.

Guided Imagery**Level 2 heading, 2.27, Table 2.3, Figure 2.5****Features of Guided Imagery**

Guided imagery involves a person visualizing a mental image and engaging each sense (e.g., sight, smell, touch) in the process. Guided imagery was first examined in a psychological context in the 1960s, when the behavior theorist Joseph Wolpe helped pioneer the use of relaxation techniques such as aversive imagery, exposure, and imaginal flooding in behavior therapy (Achterberg, 1985; Utay & Miller, 2006). Patients learn to relax their bodies in the presence of stimuli that previously distressed them, to the point where further exposure to the stimuli no longer provokes a negative response (Achterberg, 1985).

Contemporary research supports the efficacy of guided imagery interventions for treating medical, psychiatric, and psychological disorders (Utay & Miller, 2006). Guided imagery is typically used to pursue treatment goals such as improved relaxation, sports achievement, and pain reduction. Guided imagery techniques are often paired with breathing techniques and other forms of relaxation, such as mindfulness (see Freebird Meditations, 2012). The evidence is sufficient to call guided imagery an effective, evidence-based treatment for a variety of stress-related psychological concerns (Utay & Miller, 2006).

Level 2 heading, 2.27, Table 2.3, Figure 2.5**Guided Imagery in Group Psychotherapy**

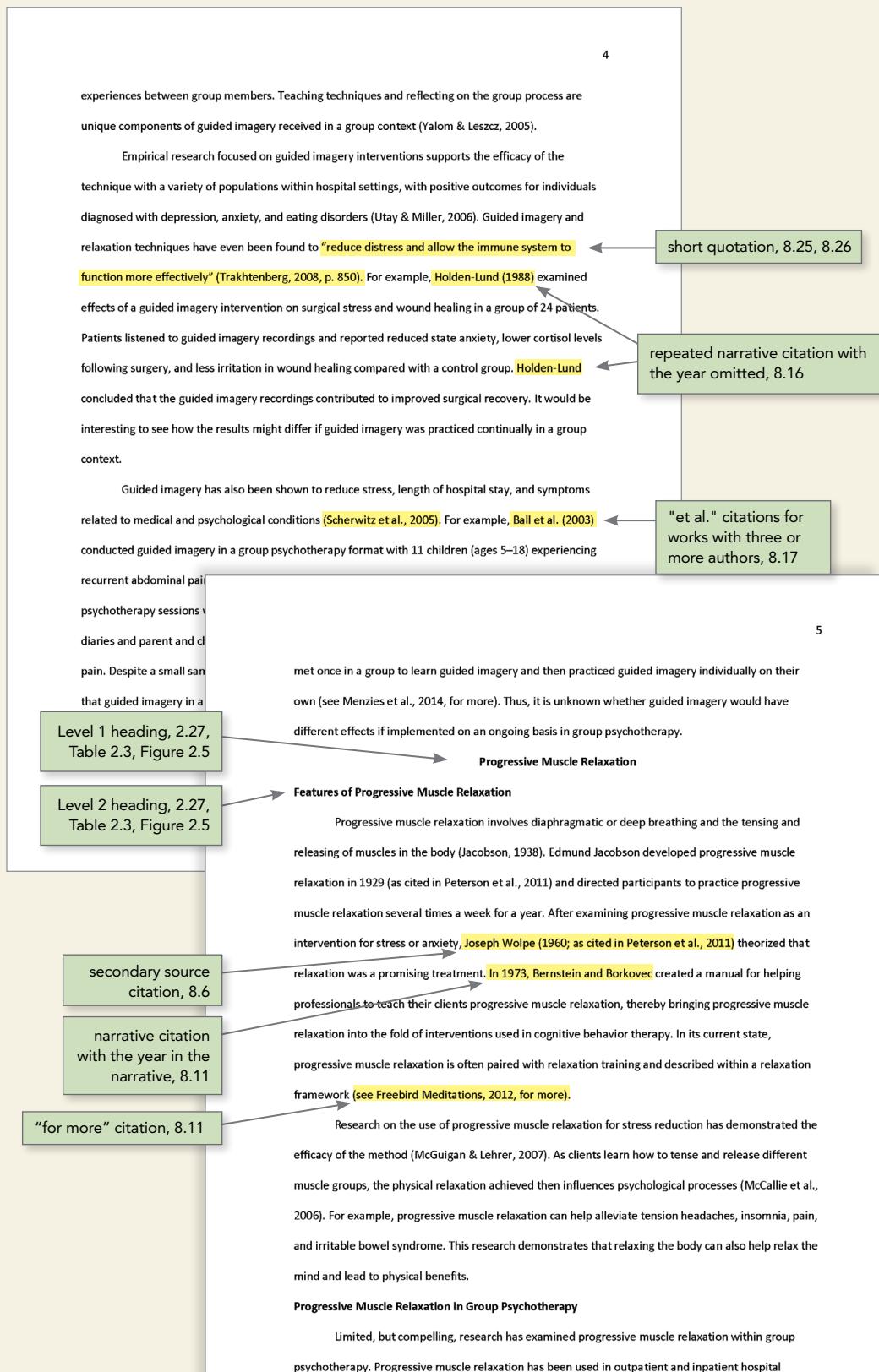
Guided imagery exercises improve treatment outcomes and prognosis in group psychotherapy contexts (Skovholt & Thoen, 1987). Lange (1982) underscored two such benefits by showing (a) the role of the group psychotherapy leader in facilitating reflection on the guided imagery experience, including difficulties and stuck points, and (b) the benefits achieved by social comparison of guided imagery

lettered list, 6.50

of the group psychotherapy leader in facilitating reflection on the guided imagery experience, including

difficulties and stuck points, and (b) the benefits achieved by social comparison of guided imagery

Sample Student Paper (continued)



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settings to reduce stress and physical symptoms (Peterson et al., 2011). For example, the U.S. Department of Veterans Affairs integrates progressive muscle relaxation into therapy skills groups (Hardy, 2017). The goal is for group members to practice progressive muscle relaxation throughout their inpatient stay and then continue the practice at home to promote ongoing relief of symptoms (Yalom & Leszcz, 2005).

long paraphrase, 8.24 → **Yu (2004)** examined the effects of multimodal progressive muscle relaxation on psychological distress in 121 elderly patients with heart failure. Participants were randomized into experimental and control groups. The experimental group received biweekly group sessions on progressive muscle relaxation, as well as tape-directed self-practice and a revision workshop. The control group received follow-up phone calls as a placebo. Results indicated that the experimental group exhibited significant improvement in reports of psychological distress compared with the control group. Although this study incorporated a multimodal form of progressive muscle relaxation, the experimental group met biweekly in a group format; thus, the results may be applicable to group psychotherapy.

Progressive muscle relaxation has also been examined as a stress-reduction intervention with large groups, albeit not therapy groups. Rausch et al. (2006) exposed a group of 387 college students to 20 min of either meditation, progressive muscle relaxation, or waiting as a control condition. Students exposed to meditation and progressive muscle relaxation recovered more quickly from subsequent stressors than did students in the control condition. Rausch et al. (2006) concluded the following:

A mere 20 min of these group interventions was effective in reducing anxiety to normal levels
... merely 10 min of the interventions allowed [the high-anxiety group] to recover from the
stressor. Thus, brief interventions of meditation and progressive muscle relaxation may be
effective for those with clinical levels of anxiety and for stress recovery when exposed to brief,
transitory stressors. (p. 287)

Thus, even small amo
anxiety.

Guided
Combinations

muscle relaxation, have been shown to improve psychiatric and medical symptoms when delivered in a group psychotherapy context (Bottomley, 1996; Cunningham & Tocco, 1989). The research supports the existence of immediate and long-term positive effects of guided imagery and progressive muscle relaxation delivered in group psychotherapy (Baider et al., 1994). For example, **Cohen and Fried (2007)** examined the effect of group psychotherapy on 114 women diagnosed with breast cancer. The researchers randomly assigned participants to three groups: (a) a control group, (b) a relaxation psychotherapy group that received guided imagery and progressive muscle relaxation interventions, or (c) a cognitive behavioral therapy group. Participants reported less psychological distress in both intervention groups compared with the control group, and participants in the relaxation psychotherapy group reported reduced symptoms related to sleep and fatigue. The researchers concluded that relaxation training using guided imagery and progressive muscle relaxation in group psychotherapy is effective for relieving distress in women diagnosed with breast cancer. These results further support the utility of guided imagery and progressive muscle relaxation within the group psychotherapy modality.

**narrative citation, 8.11;
paraphrasing, 8.23**

Conclusion ←

Limitations of Existing Research

Research on the use of guided imagery and progressive muscle relaxation to achieve stress reduction and relaxation is compelling but has significant limitations. Psychotherapy groups that implement guided imagery and progressive muscle relaxation are typically homogeneous, time limited,

**Level 1 heading, 2.27,
Table 2.3, Figure 2.5**

Sample Student Paper (continued)

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usually expected to practice the techniques by themselves (see Menzies et al., 2014). Future research should address how these relaxation techniques can assist people in diverse groups and how the impact of relaxation techniques may be amplified if treatments are delivered in the group setting over time.

Future research should also examine differences in inpatient versus outpatient psychotherapy groups as well as structured versus unstructured groups. The majority of research on the use of guided imagery and progressive muscle relaxation with psychotherapy groups has used unstructured inpatient groups (e.g., groups in a hospital setting). However, inpatient and outpatient groups are distinct, as are structured versus unstructured groups, and each format offers potential advantages and limitations (Yalom & Leszcz, 2005). For example, an advantage of an unstructured group is that the group leader can reflect the group process and focus on the “here and now,” which may improve the efficacy of the relaxation techniques (Yalom & Leszcz, 2005). However, research also has supported the efficacy of structured psychotherapy groups for patients with a variety of medical, psychiatric, and psychological disorders (Hashim & Zainol, 2015; see also Baider et al., 1994; Cohen & Fried, 2007). Empirical research assessing these interventions is limited, and further research is recommended.

Directions for Future Research

There are additional considerations when interpreting the results of previous studies and planning for future studies of these techniques. For example, a lack of control groups and small sample sizes have contributed to low statistical power and limited the generalizability of findings. Although the current data support the efficacy of psychotherapy groups that integrate guided imagery and progressive muscle relaxation, further research with control groups and larger samples would bolster confidence in the efficacy of these interventions. In addition, the retention of participants over time, recruitment of participants, and attrition. These factors are important to consider when interpreting the results of previous studies and planning for future studies of these techniques. For example, a lack of control groups and small sample sizes have contributed to low statistical power and limited the generalizability of findings. Although the current data support the efficacy of psychotherapy groups that integrate guided imagery and progressive muscle relaxation, further research with control groups and larger samples would bolster confidence in the efficacy of these interventions.

“see also” citation, 8.12

Level 2 heading, 2.27,
Table 2.3, Figure 2.5

personal communication, 8.9

participation (L. Plum, personal communication, March 17, 2019). Despite these challenges, continued research examining guided imagery and progressive muscle relaxation interventions within group psychotherapy is warranted (Scherwitz et al., 2005). The results thus far are promising, and further investigation has the potential to make relaxation techniques that can improve people’s lives more effective and widely available.

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Sample Student Paper (continued)

