

Using Mental Imagery and Visualisation Techniques with Cancer Patients

Introduction

The use of mental imagery and visualisation techniques with cancer patients is a well-established practice particularly in North America. These techniques were introduced as psychological interventions with cancer patients by the Simontons, a pioneering husband and wife medical team in the 1970s. These approaches have since been popularised through a burgeoning self-help literature in the cancer field. Even though visualisation techniques may not be routinely included in standard healthcare treatments, cancer patients may well be experimenting with them. As healthcare practitioners it is important to have a basic understanding of the theory and practice of this potentially helpful psychological practice, in order to answer patient inquiries and offer guidance on its use.

This module is intended for doctors, nurses, psychological therapists and allied health professionals who are interested in developing their understanding of adjuvant psychological interventions for cancer patients. Undertaking this module should take approximately four hours comprising activities and reflection

Learning Objectives

The activities and content of this module are built around the following learning objectives:

- Placing the use of visualisation techniques by cancer patients into a wider historical context of the therapeutic use of mental imagery
- Understanding how imagery works as a language of communication between the conscious mind and the rest of the mind body system
- Using directive guided imagery scripts for managing common conditions such as stress
- Understanding how receptive imagery can deliver useful information about psychological and physiological conditions
- Understanding the process of developing and maintaining helpful visualisation practices
- Directing patients to helpful and reputable resources for this practice
- Identifying contra-indications to this practice and developing a repertoire of helpful responses to the issues cancer patients might bring concerning its use.

The best way to learn how mental imagery works in practice is by doing it, therefore throughout this module you will be encouraged to apply visualisation techniques to yourself.

Background

A simple way of defining mental imagery is the act of thinking in pictures and, of course, we do this all the time in the form of using our imagination. Examples of this would be conjuring up memories of enjoyable holidays or running forward into the future by imagining how an interview might go. Although the terms themselves, i.e. imagery and visualisation, emphasise the pictorial aspect of imagination, it is important to remember that this is only one element in a whole imagery package – we also imagine smells, physical sensations, emotional states etc. The simple exercise of vividly recalling the experience of biting into a lemon segment will usually promote the production of saliva and this demonstrates the capacity of mental imagery to affect

not only our emotional states but also our physiological system. Recent discoveries in neuroscience confirm the power of imagination; there is no difference between the pattern of neurons firing in the brain between performing an action and imagining the activity (Rizzolatti & Craighero, 2004).

The power of imagery as a therapeutic tool both to diagnose and to effect change in peoples' physical, mental and emotional states has ancient roots. Shamanism, which Achterberg (2002) calls the medicine of the imagination, is ubiquitous across the world. Despite this, however, the therapeutic use of imagery has had a chequered history in the West since the primacy of shamanistic practices was challenged by the rise of modern technical medicine based on empirical science (Sheikh et al, 1989). It was not until the 19th century with its developments in social science and psychology that the efficacy of imagery began to be investigated once more. The founding geniuses of psychotherapy, Freud (1900) and later Jung (1964) were interested in the capacity of mental images, particularly in dreams, to convey important psychological information from the unconscious mind. The discoveries of neuroscience in the latter part of the 20th century prompted a great expansion of interest in studying mental imagery. This explosion of interest resulted in a formidable array of applications of mental imagery across a range of disciplines (Sheikh, 2001). Examples of this would be: in nursing for pain control; in sports coaching to improve athletes' performance; and in psychotherapy for psychological exploration. Thomas (2007) is a current example of developing the use of mental imagery in the psychological treatment of substance misuse (click on [Using Mental Imagery with Substance Misusers](#) for full text of article.)

The use of mental imagery with cancer patients was originally developed by the Simontons (1980), a pioneering husband and wife medical team working at a cancer research institute in Dallas, Texas. They studied the impact of using visualisation techniques with their patients. Their clinical observations led them to believe that helping patients develop a practice of imagining their immune system overpowering the cancer was a means of actively strengthening self-healing mechanisms. This is a standard visualisation practice in the field now and we will return in a later section to discuss this important application in more detail.

Besides this particular application of visualisation, there are a variety of ways that cancer patients might be using mental imagery to help in the management of their illness. The developing discipline of psycho-oncology emphasises the importance of psychological factors impacting on the progression of the illness. Visualisation techniques and procedures used in healthcare are drawn from a wide range of psychological therapies. Humanistic psychotherapy has been a fertile source of imagery techniques that are used to help patients understand and contain challenging emotional states. Cognitive behavioural therapy has given us visualisation techniques to manage stress and increase relaxation. Transpersonal psychotherapies have a repertoire of symbols and mental imagery processes that can help people find meaning in their illness.

How does mental imagery work in theory?

Despite decades of investigation we do not have a clear scientific explanatory model for the capacity of mental imagery to effect both psychological and physiological changes. Therefore, for the time being, we have to rely on working descriptive models that are being generated in this field of research. A particularly useful one has been produced by one of the foremost researchers in this field, Jeanne Achterberg (1996), who suggests that we can draw on the analogy of a computer as follows:

- The hardware comprises neural connections in the central nervous system. The anterior frontal lobe where some images are formed is wired to the limbic system where

emotions are processed. This is connected to the hypothalamus and pituitary, the master glands that influence all the hormone production.

- The software comprises the chemical messengers, the neurotransmitters, that move throughout the physiological system. Achterberg (2002) suggests that Candace Pert's (1997) groundbreaking work on neuropeptides may be the key to understanding why emotions are felt throughout the body.

In this computer analogy, loading an image, for example, of lying on a beach, would be processed as feelings of relaxation and safety in the limbic system. This would then influence the production of hormones in the hypothalamus and pituitary glands. The neurotransmitters then move through the entire physiological system delivering chemically coded instructions to reduce tension/stress throughout the body.

Evidence base

There is a developing evidence base for the role that guided imagery can play in pain control and the management of symptoms (Roffe et al, 2006) as well as the positive impact of visualisation techniques on enhancing patients' psychological capacity to manage their illness (see Kolcaba & Fox's 1999 study of imagery enhancing the comfort of women undergoing radiation treatment for breast cancer.) However, the development of this evidence base has been piecemeal and more systematic well-designed research would help to answer some questions about how directive visualisation techniques can be best employed (Eller, 1999).

Cancer patients are, naturally enough, more likely to be attracted to utilising guided imagery because of claims made in the self-help literature that these practices can potentially increase survival rates. There is a body of anecdotal evidence for the impact of visualisation techniques on the progression of the disease but, thirty years on from the Simontons' groundbreaking work, there is little clear reliable research based evidence for this. It is important to consider why this might be so. The following factors play a role:

- The difficulty of isolating mental imagery as the critical variable
- The idea that mental processes directly impact on physiological processes does not sit well with the medical model of treatment
- The practice of mental imagery does not have a powerful lobby that would attract the level of funding needed for large scale RCT trials that constitute the 'gold standard' of evidence based medicine.

However, it is important to note that dedicated researchers have been working to find ways of evaluating the impact of using mental imagery with cancer patients. One example is a robust prospective research study carried out by Dr. Alistair Cunningham (2000, see www.healingjourney.com for further research) that showed increased survival rates in patients with metastatic cancer who demonstrated more engagement with self-help programmes including visualisation practices. Also the emerging discipline of psycho-oncology with its emphasis on the inter-relatedness of mind and body is promising new initiatives in research design.

Thinking Point:

- How are we conditioned to view imagination by our culture?

Activity 1 (allow 45 minutes)

Task 1: Choose a current but relatively minor concern you have at the moment regarding your professional work. Use your imagination to conjure up a worsening of this situation. Observe what occurs to you emotionally and physiologically. Now imagine the exact opposite – an improvement or resolution of this situation. Again observe what occurs to you emotionally and physiologically.

This simple activity is meant to emphasise the way that mental images have both psychological and physiological effects.

Allow 15 minutes

Task 2: Reflect on your experience of how your patients use their imagination in relation to their illness. How does their imagination help or hinder their ability to manage their condition? What conclusions do you draw regarding the power of mental imagery?

Allow 30 minutes

Resources required to complete this activity

Useful websites

The Healing Journey (Dr. Alistair Cunningham's website)

www.healingjourney.ca

The Academy for Guided Imagery

www.academyforguidedimagery.com

Jeanne Achterberg

www.jeanneachterberg.com

Background reading

Achterberg J (2002). *Imagery in Healing*. Shambala, Boston.

Achterberg J, Dossey B and Kolkmeier L (1994) *Rituals of Healing*. Bantam, New York.

Cunningham A, Phillips C, Lockwood G, Hedley D and Edmonds C (2000) Association of involvement in psychological self-regulation with longer survival in patients with metastatic cancer: An exploratory study. *Advances in Mind-Body Medicine*. 16: 276-294.

Eller L (1999) Guided Imagery Interventions for Symptom Management. In J. Fitzpatrick (Ed) *Annual Review of Nursing Research* (17).

Freud S (1900) *The Interpretation of Dreams. Standard Edition 5*. Hogarth Press, London.

Jung C (1964) *Man and His Symbols*. Doubleday Books, New York.

Kolcaba K & Fox C (1999) The effects of guided imagery on comfort of women with early stage breast cancer undergoing radiation therapy. *Oncology Nursing Forum*. 26(1): 67-72.

Pert C (1997) *Molecules of Emotion*. Simon and Schuster, London.

Rizzolatti G & Craighero L (2004) The mirror-neuron system. *Annual Review of Neuroscience* 27: 169-192.

Roffe L, Schmidt K & Ernst E (2005) A systematic review of guided imagery as an adjuvant cancer therapy. *Psycho-Oncology*. 14(8): 607-17.

Sheikh AA (Ed.) (2001) *Handbook of Therapeutic Imagery Techniques*. Baywood Publishing Company, New York.

Sheikh AA, Kunzendorf RG & Sheikh KS (1989) Healing Images: From Ancient Wisdom to Modern Science. In AA Sheikh & KS Sheikh (Eds.) *Eastern and Western Approaches to Healing: Ancient Wisdom and Modern Knowledge*. Wiley, New York.

Simonton OC, Mathews-Simonton S & Creighton JL (1980) *Getting Well Again*. Bantam, New York.

Thomas V (2007) Using Imagery with Substance Misusers. *Self & Society* 34(5): 5-11.

Walker LG, Walker MB, Ogston K, Heys SD, Ah-See AK, Miller ID, Hutcheon AW, Sarkar TK & Eremin O (1999) Psychological, clinical and pathological effects of relaxation training and guided imagery during primary chemotherapy. *British Journal of Cancer*. 80(1-2): 262-268.

The Language of Mental Imagery

In most of the self-help literature visualisation is commonly presented as a technique, albeit a powerful one. Although this is an understandable and pragmatic response to the inherent difficulties in developing explanatory theoretical frameworks for its physiological and psychological efficacy, it can lead to a somewhat limited understanding of mental imagery. A more useful way of viewing this is to recognise that mental imagery is a particular type of language that allows us to communicate directly with the mind-body system. Its superiority over verbal language in this regard is obvious when we return to the earlier example of imagining sucking a lemon. This mental image automatically produces an increase in salivation. The same result is not obtained from instructing the self verbally to produce saliva (without an accompanying image.) Clearly, the more fluent we become in the language of imagery and the more we understand about it, the more we can use it effectively. Some of the important characteristics of this language are as follows:

- It is literal and direct rather than conceptual and abstract. Thus it operates as a descriptive rather than an analytical tool.
- It is precise and accurate. Images are not arbitrary; an image of a ball of string is conveying specific information and this is different to, for example, a similar picture of a loose tangle of rope.
- It carries both personal and cultural meanings. Thus the act of decoding mental imagery can be a complex and highly individual process.
- It portrays high density information coding. All aspects of a mental image need to be considered as potentially meaningful.
- The image is often accompanied by emotional/physiological states.
- It is endlessly creative.

(This section is a condensed version of [Chapter 5: Working with Imagery](#) [Thomas, 2006])

How is this language used?

Due to its capacity for communicating with the mind-body system there are three main ways in which visualisation can be used. However, in all three cases, the visualisation procedure is preceded by a relaxation process. This is because it is important to tune out the interference of the conscious rational mind in order to establish a stronger link with the subconscious mind.

The most popular means of employing mental imagery is in the form of guided imagery scripts. This is directive imagery where the language is being employed as a means of directly influencing the mind body system in a generally positive direction. Popular scripts usually focus on promoting relaxation and stress reduction, particularly with regard to helping patients prepare for anxiety provoking procedures such as chemotherapy (Achterberg et al, 1994). Other helpful scripts work on increasing a sense of well-being to counter-act negative emotions and low energy (Brigham, 1994).

Due to the bi-directionality of this language of communication, mental imagery can also be used in a receptive capacity. Here the conscious mind requests information from the subconscious mind or mind body system in the form of mental pictures. An example of this would be to ask someone to represent a feeling they are experiencing in their body in the form of a picture. This image would contain information about the condition that could allow for more clarification regarding its origin and nature. This type of imagery is used in psychotherapy for its diagnostic potential. In the cancer field the Simontons (1980) discovered that asking their patients to visualise their disease gave a much more accurate reflection of their patients' relationship with the illness than purely verbal reports.

The third type of visualisation is interactive and, as the term suggests, draws on both the directive and receptive capacity of mental imagery. This is usually operating when a therapist and patient are working collaboratively and using mental imagery in a process of uncovering information from the subconscious mind and then developing the image in a more positive direction. Interactive imagery is used in the cancer field in two important ways: firstly by helping patients develop an imagery practice of visualising the immune system overcoming the cancer; and secondly by helping patients symbolise an inner healer and to engage in productive dialogue with this figure (Rossman, 2000). These two important practices will be explored in more depth in the next section.

Thinking Point:

- What might prevent us from receiving and trusting information delivered in a non-conceptual, non-verbal language?

Activity 2 (allow 90 minutes)

Task 1: Listen to an audio guided imagery relaxation script and evaluate its capacity to decrease stress and tension. You can listen to Dr. Alistair Cunningham's audio clip held on <http://www.pauldauricentre.org.uk/healingjourney/hjlevels1and2.html> or you can choose another one from the other websites listed below.

Allow 30 minutes

Task 2: Click on [Listening to a Symptom](#) and follow the guided imagery audio clip. This process is designed to help you translate an area of physical discomfort into a mental image.

Reflect on this experience and evaluate the process of receiving communications in the form of imagery from the mind-body system. Did it deliver further insights into the nature and cause of the physical state?

Allow 60 minutes

Resources required to complete this activity

Useful websites

Health Journeys
www.healthjourneys.com

The Paul D'Auria Cancer Support Centre
www.pauldauriacentre.org.uk

The Simonton Cancer Center (some resources in Spanish)
www.simontoncenter.com

Background reading

Achterberg J, Dossey B and Kolkmeier L (1994) *Rituals of Healing*. Bantam, New York.

Brigham DD (1994) *Imagery for Getting Well: Clinical Applications for Behavioural Medicine*. Norton, New York.

Rossmann ML (2000) *Guided Imagery for Self-Healing*. Kramer, Tiburon, CA.

Simonton OC, Mathews-Simonton S & Creighton JL (1980) *Getting Well Again*. Bantam, New York.

Thomas V (2006) *Therapeutic Imagery with Substance Misusers: A Practitioner's Guide*. (Published on www.lulu.com)

Popular Interactive Imagery Practices in the Cancer Field

Over the last few years there have been two applications of interactive imagery that have established themselves as particularly popular. Patients often come across these techniques in the self-help literature and request guidance in using them. As healthcare practitioners it is important to understand these particular applications in more detail.

Developing a visualisation practice to support the healing process

One of the most popular visualisation techniques is the practice of imagining the immune system overpowering the cancer. This application was originally developed by the Simontons in the 1970s based on the understanding that the immune system held the key to the progression of the disease.

In this application the person is encouraged to use receptive imagery to symbolise the illness and then to draw it. The next stage is to introduce into this picture, an image representing the immune system actively working to reduce or destroy the cancer image. In response to these instructions people can produce a wide range of imagery. Sometimes this takes the form of more literal expressions of the physical and biological processes at work i.e. the cancer is seen as a collection of malfunctioning cells in the form of a tumour, and the immune system is

represented by macrophages and white T cells. Sometimes it visualised more symbolically, for example, as a mediaeval knight on horseback spearing a dragon.

Very early on the Simontons discovered that the imagery their patients produced was indicative of their beliefs about the progression of the illness. Patients who produced weak imagery symbolising the immune system e.g. rain falling on rocks representing the tumours were revealing their hopelessness regarding the capacity of their physical system to fight the disease. In these cases, the Simontons realised the importance of helping patients create changes in the imagery that would convey a stronger message to the subconscious mind of faith in the power of the immune system. The patients would then be encouraged to practice this twice a day and to monitor any changes in the imagery of the illness as they went along.

This practice as envisaged by the Simontons, remains as an enduring legacy to their pioneering work. Currently, the only changes to this practice are moves towards a wider range of healing images (Rossman, 2000); originally the images representing the immune system that the Simontons suggested as possibilities to their patients were often aggressive and violent in their action. This married well with ideas of the time concerning the importance of maintaining a 'fighting spirit.'

Using mental imagery to promote self care

Another practice that has been growing in popularity is the development of skills in actively listening to symptoms and accessing dependable intuitive guidance regarding the physical health of the body. This practice is in tune with current interest in patients' active participation in managing their illness (Rossman, 2002). A common visualisation procedure is to imagine meeting with and listening to an inner advisor or inner healer.

This idea that the mind-body system is a source of deep wisdom that can be accessed through an inner dialogue is an ancient one. In many pre-modern spiritual traditions there is the notion of an inner guide that, if we allow it to, can deliver important information about us that is hidden from the conscious mind (Sheikh, 1989). The instructions given in current literature for accessing the inner healer are simply updated versions of this ancient tradition.

In this practice, the patient is encouraged to visualise a space or a room belonging to his or her inner advisor (Rossman, 2000). In this inner space the patient imagines a figure that symbolises a source of trustworthy advice regarding his or her health and well-being. People will often report a wide range of images ranging from a conventional Western doctor through to archetypal representations of Gods and Goddesses. Occasionally, people will report animals or energy constructs instead. The person is then encouraged to begin a dialogue with the representational figure. The person can ask direct questions about his or her health condition and also ask for general advice or recommendations from the advisor. Sometimes the answers appear to confirm the conscious mind's views and sometimes the answers and recommendations are surprising and indicate that the patient needs to pay attention to other factors in his or her life that are impacting on the illness.

Thinking Point:

- How do we support or disempower patients' intuitive understanding of their symptoms.

Activity 3 (allow 75 minutes)

Task 1: Listen to the audio guided imagery script for [Meeting your Inner Advisor](#). Ask a colleague to do the same. Write some brief notes recording your experience. Compare notes with your colleague and discuss similarities/differences in your experience.

Allow 45 minutes

Task 2: Reflect with a colleague on your experience of patients' intuitive understanding of their illness.

Allow 30 minutes

Resources required to complete this activity

Useful websites

The Healing Mind (Dr. Martin Rossman's website)
www.thehealingmind.com

Background reading

Rossman ML (2000) *Guided Imagery for Self-Healing*. Kramer, Tiburon, CA.

Rossman ML (2002) Interactive Guided Imagery as a way to access patients' strengths during cancer treatments. *Integrative Cancer Therapies*. 1(2):162-165.

Sheikh AA, Kunzendorf RG & Sheikh KS (1989) Healing Images: From Ancient Wisdom to Modern Science. In AA Sheikh & KS Sheikh (Eds.) *Eastern and Western Approaches to Healing: Ancient Wisdom and Modern Knowledge*. Wiley, New York.

Simonton OC, Mathews-Simonton S & Creighton JL (1980) *Getting Well Again*. Bantam, New York.

Issues in Practice

Visualisation is a powerful technique that can bypass a person's conscious defence mechanisms and needs to be used with care. It is not suitable for everyone and it is important to be aware of the following contra-indications.

It is not an advisable practice if the person:

- is on high doses of pain control medication as this can interfere with the person's ability to detect messages delivered by the mind body system
- has a serious mental health condition particularly if this includes delusional thinking. Mental imagery requires the capacity to differentiate between internal imagery and external reality
- is suffering from post traumatic stress disorder as visualisation can trigger flashbacks.

Questions that your patients might raise

A whole range of concerns can arise for patients ranging from simple questions concerning the method itself right through to more complex issues concerning the idea that thinking affects our physiology.

At the simple end of the continuum patients can sometimes say that they find it difficult to visualise. This is often due to a belief that seeing internal imagery is similar to the act of viewing the external world. This confusion is usually cleared up by explaining to the patient that viewing internal pictures is an act of imagination. Asking someone to close their eyes and imagine a tree will usually be enough to demonstrate this.

Another common concern is the trustworthiness of mental pictures. Surely the mind can invent pictures in the form of fantasies so how we can tell if messages are being delivered by the subconscious mind? This is a complicated issue and it takes practice to become skilled in identifying attempts by the conscious mind to interfere with and repress deeper messages arising from the mind body system. Initially it is helpful to undertake this work with an experienced practitioner who can help to discern if these are fantasies or not. One useful rule of thumb is that images from the subconscious mind tend to demonstrate consistency and coherence over time, whereas surface imagery produced by a defensive ego is much more inconsistent and has little substance.

It is also possible for people to have a negative experience of using a visualisation process. This can be doubly upsetting when mental imagery is being recommended as a positive practice in managing the illness. It is important to find a way to help patients contain and understand their experience. It is possible that this has happened due to the contra-indications listed above. However, a common reason is that the visualisation technique has inadvertently re-stimulated an earlier repressed trauma. As noted in the first paragraph, this technique bypasses the defence mechanisms and for patients unused to self-exploration or with repressed psychological issues, it is possible for uncomfortable feelings or painful memories to rise to the surface. In these cases it is best to stop using the visualisation processes and to work with a therapist or counsellor in a safe way to explore the issues.

Another difficulty that might arise is that patients translate the helpful practice of visualisation into something that increases psychological pressure upon themselves. The idea that our imagination can impact on our well-being can lead patients into a belief that they have caused their illness through their uncontrolled negative imagination. Unfortunately, the notion that we create our own reality is fed by some of the self-help literature. It is clearly important to reassure patients that although it is suggested that visualisation can have a positive impact on the management of the disease it is not the cause of the illness.

Resources and recommendations for patients

The practice of using mental imagery is established, if not in the conventional treatment field, then certainly in the burgeoning self-help literature and complementary therapies accessed by cancer patients. It is likely that your patients will at some time ask you for your advice concerning its application. A useful way of framing visualisation is as a psychologically helpful adjuvant practice. It is important to help patients make right choices bearing in mind contra-indications and some of the more extreme claims in the literature. Any movement in the direction of active participation in self-care is to be encouraged. Particularly helpful books and resources are listed below.

However, in the end, the best resource for your patients is the knowledge gained from your own experience of exploring the use of mental imagery.

You are encouraged to:

- develop an ongoing visualisation practice of your own (see Glouberman, 1989 for an introduction to mental imagery and self-development) where you can test out the claims made for this potentially powerful therapeutic language.
- develop a repertoire of basic directive visualisation techniques that can be used effectively with patients e.g. increasing relaxation; pain management and stress reduction (see Brigham, 1994 and Achterberg et al, 1994).

Thinking Point:

- How can your patients access these visualisation practices for themselves?

Activity 4 (allow 30 minutes)

Task 1: Listen to the short audio file of Dr. Martin Rossman's explanation of guided imagery held on the home page of www.thehealingmind.com. Critically appraise his explanation. Does this match your understanding of mental imagery at the end of this module?

Allow 15 minutes

Task 2: Review your experience with the visualisation exercises in the previous sections. What insights have these delivered into the processes your patients' might experience with guided imagery?

Allow 15 minutes

Resources required to complete this activity

Useful Resources for Clinicians

Achterberg J, Dossey B and Kolkmeier L (1994) *Rituals of Healing*. Bantam, New York. (A guide to using mental imagery in healthcare written by some of the pioneers in this field.)

Brigham DD (1994) *Imagery for Getting Well: Clinical Applications for Behavioural Medicine*. Norton, New York: (A thorough and detailed guide to clinical practice.)

Eller L (1999) Guided Imagery Interventions for Symptom Management', in *Annual Review of Nursing Research* (17). (A very detailed review of the research for visualisation applications in healthcare.)

Glouberman D (1989) *Life Choices and Life Changes through Imagework*. Unwin Books, London. (A classic introduction to the use of mental imagery for personal development.)

Krystal P (1993) *Cutting the Ties that Bind*. Weiser, Newbury Port MA. (A classic guide to mental imagery for personal and spiritual development.)

Recommended websites for patients

The Healing Mind (Dr. Martin Rossman's website)
www.thehealingmind.com

Health Journeys
www.healthjourneys.com

The Simonton Cancer Center
www.simontoncenter.com (some resources in Spanish)

Recommended books for patients

Naparstek B (1995) *Staying Well with Guided Imagery*. Warner Books, Victoria, Aus.

Rossman ML (2000) *Guided Imagery for Self-Healing*. Kramer, Tiburon, CA.

Discussion Board

The discussion board is a forum in which you can exchange ideas with other participants. This activity relates to the work you will have completed in earlier tasks and provides an opportunity for you to explore the difference in perspectives between the participants.

Discussion Board

When will it take place

For a 3 month period from date of publication of this article.

Which discussion thread

Using mental imagery and visualisation with cancer patients

What is expected of you as a participant

This module has only touched on some of the issues in the use of mental imagery and visualisation techniques with cancer patients. By sharing your experience and questions regarding this practice we can build on the current body of knowledge.

Summary of this module

By completing this module you should have a better knowledge of the development of visualisation practices in the cancer field and their current applications. You should have some understanding of the theory and evidence base and some insight into the way in which the language of mental imagery works. You should also be able to assist patients with common questions regarding this practice and signpost them to reputable resources.

On completion of this module you will have had the opportunity to:

- Place the practice of using visualisation in a wider therapeutic context
- Consider the theory and practice of using mental imagery with cancer patients
- Explore through your own experience some popular applications of mental imagery
- Become aware of issues likely to arise for cancer patients using visualisation techniques.

Valerie Thomas

Senior Lecturer in Counselling
Faculty of Health and Social Care
Anglia Ruskin University
Bishops Lane
Chelmsford CM
UK

email: valerie.thomas@anglia.ac.uk