PROCEDURE

Guided imagery

Guided imagery uses spoken prompts to create calming mental images and support symptom relief.

PURPOSE
Reduce stress and help manage pain or other symptoms

PROCEDURE TYPE
Therapeutic, bedside mind-body technique

WHERE IT IS DONE
Outpatient clinic, hospital bedside, or at home

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 5 to 30 minutes

PREPARATION
No fasting; quiet setting and comfortable position

RECOVERY
Same day; no driving restriction unless combined with sedation

MAIN RISKS
Emotional distress, intrusive memories, delayed medical care

RESULTS
Relaxation may be immediate; symptom benefit may require repeated sessions

Overview

Guided imagery is a mind-body procedure that directs your attention toward imagined sights, sounds, smells, textures, or other sensations. You might picture a peaceful place, imagine your muscles relaxing, or mentally rehearse coping with a difficult experience.

A trained professional may guide you in person. You can also listen to a recording or learn to practise by yourself. Sessions often include slow breathing and progressive relaxation, which means releasing tension from one muscle group at a time.

Guided imagery is usually used alongside medical or psychological care. It does not physically treat an injury, remove a tumour, cure an infection, or replace emergency treatment. Its main role is to support relaxation and help you cope with symptoms or procedures.

Guided imagery is not exactly the same as hypnosis. Hypnosis usually involves a more structured state of focused attention and therapeutic suggestions from someone with specific training.

Why the procedure is performed

Guided imagery may be offered to help reduce stress, anxiety, pain, nausea, sleep difficulty, or tension. Some people use it before or during medical procedures, cancer treatment, childbirth, rehabilitation, or recovery from surgery.

Research findings are mixed. Guided imagery appears helpful for some people and some situations, but benefits are not guaranteed. The quality of the recording, your ability to engage with the images, the number of sessions, and the condition being managed can all affect the experience.

The goal should be clear before you begin. For example, you may want to feel calmer during an injection, cope better with pain, or develop a relaxation practice for bedtime.

Who should and should not have it

Guided imagery may suit you if you want a non-drug method to support symptom management and feel comfortable using your imagination. You do not need to be highly visual. A guide can focus on sounds, physical sensations, words, or memories instead of pictures.

It may not be the right approach when:

A history of trauma does not automatically rule out guided imagery. However, peaceful scenes, body-focused prompts, or instructions to close your eyes can feel unsafe for some people. A trauma-informed mental health professional can modify the session, let you keep your eyes open, and help you choose neutral imagery.

Children and people with cognitive or communication difficulties may need shorter, simpler, age-appropriate guidance.

- You need urgent assessment or treatment for a new or worsening symptom
- Mental images trigger flashbacks, panic, dissociation, or severe distress
- You are experiencing hallucinations, major confusion, or difficulty separating imagination from reality
- You are driving, operating machinery, or doing something requiring full attention

- The recording asks you to ignore pain or other warning signs that need medical review

How to prepare

The treating facility's own instructions take priority, especially when guided imagery is being used before or during another procedure.

Guided imagery itself does not normally require fasting, bowel preparation, medication changes, or blood tests. Do not stop prescribed medicine for a guided imagery session.

Choose a quiet place where you are unlikely to be interrupted. Sit or lie in a supported position and loosen tight clothing if comfortable. Silence notifications and tell the guide about any words, images, or themes you want to avoid.

If you are using a recording, check its length and description first. Avoid listening through headphones when you need to remain aware of your surroundings.

What happens during the procedure

The guide may first ask what you hope to achieve and whether any type of imagery feels uncomfortable. You remain in control throughout the session and can pause or stop at any time.

You may be invited to close your eyes, although this is optional. The guide usually begins with slow breathing or prompts to notice and release muscle tension.

Next, the guide describes a scene or experience. You might be asked to imagine:

The guide may add sensory details, such as the sound of water or the feeling of sunlight. Near the end, they will usually bring your attention back to the room and ask you to move slowly before standing.

You are generally awake, aware, and able to speak throughout.

- A safe or calming setting
- Warmth or relaxation moving through your body
- Coping steadily with a treatment or difficult situation
- Movement becoming easier during rehabilitation

Recovery and what to expect afterward

Guided imagery does not cause procedural pain. If a position becomes uncomfortable, adjust it rather than trying to remain still. Occasionally, a session brings up sadness, anxiety, dizziness, or unwanted memories. Open your eyes, look around the room, and stop if this happens.

There are no eating or drinking restrictions afterward unless they apply to another procedure performed at the same time.

Most people can return to normal activity immediately. Stand slowly if you feel deeply relaxed or light-headed.

You can usually drive after guided imagery alone. Do not drive if you received a sedative, opioid pain medicine, anaesthetic, or another treatment that limits driving. Follow the facility's discharge instructions.

Most people can return to work the same day. You may prefer a short break first if the session was emotionally intense or made you sleepy.

Risks and possible complications

Guided imagery is generally low risk, but it is not completely risk-free. Possible problems include:

You do not have to create a clear mental picture for the procedure to be worthwhile. Tell the guide if a prompt feels uncomfortable. They can change the scene, focus on sounds or breathing, or end the session.

Guided imagery should not be used to persuade you that serious symptoms are "only stress" or that you no longer need prescribed treatment.

- Anxiety, sadness, panic, or a sense of losing control
- Flashbacks or intrusive memories, particularly after trauma
- Frustration or self-blame if you find visualization difficult
- Drowsiness or reduced attention during or shortly afterward
- Delayed medical care if imagery is used instead of needed treatment

Results and follow up

There is no laboratory result or scan report. You may notice relaxation during the first session, but effects on pain, sleep, anxiety, or coping may take repeated practice. Some people notice little or no benefit.

You can track whether the sessions affect your symptoms, daily activities, sleep, or use of as-needed medicine. Share these observations at routine follow-up. They can help your healthcare team decide whether guided imagery is worth continuing or should be adjusted.

If imagery repeatedly makes you feel worse, stop and discuss a different approach with the professional who recommended it.

Alternatives

Other options may be used instead of, or alongside, guided imagery:

The best choice rests on your goal, preferences, medical needs, access, and response to previous treatments.

- Slow breathing exercises are simple and need little imagination, but may not provide the same sense of mental escape
- Progressive muscle relaxation focuses on tightening and releasing muscles; it is more physical but may not suit painful or injured areas
- Mindfulness meditation emphasizes noticing the present moment rather than creating a scene; some people find it less soothing at first
- Cognitive behavioural therapy teaches structured ways to change unhelpful thought and behaviour patterns; it usually requires more time and professional support
- Clinical hypnosis may provide deeper structured suggestions, but it requires a suitably trained practitioner and is not appropriate for everyone
- Biofeedback uses equipment to show changes such as muscle tension or heart rate; it gives objective feedback but may cost more and be less available
- Standard medical treatment may include medicine, physical therapy, counselling, or a procedure aimed at the underlying problem; guided imagery should not replace these when they are needed

When to call your healthcare team

Contact the healthcare professional who recommended guided imagery during routine hours if it repeatedly causes anxiety, nightmares, flashbacks, dizziness, or worsening symptoms. Also contact them if you are unsure whether it is safe to use alongside your current treatment.

Arrange prompt medical advice for new or worsening pain, nausea, sleep problems, or other symptoms rather than relying only on guided imagery.

Guided imagery is not emergency care. Call local emergency services for severe trouble breathing, signs of a stroke, severe chest pain, loss of consciousness, or another possible medical emergency. Seek immediate crisis support if you may harm yourself or someone else.

Common questions

Will I be asleep?

No. Most people remain awake and aware. You may feel deeply relaxed, but you can speak, open your eyes, or stop at any time.

Can I drive home?

Yes, after guided imagery alone. You cannot drive if it was combined with sedation, anaesthesia, or medicine that affects alertness. Follow your discharge instructions.

How painful is it?

Guided imagery should not hurt. Sitting or lying in one position may aggravate existing pain, so change position when needed. Tell the guide if any prompt increases distress.

When will I know if it worked?

You may feel calmer during or immediately after a session. Changes in pain, sleep, or coping may require repeated sessions. If there is no useful benefit, discuss other options.

Can I do guided imagery by myself?

Yes. Once you understand the method, you can use a recording or guide yourself. Start in a safe, quiet place and choose material from a reliable healthcare source.

What if I cannot picture things clearly?

Clear pictures are not required. You can imagine sounds, temperature, movement, touch, or simply repeat calming words. A guide can adapt the session to the way your mind works.

Sources

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