Psychotherapy Guidebook

Relaxation Training

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DEFINITION

Relaxation Training refers to a variety of procedures designed to induce in an individual a state of relative muscular relaxation with concomitant subjective feelings of tranquility and calm. Physiologically, this state, which has become known as the relaxation response (Benson, 1975), can be identified by decreases in blood pressure, heart rate, and respiratory rate and by increases in skin resistance — all homeostatic changes controlled by the autonomic division of the nervous system. The relaxed state is also characterized by decreased tension in the skeletal muscles and by increased percentages of alpha wave activity in the EEC

The most common Relaxation Training procedures are progressive muscle relaxation, which will be the focus of this article; autogenic training, in which the individual concentrates on self-suggestions of warmth and heaviness in the limbs; hypnosis, in which suggestions of relaxation and mental calmness are provided by the hypnotist; biofeedback, in which one of the physiological systems mentioned above is monitored and the signal fed back to the individual; and various methods of meditation, such as Zen, Yoga,

or Transcendental Meditation, which involves passive concentration on a word or symbol in a quiet, comfortable environment. More detailed descriptions of these procedures may be found in Evans (1975).

HISTORY

Meditative and contemplative methods have been an accepted part of both Eastern and Western religious practices for centuries. However, as a psychotherapeutic technique, Relaxation Training was pioneered in the 1920s by Edmund Jacobson (1938), who devised a procedure known as progressive relaxation to teach hypertensive individuals to relax. Jacobson's procedure became widely known only when Joseph Wolpe adopted the training method for his anxiety-reducing technique, systematic desensitization (Wolpe, 1958). As a result, Relaxation Training became an important part of behavior therapy during the 1960s. About the same time, popular interest in Eastern religions, meditation, and altered states of consciousness attracted the attention of the scientific community to the benefits of meditation for inducing the relaxation response and for bringing responses of the autonomic nervous system under voluntary control (Wallace, 1970).

TECHNIQUE

All Relaxation Training procedures share certain common elements, which may be the reason that comparisons of their relative efficacy typically show few differences. Ideally the training takes place in quiet surroundings with the individual resting comfortably on a reclining chair or bed. Suggestions that the individual will feel relaxed but not tired are common and some instruction is provided that directs the individual's attention towards internal feelings. The purpose is that the recipients will learn the training procedure and be able to implement it themselves.

The advantage of progressive relaxation training is that by focusing on muscular relaxation, the individual's new relaxation skills can be used in a variety of situations. During the early stages of training, the individual is first asked to tense a muscle, to hold that tension until the muscle or muscle group involved is easily identified by slight discomfort (between five and ten seconds), and then to let go, or relax, that muscle. The release may be either gradual or abrupt, with gradual release being easier to continue beyond the normal resting point. The trainee is encouraged to notice the difference between the tension and the relaxation. This simple procedure is repeated with the other muscle groups in a systematic order, usually arms, trunk, face, lower limbs. The trainee is asked to notice what is done to relax a muscle and then to keep doing that beyond the normal resting level. Typically a single training session requires about twenty-five minutes of instruction.

Audiotaped relaxation instructions are widely available (e.g., Budzynski, 1976). However there is some evidence that live training is more effective. What is probably most advisable is to provide the client with an audiotape of the instructions for practice at home, which should be daily. The trainee should also be encouraged to implement elements of the relaxation in everyday situations, such as relaxing facial muscles while driving a car. Sometimes it is useful to teach individuals to cue their own relaxation by having them say "relax" to themselves as they release muscle tension; accompanying this with the exhalation of a deep breath is also effective.

APPLICATIONS

A major application of Relaxation Training is as a component of Systematic Desensitization. In this procedure for treating phobic anxiety, the client is trained to relax and while relaxed is asked to imagine vividly situations or events that usually provoke anxiety or fear. It appears from numerous experimental studies that the exposure of the client to the fear/anxiety-provoking scenes is more important for treatment success than the relaxation. However, Relaxation Training does result in significantly lowered levels of autonomic arousal, the physiological component of anxiety, and therefore may be necessary to calm the phobic client sufficiently to confront the feared situation.

Because it does have this inhibitory effect on anxiety, the implementation of deep relaxation can be very useful to individuals exposed to unavoidable fear-provoking or stressful situations in real life. Thus, for instance, the person who fears public speaking is taught to relax and encouraged to implement the relaxation prior to delivering a speech. If the real-life exposure is carefully graded — i.e., the task requirements are more and more anxiety-producing ones — this procedure is identical to systematic desensitization, but conducted in vivo instead of in imagination. More recently, however, it has been suggested that when applied in this way relaxation serves as a self-control technique whereby the individual can use self-relaxation as a deliberate method of controlling anxiety in a wide variety of settings. Thus, the client is taught not just how to relax but when to use relaxation as an active coping skill (Goldfried and Trier, 1974).

If Relaxation Training is thought of as imparting a useful skill for self-control, then numerous additional applications suggest themselves. For instance, self-induced relaxation can be very helpfully implemented by people with insomnia while they are waiting to fall asleep. Self-induced relaxation is particularly valuable in dealing with anxiety-related disorders that specifically involve extreme muscle tension, often in one or a few specific muscles, such as tension headaches (here the individual would be taught to maintain less tension in neck and forehead muscles throughout a stressful period), writer's cramp (the individual would be taught to relax immediately

prior to a writing task, such as signing a check), bruxisms (teeth grinding), and vaginismus (spasm of the vaginal muscles preventing intromission). Where discrete muscles are involved the general Relaxation Training procedure may be enhanced by biofeedback of muscle potential signals (EMG feedback). Because muscular tension exacerbates the pain of uterine contractions during labor, Relaxation Training is an important component of preparation for natural childbirth.

Finally, relaxation may be taught to individuals who have difficulty in controlling their anger or their rising tension levels in frustrating situations. For example, in one investigation in my (Ian M. Evans) laboratory it was shown that women who were taught relaxation skills and also taught to implement them in stressful situations became less tense when exposed to repeated baby cries, an aversive experience that is often the trigger for explosive aggression by abusive parents.