

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

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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 ten days are expected to have higher comfort and lower depression after ten days.

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## 1. INTRODUCTION

Depression Has a Significant impact at 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 [3]. In some situations, hospitalization is repeated many times until the person can overcome the state of 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 [4].

The hospital is perceived as a refuge, but it is also a place where freedom is limited [5]. 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 [6]. While the visualization exercises used in guided imagery tend to vary, they often include concentrating 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 [7]. 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 a number of other stress-related health problems, including chronic pain and insomnia. Although there's currently a lack of large-scale,

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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.

## 2. MATERIALS & METHODS

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

The setting of the study: selected Mental Health centers, 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. Exclusion Criteria - Patients who can't hear and understand the investigator. Conceptual Frame Work Based on Imogenking's goal attainment theory. The data was collected using Beck's Depression Inventory and a questionnaire for collecting the demographic data. The primary study was conducted during the period of 01/03/20 to 10/04/20. The data collection is carried out in three phases

- Phase 1: The pretest level of depression was assessed for patients by Beck's depression inventory. The demographic profile was also evaluated by using a demographic questionnaire.

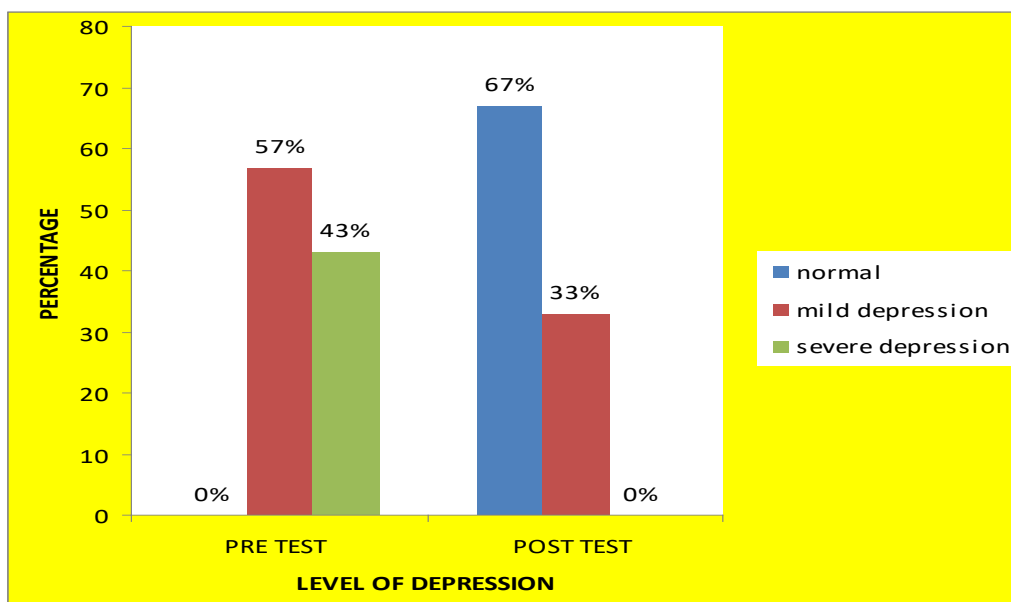
- Phase 2: After the pretest, a guided imagery technique was administered to the patients continuously for ten days, 20-30 minutes each day.

- Phase 3: Posttest level of depression to be assessed again after guided imagery with Beck's depression inventory, and the data analysis was done by 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 educational status, 33% of them were illiterate, and 47%

had a primary education, and 20% completed higher secondary education, with none at the diploma or graduate level. The figure verifies the previous occupation among the depression patients who were staying in the mental health hospital among that 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 in that 53% of them get below Rs5000 next, 33% of them get between Rs.5001 - 15000, 13% get between 15001-25,000, and no one getting 25,001-35,000 and above. The analysis of religious patterns among the depression patients showed that many of them were Hindus 53%, and very few of them were Muslims 7%; in between these two categories, 40% belonged to Christianity, and none of them another category. The data explains the marital status among 30 selected depression patients. People from that widow/widower showed highest at 53%, and the next separated was lowest at 7%. Between these two categories, married and unmarried people accounted for 13% and 26%, respectively. The above figure shows that the area of residence among 30 depression patients in 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 one year, and some of them in another category such as 1-4years were 13%, and nine years and above were 27% respective.



**Figure 1.** Level of Depression among Depression Patients During Pretest and Posttest

The above table 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; the reason may be poor educational status and poor coping strategies followed by them in a crisis. The second category was people who attained a primary level of education; they had both mild as well as severe depression 13.33% and 33.3%, respectively, reason maybe they have more love and affection towards their children and grandchildren; third category was 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 were diploma and graduate. They don't have the depression 0% reason for this was none of them did not participate in my study; the result showed that the chi-square value = 9.813 at 2 degrees of freedom, and the obtained 'p' value was 0.007, which 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.

#### 4. DISCUSSION

The study was conducted using a quasi-experimental approach with a one-group pretest and posttest-only design. The study was conducted in the mental health hospital setting, which is available with adequate samples in Puducherry. 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, 56.7%, the pretest level of severe depression was 43.3%, and the normal was %. In the posttest, normal was 67%, and mild depression was 33%; none of them were 0% in severe depression. 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 posttest 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 residing in the mental health hospital.

These results were by Nasri et al. (2015), who conducted a comparative study of the Guided imagery technique 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 [9]. Each subject was administered pre and post-experimental tests at four-month intervals. All subjects underwent weekly individual reminiscence intervention. In a total of 30 subjects, The independent test was conducted to measure the difference found between the groups in the mood status posttest. Significant

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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.

The study findings revealed a significant relationship had taken place in educational status and marital status among nine demographical variables (Age, Sex, Educational status, previous occupation, and duration of stay in the old age 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%, and the people who separated from their husband 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 observed that reminiscence therapy was helpful [10, 11].

## 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.

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## ETHICAL APPROVAL

Nil

## COMPETING INTEREST

The authors declare no conflict of interest.

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