

# 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 aim of the study was evaluate the effects of guided imagery as a nursing intervention for depression in patients. Many studies support the use of guided imagery to improve patient outcomes. Guided imagery has been used for different purposes and it is thought to be an effective intervention for people suffering from depression. The design selected for this study was a quasi-experimental was used with a pre-test and a post-test design. The sample size of the present study compressed of 30 was selected randomly and Guided imagery technique was given. Data was collected before and after Guided imagery technique by using Beck depression scale.

Therefore, the purpose of this study is to test the effects of a GI intervention on patients' perception of depression. It is hypothesized that after 10 days, patients with depression who received the GI intervention on a compact disk (CD) once a day for 10 days will have higher comfort and lower depression.

**Key words:** Guided imagery technique, Depression

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## INTRODUCTION

Depression Has a Significant impact at family, social, and economic levels and could become the first cause of morbidity in developed countries in the near future. Psychiatric inpatients with mood disorders experience their condition in a complex existential context of generalized discomfort, which results from the illness and hospitalization itself. In some situations hospitalization is repeated many times until the person can overcome the illness state. 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 it is also a place where freedom is limited. 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.

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. 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, 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 [1-5].

## MATERIALS AND METHODS

**Design:** Design is quasi-experimental design was used to measure the differences in comfort, depression.

**Independent variables:** In the present study the Independent variable is guided imagery technique used for the treatment of depression.

**Dependent Variables** Level of depression of mentally ill patients who are admitted in selected Mental Health centres.

Setting of the study: Selected Mental Health centres, Chennai.

Sampling technique: Simple random sampling technique was applied for this study.

Sample size: 30 samples.

#### Inclusion criteria

- Includes both male and female mentally ill depressive patients.
- Psychiatric patients with mild and moderate level of depression who are in the age group of 20-60 yrs.
- 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.

#### Development of tool

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

#### Data collection method

The main 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 assessed by using demographic questionnaire.

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

Phase 3: Post-test level of depression to be assessed again after guided imagery with beck's depression inventory and the data analysis were done by using descriptive and inferential statistics.

### RESULTS

The frequency and percentage distribution of age group among 30 Depression Patient shows that 60% of them belongs to between 20-30 years, next 27%

of them belongs to between 31-40 years, some of them 13% were between 41 - 50 years and none of them shows in between 51-60 age group.

Regarding gender depression patient were equally distributed 50%. According to the educational status 33% of them were illiterate, next 47% had a primary education, and 20% were completed higher secondary education, none of them in diploma and graduate level

The above table verifies the previous occupation among the depression patient who were staying in the mental health hospital among that 40% of them were other category type of job oriented people, next 33% of them worked in the government sector, and last and lowest 27% category of the people worked in the private sector. The above frequency and percentage table indicates the Monthly Income among 30 depression patient in that 53% of the getting below Rs5000 next 33% of them getting between Rs.5001 - 15000, some of them 13% were getting between 15001-25,000, and no one getting 25,001-35,000 and above. The above table analysis of religious pattern among the depression patient among these many of them were Hindus 53%, and very few of them were Muslims 7%, in between these two category some of them 40% belongs to the Christianity and none of them in other category.

Table 1 explains the marital status among 30 selected depression patient people from that widow/widower were showed highest 53%, next separated was lowest 7% in between these two category married and unmarried people were occupies 13%, 26% respectively.

Table 1 finds out the area of residence among 30 depression patient, both urban and rural areas showed similar range 50%.

Table 1 confirmed that duration of stay among 30 depression patient who were staying in mental health hospital, especially 53%, who showed high level was between 5-8 years, the lowest 7% were under 1 year and some of them in another category such as 1-4years were 13%, and 9 years and above were 27% respective.

**Table 1: Frequency and percentage distribution of depressive patients based on the demographic variables.**

| S.No | Demographic variables | N  | (%) |
|------|-----------------------|----|-----|
| 1    | Age in years          |    |     |
|      | 20-30                 | 18 | 60% |
|      | 31-40                 | 8  | 27% |
|      | 41-50                 | 4  | 13% |

|   |  |    |     |
|---|--|----|-----|
|   | 51-60                                      | 0  | 0%  |
| 2 | Sex  |    |     |
|   | Male                                       | 15 | 50% |
|   | Female                                     | 15 | 50% |
| 3 | Educational status                         |    |     |
|   | Illiterate                                 | 10 | 33% |
|   | primary                                    | 14 | 47% |
|   | Higher secondary                           | 6  | 20% |
|   | Diploma                                    | 0  | 0%  |
|   | Graduate                                   | 0  | 0%  |
| 4 | Occupation                                 |    |     |
|   | Private job                                | 8  | 27% |
|   | Government job                             | 10 | 33% |
|   | If any other                               | 12 | 40% |
| 5 | Monthly income                             |    |     |
|   | Below Rs.5000                              | 16 | 53% |
|   | Rs.5001-15,000/-                           | 10 | 33% |
|   | Rs.15,001-25,000/-                         | 4  | 13% |
|   | Rs 25,001- 35000                           | 0  | 0%  |
|   | Rs. 35001 and above                        | 0  | 0%  |
| 6 | Religion                                   |    |     |
|   | Hindu                                      | 16 | 53% |
|   | Christian                                  | 12 | 40% |
|   | Muslim                                     | 2  | 7%  |
|   | others                                     | 0  | 0%  |
| 7 | Marital status                             |    |     |
|   | Married                                    | 4  | 13% |
|   | Un married                                 | 8  | 27% |
|   | Widow/widower                              | 16 | 53% |
|   | Separated                                  | 2  | 7%  |
| 8 | Areas of residence                         |    |     |
|   | Rural                                      | 2  | 7%  |
|   | Urban                                      | 28 | 93% |
| 9 | Duration of stay in mental health hospital |    |     |
|   | Below 1 year                               | 2  | 7%  |
|   | 1-4 year                                   | 4  | 13% |
|   | 5-8 year                                   | 16 | 53% |
|   | 9 yrs and above                            | 8  | 27% |

Table 2 point out the effectiveness of Guided imagery technique based on the mean score level of depression before and after Guided imagery technique among 30depression patient. The pre-test mean value were M=19.06 and standard deviation were SD=3.947, next the post-test

mean value were M=9.66, and standard deviation were SD=2.82, finally the mean difference between pre and post level were MD=2.867 form that obtained 'p' value was 0.000it is less than the tabulated 'p' value of 0.01. Hence it was proved that Guided imagery technique was

effective to reduce the depression level among depression patient so  $H_0$  were rejected.

**Table 2: Distribution of mean score on level of depression before and after guided imagery technique.**

| Sl.No. | Variables | Mean  | Standard deviation | Mean difference | 'p' value |
|--------|-----------|-------|--------------------|-----------------|-----------|
| 1      | Pre-test  | 19.06 | 3.947              | 2.867           | 0.000***  |
| 2      | Post-test | 9.66  | 2.82               |                 |           |

\*\*\*significance at  $p < 0.01$  level

Table 3 evaluate the association between level of depression and the educational status among 30 depression patients who were staying in the mental health hospital.

There are five categories educational status and three pattern of scoring depression level. First category were illiterate.

people they had mild depression 23.3% and severe depression 10% respectively, reason may poor educational status and poor coping strategies followed by them.

In crisis situation. Second category were people who attaining primary level of education, they had both mild as well as severe depression 13.33% and 33.3%

respectively reason may be they have more love and affection towards the children and grandchildren, third category the people who completed higher secondary education, they had only mild depression 20% reason may be they can able to cope up with the problem towards some extent. last two category was diploma and graduate they doesn't have the depression 0% reason for this was none of them were not participate to my study, finally result showed that chi square value=9.813 at 2 degrees of freedom the obtained 'p' value was 0.007 it is less than the tabulated 'p' value ( $< 0.05$ ) hence there was a significant relationship between level of depression and educational status of depression patient.

**Table 3: Association of level of depression among people based on educational status.**

| Demographic variables | Mild depression |        | Severe depression |        | Chi-Square Value | P value |
|-----------------------|-----------------|--------|-------------------|--------|------------------|---------|
|                       | n               | %      | n                 | %      |                  |         |
| Educational status    |                 |        |                   |        | 9.813            | 0.007*  |
| Illiterate            | 7               | 23.33% | 3                 | 10%    | df=2             |         |
| Primary               | 4               | 13.33  | 10                | 33.30% |                  |         |
| Higher secondary      | 6               | 20%    | 0                 | 0%     |                  |         |
| Diploma               | 0               | 0%     | 0                 | 0%     |                  |         |
| Graduate              | 0               | 0%     | 0                 | 0%     |                  |         |

\*significance at  $p < 0.05$  level

Table 4 signify the association between the marital status and the level of depression among 30 depression patient who were staying in the mental health hospital. According to the marital status widow/widower showed high percentage level of depression 23% were mild depression and 30% were severe depression respectively, reason may the emptiness syndrome. Next lowest were showed by the separated people only in severe depression. In between these two category married and unmarried peoples had some level of depression, first married people they had 13% of mild depression and none 0% were severe

depression, reason may be they have some sort of hope regarding their future, second unmarried they had 20% of mild and 7% of severe depression, reason may be they already have some sort of depression regarding unmarried and unavailability of support system. Final result showed that chi square value=7.856 at 3 degrees of freedom the obtained 'p' value=0.049\*, it is less than the tabulated 'p' value of 0.05. Hence there was significant association between level of depression and marital status.

**Table: 4: Association of level of depression among depression patient based on marital status.**

| Demographic variables | Mild depression |        | Severe depression | Chi-Square | P value      |        |
|-----------------------|-----------------|--------|-------------------|------------|--------------|--------|
|                       | N               | %      | n                 | %          | Value        |        |
| Marital status        |                 |        |                   |            |              |        |
| Married               | 4               | 13.00% | 0                 | 0%         | 7.856 (df=3) | 0.049* |
| Un married            | 6               | 20%    | 2                 | 7%         |              |        |
| Widow/widower         | 7               | 23%    | 9                 | 30%        |              |        |
| Separated             | 0               | 0%     | 2                 | 7%         |              |        |

\*Significance at p<0.05 level

## DISCUSSION

The study was conducted by using quasi experimental study approach with one group pre-test and post-test only design. The study was conducted in the mental health hospital setting which is available with adequate sample 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 were analysed 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 pre-test value of mild depression were high 56.7% comparatively pre-test level of severe depression 43.3% and the normal were 0%.

In post-test normal were 67% and the mild depression were 33%, none of them 0% in severe depression.

The present study indicated that the post-test mean value of depression were lower MV=9.66 than the pre-test mean value of depression MV =19.06 and the mean differences between the pre-test and post-test were MD=2.867. The obtained 'p' value=0.000\*\*\* Hence it is proved that Guided imagery technique was highly effective for the depression patient who were residing in the mental health hospital.

These results were in accordance with Wang, JJ,(2004) who conducted a comparative study of Guided imagery technique on self-esteem, depressive symptoms, and mood status of elderly people residing in long term care facilities at institutionalized old home [13]. A quasi-experimental design was conducted using pre-intervention test and the purposive sampling. Rosenberg's self-esteem health perception scale and emotional rating scale were used as study instruments. Each subject was administered to pre and post experimental test at four months interval. All

subjects underwent weekly individual reminiscence intervention. Totally 30 subjects, The independent's test was conducted to measure the difference were found between group in mood status post-test and significant differences were 't' value=10.267 noted in self-health perception, depression symptoms and mood status between pre and post intervention test in the institutionalized group These result suggested that reminiscence was especially appropriate for elderly people.

The study findings revealed the significant relationship had taken place in the educational status, marital status, among 9 demographical variables such as (Age, Sex, Educational status, previous occupation duration of stay in the old age home). In the educational status illiterate, the people who had discontinued from primary education had 13.33% of mild depression, 33.3% of severe depression; the people who studied up to higher secondary level had only mild level of depression 20%, none of them 0% in diploma and graduate category. The obtained 'p' value=0.007. Regarding the marital status widow/widower had high level of depression in both mild and severe 23% and 30% respectively, among married people mild level of depression were 13%, the people who separated from 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 accordance with the present study, different researches have observed that reminiscence therapy was indeed helpful [6-8].

## CONCLUSION

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

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**ETHICAL APPROVAL**

The study was approved by the Institutional Ethics Committee.

**CONFLICT OF INTEREST**

The authors declare no conflict of interest.

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