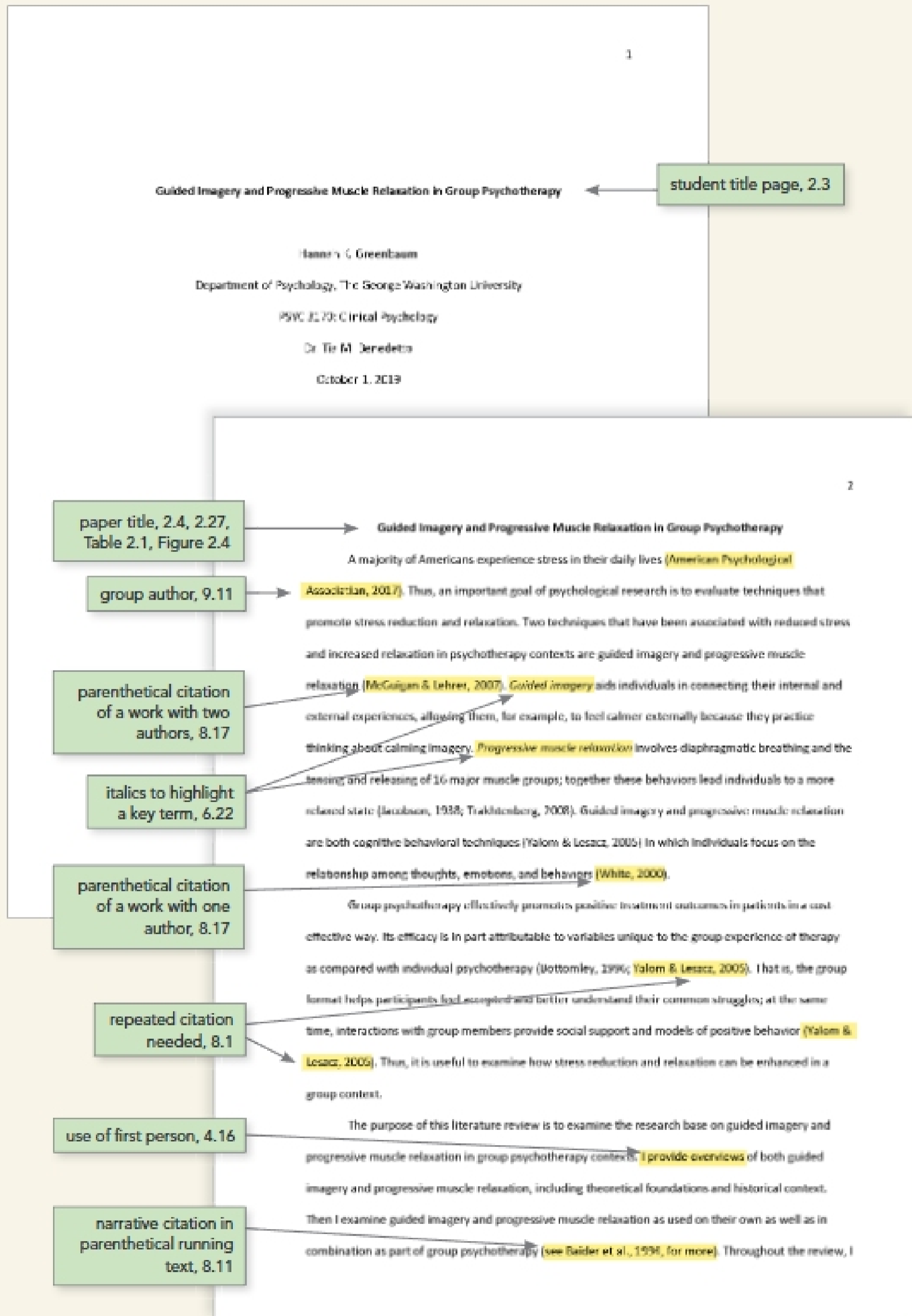


Sample Student Paper





Sample Student Paper (continued)

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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

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).

Guided Imagery in Group Psychotherapy

Guided imagery exercises improve treatment outcomes and prognosis in group psychotherapy contexts (Skowholt & 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

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experiences between group members. Teaching techniques and reflecting on the group process are unique components of guided imagery received in a group context (Yalom & Leszcz, 2005).

Empirical research focused on guided imagery interventions supports the efficacy of the technique with a variety of populations within hospital settings, with positive outcomes for individuals diagnosed with depression, anxiety, and eating disorders (Utay & Miller, 2006). Guided imagery and relaxation techniques have even been found to "reduce distress and allow the immune system to function more effectively" (Trakhtenberg, 2008, p. 850). For example, Holden-Lund (1988) examined effects of a guided imagery intervention on surgical stress and wound healing in a group of 24 patients. Patients listened to guided imagery recordings and reported reduced state anxiety, lower cortisol levels following surgery, and less irritation in wound healing compared with a control group. Holden-Lund concluded that the guided imagery recordings contributed to improved surgical recovery. It would be interesting to see how the results might differ if guided imagery was practiced continually in a group context.

Guided imagery has also been shown to reduce stress, length of hospital stay, and symptoms related to medical and psychological conditions (Schmitt et al., 2005). For example, Bell et al. (2008) conducted guided imagery in a group psychotherapy format with 11 children (ages 5–18) experiencing recurrent abdominal pain.

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repeated narrative citation with the year omitted, 8.16

"et al." citations for works with three or more authors, 8.17

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met once in a group to learn guided imagery and then practiced guided imagery individually on their own (see Menzies et al., 2014, for more). Thus, it is unknown whether guided imagery would have different effects if implemented on an ongoing basis in group psychotherapy.

Progressive Muscle Relaxation

► **Features of Progressive Muscle Relaxation**

Progressive muscle relaxation involves diaphragmatic or deep breathing and the tensing and releasing of muscles in the body (Jacobson, 1938). Edmund Jacobson developed progressive muscle relaxation in 1929 (as cited in Peterson et al., 2011) and directed participants to practice progressive muscle relaxation several times a week for a year. After examining progressive muscle relaxation as an intervention for stress or anxiety, Joseph Wolpe (1960, as cited in Peterson et al., 2011) theorized that relaxation was a promising treatment. In 1973, Bernstein and Borkovec created a manual for helping professionals to teach their clients progressive muscle relaxation, thereby bringing progressive muscle relaxation into the fold of interventions used in cognitive behavior therapy. In its current state, progressive muscle relaxation is often paired with relaxation training and described within a relaxation framework (see (reebird Meditations, 2012, for more).

Research on the use of progressive muscle relaxation for stress reduction has demonstrated the efficacy of the method (McGuigan & Lehrer, 2007). As clients learn how to tense and release different muscle groups, the physical relaxation achieved then influences psychological processes (McCallie et al., 2006). For example, progressive muscle relaxation can help alleviate tension headaches, insomnia, pain, and irritable bowel syndrome. This research demonstrates that relaxing the body can also help relax the mind and lead to physical benefits.

Progressive Muscle Relaxation in Group Psychotherapy

Limited, but compelling, research has examined progressive muscle relaxation within group psychotherapy. Progressive muscle relaxation has been used in outpatient and inpatient hospital

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