ENGLISH 120: COLLEGE COMPOSITION II

3 semester credits
Spring 2020 Syllabus
Monday, Wednesday, Friday (10:00-10:50)
IVN (15576)
01/14/2020-05/08/2020
Instructor: Laurie Culbreth, Ph.D.

CATALOG DESCRIPTION
Advanced practice in college-level writing from sources and in applying rhetorical strategies
Prerequisites: Successful completion of ENGL 110

COURSE OUTCOMES/OBJECTIVES

To identify and evaluate the thesis and supporting details in others' writing. To use writing and revising strategies to produce short essays. To cite sources accurately according to MLA or APA guidelines. To edit all final drafts, eliminating all grammatical and typing errors. To identify important concepts in argument and discuss them.

CONTACT INFORMATION
Professor: Laurie Culbreth, Ph.D.
Office: Thatcher 2208
Office hours: Tuesdays from 8:00-1:00 and by appointment
Phone: 720-331-1299
E-Mail: laurie.culbreth@dakotacollege.edu

Lecture/Lab Schedule: Laurie Culbreth, Ph.D.

Monday	Tuesday	Wednesday	Thursday	Friday
8:35: ENGL 120		8:35: ENGL 120		8:35: ENGL 120
	9:30-10:45 ASC 87		9:30-10:45 ASC 87	
10:00-10:50 ENGL 120		10:00-10:50 ENGL 120		10:00-10:50 ENGL 120
11:00-11:50 ENGL 110		11:00-11:50 ENGL 110		11:00-11:50 ENGL 110
1:00-1:50 ENGL 120		1:00-1:50 ENGL 120	1:00-1:50 ASC 88	1:00-1:50 ENGL 120

2:00-2:50 ENGL 242		2:00-2:50 ENGL 242		2:00-2:50 ENGL 242
Online ENGL 120				

REQUIRED TEXTS AND INSTRUCTIONAL MATERIALS

Axelrod, Rise B. and Charles Cooper R. *The St. Martin's Guide to Writing*. 11th ed. Bedford/St.

Martin, 2016.

(The text *Sticks and Stones* is bundled with *The St. Martin's Guide to Writing*.)

COURSE REQUIREMENTS

Course requirements include rough drafts and peer reviews of major papers, edited major papers for posted grades, short assignments to check reading/writing skills, to participate in group work, discussions, and mid-term and final papers and presentations.

COURSE OUTLINE

LOOK: This is only an outline. Please refer to Blackboard for detailed directions of all assignments and due dates.

Week One:

INTRODUCTION TO THE COURSE

Syllabus review

Write a letter to Laurie and email to her using Course Messages in Blackboard

Review Fallacies and Pathos/Logos/Ethos

Post your interests in local, national, and international issues. We will use these to slowly develop you documented paper.

NOTE FOR ENTIRE SEMESTER: When reading in *St. Martin's Guide*, do NOT complete every section titled, "ANALYZE AND WRITE." Instead, you might do some of them in class, online, or not at all.

NOTE FOR ENTIRE SEMESTER: See Blackboard for calendar of due dates and specific directions for most assignments.

NOTE: There will be small in-class assignments to assess your writing skills

NOTE: You MUST post Discussions work in WORD!

Weeks Two:

Present personal and real-life examples of Fallacies and Pathos/Logos/Ethos. You MUST pair up with ONE of your peers.

Analyze an article and include the above argument strategies

Weeks Three:

CHAPTER 4/EXPLAINING A CONCEPT

Define one of the local/national/international issues…include at least one source from the online Library.

Weeks Four:

Analyze three articles about your issue/topic using the argument strategies studied so far.

Weeks Five:

Contrast your topic

Weeks Six:

FIELD RESEARCH

Week Seven:

CHAPTER SEVEN/PROPOSING A SOLUTION

Weeks Eight:

CHAPTER TWENTY-EIGHT/ANALYZE VISUALS

Weeks Nine-Eleven:

Organize your documented paper

Weeks Twelve-Thirteen:

Presentations

Week Fourteen-Fifteen:

Finals

GENERAL EDUCATION COMPETENCIES/OUTCOMES:

Competency/Goal 4: Communicates effectively

Learning Outcome 1: Write effectively
- Performance Indicator 1: Uses the stages of the writing process to develop, organize, and present ideas in writing
- Performance Indicator 2: Recognizes the demands and possible strategies of a writing task, based on topic, purpose, context, and audience.
- Performance Indicator 3: Demonstrates competent writing that includes a clear, original thesis or claim, appropriate evidence and support, a logical structure, and a style of language that serves the writer's purpose and audience.
- Performance Indicator 4: Uses Edited Standard Written English in spelling, grammar, punctuation, and syntax, and presents written work in a style and format consistent with the demands of an academic setting.

Learning Outcome 2: Reads at a level that allows participation in collegiate studies and chosen careers
- Performance Indicator 1: Understands the structure and organization of written work
- Performance Indicator 2: Recognizes an author's thesis and forms of support
- Performance Indicator 3: Evaluates the effectiveness and validity of an author's style, organization, support, evidence, and presentation.
- Performance Indicator 4: Recognizes the connection style and language have to an author's topic, audience, context, and purpose
- Performance Indicator 5: Synthesizes information and ideas from multiple sources

Learning Outcome 3: Integrates information sources effectively
- Performance Indicator 1: Finds a variety of information resources
- Performance Indicator 2: Evaluates the relevance and reliability of sources
- Performance Indicator 3: Uses information resources ethically and honestly, preserving the meaning of the source and documenting the use of the source in the style appropriate for the student's discipline or field
- Performance Indicator 4: Synthesizes information effectively in the student's own text

Learning Outcome 4: Collaborates with others
- Performance Indicator 1: Participates in class discussions and in any group projects and activities

- Performance Indicator 2: Participates in class discussions, peer editing, and group activities or projects, responding productively and respectfully to the work and ideas of others and considering the ideas and suggestions of others.

RELATIONSHIP TO CAMPUS THEME:

Students will read and discuss research articles as they relate to nature, technology, and humanity.

CLASSROOM POLICIES:

ATTENDANCE AND PARTICIPATION
Absences: Occasionally there are circumstances in life that may prevent you from attending class. It is your responsibility to follow Blackboard or contact a classmate to get caught up with missed work should you be absent. If you are absent a day an assignment is due, you still must submit on Blackboard. Assignments are due 11:00 pm. If you are having difficulties keeping up, contact me.

Attendance: Student participation is essential to your success and your peers' success. A missed class session can never really be made up. With three absences, consider withdrawing from the class. All absences count equally, even a school-sanctioned event, irrespective of the cause. (If you are attending a school-sanctioned event, you may turn in any assignments done in class that day.)

NOTE: Seating charts will be used to take attendance, on and off campus, so please let Laurie know if you change seats!!!!!!!

Withdraws: It is your responsibility to withdraw/drop the course if you are failing or decide not to complete the course. If either is the case, you need to need to meet with your advisor. I will not withdraw students, even if I think it is in their best interest, but I will email your advisor with my concerns.

Tardies: You are expected to be in class on time. Students who habitually arrive late will be asked to consider dropping the class. Students who are late are also confused about assignments and expectations because class always starts with announcements, important notifications, and explanations of any changes to the schedule.

CLASSROOM CONDUCT & EXPECTATIONS
Amount of work: For every credit hour earned for the course, you will need to spend at least two hours outside of class working on coursework. This class will include many collaborative assignments, so you need to be prepared not only for yourself but also for your teammates. Writing is a solitary process that benefits from collaborative feedback for revision. This means

to succeed in this class and to learn the most possible, your ideas and voice are essential as is coming to class and completing all the assignments by the due dates.

Late Work Policy:
Each day late will be 20 points deducted.
Anyone involved in official college/dual-enrollment travel during assignment due dates MUST post those assignments BEFORE leaving campus. Travel off-campus is not an excuse to post late. College coaches in Bottineau are aware of this late work policy. No work will be accepted five days after the due date.

GRADING POLICY

All graded work is percentage based, and the lowest passing percentage for the semester is "60%." All major papers must be submitted.

Final calculations will be the following:

1/3 edited essays

1/3 mid-term and final (in class)

1/3 all other assignments

NOTE: Zeroes may be posted after the due date. This does not mean you have earned a zero. It is intended to alert you and Laurie that something is wrong, and we need to communicate, especially if you think Laurie has made a mistake.

NOTE: Laurie is following Gary Albrightson's policy about major paper grades: Your first grade is your final grade (since you will have class time to peer review your work), and rewrites will be allowed up to five days following the original grade. Small assignments will not be rewritten for a better grade but will count only 10% of final course average.

ELECTRIC DEVICES IN CLASS
All students must have all electronic devices (cell phones, laptops, headphones ear buds, etc.) turned off and put away when class starts. If you are texting or have on headphones/ear buds, etc. during class time, you will be dismissed from class. If on-going violations continue, you will be referred to the Division Chair in order to have a discussion on proper student behavior. Laptops and phones may be used when the instructor asks students to use the devices as a learning tool during class.

FOOD AND CHILDREN
Both are not permitted in class unless there are special circumstances that you have discussed with me. Water or coffee with tops are allowed in class but not in any computer lab.

STUDENT EMAIL POLICY:

Dakota College at Bottineau is increasingly dependent upon email as an official form of communication. ALL students in ALL of Dr. Culbreth's classes MUST use COURSE MESSAGES in BLACKBOARD. Do NOT use the college's Outlook email accounts. If you do, I will ask you to repost in Course Messages in Blackboard. The liability for missing or not acting upon important information conveyed via Blackboard's Course Messages or Announcements rests with the student.

ACADEMIC INTEGRITY:

All assignments, tests, and quizzes will meet the standards of accepted Academic Integrity.

DISABILITIES AND SPECIAL NEEDS:
DCB seeks to provide reasonable accommodations for all qualified individuals with disabilities. This college will comply with all applicable federal, state and local laws, regulations, and guidelines with respect to providing reasonable accommodations as required to provide equal educational opportunities. It is the student's responsibility to register with the Disability Resource Office in a timely manner to determine reasonable accommodations. Once the student registers with the Disability Resource Office and provides documentation identifying the need for accommodations, an Accommodation Plan will be provided to the student. It is the student's responsibility to show the Accommodation Plan to his/her instructor. The Disability Resource Office is located in the Thatcher Building. Students may contact the Disability Resource Service Coordinator. All information is kept confidential.

NOTE: It is up to students with IEPs to contact me if or when their accommodations are needed in any specific assignment. Most IEPs will only be needed for in-class testing which occurs mostly during mid-terms or finals.

Learning Center:
Students can find assistance with their writing and other classes at the Learning Center in Thatcher Hall. Bring a draft and **the assignment instructions** when you go for assistance. The tutors will assist you with ideas development, organization, and sentence-level problems; they will not, however, edit the entire paper.
Off-campus students can utilize the campus Writing Center.
ALL students may use the Blackboard online tutor link.
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Blackboard and E-mail: Knowing how to log into Blackboard is essential for this course. *This is how I contact you.* ***Do not use personal e-mail accounts or your college Outlook;*** they often are blocked by the college or dumped into instructors' spam e-mail**. You must communicate with me using Course Messages in Blackboard!**

Make sure to accurately type the reason for your email in the "Subject" line. That way, I can quickly scan for messages that need my immediate attention.

I check Blackboard Course Messages every morning from 5:30 am-7:00 am with rare exceptions (for example, when I am grading a lot of papers). If you need immediate assistance, call my cell phone. If I miss your call, leave a voice message.

Formatting and heading for all submissions: Students must determine the format they need to know for their majors: APA or MLA. Use that format ALL semester.

LOOK! ALL POSTS IN BLACKBOARD MUST BE ATTACHMENTS USING WORD. DO NOT TYPE IN THE BLACKBOARD BOXES FOR ANY MAJOR ASSIGNMENTS! If you do, Laurie will ask you to resend it correctly.
Word, PowerPoints, Excel, etc. are provide by the college.

ALL work, including paragraphs, must include MLA or APA headings. See below…

Here is MLA:

Your name
Laurie Culbreth
ENGL 120
5 April 2020
Word count:

Here is APA, STUDENT format, not Professional format:

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

Hannah K. Greenbaum

LIBRARY AND ON-LINE REFERENCE MATERIALS: The library is a comprehensive learning resource center providing information in print, electronic, and multimedia format to support the educational objectives of the College. On-line catalogs, e-books and electronic databases can be accessed through www.dakotacollege.edu/library.

TECHNOLOGY RESOURCES: The college's learning management system is Blackboard. Classes become available on Blackboard on the first day of the semester. It is the student's responsibility to log onto the Blackboard system the first day of class to establish the first day of attendance and to check announcements. All official class communication must be through Blackboard. For any issues accessing Blackboard, contact

Micheal.O'Toole

Instructional Tech Coordinator

701-228-5601

Michael.otoole@dakotacollege.edu

OR

Stacy.allard@ndus.edu

NOTICE OF EQUAL ACCESS/EQUAL OPPORTUNITY AND NONDISCRIMINATION: Dakota College at Bottineau does not discriminate against any persons, employees, students, applicants or others affiliated with the college with regard to race, color, religion, ethnicity, national origin, age, veteran's status, disability, gender, genetic information, marital status, pregnancy or any other protected class under applicable federal and state laws, in any college program, activity or employment. If you have any concerns related to this notice, please contact

Laura Halvorson

Thatcher Hall Room 1104

701-228-5680
Laurie.halvorson@dakotacollege.edu

NOTE: **A DETAILED schedule and calendar of major writing assignments and weekly activities are located on Blackboard, not the syllabus.** Check daily for announcements, and be sure to communicate with the instructor using Blackboard.

Spring 2020 CALENDAR

Date	Event
January 12	Residence Halls Reopen
January 13	Registration - Evening classes start at 4:00 PM
January 14	First full day of classes
January 20	Martin Luther King Day - College Closed
January 23	Last day to drop classes with 100% refund; Last day to add classes; Classes dropped by appear on transcript
January 29	Fee payment

February 17	President's Day - College closed
March 6	Midterm grades due
March 16 - 20	Spring Break
March 31 - April 1,2	Pre-registration opens for fall & summer semesters
April 9	Last day to withdraw from school
April 10-13	Holiday, College closed April 10
May 11 - 15	Finals Week
May 15	Graduation 3:00 PM Thatcher Hall Gym
May 18	Grades must be entered by 12:00 Noon
June 15	All Spring incompletes change to "F"

Here is a sample APA student essay. Remember that this format uses subtitles.

NOTE: An MLA student sample is located in the *St. Martin's Guide*, beginning on page 666.

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

Hannah K. Greenbaum

Department of Psychology, The George Washington University

PSYC 3170: Clinical Psychology

Dr. Tia M. Benedetto

October 1, 2019

Word Count

(The cover page is a separate page.)

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

A majority of Americans experience stress in their daily lives (American Psychological Association, 2017). Thus, an important goal of psychological research is to evaluate techniques that promote stress reduction and relaxation. Two techniques that have been associated with reduced stress and increased relaxation in psychotherapy contexts are guided imagery and progressive muscle relaxation (McGuigan & Lehrer, 2007). *Guided imagery* aids individuals in connecting their internal and external experiences, allowing them, for example, to feel calmer externally because they practice thinking about calming imagery. *Progressive muscle relaxation* involves diaphragmatic breathing and the tensing and releasing of 16 major muscle groups; together these behaviors lead individuals to a more relaxed state (Jacobson, 1938; Trakhtenberg, 2008). Guided imagery and progressive muscle relaxation

are both cognitive behavioral techniques (Yalom & Leszcz, 2005) in which individuals focus on the relationship among thoughts, emotions, and behaviors (White, 2000).

Group psychotherapy effectively promotes positive treatment outcomes in patients in a cost-effective way. Its efficacy is in part attributable to variables unique to the group experience of therapy as compared with individual psychotherapy (Bottomley, 1996; Yalom & Leszcz, 2005). That is, the group format helps participants feel accepted and better understand their common struggles; at the same time, interactions with group members provide social support and models of positive behavior (Yalom & Leszcz, 2005). Thus, it is useful to examine how stress reduction and relaxation can be enhanced in a group context.

The purpose of this literature review is to examine the research base on guided imagery and progressive muscle relaxation in group psychotherapy contexts. I provide overviews of both guided imagery and progressive muscle relaxation, including theoretical foundations and historical context. Then I examine guided imagery and progressive muscle relaxation as used on their own as well as in combination as part of group psychotherapy (see Baider et al., 1994, for more). Throughout the review, I highlight themes in the research. Finally, I end by pointing out limitations in the existing literature and exploring potential directions for future research.

Guided Imagery

Features of Guided Imagery

Guided imagery involves a person visualizing a mental image and engaging each sense (e.g., sight, smell, touch) in the process. Guided imagery was first examined in a psychological context in the 1960s, when the behavior theorist Joseph Wolpe helped pioneer the use of relaxation techniques such as aversive imagery, exposure, and imaginal flooding in behavior therapy (Achterberg, 1985; Utay & Miller, 2006). Patients learn to relax their bodies in the presence of stimuli that previously distressed

them, to the point where further exposure to the stimuli no longer provokes a negative response (Achterberg, 1985).

Contemporary research supports the efficacy of guided imagery interventions for treating medical, psychiatric, and psychological disorders (Utay & Miller, 2006). Guided imagery is typically used to pursue treatment goals such as improved relaxation, sports achievement, and pain reduction. Guided imagery techniques are often paired with breathing techniques and other forms of relaxation, such as mindfulness (see Freebird Meditations, 2012). The evidence is sufficient to call guided imagery an effective, evidence-based treatment for a variety of stress-related psychological concerns (Utay & Miller, 2006).

Guided Imagery in Group Psychotherapy

Guided imagery exercises improve treatment outcomes and prognosis in group psychotherapy contexts (Skovholt & Thoen, 1987). Lange (1982) underscored two such benefits by showing (a) the role of the group psychotherapy leader in facilitating reflection on the guided imagery experience, including difficulties and stuck points, and (b) the benefits achieved by social comparison of guided imagery experiences between group members. Teaching techniques and reflecting on the group process are unique components of guided imagery received in a group context (Yalom & Leszcz, 2005).

Empirical research focused on guided imagery interventions supports the efficacy of the technique with a variety of populations within hospital settings, with positive outcomes for individuals diagnosed with depression, anxiety, and eating disorders (Utay & Miller, 2006). Guided imagery and relaxation techniques have even been found to "reduce distress and allow the immune system to function more effectively" (Trakhtenberg, 2008, p. 850). For example, Holden-Lund (1988) examined effects of a guided imagery intervention on surgical stress and wound healing in a group of 24 patients. Patients listened to guided imagery recordings and reported reduced state anxiety, lower cortisol levels following surgery, and less irritation in wound healing compared with a control group. Holden-Lund

concluded that the guided imagery recordings contributed to improved surgical recovery. It would be interesting to see how the results might differ if guided imagery was practiced continually in a group context.

Guided imagery has also been shown to reduce stress, length of hospital stay, and symptoms related to medical and psychological conditions (Scherwitz et al., 2005). For example, Ball et al. (2003) conducted guided imagery in a group psychotherapy format with 11 children (ages 5–18) experiencing recurrent abdominal pain. Children in the treatment group (*n* = 5) participated in four weekly group psychotherapy sessions where guided imagery techniques were implemented. Data collected via pain diaries and parent and child psychological surveys showed that patients reported a 67% decrease in pain. Despite a small sample size, which contributed to low statistical power, the researchers concluded that guided imagery in a group psychotherapy format was effective in reducing pediatric recurrent abdominal pain.

However, in the majority of guided imagery studies, researchers have not evaluated the technique in the context of traditional group psychotherapy. Rather, in these studies participants usually met once in a group to learn guided imagery and then practiced guided imagery individually on their own (see Menzies et al., 2014, for more). Thus, it is unknown whether guided imagery would have different effects if implemented on an ongoing basis in group psychotherapy.

Progressive Muscle Relaxation

Features of Progressive Muscle Relaxation

Progressive muscle relaxation involves diaphragmatic or deep breathing and the tensing and releasing of muscles in the body (Jacobson, 1938). Edmund Jacobson developed progressive muscle relaxation in 1929 (as cited in Peterson et al., 2011) and directed participants to practice progressive muscle relaxation several times a week for a year. After examining progressive muscle relaxation as an intervention for stress or anxiety, Joseph Wolpe (1960; as cited in Peterson et al., 2011) theorized that

relaxation was a promising treatment. In 1973, Bernstein and Borkovec created a manual for helping

professionals to teach their clients progressive muscle relaxation, thereby bringing progressive muscle

relaxation into the fold of interventions used in cognitive behavior therapy. In its current state,

progressive muscle relaxation is often paired with relaxation training and described within a relaxation

framework (see Freebird Meditations, 2012, for more).

Research on the use of progressive muscle relaxation for stress reduction has demonstrated the

efficacy of the method (McGuigan & Lehrer, 2007). As clients learn how to tense and release different

muscle groups, the physical relaxation achieved then influences psychological processes (McCallie et al.,

2006). For example, progressive muscle relaxation can help alleviate tension headaches, insomnia, pain,

and irritable bowel syndrome. This research demonstrates that relaxing the body can also help relax the

mind and lead to physical benefits.

Progressive Muscle Relaxation in Group Psychotherapy

Limited, but compelling, research has examined progressive muscle relaxation within group

psychotherapy. Progressive muscle relaxation has been used in outpatient and inpatient hospital

settings to reduce stress and physical symptoms (Peterson et al., 2011). For example, the U.S.

Department of Veterans Affairs integrates progressive muscle relaxation into therapy skills groups

(Hardy, 2017). The goal is for group members to practice progressive muscle relaxation throughout their

inpatient stay and then continue the practice at home to promote ongoing relief of symptoms (Yalom &

Leszcz, 2005).

Yu (2004) examined the effects of multimodal progressive muscle relaxation on psychological

distress in 121 elderly patients with heart failure. Participants were randomized into experimental and

control groups. The experimental group received biweekly group sessions on progressive muscle

relaxation, as well as tape-directed self-practice and a revision workshop. The control group received

follow-up phone calls as a placebo. Results indicated that the experimental group exhibited significant

improvement in reports of psychological distress compared with the control group. Although this study

incorporated a multimodal form of progressive muscle relaxation, the experimental group met biweekly

in a group format; thus, the results may be applicable to group psychotherapy.

Progressive muscle relaxation has also been examined as a stress-reduction intervention with

large groups, albeit not therapy groups. Rausch et al. (2006) exposed a group of 387 college students to

20 min of either meditation, progressive muscle relaxation, or waiting as a control condition. Students

exposed to meditation and progressive muscle relaxation recovered more quickly from subsequent

stressors than did students in the control condition. Rausch et al. (2006) concluded the following:

> A mere 20 min of these group interventions was effective in reducing anxiety to normal levels
>
> . . . merely 10 min of the interventions allowed [the high-anxiety group] to recover from the
>
> stressor. Thus, brief interventions of meditation and progressive muscle relaxation may be
>
> effective for those with clinical levels of anxiety and for stress recovery when exposed to brief,
>
> transitory stressors. (p. 287)

Thus, even small amounts of progressive muscle relaxation can be beneficial for people experiencing

anxiety.

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

Combinations of relaxation training techniques, including guided imagery and progressive

muscle relaxation, have been shown to improve psychiatric and medical symptoms when delivered in a

group psychotherapy context (Bottomley, 1996; Cunningham & Tocco, 1989). The research supports the

existence of immediate and long-term positive effects of guided imagery and progressive muscle

relaxation delivered in group psychotherapy (Baider et al., 1994). For example, Cohen and Fried (2007)

examined the effect of group psychotherapy on 114 women diagnosed with breast cancer. The

researchers randomly assigned participants to three groups: (a) a control group, (b) a relaxation

psychotherapy group that received guided imagery and progressive muscle relaxation interventions, or

(c) a cognitive behavioral therapy group. Participants reported less psychological distress in both intervention groups compared with the control group, and participants in the relaxation psychotherapy group reported reduced symptoms related to sleep and fatigue. The researchers concluded that relaxation training using guided imagery and progressive muscle relaxation in group psychotherapy is effective for relieving distress in women diagnosed with breast cancer. These results further support the utility of guided imagery and progressive muscle relaxation within the group psychotherapy modality.

Conclusion

Limitations of Existing Research

Research on the use of guided imagery and progressive muscle relaxation to achieve stress reduction and relaxation is compelling but has significant limitations. Psychotherapy groups that implement guided imagery and progressive muscle relaxation are typically homogeneous, time limited, and brief (Yalom & Leszcz, 2005). Relaxation training in group psychotherapy typically includes only one or two group meetings focused on these techniques (Yalom & Leszcz, 2005); thereafter, participants are usually expected to practice the techniques by themselves (see Menzies et al., 2014). Future research should address how these relaxation techniques can assist people in diverse groups and how the impact of relaxation techniques may be amplified if treatments are delivered in the group setting over time.

Future research should also examine differences in inpatient versus outpatient psychotherapy groups as well as structured versus unstructured groups. The majority of research on the use of guided imagery and progressive muscle relaxation with psychotherapy groups has used unstructured inpatient groups (e.g., groups in a hospital setting). However, inpatient and outpatient groups are distinct, as are structured versus unstructured groups, and each format offers potential advantages and limitations (Yalom & Leszcz, 2005). For example, an advantage of an unstructured group is that the group leader can reflect the group process and focus on the "here and now," which may improve the efficacy of the relaxation techniques (Yalom & Leszcz, 2005). However, research also has supported the efficacy of

structured psychotherapy groups for patients with a variety of medical, psychiatric, and psychological

disorders (Hashim & Zainol, 2015; see also Baider et al., 1994; Cohen & Fried, 2007). Empirical research

assessing these interventions is limited, and further research is recommended.

Directions for Future Research

There are additional considerations when interpreting the results of previous studies and

planning for future studies of these techniques. For example, a lack of control groups and small sample

sizes have contributed to low statistical power and limited the generalizability of findings. Although the

current data support the efficacy of psychotherapy groups that integrate guided imagery and

progressive muscle relaxation, further research with control groups and larger samples would bolster

confidence in the efficacy of these interventions. In order to recruit larger samples and to study

participants over time, researchers will need to overcome challenges of participant selection and

attrition. These factors are especially relevant within hospital settings because high patient turnover

rates and changes in medical status may contribute to changes in treatment plans that affect group

participation (L. Plum, personal communication, March 17, 2019). Despite these challenges, continued

research examining guided imagery and progressive muscle relaxation interventions within group

psychotherapy is warranted (Scherwitz et al., 2005). The results thus far are promising, and further

investigation has the potential to make relaxation techniques that can improve people's lives more

effective and widely available.

References

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