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Page number begins on the first page and is repeated throughout.

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

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KIN454: Behavioral Aspects of Sport

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Notice everything that APA requires on the title page.

- the title of the paper should be **BOLD**,
- the name of each author of the paper,
- No Titles for the author,
- the affiliation for each author (typically the school being attended),
- the course number and name for which the paper is being written,
- the course instructor's name and title (e.g., some instructors may prefer "Dr.," "Ms.," "Mrs.," "Mr.," or a different title),
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FONT: Along with Times New Roman 12pt, the following fonts are now acceptable on all APA papers:

- Calibri 11pt
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This APA 7th Edition Sample Paper is designed to provide the student with the BASICS as it relates to the edition changes. Students are encouraged to explore the new edition in greater detail.

No author's notes.

No running head throughout.

You do not indent an abstract.

The word "Abstract" should be centered.

Abstract

Page numbers must continue throughout.

A large body of assessment literature suggests that students' evaluations of their teachers (SETs) can fail to measure the construct of teaching in a variety of contexts. This can compromise faculty development efforts that rely on information from SETs. The disconnect between SET results and faculty development efforts is exacerbated in educational contexts that demand particular teaching skills that SETs do not value in proportion to their local importance (or do not measure at all). This paper responds to these challenges by proposing an instrument for the assessment of teaching that allows institutional stakeholders to define the teaching construct in a way they determine to suit the local context. The main innovation of this instrument relative to traditional SETs is that it employs a branching "tree" structure populated by binary-choice items based on the Empirically derived, Binary-choice, Boundary-definition (EBB) scale developed by Turner and Upshur for ESL writing assessment. The paper argues that this structure can allow stakeholders to define the teaching construct by changing the order and sensitivity of the nodes in the tree of possible outcomes, each of which corresponds to a specific teaching skill. The paper concludes by outlining a pilot study that will examine the differences between the proposed EBB instrument and a traditional SET employing series of multiple-choice questions (MCQs) that correspond to Likert scale values.

Keywords: college teaching, student evaluations of teaching, scale development, EBB scale, pedagogies, educational assessment, faculty development

The abstract quickly summarizes the main points of the paper. No direction on how long it should be, but most abstracts will not exceed 250 words. By standard conversation, abstracts do not contain citations of other works.

Follow the abstract with a selection of keywords that describe the important ideas or subjects in your paper. The keyword list should have its first line indented. "Keywords" is in italics.

No running head throughout.

Main title gets repeated here in bold

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

A majority of Americans experience stress in their daily lives (American Psychological Association, 2017). Thus, an important goal of psychological research is to evaluate techniques that promote stress reduction and relaxation. Two techniques that have been associated with reduced stress and increased relaxation in psychotherapy contexts are guided imagery and progressive muscle relaxation (McGuigan & Lehrer, 2007). Guided imagery aids individuals in connecting their internal and external experiences, allowing them, for example, to feel calmer externally because they practice thinking about calming imagery. Progressive muscle relaxation involves diaphragmatic breathing and the tensing and releasing of 16 major muscle groups; together these behaviors lead individuals to a more relaxed state (Jacobson, 1938; Trakhtenberg, 2008). Guided imagery and progressive muscle relaxation are both cognitive behavioral techniques (Yalom & Leszcz, 2005) in which individuals focus on the relationship among thoughts, emotions, and behaviors (White, 2000).

Group psychotherapy effectively promotes positive treatment outcomes in patients in a cost-effective way. Its efficacy is in part attributable to variables unique to the group experience of therapy as compared with individual psychotherapy (Bottomley, 1996; Yalom & Leszcz, 2005). That is, the group format helps participants feel accepted and better understand their common struggles; at the same time, interactions with group members provide social support and models of positive behavior (Yalom & Leszcz, 2005). Thus, it is useful to examine how stress reduction and relaxation can be enhanced in a group context.

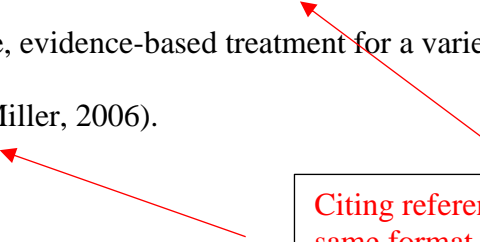
The purpose of this literature review is to examine the research base on guided imagery and progressive muscle relaxation in group psychotherapy contexts. I provide overviews of both

guided imagery and progressive muscle relaxation, including theoretical foundations and historical context. Then I examine guided imagery and progressive muscle relaxation as used on their own as well as in combination as part of group psychotherapy (Baider et al., 1994). Throughout the review, I highlight themes in the research. Finally, I end by pointing out limitations in the existing literature and exploring potential directions for future research.

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 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 (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).



Citing references still follows the same format as APA 6th edition. Only use the author's last name and published year. Direct quotes still must include the page number.

Students are encouraged to review APA 7th edition for heading instructions.

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 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 (Scherwitz et al., 2005). For example, Ball et al. (2003) conducted guided imagery in a group psychotherapy format with 11 children (ages 5–18) experiencing recurrent abdominal pain. Children in the treatment group (n = 5)

participated in four weekly group psychotherapy sessions where guided imagery techniques were implemented. Data collected via pain diaries and parent and child psychological surveys showed that patients reported a 67% decrease in pain.

However, in the majority of guided imagery studies, researchers have not evaluated the technique in the context of traditional group psychotherapy. Rather, in these studies participants usually 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 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)

40 words or
greater use
block
quotation

Thus, even small amounts of progressive muscle relaxation can be beneficial for people experiencing anxiety.

| APA Headings (ONLY PROVIDED AS REFERENCE) | |
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| Level | Format |
| 1 | Centered, Boldface, Title Case Heading Text starts a new paragraph. |
| 2 | Flush left, Boldface, Title Case Heading Text starts a new paragraph. |
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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, and brief (Yalom & Leszcz, 2005). Relaxation training in group psychotherapy typically includes only one or two group meetings focused on these techniques (Yalom & Leszcz, 2005); thereafter, participants are 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.

The word
“References” is still
used and is centered
on the page in bold.

Any reference listed on the
reference page must be cited
directly within the paper.

All references are listed
in alphabetical order.

References

Achterberg, J. (1985). *Imagery in healing*. Shambhala Publications.

American Psychological Association. (2017). *Stress in America: The state of our nation*.

<https://www.apa.org/news/press/releases/stress/2017/state-nation.pdf>

Baider, L., Uziely, B., & Kaplan De-Nour, A. (1994). Progressive muscle relaxation and guided imagery in cancer patients. *General Hospital Psychiatry*, 16(5), 340–347.

[https://doi.org/10.1016/0163-8343\(94\)90021-3](https://doi.org/10.1016/0163-8343(94)90021-3)

Ball, T. M., Shapiro, D. E., Monheim, C. J., & Weydert, J. A. (2003). A pilot study of the use of guided imagery for the treatment of recurrent abdominal pain in children. *Clinical Pediatrics*, 42(6), 527–532. <https://doi.org/10.1177/000992280304200607>

Bernstein, D. A., & Borkovec, T. D. (1973). *Progressive relaxation training: A manual for the helping professions*. Research Press.

Bottomley, A. (1996). Group cognitive behavioural therapy interventions with cancer patients: A review of the literature. *European Journal of Cancer Cure*, 5(3), 143–146.

<https://doi.org/10.1111/j.1365-2354.1996.tb00225.x>

Cohen, M., & Fried, G. (2007). Comparing relaxation training and cognitive-behavioral group therapy for women with breast cancer. *Research on Social Work Practice*, 17(3), 313–323. <https://doi.org/10.1177/1049731506293741>

Cunningham, A. J., & Tocco, E. K. (1989). A randomized trial of group psychoeducational therapy for cancer patients. *Patient Education and Counseling*, 14(2), 101–114.

[https://doi.org/10.1016/0738-3991\(89\)90046-3](https://doi.org/10.1016/0738-3991(89)90046-3)

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