

# Relaxation and Imagery for Symptom Management: Improving Patient Assessment and Individualizing Treatment

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**Purpose/Objectives:** To discuss and describe the role of relaxation and imagery in the care of patients with cancer, including suggestions for enhancing assessment and brief instructions for implementing basic interventions.

**Data Synthesis:** Relaxation and imagery are commonly used to treat various side effects of cancer and its treatment. The nursing literature often has encouraged nurses to use relaxation and imagery to assist patients in managing pain, nausea, vomiting, and anxiety. Frequently, the literature has presented these techniques as being simple, harmless interventions requiring little assessment, planning, or individualization.

**Conclusions:** Simplistic, generalized approaches may result in suboptimal treatment or deleterious responses.

**Implications for Nursing Practice:** Clinicians must assess and collaborate with patients in developing an appropriate strategy that fits the individual's preferences and beliefs.

## Key Points . . .

- Complementary forms of therapy are gaining in popularity in patients being treated for cancer.
- Relaxation therapy and guided imagery are appealing because they have shown some effectiveness and nurses can appropriately suggest these therapies and help patients to learn and use them.
- As with any therapy, patient assessment for appropriateness of the treatments as well as patient willingness to use and practice these therapies are important.
- Some specific problems that may be helped by relaxation and imagery include distress, pain, nausea and vomiting, and insomnia.

Cancer treatment continues to pose significant toxicity, and patients search for strategies to increase comfort and well-being (Caudell, 1996; Decker, Cline-Elsen, & Gallagher, 1992). Relaxation and imagery are two common methods of symptom management used to alter physical and mental processes and behavior (Zahourek, 1988c). With greater consumer demand for complementary strategies, people may try to market their strategies without obtaining appropriate training or credentials (Mihalyfi, 1994). The literature often has tended to oversimplify these approaches, ignoring potential adverse effects and minimizing the need for patient assessment and treatment individualization. Mastrovito (1990) noted the casual attitude prompted by the more basic strategies, which may result in inadequate clinician training and, consequently, poorly planned, inappropriate care. He described the appropriate training and supervision needed to develop competence. Nurses can educate patients regarding the benefits of such techniques and, with appropriate training, may teach patients to use the more basic strategies (Burish & Redd, 1994; Morrow et al., 1992).

## Assessment and Planning Issues

### Cost-Effectiveness and Instruction Methods

Overall, complementary strategies hold most promise if methods used are geared to the patient's individual abilities and needs (Burish & Tope, 1992; Caudell, 1996), but

patients may obtain some benefit from more generic approaches. Teaching relaxation and imagery is time-consuming and labor-intensive. Researchers have used different approaches to provide training and evaluate treatment effects as clinicians have sought more cost-effective methods (Morrow & Hickok, 1993). Given the time required for training (Burish & Redd, 1994), some researchers have employed prerecorded videotapes (Ridge, 1991), prerecorded audiotapes (Ferrell, Ferrell, Ahn, & Tran, 1994; Rhiner, Ferrell, Ferrell, & Grant, 1993), or group instruction (Baider, Uziely, & De-Nour, 1994). In some cases, tapes are used for the initial instruction (Gross, 1996; Syrjala, Cummings, & Donaldson, 1992; Troesch, Rodehaver, Delaney, & Yanes, 1993). Others have provided individual one-on-one instruction, with some creating personalized audiotapes for practice (Arathuzik, 1994; Hammond, Haskins-Bartsch, Grant, & McGhee, 1988; Ruffman, 1985; Syrjala et al.).

The resultant literature has produced conflicting outcomes, with disagreement and uncertainty regarding the effectiveness of cost-reducing methods. Individual training may be more effective than group training (Carlson & Hoyle, 1993). Live one-on-one instruction enhances the ability to create a positive experience for the patient, using methods accepted by the patient (Burish & Tope, 1992).

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