

A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY TECHNIQUE ON PATIENTS WITH DEPRESSION IN SELECTED MENTAL HEALTH CENTRES

AK. Rajan¹, G. Jayalakshmi^{*}

¹Sri Lakshmi Narayana Institute of Medical Sciences Affiliated to Bharath Institute of Higher Education and Research, Puducherry, India.

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ABSTRACT

The study's goal was to see how well-guided imagery worked as a nursing intervention for patients suffering from depression. Numerous studies have supported the use of guided imagery to improve patient outcomes. Guided imagery has been utilized for various purposes and is regarded as an effective depression treatment. A quasi-experimental approach with a pretest and posttest design was chosen for this study. The current study's sample size was compressed to 30 people, who were selected at random and given guided imagery. The Beck depression scale was used to collect data before and after utilizing guided imagery. As a result, the goal of this study is to see how a GI intervention affects patients' perceptions of depression. Patients with depression who got the GI intervention on a compact disc (CD) once a day for 10 days are expected to have higher comfort and lower depression after 10 days.

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Corresponding Author:

Dr. G. Jayalakshmi,
Sri Lakshmi Narayana Institute of
Medical Sciences, Puducherry,
India.
Email: jayalakshmi.2k15@gmail.com

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1. INTRODUCTION

Depression Has a Significant impact on family, social, and economic levels and could become the first cause of morbidity in developed countries shortly [1,2]. Psychiatric inpatients with mood disorders experience their condition in a complex existential context of generalized discomfort, which results from the illness and hospitalization itself. Sometimes, hospitalization is repeated many times until the person can overcome illness. Patients feel constrained, impotent, uncomfortable, imprisoned in illness, needing to (re)build themselves to continue living, and believing that they can only rebuild through hospitalization.

The hospital is perceived as a refuge but also a place where freedom is limited [3]. Within this setting, guided imagery (GI) may be beneficial in reducing the many discomforts associated with mood disorders, including depression, stress-related symptoms, anxiety, inability to hold a job, and relationship problems. Guided imagery is a self-care technique said to aid in the treatment of depression. Often led by a practitioner or a recording, it aims to minimize negative or stress-inducing thoughts by focusing on pleasant images. Some alternative medicine proponents suggest that guided imagery can help relieve depression in part by altering certain mind-body connections thought to influence mental health [4].

While the visualization exercises used in guided imagery vary, they often concentrate on peaceful and comforting images, such as serene nature scenes. Preliminary research indicates that practicing guided imagery may help improve mood, a key factor in alleviating depression [5]. There's also some evidence that guided imagery may help reduce stress, another issue closely linked to depression. Research suggests that guided imagery may help with several other stress-related health problems, including chronic pain and insomnia. Although there's currently a lack of large-scale, long-term clinical trials testing the use of guided imagery in the treatment of depression, a few small studies suggest that this technique may be helpful for depression relief [6].

2. MATERIALS AND METHODS

The design is a quasi-experimental design that was used to measure the differences in comfort and depression. Independent Variables. In the present study, the Independent variable is the guided imagery technique used for the treatment of depression. Dependent Variables: The Level of depression of mentally ill patients who are admitted to selected Mental Health centers.

The setting of the study is selected Mental Health centers in Chennai.

Sampling Technique

A simple random sampling technique was applied for this study.

Sample Size - 30 samples

2.1. Inclusion Criteria

Includes both male and female mentally ill depressive patients.

Psychiatric patients with mild and moderate levels of depression who are in the age group of 20-60 years.

Mentally ill depressive patients who can understand English or Tamil.

2.2. Exclusion Criteria

Patients who can't hear and understand the investigator

Conceptual Frame Work Based on Imogenking's goal attainment theory

Development of Tool

The data was collected using Beck's Depression Inventory and a questionnaire for collecting the demographic data.

2.3. Data Collection Method

The primary study was conducted from 01/03/20 to 10/04/20. Data collection was carried out in three phases.

Phase 1: Beck's depression inventory assessed patients' pretest levels of depression. A demographic questionnaire also assessed the demographic profile.

Phase 2: After the pretest, the guided imagery technique was administered continuously to the patients for 10 days, 20-30 minutes each day.

Phase 3: PosttestThe posttest level of depression will be assessed again after guided imagery with Beck's depression inventory, and the data will be analyzed using descriptive and inferential statistics.

3. RESULTS

The frequency and percentage distribution of age groups among 30 Depression Patients shows that 60% of them belong between 20 – 30 years, 27% of them belong between 31 -40 years, 13% were between 41 - 50 years, and none of them shows in between 51-60 age group. Regarding gender depression, patients were equally distributed 50%. According to the educational status, 33% were illiterate, 47% had a primary education, and 20% had completed higher secondary education, with none at the diploma or graduate level. The above table verifies the previous occupation among the depression patients who were staying in the mental health hospital: 40% of them were another category type of job-oriented people, the next 33% of them worked in the government sector, and the last and lowest, 27% category of the people worked in the private sector. The above frequency and percentage table indicate the Monthly Income among 30 depression patients: 53% of them get below Rs5000 next, 33% of them get between Rs.5001 - 15000, 13% earn between 15001-25,000, and no one gets 25,001-35,000 and above. Figure 1 presents religious patterns among depression patients. Among these, many of them were Hindus, 53%, and very few were Muslims, 7%; between these two categories longed for Christianity, and none belonged to another category. The above table explains the marital status among 30 selected depression patients people from that widow/widower showed the highest at 53%, and next separated was lowest at 7%. Between these two categories, married and unmarried people accounted for 13% and 26%, respectively. The above table finds out the area of residence among 30 depression patients; both urban and rural areas showed a similar range of 50%. The above table confirmed that the duration of stay among 30 depression patients who were staying in mental health hospitals, especially 53% who showed high levels, was between 5-8 years. The lowest 7% were under 1 year. Some of them in another category, such as 1-4 years, were 13%, and 9 years and above were 27%, respectively.

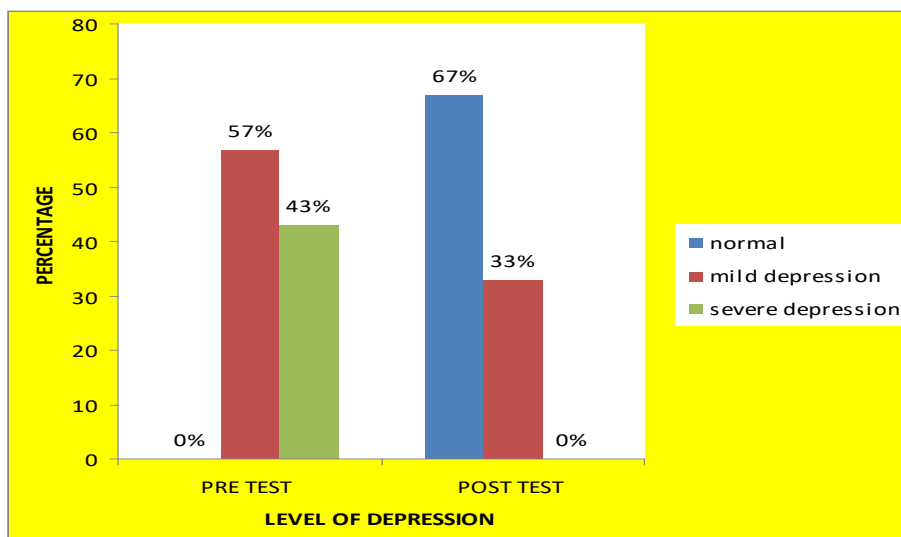


Figure 1: Level of Depression among Depression Patients during Pretest and Posttest.

Figure 2 points out the effectiveness of the Guided imagery technique based on the mean score level of depression before and after the Guided imagery technique among 30 depression patients. The pretest mean value was $M=19.06$, and the standard deviation was $SD=3.947$; the posttest mean value was $M=9.66$, and the standard deviation was $SD=2.82$. Finally, the mean difference between the pre and post-levels was $MD=2.867$, and the obtained 'p' value of 0.000 is less than the tabulated 'p' value of 0.01 . Hence, it was proved that the Guided imagery technique was effective in reducing the depression level among depression patients, so H_0 was rejected.

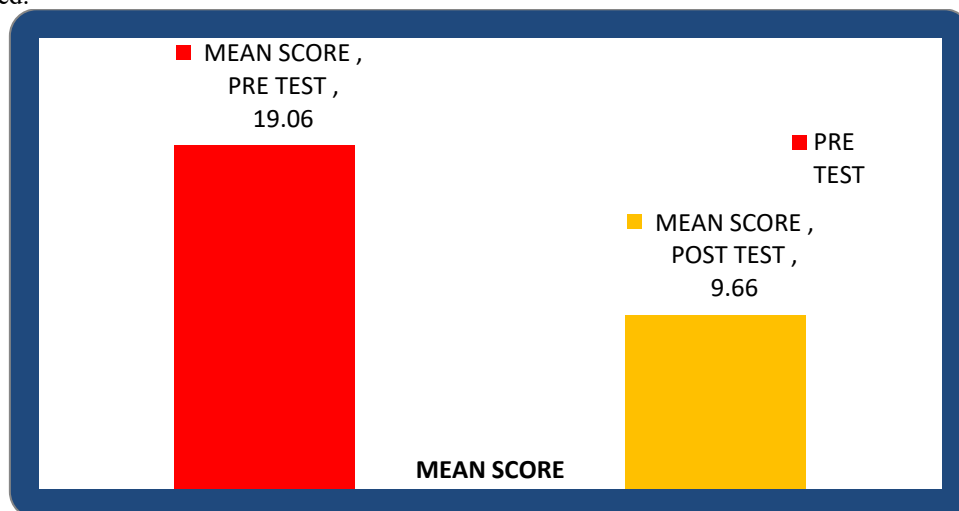


Figure 2: Level of Depression Among Depression Patients during Pretest and posttest

Figure 3 evaluates the association between the level of depression and the educational status among 30 depression patients who were staying in the mental health hospital. There are five categories of educational status and three patterns of scoring depression levels. The first category was illiterate people. They had mild depression 23.3% and severe depression 10 % respectively because poor educational status and poor coping strategies followed them in crises. The second category was people who attained the primary level of education; they had both mild as well as severe depression 13.33% and 33.3%, respectively. The reason maybe they have more love and affection towards their children and grandchildren, a third category was was the people who completed higher secondary education, they had only mild depression 20% reason maybe they can able to cope up with the problem towards some extent. The last two categories, diplomas and graduates, don't have a depression of 0%. The reason for this was none of them participated in my study. Finally, the result showed that the chi-square value = 9.813 at 2 degrees of freedom, and the obtained 'p' value was 0.007 , it is less than the

tabulated 'p' value (<0.05); hence there was a significant relationship between the level of depression and educational status of depression patients.

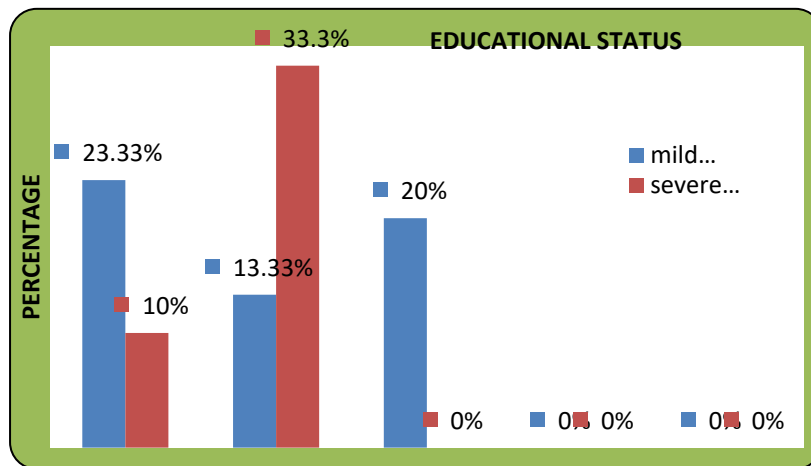


Figure 3: Percentage Distribution of The Level of Depression With Their Educational Status.

Figure 4 shows the association between marital status and the level of depression among 30 depression patients who were staying in the mental health hospital. According to the marriage status, widows/widowers showed a high percentage levels of depression 23% were mild depression, and 30% were severe depression, respectively; the reason may be the emptiness syndrome. The next lowest was shown by the separated people only with severe depression. In between these two categories, married and unmarried people had some level of depression ; first-married people had 13% of mild depression, and none 0% had severe depression; the reason may be they have some sort of hope regarding their future, second unmarried they had 20% of mild and 7% of severe depression, the reason may be they already have some sort of depression regarding unmarried and unavailability of support system. The final result showed that the chi-square value=7.856 at 3 degrees of freedom and the obtained 'p' value = 0.049*, which is less than the tabulated 'p' value of 0.05. Hence, there was a significant association between the level of depression and marital status.

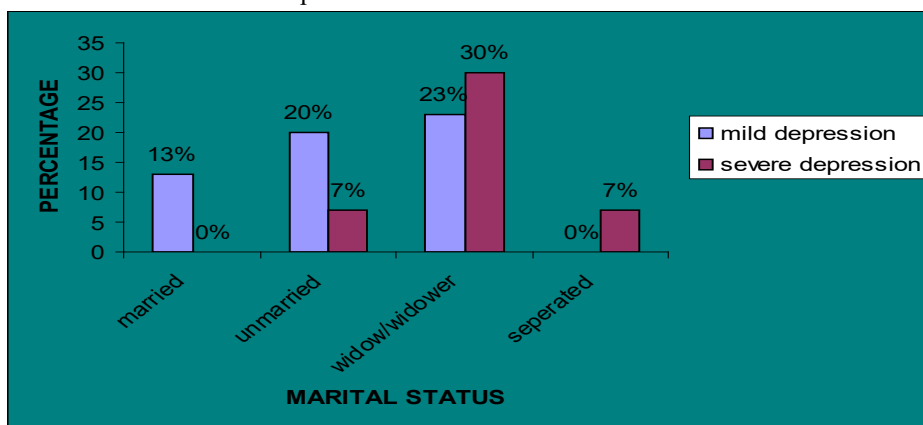


Figure 4. Percentage distributions on level of depression among depression patient people with their marital status.

4. DISCUSSION

The study used a quasi-experimental approach with a one-group pretest and posttest-only design. The study was conducted in the mental health hospital setting with adequate samples in Chennai. Beck depression scale to assess the level of depression before and after Guided imagery technique and questionnaire to identify the demographic data of the patients were used in this study. The response was analyzed through descriptive statistics (mean, frequency, percentage, and standard deviation) and inferential statistics (correlation coefficient, paired 't' test, and chi-square). Discussion on the findings was arranged based on the objectives of the study. The present study findings revealed that among 30 samples, the pretest value of mild depression was high at 56.7%, the comparatively pretest level of severe depression was 43.3%, and the normal was 0%. In the posttest, typical was 67% and mild depression was 33%, none of them 0% in severe depression [7].

The present study indicated that the posttest mean value of depression was lower, $MV=9.66$ than the pretest mean value of depression, $MV =19.06$, and the mean differences between the pretest and post-test were $MD = 2.867$. The obtained 'p' value = 0.000^{***} Hence, it is proved that the Guided imagery technique was highly effective for depression patients who were residing in the mental health hospital. These results were by Wang. JJ (2004) conducted a comparative study of the Guided imagery techniques on self-esteem, depressive symptoms, and mood status of older adults residing in long-term care facilities at institutionalized old homes [8]. A quasi-experimental design was conducted using a pre-intervention test and purposive sampling. Rosenberg's self-esteem, health perception, and emotional rating scales were used as study instruments. Each subject was administered pre and post-experimental tests at four-month intervals. All subjects underwent weekly individual reminiscence intervention. The independent test was conducted on a total of 30 subjects to measure the differences found between the groups in the mood status post-test. Significant differences were 't' value = 10.267 noted in self-health perception, depression symptoms, and mood status between pre and post-intervention tests in the institutionalized group. These results suggested that reminiscence was especially appropriate for elderly people [9].

The study findings revealed a significant relationship had taken place between educational status and marital status among 9 demographical variables (Age, Sex, Educational status, previous occupation, and duration of stay in the nursing home). In the educational status illiterate, the people who had discontinued primary education had 13.33% of mild depression and 33.3% of severe depression; the people who studied up to higher secondary level had only mild level of depression 20%, none of 0% in diploma and graduate category. The obtained 'p' value = 0.007 . Regarding marital status, widows/widowers had high levels of depression in both mild and severe, 23% and 30%, respectively; among married people, the mild level of depression was 13%; the people who separated from their husbands had only severe depression were 7%, last one the unmarried people they had 20% of mild depression and 7% of severe depression. The obtained 'p' value = 0.049 . In the present study, different researchers have observed that reminiscence therapy was indeed helpful [10-13].

5. CONCLUSION

The value of Reminiscent therapy is undoubtedly proven in this study. In conclusion, we suggest using the Guided imagery technique as a first line of treatment for those who are depressed.

ETHICAL APPROVAL

Nil

COMPETING INTEREST

The authors declare no conflict of interest.

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