

The effects of Regenerating Images in Memory (RIM) sessions on men who reported elevated levels of work stress: A case study report

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Abstract

Background: Reports of perceived work stress are on the rise and its effects are far-reaching, impacting physical, emotional, and mental health. This pilot study explored the effects of a technique called Regenerating Images in Memory (RIM) on men's perceived work stress.

Participants and methods: Twenty-one men participated in this study. Fourteen men completed two 60- to 90-minute RIM sessions and seven men served as the control group, not receiving any sessions. A Stress and Well-Being Assessment was used with both groups as the primary outcome measure.

Results: The treatment group reported a significant reduction in work stress immediately following the RIM sessions and a continued reduction in the weeks following the RIM sessions. The control group reported an increase in perceived work stress over the study period.

Conclusion: This pilot study provides valuable evidence of the positive impacts of RIM sessions on perceived work stress. However, a larger and more controlled trial is recommended to confirm these findings.

Keywords

Men, Mental Health, RIM, Stress, Transformation

Introduction

Even prior to the pandemic, individuals reported more stress than they did in the 1990s¹. Stress affects people's emotional, psychological, and physical systems². Of doctors surveyed, 98% believed stress management counselling was somewhat or very important, but only six percent of those doctors reported routinely discussing stress management with their patients, mainly because of time limitations³. Health care expenditures are around 50% higher for workers who report high levels of stress⁴, men appear more prone to severe physical illness due to stress⁵, and men who persistently experience moderate or high levels of stressful life events over a number of years have a 50% higher mortality rate⁶. Studies also show work stressors to be associated with an elevated risk of heart disease and stroke⁷ and a higher rate of metabolic syndrome⁸.

Stress can also impair men's mental health and relationships. A longitudinal study revealed that the risk of clinical depression as a result of each life stressor was 50% stronger for men than women⁹. When stressed, men have less activity in the areas of the brain connected with empathy and social understanding¹⁰, and provide lower-quality support in response to their female partners' emotional expressions of stress¹¹.

This study researched the effect of a technique used by coaches and therapists called Regenerating Images in Memory (RIM) on perceived stress. Developed by Deborah Sandella, Ph.D./RN, RIM grew out of a synthesis of Ericksonian hypnosis, interactive guided imagery, and somatic sensing, and then evolved to include its own unique skills^{12,13,14}. Studies have shown that the techniques of guided imagery and hypnosis can be effective in reducing emotional stress^{15,16,17,18}, and research on the effects of RIM on a stress related illness suggested that RIM participants experienced a significant reduction in a hallmark symptom of the illness and a

significant improvement in their quality of life^{19,20}. The current study measured the impact of two RIM sessions on perceived stress levels in men.

Methods

Study Design

The study took place between June of 2019 and March of 2020 and included 28 men who were recruited via Facebook posts and through community networks. Participants were assigned to the treatment group ($n = 20$; mean age = 46.2 years) during phase one of the recruitment process. Once the treatment group was at capacity, the control group was recruited ($n = 8$; mean age = 51.9 years). Neither group was aware of the existence of the other group. All participants signed informed consent forms.

Three participants (two treatment and one control) were excluded from the study due to low levels of perceived work stress results (i.e., <25th percentile) on their Stress and Well-Being Assessment. Another four treatment participants were excluded because they were unable to schedule or show up to RIM sessions, or they reported mental conditions that could potentially skew the data given the small sample (e.g., ADHD or acute PTSD requiring medication). The final sample included 14 treatment participants ($n_t=14$) and seven control group participants ($n_c=7$).

Intervention

Treatment group participants had two 60- to 90-minute RIM sessions and completed a Stress and Well-Being Assessment three times as part of the study (prior to first session, after the second session, and six weeks later). The RIM sessions were conducted by certified RIM facilitators who had completed their RIM master level certification classes. Participants who

were enrolled in the control group only completed the Stress and Well-Being Assessment on two separate occasions (once at the beginning of the study and again six weeks later).

RIM Technique

RIM sessions start by having the client settle into body awareness through focused breathing or by having clients who are in heightened emotional states feel and locate that emotion in their body. Clients generally keep their eyes closed during a RIM session. The client's imagination creates feelings of safety through imagining that a powerful virtual resource is with them. Clients are then able to revisit emotionally stressful situations and fully experience their emotions. They can imagine scenes where they express what needs to be expressed, receive words of wisdom from their virtual resource or others, and take any action proposed by their imagination. By experiencing old events in an empowered way, clients regenerate new emotional memories of the events, release the emotional charge that had been tied to the event, and often gain a new perspective related to situations and experiences. The RIM facilitator serves as a neutral witness during the process with no agenda for results or experiences, instead following and reflecting to the client what the client is reporting. The facilitator invites the client to go deeper in exploration through somatic inquiry and sentence leads, but the client is always in charge of the experience. In a RIM session "the primary relationship fostered is the client with their inner self rather than between client and facilitator"¹⁴. During a RIM session clients locate, sense, and embrace emotions through somatic body sensing, until difficult emotions are no longer present in the body. As the session progresses, clients typically feel lighter and more peaceful. After experiencing RIM sessions, clients can use aspects of the RIM technique to process emotions in self-led session experiences. While multiple sessions may be required to work through complex issues, positive results can typically be achieved in under six sessions

with each session completing a specific piece of work¹⁴. For a more in-depth discussion of the RIM technique see Regenerating Images in Memory (RIM): An Introduction for Therapists by Kenneth Cole, Ph.D.¹⁴ and Goodbye Hurt and Pain by Deborah Sandella, Ph.D.¹². An example RIM session is included in the Supplemental Materials for this article.

Outcome Measurements and Data Analysis

Data related to stress was collected using a web-based, 72-question Stress and Well-Being Assessment developed by the HeartMath Institute²¹. The assessment reports scores within each of the survey's twelve domains in relation to normative baselines data that were established using 1500 individuals. This case study focused on the domain related to work stress.

To evaluate the effects of RIM sessions on men's self-reported work stress levels, assessment data were analyzed using the SPSS statistical package 26.0²². Mixed design analyses of variance were used to evaluate statistical significance using initial, interim (i.e. assessment data that were collected immediately after RIM sessions were completed), and final assessment scores as repeated measures, and treatment versus control groups as between-subject measures. Effect sizes were calculated using Cohen's guidelines²³.

Results

At the outset of the study, the groups reported nearly matching levels of work stress. While the treatment group (TG) reported an initial work stress mean percentile score that was slightly higher ($\text{mean}_{\text{TG_initial}} = 58.9$; $\text{SD}_{\text{TG_initial}} = 18.0$) than the level reported by the control group (CG) ($\text{mean}_{\text{CG_initial}} = 56.9$; $\text{SD}_{\text{CG_initial}} = 15.6$), the difference between these two starting levels was not significant. As shown in Figure 1, by the end of the RIM treatment phase, the treatment group reported a significant reduction in work stress ($\text{mean}_{\text{TG_postRIM}} = 46.6$;

$SD_{TG_postRIM} = 25.1$; $p < .001$; $ES = .56$) compared to the control group who reported a significant increase in work stress over the study period ($mean_{CG_final} = 67.3$; $SD_{CG_final} = 13.5$). At this stage of the study, the self-reported work stress gap between the treatment and control groups was 20.7 percentile points; the difference approaching significance at a 95% confidence interval ($p = .057$; $ES = 1.03$).

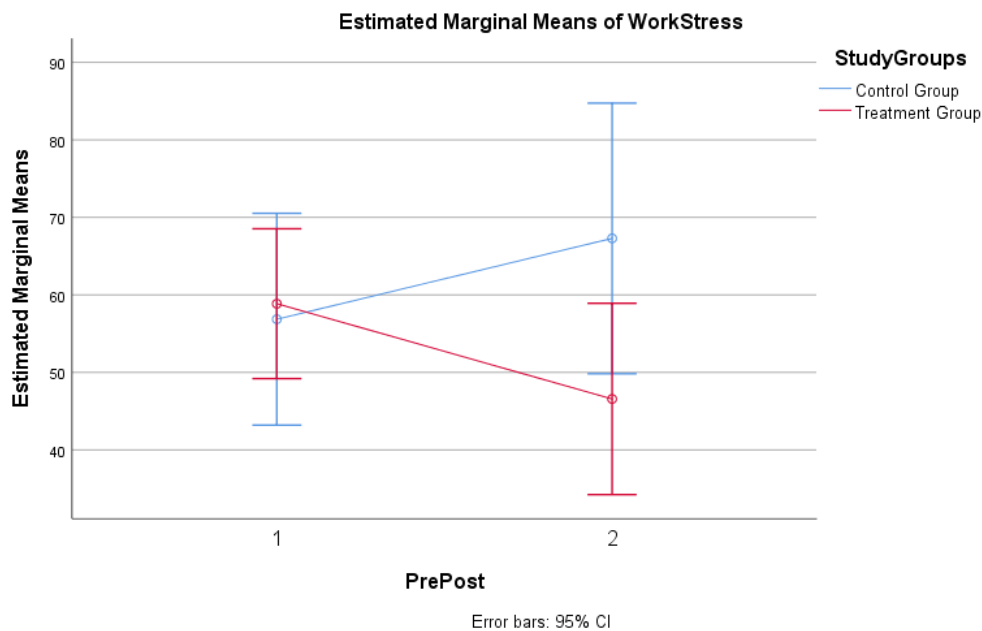


Figure 1. Comparison between the control and the treatment groups' work stress changes. Pretest data (1) include the initial survey results for both groups. The posttest results (2) were collected six weeks from the initial survey (control group) and immediately after the RIM sessions were completed (treatment group).

By the final administration of the Stress and Well-Being Assessment, which was completed by the treatment group participants six weeks after the second RIM session was completed, the treatment group participants reported a continued reduction in work stress. As shown in Figure 2, the treatment group's work stress measures continued to decrease to a low of 32.9 ($SD_{TG_final} = 24.8$), resulting in a statistically significant difference of 34.5 percentile points

between the treatment and control groups' perceived levels of Works Stress ($p = .045$; $ES = 1.73$) by the end of the study period.

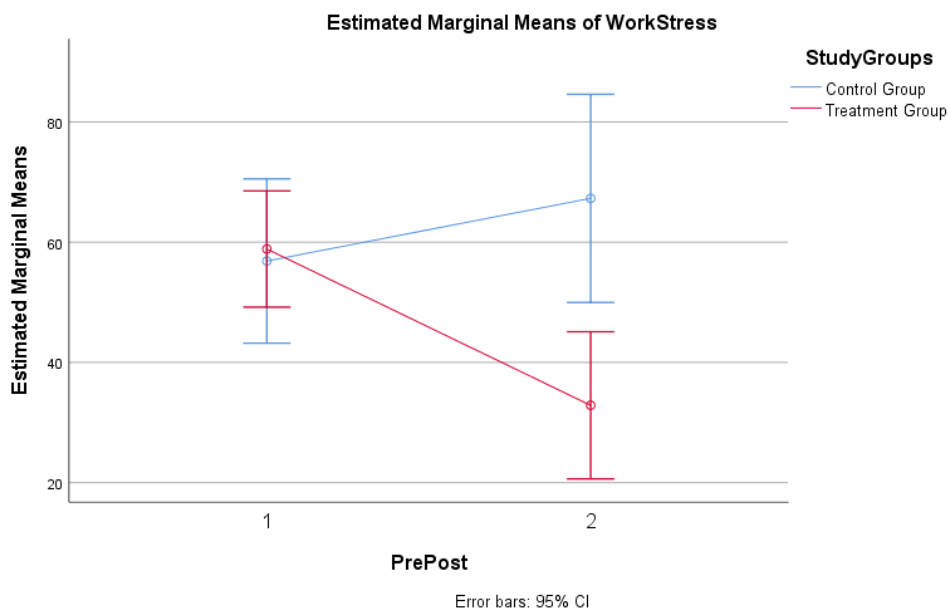


Figure 2. Comparison of the treatment groups work stress measure six weeks after the RIM session were completed with those of the control group.

Discussion

The results of this study indicate that two 60- to 90-minute RIM sessions can significantly reduce the level of work stress perceived by men. By the time the treatment group had finished their two RIM sessions, they reported a significant reduction in work stress moving from the 58.9th percentile to 46.6th percentile. By the end of the study period (i.e., six weeks later), their levels of perceived work stress had continued to decrease, averaging at the 32.9th percentile. The continued reduction in perceived work stress during the weeks following the second RIM session suggests that RIM may create both an immediate reduction in perceived work stress and a continued reduction of stress as the RIM session integrates over time.

Although this case study focused on RIM's effect on work stress, the Stress and Well-Being Assessment measured twelve domains of stress and well-being. The treatment group reported positive changes on all seven additional stress domains (physical stress, relationship stress, financial stress, social support, other stress, emotional stress, and stress response). There were significant stress reduction trends in two of those domains (physical symptoms and social support). The control group only reported detectable, yet non-significant trends on two of the seven stress domains (physical symptoms and response to stress). The treatment group reported positive trends on all well-being domains (stress management, adaptability, resilience, and emotional vitality), while the control group reported positive trends on only two domains (stress management and adaptability). While not statistically significant, these trend results did reveal consistent positive trends reported by the treatment group, and additional research should be considered.

Given the increasing reports of perceived work stress¹ and the high health care expenditures related to work stress⁴, RIM can be an appealing intervention for stress because of the small number of sessions needed. Furthermore, as men experience RIM sessions, they may be able to self-facilitate stress reduction through continued independent use of various RIM exercises following their sessions (See Goodbye Hurt and Pain by Deborah Sandella, Ph.D. for example exercises¹²). However, because of the limited nature of this study, it is difficult to determine the full effect of RIM. Nevertheless, this pilot study provides valuable evidence of the positive impacts of RIM sessions on perceived work stress. It can be used to guide future research that will include a more sophisticated experimental design, a larger sample, a range of RIM sessions, and a more comprehensive test battery.

Conclusion

This case study provides evidence that two 60- to 90-minute RIM sessions can significantly reduce the level of work stress perceived by men. It is important to evaluate this study not only in regard to the significant outcome, but also in light of the efficiency with which the results were achieved. If two RIM sessions along with a six-week integration phase can nearly cut the intensity of perceived work stress in half, what could be achieved if the amount of RIM sessions were increased, RIM sessions were used as a preventative measure on a regular basis, or men were trained to combine facilitated RIM sessions with self-RIM sessions? Given the heavy costs associated with perceived work stress in men, more research should be conducted on the reduction of stress in men through the use of techniques such as the one used in this study.

Declaration of Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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