Guided Imagery: A Technique to Benefit Youth at Risk

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Abstract

Guided imagery is a valuable intervention strategy that can benefit children who are at risk for social, academic, and mental health problems. Guided imagery is a technique that employs imagination, emotions, and a spectrum of bodily senses (Naparstek, 1994). This particular technique can be applied in community and academic settings to help enhance self-efficacy and mental health functioning for youth at risk. The need to implement creative interventions for youth can be overlooked by the chaos of poverty and social problems in vulnerable communities. Many schools and community agencies carry the burden of managing daily crises with few resources. This article is a call to action for effective mental health prevention treatment for youth at risk with a focus on guided imagery techniques that enhance creativity and positive visualization. This article presents an overview of mental health needs of vulnerable children, including those living in poverty; an explanation of guided imagery strategies and efficacy studies; and recommendations for the use of guided imagery interventions in academic and community youth settings.

Keywords

childhood mental health, guided imagery, youth at risk

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Guided imagery is a valuable intervention strategy that can benefit children who are at risk for social, academic, physical, and mental health problems. Guided imagery is a technique that employs imagination, emotions, and a spectrum of bodily senses (Naparstek, 1994). Guided imagery incorporates diverse techniques such as fantasy, art, visualization, metaphor, and utilizes the unconscious to communicate with our conscious mind. This technique has strong roots in health care settings; however, it can be used in many diverse settings to overcome a multitude of diverse obstacles (Academy for Guided Imagery, n.d.). Poverty and social problems can deprive communities of choices for quality mental health and prevention care. Many schools and community mental agencies carry the burden of managing daily crises with few resources. Guided imagery is a technique that can be implemented by non-clinical youth workers and educators with minimal financial resources. The technique can also be applied to a multitude of academic, behavioral, and social challenges faced by many children, including those living in poverty.

This article promotes a call to action for implementing prevention methods with a focus on guided imagery to enhance mental health functioning of children at risk. Guided imagery is featured as an intervention option that can be used in a multitude of settings, such as schools, mental health treatment centers, and community-based prevention programs. The guided imagery technique can be implemented as a clinical or non-clinical method. Therapists can use the technique in psychotherapy to treat mental health problems. Non-clinical youth professionals (such as teachers, case managers and other social workers, or guidance counselors) can use the technique as a visionary and motivational tool to empower youth at risk.

This article contains the following sections: a discussion of mental health care disparities and mental health needs of youth at risk, a description of guided imagery methods and applications, a review of efficacy studies about guided imagery, and a call to action to increase guided imagery interventions with youth who are at risk of developing mental health and academic problems. The paper also includes an appendix section of guided imagery scripts and techniques developed by this author.

MENTAL HEALTH DISPARITIES AND YOUTH

Comprehensive and effective mental health care is crucial for youth who are at risk. It is imperative that professionals working with youth provide appropriate referrals and effective mental health treatment options. It is also essential that youth professionals understand how to navigate barriers to mental health services and have options to provide creative alternatives when necessary. The Centers for Disease Control and Prevention (n.d.) defines childhood mental health as "reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems" (para. 1). The World Health Organization (2013) advocates the following position:

> Determinants of mental health and mental health disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political, and environmental factors such as national policies, social protection, living standards, working conditions, and community social

supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders. (p. 7)

Mental health problems can develop as early as infancy and toddler age. It is estimated that 9–14% of children develop mental health problems before entering school (Smith, Stagman, Blank, Ong, & McDow, 2011). Children of minority status are even more vulnerable to develop mental illnesses. Various risk factors can contribute to poor mental health of children, including situations that precede participation in public assistance programs, unemployed family members, involvement with the foster care system, or children who were born to teenage parents (Knitzer & Lefkowitz, 2006). A study conducted to assess the adequacy of mental health insurance coverage for children found that 85% of youth in need of mental health services who were in the child welfare system did not receive care (Busch & Barry, 2009). Children in juvenile justice centers are also at higher risk for mental health problems. It is estimated that 69% of youth in juvenile justice systems have mental health disorders (Dale, Baker, Anastasio, & Purcell, 2007). The National Co-morbidity Survey—Adolescent Supplement (NCS-A) reported that almost half of the participants of their study (48.3% of Latino participants, 46.8% of Black participants, and 41.9% of non-Latino participants) experienced a mental health disorder before age 18 (Merikangas et al., 2010). The quality of mental health care was assessed in a study of 1,485 adolescents that experienced a major depressive disorder in the last year, and the results indicated that 34% reported receiving adequate mental health care. White participants of this study had a significantly higher perception of having received quality care (Alexander, Younis, Martins, & Richard, 2010).

Educational success is also compromised for children with mental health problems. Mental health problems can impact attention and concentration, increase absences and tardiness, and contribute to physical health problems that affect academic success (DeSocio & Hootman, 2004). In addition, learning is compromised for children with mental health problems. A study that examined academic success of children with mental health problems concluded that 83% of students scored lower than the group mean in math, writing, and reading (Nelson, Benner, Lane, & Smith, 2004). In regard to poor academic achievement, students who perceive that they are failing in school are 10 times more likely to report suicide attempts (Martin, Richardson, Bergen, Roeger, & Allison, 2005). Mental health problems also cause students to drop out of high school at rates as high as 50% (U.S. Department of Education, 2006).

A multitude of micro and macro factors contribute to treatment barriers for youth at risk. For example, Salloum, Johnco, Lewin, McBride, and Storch (2016) evaluated barriers for participation in mental health treatment of anxious children. The study evaluated 100 children, ages 7 through 13, who were participating in a randomized, community-based clinical trial. The greatest barriers to participation reported by parents were stress, accessibility, and stigma associated with mental illness. A lack of insurance coverage is another barrier. In 2009, 10% of adolescents did not have insurance for mental health care (U.S. Census Bureau, 2010). Access to comprehensive mental health care can also be challenging for youth at risk. Children who need specialized care are often referred to crisis workers who provide short-term, non-comprehensive care, and prevention care may not be offered (National Research Council & Institute of Medicine, 2009). Vulnerable groups such as adolescents who are homosexual, bisexual, and transgender can have more barriers to receiving mental health care, typically due to rejection by parents, which increases the rate of youth homelessness (Mustanski, Garofalo, & Emerson, 2010). Children residing in violent homes also

experience barriers to mental health care. One of the greatest challenges noted is the lack of training received by childhood health care professionals to screen for exposure to domestic violence. If domestic violence is overlooked in families, children will not be able to access appropriate mental health services (Wolfe & Korsch, 1994).

METHODS AND APPLICATIONS OF GUIDED IMAGERY

Guided imagery encompasses a large spectrum of creative approaches and assists with a multitude of problems experienced by children, adolescents, and adults. The following section outlines the essential principles and methods of the technique.

Naparstek (1994) discussed three major principles that define guided imagery. The first principle is a mind-body connection. The mind can give cues to the body about feelings and experiences. This principle posits that the mind can be a helpful tool if we listen to the signals it gives us, and that the body can benefit from images created by the subconscious. The second principle is that if we enter an altered state of consciousness, brainwave activity and biochemistry can change, which can lead to cognitive (i.e., thinking process) and emotional changes. Lastly, locus of control is another important concept. If a person believes that he or she can control aspects of his or her own life, human functioning can be improved (Naparstek, 1994).

The author of this article has witnessed guided imagery as a liberating method in her own clinical practice, especially when the values of self-determination and empowerment are employed. The technique can also be self-taught and does not require a clinical or medical setting, allowing participants more flexibility and less financial restriction to participate.

The Academy for Guided Imagery (n.d.) has declared three primary purposes and various guidelines for conducting guided imagery. The three main purposes for use of this method include the following: stress reduction and relaxation, active visualization or directed imagery for improvement of performance or behavior, and the utilization of receptive imagery to elicit subconscious words and images.

It is also recommended that the guided imagery process follow a specific structure. The first step is to assess the potential efficacy of the technique with the individual. The participant should be assessed if they have used the technique or a similar method in the past. The motivation and goals of the participant should be evaluated to ascertain the most appropriate approach. The facilitator should explore whether any previous experience was helpful or unhelpful. The next step is to teach relaxation techniques. Once the client is in a relaxed state, the client can begin the visualization process. Guided imagery can use a directive or nondirective approach, where images are evoked through a conscious or unconscious process (Academy for Guided Imagery, n.d.).

The most common form of relaxation to prepare for visualization is progressive relaxation, also known as *progressive muscle relaxation* (PMR), developed by Edmund Jacobson, M.D. This method has been used for decades to reduce stress and improve overall health and functioning. The process requires the participant to find a safe and quiet place to relax. The participant then begins a process of tensing and releasing each muscle group of the body, starting from the toes and traveling to the facial muscles. This process is usually repeated a few times. While releasing tension in each muscle group, the individual becomes more prepared to receive helpful mental images (Jacobson, 1938).

Diaphragmatic breathing is another central theme used in guided imagery practice. Deep breathing can assist in relieving muscle tension and encourages relaxation. In summary, the technique teaches breathing in through the nose and breathing out through the mouth.

During the inhale process, one uses imagery to envision filling up the stomach and ribcage with air. Visualization is also used during the exhale process when releasing the breath. For example, one may use an image of a balloon blowing up with air in the lungs to visualize healthy breathing (Mirsky, Rosen, & Knolls, 2008). It is common to start with the breathing and progressive muscle relaxation at the start of a guided imagery session and then move on to a guided script or visualization.

According to Fanning (1994), there are various styles of visualization. One style is receptive visualization, which allows unconscious images and thoughts to surface. Programmed visualization is a more directive form where a person interacts with his or her subconscious by talking to it. This form is preferred for goal setting and visualizing specific changes, such as improving athletic skills. A third style is guided visualization, which is a combination of receptive and programmed visualization. This is the most common form of guided imagery (Fanning, 1994).

There are even more specific categories of imagery used for specific purposes. It is important to evaluate which category is most beneficial for the intended audience. Various categories include the following: feeling state imagery, which encourages clarification of feelings and improvement of mood; end state imagery, which utilizes the visualization of the completion of a personal goal; energetic imagery, which is inspired by Chinese medicine and encourages the visualization of positive energy flow in the body; cellular and physiological imagery, which helps with specific physical and health problems; metaphoric imagery, which helps visualize change through the use of symbols and objects; psychological imagery, which helps alleviate emotional or psychological problems; and use of spiritual imagery, which can help with finding a deeper connection to the world (Naperstek, 1994). The author of this article has included

original guided imagery scripts and exercises in the appendix section of this document.

THE DEVELOPMENT OF GUIDED IMAGERY AS AN EVIDENCE-BASED PRACTICE

Various well-known medical and psychological practitioners for close to a century have used guided imagery as a clinical technique. The following section features various pioneers of guided imagery who helped to ground theoretical concepts in practice and also briefly reviews efficacy studies from the current literature.

The development of guided imagery as a technique has a rich, international history. The initial development of the technique began in Europe over the last century and eventually became popular in the United States. There were various practitioners who helped to contribute to guided imagery as a respected and evidence-based practice. For example, Pierce Clark initiated the concept of fantasy and imagination to help neurotic patients (Clark, 1925). Anna Freud used techniques of free association, storytelling, and guided imagery with children who had psychological problems (Freud, 1927). Carl Jung utilized a method of "active imagination" to treat patients with various psychological disorders. The technique required clients to spend time alone in order to become aware of fantasies and intuitions and to analyze how mental images unfolded into deeper meanings (Jung & Jaffe, 1961). Fretigny and Virel (1969) developed a method called *oneirotherapy*, which included envisioning an imaginary body outside of one's own physical body to engage in sensory experiences. *Dialogic imagery* was adopted in the 1960s as a more directive method, which incorporates the idea of "grounding" mental images to increase coping skills in everyday life (Desoille, 1966). Gestalt therapy, which continues to be popular in the United States today, also utilizes guided imagery concepts. Gestalt therapy focuses on the process of developing awareness through an

experiential process. Gestalt therapy encourages creative forms of visualization to embrace self-acceptance and overcome interpersonal barriers (Corsini & Wedding, 1989).

David E. Bresler, Ph.D. and Martin Rossman, M.D. formed the Academy for Guided Imagery in 1989. They developed and taught clinical guided imagery classes and expanded the method to health care professionals, educators, and diverse organizations and practitioners in the United States. The organization now promotes research and application of guided imagery methods to a diverse international population (Academy for Guided Imagery, n.d.).

A considerable body of literature has been published about the efficacy of guided imagery. Studies have been conducted in the fields of medicine, social sciences, education, and numerous other fields, which demonstrate the value of this method. The following section includes guided imagery efficacy studies with children, adolescents, and adults.

Various landmark studies have concluded that guided imagery can impact biological and physiological functioning. A study by Walker et al. (1999) evaluated 96 women who were recently diagnosed with advanced breast cancer. The study employed a control and experimental group. The experimental group utilized guided imagery and progressive relaxation after six cycles of chemotherapy. After treatment was completed, patients in the experimental group scored higher on mood rating scales, quality of life assessments, and emotional expressiveness. A study by Wichowski and Kubsch (1999) investigated how guided imagery could impact self-care habits of diabetic patients. Patients were given a motivational, imagery script to read daily with the intent of improving personal health care behaviors. The results concluded that upon completion of the script exercises, self-care behaviors such as blood testing, weight management, and exercise were moderately improved. A study by Langewitz et al. (2005) provided evidence that guided imagery impacted

immune functions and allergy reductions. A sample of 79 patients participated in a 2-year study to evaluate whether self-hypnosis could improve discomfort with symptoms of hay fever and allergies. The participants used a 100-point Visual Analog Scale (a self-report instrument that indicates pain or discomfort) after completing two courses in self-hypnosis and imagery techniques. The results indicated a 29.2-point reduction of pollinosis symptoms and a 23.7% point reduction of "restrictive" feelings (on a measure of well-being). A noteworthy study by Crowther (1983) demonstrated that stress management and relaxation training can reduce symptoms of hypertension. A sample of 34 participants with hypertension applied relaxation techniques and guided imagery for 8 weeks. The results indicated that using imagery and relaxation had a greater impact on symptom reduction than checking blood levels alone.

The literature also points to guided imagery as a meaningful tool to reduce psychological stressors. A study conducted by Jorm et al. (2004) demonstrated guided imagery techniques were more effective to reduce cortisol levels of patients with generalized anxiety disorder than cognitive behavioral therapy methods. Another study by Jain et al. (2014) investigated 123 persons active in military duty who were diagnosed with post-traumatic stress disorder. The group employed six randomized sessions to apply guided imagery and healing touch techniques. The participants showed significant improvements in quality of life, and showed reduction of depression and hostility. McMahon and Fagan (1993) advocated that children who have experienced severe abuse and dissociative symptoms benefit greatly from using creative mental imagery. For instance, children who learn to create mental images of safety can draw upon these images when they are having traumatic memories; they can learn to elicit images of a safe place, such as a favorite tree house or an imagined place or sanctuary, when traumatic memories surface. Another helpful

use of creative imagery is the use of metaphoric objects such as stones or nature objects to symbolize mental strength and coping skills (McMahon & Fagan, 1993). According to the literature, guided imagery techniques can also be helpful in primary and secondary educational settings. One study was completed with a group of youth in a junior high school Spanish class who were struggling with learning Spanish. The students in the study were at the lowest 25th percentile in reading and had little interest in the subject matter. Students were trained to meditate for five minutes before each class and visualize a beautiful scene where they were participating in nature and visualizing themselves completing their course work in a successful manner. They were also instructed to visualize behavior improvements with peers. A moderate improvement with peer interaction and academic performance was noted by outside evaluators after the research was completed (Galyean, 1980, 1982). Guided imagery can also be helpful for young school age children. A controlled trial was used to evaluate whether children as young as third grade could benefit from mindfulness techniques. The children were instructed to practice imaging and mindful techniques for 18 weeks. Neuroimaging was found to decrease anxiety and increase attentional and emotional processing (Semple, Lee, Rosa, & Miller, 2010).

A study by Wachelka and Katz (1999) assessed 27 high students who were enrolled in learning disabled classes. A randomized pre-test/post-test design was used to assess the efficacy of guided imagery in relation to test anxiety. The students participated in 8 weeks of training. The Test Anxiety Inventory was employed to evaluate the results. The treatment group had a significant reduction of test anxiety symptoms compared to the control group. Self-esteem and self-efficacy in educational settings can also be improved by guided imagery techniques. A research study conducted by

Omizo, Omizo, and Kitaoka (1998) studied self-esteem of Hawaiian children in fourth through sixth grades. The study concluded that children in the experimental group (those who used guided affective imagery for 10 weeks) scored higher on self-esteem ratings than the control group.

It is important to note that guided imagery can be contraindicated in various situations. Lustyk, Chawla, Nolan, and Marlatt (2009) conducted a thorough literature review on the potential risks of meditation. The authors of the study recommended that special consideration should be given regarding the mental and physical health of participants. For example, guided imagery could evoke greater trauma to people with Post-Traumatic Stress Disorder. Images and memories could be triggers that increase the symptoms of trauma. Physical health status should also be assessed before starting guided imagery. The authors of the above mentioned study also discussed the risk of somatic/pain issues and seizures due to physiological responses in the body during the process. It should also be noted that guided imagery might not be permitted in certain school districts; therefore, it is important to research these policies before starting guided imagery exercises.

CONCLUSION AND RECOMMENDATIONS
Mental health care is crucial for all children, especially for children who at risk of poverty, trauma, and psychosocial problems. The literature review in this paper demonstrates disparities in mental health care for vulnerable youth. The research points to a number of risk factors, such as poverty, exposure to violence, participation in child protection and juvenile justice systems, and lack of family support, for childhood mental illness. The literature also reveals disparities in mental health treatment options for youth at risk. The greatest challenges include poor insurance coverage, stigma of

mental illness, lack of qualified mental health professionals in vulnerable communities, and lack of prevention and screening services.

Guided imagery has been introduced in this article as a noteworthy option for mental health prevention treatment. The author advocates that children at risk can benefit from learning guided imagery strategies in educational and community settings. Guided imagery efficacy studies indicate benefits for physical health, mental health, self-esteem, and academic success. The paper postulates guided imagery as a beneficial prevention technique to enhance mental health. The technique can be employed by a diverse group of non-clinical youth service professionals.

The author recommends that guided imagery techniques be applied in micro and macro practice with youth who are at risk. On a micro level, guided imagery techniques can be applied in educational settings, such as adding the strategy to individualized education plans for students with behavioral or academic problems or utilizing strategies to help students with test anxiety or learning problems in the classroom. Guidance counselors and social workers in their individual work with students can also employ the technique. Students could be encouraged to learn these techniques to manage anger, social problems, and attentional problems in one-on-one sessions with educational professionals. On a macro level, guided imagery experts can provide in-services to teachers and educational professionals on the application of the technique. Guided imagery techniques can also be added to the curriculum of health or life skills courses, after-school programs, and prevention programs. In addition, parents may want to learn about these techniques, and guided imagery materials (such as software, books, etc.) can be requested for libraries and classrooms.

The author of this article postulates that youth who are at risk can be empowered by guided imagery methods. According to the efficacy studies in the literature, guided imagery techniques can enhance human performance in the areas of physical health, mental health, and educational success. Non-clinical professionals can teach the method as a prevention strategy. This method reduces the financial barrier of utilizing licensed mental health professionals because the method does not require expensive resources, such as computers, technology, or printed materials. The only resources needed for guided imagery are a pencil and paper, listening skills, and imagination. Crisis mental health services should not be the sole option for youth who are at risk, as they deserve the right to self-determination and a wide spectrum of choices for effective evidence-based mental health care.

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Appendix

Guided Imagery Scripts/Exercises

Feeling State Imagery Exercise

1. Practice deep muscle relaxation for 10 minutes.
2. Complete 50 belly breaths (diaphragmatic breaths).
3. Write down a feeling or emotion that has been a barrier in your life. For example, you might note anxiety about a test or depression about the end of a relationship.
4. Write a few notes on how this emotion is blocking or interfering with other parts of your life. For example, you might feel it is creating low test scores or inhibiting new friendships. Lastly, write how you think that changing this emotion could benefit your life.
5. On a second piece of paper, write about a place that allows you a feeling of peace (in the mountains, by a fishing stream, sitting in a tree, etc.). This can be a place you have already visited or one that you make up in your mind. Write down all of the senses you could experience in that place, such as how it looks and who is with you, how it smells, any tastes involved, how your body feels, and what you hear.
6. On a third piece of paper combine the ideas from sections 3 through 5 into a brief script. One example of a script could be as follows:

> I am trying to manage anxiety and the fear of not graduating from high school. My body feels tense and I feel shortness of breath when I think about not finishing school. I fear that my friends will graduate and I will not. I fear that I will be left behind. I see myself in my grandmother's cabin on the lake. I feel safe there. I have been going there since I was very small. The cabin reminds me of feeling loved, and a sense of belongingness. My grandmother always made me feel smart and special. I see the lake reflecting sunlight out of the window. I smell fresh air and the scent of pine trees. I hear birds singing and crickets making noise. I can feel the wood floor under my feet creaking as I calmly walk around the cabin. I envision that my grandmother invited me to stay there for the day to collect my thoughts. I see myself sitting at my favorite dining room table with my book bag. I am able to go through each assignment for each class and make a plan to complete the coursework. I just need to take things slowly and get through each class, little by little. I see that it is getting dark outside and the sunset is shining through the window. I realize that I am on my last assignment and have completed all of my work necessary for graduation. It was not as difficult as I thought it would be. I am capable and intelligent.

End State Imagery Exercise

1. Practice progressive muscle relaxation for 10 minutes.
2. Complete 50 diaphragmatic (belly) breaths.
3. Take out a piece of paper and brainstorm the following points:
   - What is a goal that I want to complete?
   - What are the barriers (or perceived barriers) to accomplish this goal?
   - What are some action steps that I can take to obtain this goal?

4. On a second piece of paper brainstorm the following ideas:
    • Where do I feel most confident in my life?
    • Is there anyone that I can be with to enhance my confidence? Or, do I need to eliminate any negativity (person or circumstance) in my life that impedes my confidence?
    • What are my greatest strengths to accomplish this goal (intellectual, social, physical, etc.)?
    • What kind of environment do I need to be in to be most successful?

5. Combine sections 3 and 4 to write a creative script. One example could be the following:

    I want to be able to say 'no' to people when they take advantage of my time. I spend excessive hours each day helping people solve their problems and have very little energy to focus on my own goals. I cannot say no to people because I am afraid I will disappoint people and that I will be viewed in a negative manner. I can start to practice doing less for others each day and doing something to take care of myself once a week. I can start to examine the quality of my friendships and make changes to improve my life.

    I visualize walking on my favorite trail of the park. I am enjoying alone time. My cell phone is turned off and I have made myself unavailable for the day. The goal of my day is to think about my plans for the future. I will not talk to anyone all day, but will only listen to my inner voice. I am walking at a relaxed pace. I hear leaves crunching under my feet and hear a babbling brook in the distance. I hear a red-winged blackbird sing a song. My chest feels less heavy and I feel oxygen filling up my lungs. The racing thoughts of the problems of others slowly dissipate from my mind. I communicate to others my trust that they can find their own peace to enhance their lives. I no longer have shortness of breath or feel anxious. I like to be with myself. I am a person who has good ideas and plans for her future. I begin to think about the most important thing to me—taking better care of my health. I will make a plan to walk three times a week, with no electronic devices. I will commit to eliminating an unhealthy friendship from my life, and I will start to practice deep breathing and meditation for 10 minutes each morning. I deserve to prioritize my health. I have value, and my life is important. I can contribute more to the world if I am healthy.

Physiological Imagery Exercise

1. Find a comfortable place to sit and relax.
2. Do a body mapping scan. This means pay attention to each muscle group from head to toe and identify where you may feel stress settling in your body.
3. Do 50 belly breaths (diaphragmatic breathing).
4. Practice progressive muscle relaxation for five minutes.
5. When you identify where stress is settling in your body, visualize releasing that stress as you exhale for five seconds from each belly breath. You can visualize contaminated air leaving your body and healthy air entering your lungs. You can visualize heavy air bubbles leaving your body one by one, or visualize a part of your body becoming healthier.
6. Use the following "Listening to Your Inner Voice" document to identify a body system for which you can develop a mantra. Practice this mantra daily.

Your Inner Voice: Head to Toe

By Dr. Lisa Skeens

Head: My thoughts come from my experiences, knowledge, and wisdom. I am the expert of my own thoughts. When I let my thoughts flow, my head feels clear. When I ignore my thoughts, my head aches.
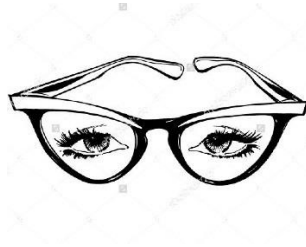
Eyes: I am the only one who can see my true reality. I am the only one who can open and close my eyes to see my truth. My eyes see the beauty of the world when they are fully open. The world shrinks and becomes blurry when my eyes start to close.
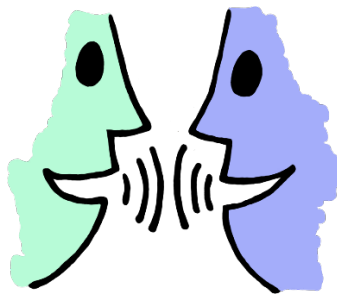
Mouth: My words can support my truth or silence my truth. Communication is joyful when my words are real. I am more connected to others. I am lonely when my words are repressed.

Lungs: The air that fills my lungs can reassure me that life is flowing easily through me. When my breathing is restricted, I feel like I could suffocate. The weight of my breath reflects my inner security.

Heart: When I feel my heart beat, I am affirmed that life pulses through me. I recognize that each beat represents my own unique rhythm. When I ignore my own tempo, I become out of sync.

Stomach: When I feel like positive things are digested inside of me, I have hope. When I feel an aversion in my core, I cannot look past my own discomfort to embrace hope.

Legs: My legs can project me forward or they can make me feel paralyzed. If I plot my own journey, my legs will propel me to reach my destination.

Feet: I am grounded in my values and beliefs. My feet allow me to stand on my principles. When I honor my values, I always land on my feet. If I neglect my moral compass, I will stumble.

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