

Guided imagery child play therapy

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DEFINITION Guided imagery therapy is a cognitive-behavioral technique in which a child is guided in imagining a relaxing scene or series of experiences. **RATIONALE** Guided Imagery is similar to hypnosis and various relaxation strategies. Guided Imagery lies somewhere in the middle of a continuum consisting of standard relaxation techniques on one end of the spectrum and hypnosis on the other. As used by the author, guided imagery involves the child engaged in some sort of focused relaxation exercise followed by the use of visual imagery for the purpose of either direct or indirect problem-solving with the child.

Guided Imagery brings two primary benefits to the play-therapy process. First, it can be used to help children gain a sense of mastery over both their bodies and their feelings, and secondarily, it can be used to augment generalization of other gains made in the play therapy by allowing children to use their imaginations to create hypothetical life situations in the play room so as to practice their newly acquired skills with the support of the therapist. Guided Imagery is thus really an elaborate form of role playing.

While conventional role playing can be very effective, it is the use of Guided Imagery to augment mastery that is the focus of this discussion. **DESCRIPTION** Guided Imagery can be introduced at any point in the play therapy process. The child must be able to follow simple sequential directions and must be willing to relax in session. The ultimate goal is to provide the child with an increased sense of mastery, but the initial process requires that the child relinquish some control to the therapist, as the therapist will need to teach the child the techniques.

There are a number of ways the therapist may introduce the process to the child -- younger children often respond to the idea of taking an imaginary trip, while older children often like the idea of personal mastery, including the concept of self-hypnosis. However Guided Imagery is introduced, the therapist begins by teaching the child a basic relaxation strategy. If the child is willing, it is useful to have him or her lie down or sit in a recliner for the early training; alternatively, sitting in a beanbag chair works well.

Progressive deep muscle relaxation is probably the most effective way of preparing the child for guided imagery. In this approach to relaxation the child is asked to focus on one muscle group at a time while working to achieve maximum relaxation of that area of the body. Groups of muscles are added in sequence with the goal of achieving total body relaxation. Younger children may have difficulty with progressive deep muscle relaxation because it is such a passive process. For them a sequence of contract-relax instructions that take them through all of the major muscle groups is usually more effective.

For example the child might be told to curl his toes then relax them, push his knees together then relax, tighten his stomach muscles and relax, and so on. Each muscle group is contracted and relaxed several times in a slow sequential progression. While deep relaxation facilitates the guided imagery process it is not necessary; simply getting the child to focus and follow directions is sufficient. Note that the child should be encouraged to achieve relaxation with his/her eyes open. This will make easier for the child to access the effects of the imagery later, in situations where full relaxation is not possible.

Once even minimal relaxation has been achieved, Guided Imagery can be introduced. The imagery used needs to be tailored to the child's needs, experiences, and developmental levels. This is best illustrated through a case example. Imagery techniques have been combined with a wide range of behavioral and cognitive procedures and treatment methods of some psychotherapeutic approaches, including behavior modification, cognitive processing therapy, rational emotive therapy, multimodal therapy, and hypnotherapy.

Combinations of treatment methods among these approaches lead to the following general uses of imagery: ? antifuture shock imagery (preparing for a feared future event) ? positive imagery (using pleasant scenes for relaxation training) ? aversive imagery (using an unpleasant image to help eliminate or reduce undesirable behavior) ? associated imagery (using imagery to track unpleasant feelings) ? coping imagery (using images to rehearse to reach a behavioral goal or manage a situation ? step-up" technique (exaggerating a feared situation and using imagery to cope with it) An assessment of the child and their problems is an essential part of treatment, both at the beginning of therapy and throughout the entire process. This is to ensure that the therapist has sufficient understanding of the child's situation and diagnosis of the problem(s). The assessment generally covers a variety of areas, such as developmental history (including family, education, and social relationships), past traumatic experiences, medical and psychiatric treatments, and goals.

HEALTHY IMAGERY The University of Michigan Comprehensive Cancer Center reports that clinicians often use guided imagery to help people (including

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children) deal with cancer. Guided Imagery can help children with cancer or other illnesses cope with the pain and the stress they may experience. To help a child through this Guided Imagery exercise, tell him or her to sit comfortably or lie down and close his or her eyes. Then ask the child to tell you their idea of the color of sickness and the color of healthiness. He or she might choose black for sickness and yellow for healthiness.

Ask the child to visualize the black color in the area of the sickness, and then ask them to visualize the yellow color calmly filling the body, destroying all areas of black. Encourage the child to feel the warmth of the yellow color and the happiness that it brings. This can be done by the parent of a child when they are in a doctor's office awaiting tests, when the child is feeling hopeless and when they just need a boost of encouragement. Read more: <http://www.livestrong.com/article/137127-guided-imagery-exercises-children/#ixzz293qwHEFg> APPLICATIONS

Michael was 8 years old when he was brought to play therapy for anxiety-related behaviors. There had been many changes in his life and neither of his parents had been particularly able to address his needs because of their own distress. While play therapy focused on helping identify Michael's basic needs and factors that were preventing him from getting his needs met, Guided Imagery was introduced to help him achieve symptom-mastery, thereby helping to reduce some portion of his anxiety. One problem area was that Michael was having distressing nightmares that were interfering with his ability to get a full night's sleep.

Because of his age, a contract-relax procedure was used to initiate relaxation. Although the therapist wanted Michael to practice his Guided <https://assignbuster.com/guided-imagery-child-play-therapy/>

Imagery while lying on the floor using a pillow and a blanket, Michael found this setup too anxiety-provoking, he associated sleep with having nightmares. For this reason, Michael was initially trained while he sat in a bean bag chair and later moved to a pretend bed. In an interview with Michael it was determined that one of the images he found very relaxing was swimming in a lake (so long as the water was clear enough that he could see the bottom and ensure there were no creatures lying in wait. Once he was relaxed, the therapist guided him through imagining lying in very shallow water by the side of a lake. The image of water was strengthened by making it multisensory. Michael was asked to imagine that the sand he was lying on was warm and very soft and that it felt and sounded like the shifting of the beans in the bean bag chair. Then he was asked to imagine the water as being quite warm as it flowed over his body. He was told to picture a bright blue sky with puffy white clouds and to hear the sound of very gently waves as they moved past his ears.

The ebb and flow of the waves was then synchronized to his breathing so that the waves came up as he breathed in and flowed out as he exhaled. Michael enjoyed the image very much and was more than willing to practice it at home. The therapist instructed Michael to begin by practicing in the morning after he woke up so as to reduce his anxiety about possibly of falling asleep during the exercise. In session, the therapist helped Michael learn to use the image as a way of regaining control when anxious material was discussed.

If Michael became anxious in session, the therapist would cue him to begin “breathing with the waves” in a slow and measured pace. As Michael reported

achieving a more relaxed state, he and the therapist began to introduce images from his nightmares into the process. At first Michael was told to remain lying in the lake and to practice seeing some of the monsters from his dreams in the clouds overhead. Since these were clouds, not monsters, there were not particularly threatening. Later the monsters were brought to life and Michael engaged in many mastery fantasies. He would have his own monsters rise up out of the lake to protect him.

He would become a knight with magic power. Or he would tell a joke and the monsters would laugh until they literally broke into pieces. At this time, the therapist began having Michael use the imagery when he woke up from a nightmare during the night as a way of soothing himself. As Michael reported more success he was encouraged to use the imagery prior to going to sleep at night to create dreams that would not be frightening. In essence, Michael scripted his dreams and took control over the expression of his anxiety. As can be seen in the above, it is important for the relaxation process and imagery to come under the child's control.

The therapist attempts to move from the role of instructor, to simply cuing the start of the process, and finally to a role where he or she is simply reinforcing and helping to focus the use of the process outside of the session. If the child does not gain control of the process, it is unlikely that they will be able to use it outside of session, and they will remain dependent on the therapist. It should be also apparent that the process, at least in this case, also contained elements of cognitive-behavioral therapy and systematic desensitization.

As stated in the introduction, Guided Imagery effectively enhances the therapeutic process. In this case, as intense as his nightmares were, it took Michael only a few weeks to first reduce and then virtually eliminate them. Once he experienced mastery, rapid gains and generalization followed. This same process was used to help him master some other anxiety-related symptoms and enhance his school performance.

SUPPLIES NEEDED The supplies needed for Guided Imagery are items that can help in the relaxation of muscles and visualization of the image(s) of the therapy. Some examples of useful supplies would be: pillows ? blankets ? bean bag chairs ? a bed ? relaxing music (a variety) ? picture books (variety)

RESOURCES <http://www.minddisorders.com/Flu-Inv/Guided-imagery-therapy.html> Books: – Kaduson, Schaefer. 101 Favorite Play Therapy Techniques/Guided Imagery – Crowley, R. Cartoon Magic: How to Help Children Discover Their Rainbows Within. 1989

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