



Active Despite Pain: Patient Experiences With Guided Imagery With Relaxation Compared to Planned Rest

Mope T. Adeola, RN, CNS, OCN®, Carol L. Baird, PhD, RN, GCNS, Laura Prouty Sands, PhD, Nancy Longoria, PhD, LMFT-I, QMHP, Una Henry, PhD, Jacqueline Nielsen, MSN, RN, AOCN®, and Cleveland G. Shields, PhD

Inadequate pain control remains a threat to the quality of life of patients with cancer. Guided imagery with relaxation (GIR) is a mind-body therapy that has shown promise in reducing chronic pain. This article discusses a qualitative, descriptive study for which the objective was to compare the experiences of patients with cancer with reported pain using GIR compared to planned rest.

At a Glance

- Patients with cancer who report pain often have ongoing pain despite active pain management strategies.
- Patients with cancer often carry out many activities of daily living in the presence of cancer pain.
- Guided imagery with relaxation, which involves use of the imagination to create mental images to alter pain experiences, may reduce cancer pain.

Mope T. Adeola, RN, CNS, OCN®, is a clinical assistant professor in the School of Nursing at Purdue University in West Lafayette, IN; Carol L. Baird, PhD, RN, GCNS, is a professor emerita in the School of Nursing at Indiana University in Indianapolis; Laura Prouty Sands, PhD, is a professor in the Center for Gerontology at Virginia Tech in Blacksburg; Nancy Longoria, PhD, LMFT-I, QMHP, is a mental health specialist II at Lifeways Inc. in Ontario, OR; Una Henry, PhD, is an assistant professor in the Department of Social Sciences at Seton Hill University in Greensburg, PA; Jacqueline Nielsen, MSN, RN, AOCN®, is a clinical nurse specialist at Franciscan St. Elizabeth Health in Lafayette, IN; and Cleveland G. Shields, PhD, is a professor in the Department of Human Development and Family Studies at Purdue University. The authors take full responsibility for the content of the article. The study was funded, in part, by grants from Purdue University's chapter of Sigma Theta Tau International and the Clifford B. Kinley Trust at Purdue University. No financial relationships relevant to the content of the article have been disclosed by the editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. Adeola can be reached at adeolam@purdue.edu, with copy to editor at CJONEditor@ons.org.

Key words: guided imagery with relaxation; cancer pain; cancer and rest; cancer and sleep

Digital Object Identifier: 10.1188/15.CJON.649-652

After being diagnosed with bone cancer, M.G., a 50-year-old man, completed treatments of cisplatin (Platinol®) and doxorubicin (Adriamycin®). He later presented at the physician's office with back pain. M.G. was taking 15 mg oral morphine (MS Contin®) once daily instead of every four hours. This change resulted from M.G. experiencing drowsiness whenever he took the medication more than once daily for his back pain. In addition, M.G. was also experiencing loss

of appetite, fatigue, difficulty falling asleep at night, and tiredness during the day, and he wanted to know what solutions, if any, existed to address his symptoms.

Background

The prevalence of pain in patients with cancer has been reported as being as high as 79%, with 46% of patients reporting that pain is very severe (Wells, 2000). Pharmacologic agents do not always elimi-

nate all pain experienced by patients with cancer, and these agents are often associated with significant side effects (e.g., vomiting, dizziness, sedation, respiratory depression) (Benyamin et al., 2008). Inadequate pain control can threaten the quality of life of patients with cancer (Sabino & Mantyh, 2005; Situ, Wang, Shao, & Zhu, 2012). However, guided imagery with relaxation (GIR) is a mind-body therapy that has been shown to reduce chronic pain (Baird & Sands, 2004). The purpose of this pilot study was to compare experiences of patients with cancer using GIR compared to planned rest.

Mind-Body Treatment

Mind-body therapies include an assortment of treatments, such as meditation, yoga, tai chi, biofeedback, progressive relaxation, hypnosis, and visual imagery. All mind-body therapies are based on the theory of interaction between the mind, brain, body, and behavior (Wahbeh, Elsas, & Oken, 2008). A common factor in these mind-body therapies is relaxation; however, mind-body therapies also require concentrated effort. Electroencephalography, magnetic resonance imagery, and positron-emission tomography tests show changes in cerebral and amygdala activity during guided imagery, indicating a direct physiologic effect of mind-body therapies (Munzert, Zentgraf, Stark, & Vaitl, 2008; Schienle, Schäfer, & Vaitl, 2008; Wagner et al., 2008).

Guided Imagery With Relaxation

GIR holds promise as a mind-body treatment for decreasing pain in patients with chronic pain (Baird & Sands, 2004; Mannix, Chandurkar, Rybicki, Tusek, &