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Title case (only English language): capitalize first and all major words and use lowercase only for minor short words (e.g. “a”, “and”, “the”, “in”).

Guided Imagery and Progressive Muscle Relaxation in Group Psychotherapy

double-spaced blank line between title and author names

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Content: Title page includes title, author/s, faculty and department, supervisor, and the date of submission

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Abstract

Labels (e.g., "Abstract," "References") centered and bold

First line of abstract not indented

The second page usually contains your abstract, which is a summary of your paper. The abstract should include your topic, purpose/thesis, sources, and conclusions. Some instructors may tell you not to include an abstract for a short paper. Unless the instructor tells you to omit this section, go ahead and include it. The abstract generally has around 150 words, based on instructor or journal requirements (make sure you do not exceed abstract word limits). The abstract is one paragraph, left justified, with no indentation (i.e., "block" style). Note that the title "Abstract" is on the first line of this page and is not bolded or italicized or underlined. See APA manual section 2.04 to read about the abstract. Also note that the running head is at the top of the page along with the page number – noting how the running head changes from page 1 to the rest of the paper. See APA manual section 8.03 (Order of manuscript pages > title page) to read a bit about the running head.

No extra space between abstract and keywords

"Keywords" in italics and indented (0.5 in)

Keywords: college teaching, student evaluations of teaching, online administration, response rate, assessment

Do not number headings, double line-space for headings, do not add blank lines above/below headings.

Never use «introduction» as first heading

Level-1 heading: Centered, bold, (if English) title case

Guided Imagery and Progressive Muscle Relaxation in 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).

Double line spacing, justify text left, not both sides

Indent first line of paragraph 1.3 cm (0.5 in).

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.

Theoretical Background: Guided Imagery and Progressive Muscle Relaxation

Theoretical Background: Guided Imagery – This is a Level 2 Heading

Level-2 heading: Left, bold, (if English) title case

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).

Features of Guided Imagery - This is a Level 3 Heading

Level-3 heading: Left, bold, italic, (if English) title case

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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.

Method

Begin the method section with a Level One heading, and the section would follow directly after my literature review or background section. The Method, Result, and Discussion sections do not start on a new page, unless you are given specific instructions to do otherwise.

Participants and Procedures

One hundred participants completed an online study, five of them had to be excluded because they failed the attention check questions, resulting in a final sample of $N = 95$. The sample consisted of 45% women, three refused to report gender; the mean age was 23 years ($SD = 4$, range 18 to 32). The data were collected between December and January 2020, the study was approved by the ethics committee at the University of Basel.

If sentence starts with a number, spell it

For 0-9 use words, for > 9 use numbers.

Measures

This is another common sub-section you might see in the Method portion of a research paper. To measure personality, we used the NEO-PIR personality inventory (Reference, Year). Reaction time was measured in milliseconds precision.

Analysis

Analyses were conducted in R statistics (v4.0). Add more information about the analysis, for instance the types of models that you used.

Results

My results section would also start with a Level One heading! This is where you would report your numbers. This is one of the drier portions of your paper – it does not typically include commentary or many (if any) citations. This section is very to-the-point. In the results section it makes sense to use

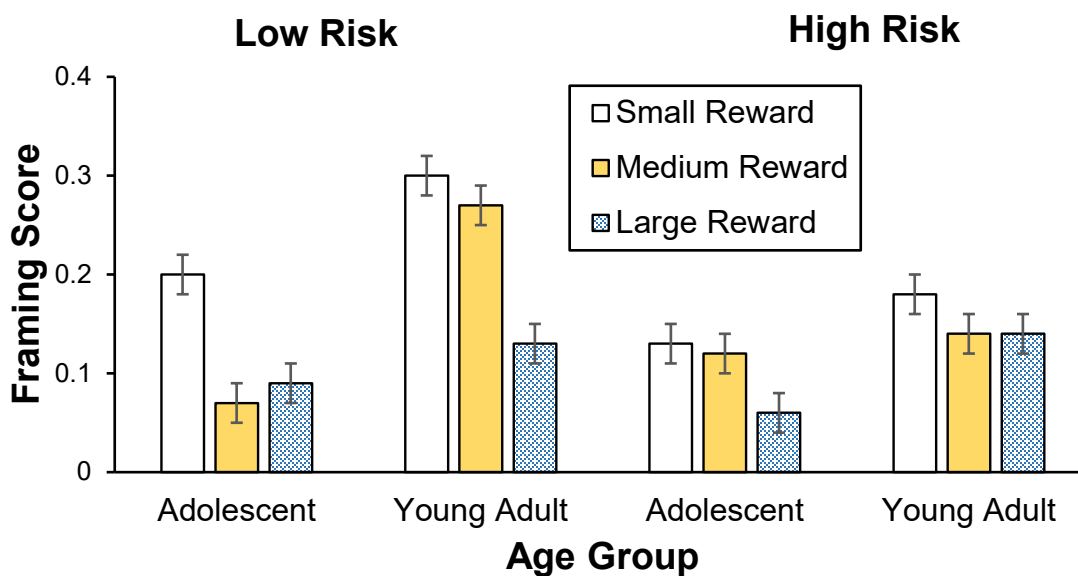
tables and figures. Below you see how you have to format a correlation table, don't forget that every table needs to be referenced in the text.

In the results section you may usually report descriptive and inferential statistics. You may want to report how many participants did something ($n = 24$) compared to ones that did another thing ($n = 74$). The descriptive statistics may include a difference between one group ($M = 0.23, SD = 0.12$) compared to another group ($M = 0.67, SD = 0.09$). The results section usually presents numbers in the text, but is written in a way that makes the numbers well digestible and embeds them into the text. Importantly, the results section has to be as precise as possible. Here comes one example from the APA homepage. It makes sense to illustrate the main findings either in a figure or a table. If doing so, it is important to remember that all figures and tables need to be referenced in the main text.

Figure 1

Table and figure numbers above the table/figure. Numbers ("Figure 1") in bold and titles ("Framing ...") underneath in italics. Both are double spaced and not indented.

Framing Scores for Different Reward Sizes



Note. Framing scores of adolescents and young adults are shown for low and high risks and for small, medium, and large rewards (error bars show standard errors).

Notes below tables or figures double spaced and not indented.

Response rate correlations are presented in Table 1. The findings indicate that response rates for face-to-face courses were much higher than for online courses, but only when face-to-face course evaluations were administered in the classroom. In the Year 3 administration, when all course evaluations were administered online, response rates for face-to-face courses declined ($M = 47.18\%$, $SD = 20.11$), but were still slightly higher than for online courses ($M = 41.60\%$, $SD = 18.23$). These findings produced a statistically significant interaction between course delivery method and evaluation year, $F(1.78, 716) = 101.34$, $MSE = 210.61$, $p < .001$.¹ The strength of the overall interaction effect was .22 (η_p^2). Simple main-effects tests revealed statistically significant differences in the response rates for face-to-face courses and online courses for each of the 3 observation years.² The greatest differences occurred during Year 1 ($p < .001$) and Year 2 ($p < .001$), when evaluations were administered on paper in the classroom for all face-to-face courses and online for all online courses. No other factors or interactions included in the analysis were statistically reliable.

Statistics abbreviations in italics ("n", "M", "SD")

Table 1

Table and figure numbers above the table/figure. Numbers ("Table 1") in bold and titles ("Descriptive ...") underneath in italics. Both are double spaced and not indented.

Descriptive Statistics and Correlations for Study Variables

Statistics abbreviations in italics

	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Internal–external status ^a	3,697	0.43	0.49	—						
2. Manager job performance	2,134	3.14	0.62	-.08**	—					

Lines above and below title row and below table, not in table body.

¹ A Greenhouse–Geisser adjustment of the degrees of freedom was performed in anticipation of a sphericity assumption violation.

² A test of the homogeneity of variance assumption revealed no statistically significant difference in response rate variance between the two delivery modes for the 1st, 2nd, and 3rd years.

Footnotes in size 10 or 9

3. Starting salary ^b	3,697	1.01	0.27	.45**	-.01	—				
4. Subsequent	3,697	0.33	0.47	.08**	-.07**	.04*	—			
5. Organizational tenure	3,697	6.45	6.62	-.29**	.09**	.01	.09**			
6. Unit service performance ^c	3,505	85.00	6.98	-.25**	-.39**	.24**	.08**			
7. Unit financial performance ^c	694	42.61	5.86	.00	-.03	.12*	-.07	-.02	.16**	—

Cell content can be single-spaced, one-and-a-half-spaced, or double-spaced, depending on size of table and what makes it easiest to read

^a 0 = internal hires and 1 = external hires.

^b A linear transformation was performed on the starting salary values to maintain pay practice confidentiality. The standard deviation (0.27) can be interpreted as 27% of the average starting salary for all managers. Thus, ± 1 SD includes a range of starting salaries from 73% (i.e., $1.00 - 0.27$) to 127% (i.e., $1.00 + 0.27$) of the average starting salaries for all managers.

^c Values reflect the average across 3 years of data.

* $p < .05$. ** $p < .01$.

Summary

After the results, which are focused on numerical information, it makes sense to add a small discussion where you explain what the numbers mean. Unlike the results section, the discussion section is where you get to dig into what your numbers mean!

Conclusion Which is Also Called General Discussion

Start the conclusion with a concise and focused repetition of your research question and the one main finding. This should be no more than a few sentences and include no numbers. Then discuss, for instance, the following topics: How do the results compare to past research? Was your hypothesis supported? Did your study have any limitations? What should be fixed in future studies? What should future research look at? What should we do next?

Notes below tables or figures double spaced and not indented.

Implications for Existing Theory

Our result that mental imagers is less important in children compared to adults stands in contrast with a common theoretical assumption, that mental imagery matters independent of age (Reference). However, this result is more in line with work by Author (Year) that has shown that metacognitive skills, which develop only in puberty, are necessary for mental imagery.

Secondly, our result that xyz confirms the theory that ...

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