

TOPIC 5 · THERAPEUTIC VISUALIZATION, GUIDED IMAGERY & MIND-BODY INTERVENTIONS IN FERTILITY AND IVF

What we know about stress, anxiety, fertility preparedness, coping and possible reproductive outcomes.

Why 7 core sources?

For the initial website, seven is the ideal number. Direct guided-imagery evidence in fertility is smaller than the acupuncture literature, but there are now two directly fertility-specific studies, two hypnofertility RCTs and several serious mind-body reviews. These seven sources allow us to present both the most direct evidence and the wider scientific context without treating visualization as interchangeable with every psychological intervention.

The evidence in context

Therapeutic visualization has its clearest evidence as a tool for reducing stress and anxiety during infertility and IVF. Fertility-specific studies suggest that guided imagery can reduce psychological distress, while hypnofertility programmes have been associated with lower cortisol, better preparedness and improved coping. Evidence for pregnancy outcomes is far less clear: some comprehensive mind-body programmes have reported higher pregnancy rates, but these effects cannot be attributed to visualization alone. The scientifically responsible position is therefore that therapeutic visualization is an evidence-informed psycho-emotional support tool, while any direct effect on conception or live birth remains under investigation.

1. Damghanian et al. (2025)

Effect of guided imagery relaxation on stress in infertile women candidates for in vitro fertilization

[Original source](#)

What it studied → A randomized clinical trial in 60 infertile women preparing for IVF. Thirty women in the intervention group completed six 45-minute guided-imagery relaxation sessions, twice weekly, delivered through audio material. Controls received routine care.

What it found → The guided-imagery group showed a significant reduction in stress compared with controls.

What it means in practice → This is the most recent directly relevant fertility-specific RCT of guided imagery. It supports therapeutic visualization as a complementary stress-management technique before IVF.

Limitations → Small sample, single-centre design and stress as the primary outcome. It does not establish an increase in clinical pregnancy or live birth. The conclusion concerns psychological support, not a direct fertility effect.

2. Bae et al. (2011)

Effects of Guided Imagery on Stress and Anxiety of Women Receiving in Vitro Fertilization

[Original source](#)

What it studied → A study of 57 women receiving IVF for primary or secondary infertility. The intervention group used guided imagery via audio CD for eight minutes daily over two weeks.

What it found → After the intervention, the experimental group had lower affective and total stress. Anxiety increased significantly in controls but not in the guided-imagery group.

What it means in practice → It suggests that even a brief self-guided imagery practice may help manage stress and anxiety during IVF.

Limitations → Small sample, one fertility centre and no major reproductive outcomes as primary endpoints. It did not test implantation, clinical pregnancy or live birth.

3. Fata & Koc (2021)

Does Hypnofertility-Based Nursing Care Affect Cortisol Levels, Fertility Preparedness, and Pregnancy Outcomes in Women Undergoing In Vitro Fertilization? A Randomized Controlled Trial

[Original source](#)

What it studied → A randomized prospective study of 61 women with unexplained infertility undergoing IVF. The hypnofertility-based intervention included positive suggestion, relaxation, visualization and related mind-body techniques.

What it found → The intervention significantly reduced cortisol levels. No significant between-group difference was found in fertility preparedness or pregnancy outcomes.

What it means in practice → This is particularly useful for the Library because it separates two issues: a measurable effect on stress physiology may occur without automatically improving pregnancy outcomes.

Limitations → A multicomponent intervention, so effects cannot be attributed to visualization alone. Small sample and a single clinical population.

4. Erdemoğlu & Aksoy Derya (2024)

The effect of hypnofertility on fertility preparedness, stress, and coping with stress in women having in vitro fertilization: a randomized controlled trial

[Original source](#)

What it studied → A randomized controlled study in women undergoing IVF, using a hypnofertility intervention combining mind-body techniques, positive mental suggestion, relaxation and mental preparation.

What it found → Hypnofertility increased fertility-treatment preparedness, reduced stress and improved coping strategies.

What it means in practice → It supports the idea that structured mental and emotional preparation may help women experience IVF with greater psychological readiness and improved coping.

Limitations → This was not a pure visualization intervention but a multicomponent hypnofertility programme. Findings concern stress and coping, not a proven increase in pregnancy.

5. Domar et al. (2011)

Impact of a group mind/body intervention on pregnancy rates in IVF patients

[Original source](#)

What it studied → A randomized prospective study of 143 women aged 40 or younger preparing for their first IVF cycle. The intervention was a structured ten-session mind-body programme including relaxation, cognitive techniques and imagery-based practices.

What it found → During the second IVF cycle, when more women had completed a substantial portion of the programme, a higher clinical pregnancy rate was reported in the mind-body group than in controls.

What it means in practice → It is important as evidence that a comprehensive mind-body programme may affect not only psychological experience but possibly reproductive outcomes. It does not show that visualization alone caused the result.

Limitations → A multicomponent intervention, not visualization alone. The pregnancy-rate finding emerged at a specific stage and must be interpreted alongside later meta-analyses and RCTs.

6. Gaitzsch et al. (2020)

The effect of mind-body interventions on psychological and pregnancy outcomes in infertile women: a systematic review

[Original source](#)

What it studied → A systematic review of 12 studies of mind-body interventions in infertile women or couples, including randomized, non-randomized controlled and uncontrolled studies.

What it found → Mind-body interventions were associated with reductions in anxiety and depression, usually of small to moderate magnitude. There were also indications of a possible improvement in pregnancy rate.

What it means in practice → It provides the broader evidence context for therapeutic visualization: the best-supported benefits concern psychological distress, while reproductive outcomes remain more uncertain.

Limitations → Interventions were heterogeneous and not all involved guided imagery. Study quality and design varied, and the authors called for more well-designed RCTs.

7. Ha et al. (2023)

Efficacy of psychosocial interventions for pregnancy rates in infertile women undergoing assisted reproductive technology: a systematic review and meta-analysis

[Original source](#)

What it studied → A systematic review and meta-analysis of psychosocial interventions in infertile women undergoing ART/IVF, specifically examining effects of psychological and mind-body approaches on pregnancy outcomes.

What it found → The authors reported an overall association between psychosocial interventions and improved pregnancy rates, with mind-body and cognitive-behavioural approaches showing some of the more encouraging findings.

What it means in practice → The study strengthens interest in mind-body support as part of comprehensive fertility care, but it does not allow visualization itself to be isolated as the cause of better pregnancy outcomes.

Limitations → A meta-analysis of heterogeneous psychosocial interventions rather than guided-imagery-specific evidence. Populations, duration, timing and treatment context varied.

Library conclusion

Current evidence supports a reasonably clear role for visualization in reducing stress and anxiety and improving psychological adjustment during IVF. It does not support a promise that visualization itself directly increases conception or live-birth rates. The website should consistently distinguish psychological benefit from reproductive outcome.

Template for future maintenance

New guided-imagery-specific RCTs should take priority over general mind-body studies. For every new source: Full citation + link → What it studied → What it found → What it means in practice → Limitations → Date last reviewed. Whenever a new reproductive outcome is reported, check whether it relates to visualization alone or to a multicomponent programme before updating the overall conclusion.