

**PENAL REFORM INTERNATIONAL
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BEHAVIOURAL RELAXATION TRAINING

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Behavioural relaxation

- Some form of relaxation training is incorporated in many types of behavioural and cognitive-behavioural therapy
- The usage of methods of relaxation is based on the principle that the autonomic effects accompanying muscular relaxation are directly antagonistic to those that characterize physical tension
- There are several methods of inducing relaxation, the most widely used is known as PMR (Progressive Muscular Relaxation)

Unitary theory of relaxation

- Jacobsen's (1938) original method of relaxation, *Progressive Muscular Relaxation* (PMR) was based on the proposal that there is a direct link between reduction of skeleto-muscular tension and a general relaxation response
- The technique involves use of a tension-relaxation cycle repeated sequentially for different areas of the body (face, neck, shoulders, arms, trunk, legs, feet)
- Jacobsen also developed the use of electromyographic (EMG) recording as a measure of the level of muscular tension and activity
- Wolpe (1958) introduced the use of PMR as a method in behaviour therapy, notably in systematic desensitization. This was based on the principle that the parasympathetic activity of relaxation was incompatible with the sympathetic activity of anxiety resulting in 'reciprocal inhibition' of anxiety responses

Four-modality theory

(Poppen, 1998)

Behaviour modality	Function	Relaxation examples
Motoric	Manipulates physical environment	Covert: <i>relaxed postures</i> Overt: <i>low muscle tension</i>
Verbal	Manipulates social environment	Covert: <i>rating scale</i> Overt: <i>silent mantra</i>
Visceral	Maintains internal environment	Covert: <i>diaphragmatic breathing</i> Overt: <i>slow heart rate</i>
Observational	Seeks and differentiates stimuli	Covert: <i>closed eyes</i> Overt: <i>pleasant imagery</i>

Behavioural targets of different relaxation training methods *(adapted from Poppen, 1998)*

METHOD	Motoric	Verbal	Visceral	Observational
Progressive relaxation	Tense-release exercise, muscle tension	Rules, self-report	---	Breathing, proprioceptive stimuli
Behavioural relaxation	Postures, muscle tension	Rules, self-report, labels	Breathing	Postures, breathing, proprioceptive stimuli
Electro-myography biofeedback	Muscle tension	Rules, self-report	---	Feedback signal, proprioceptive stimuli
Meditation	Comfortable posture	Rules, self-report, mantra	Breathing	Breathing, mantra
Autogenic training	---	Rules, self-report, phrases	Breathing, vasodilation	Visceral stimuli, proprioceptive stimuli
Hypnosis	---	Rules, self-report	---	Sensory and proprioceptive stimuli
Guided imagery	---	Rules, self-report	---	Sensory, visceral, and proprioceptive stimuli

Behavioural Relaxation Training (BRT)

- A relaxation method which involves instructing clients in relaxed postures and providing feedback on adoption of them
- There is a focus on 10 relaxed postures or activities:
 - body
 - head
 - mouth
 - throat
 - shoulders
 - hands
 - feet
 - quiet
 - breathing
 - eyes
- Sessions involve a series of fixed elements:
 - adaptation
 - pre-training observation
 - acquisition (first session only)
 - proficiency training
 - post-training observation

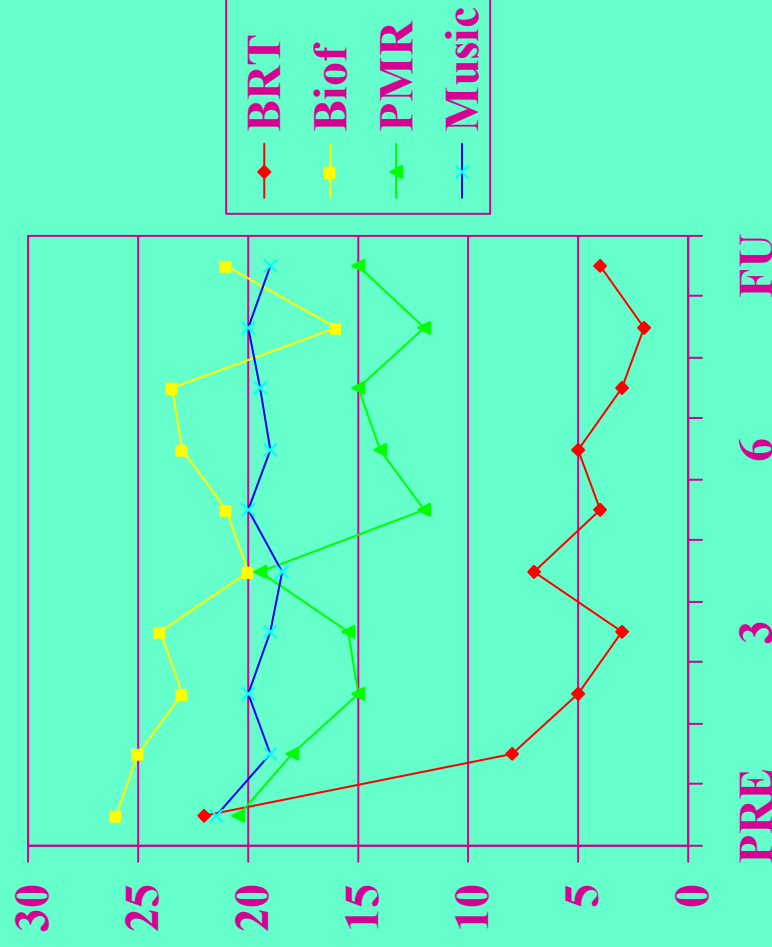
Effects of different relaxation training methods on behavioural relaxation ratings

The graph shows the respective impact of three relaxation methods on behavioural responses, alongside that for a placebo (relaxing music)

Vertical scale = mean frequency of unrelaxed behaviours (BRS scores)

Horizontal scale = sequential training sessions

From D.J. Schilling and R. Poppen (1983), *Jo.Beh. Ther. Exp. Psychiatry*, 14, 99-107



Breathing re-training / respiratory control

- The use of relaxation training often involves helping clients to focus on their breathing, to reduce the risk of hyperventilation
- This has frequently been used as a supplement to behaviour therapy procedures, to increase the efficacy of relaxation methods
- There are several variations on its use (cf. Poppen, 1998):
 - abdominal or diaphragmatic breathing
 - nasal breathing
 - regular breathing
 - slow breathing
 - observation of breathing
- Some specific recommendations have been made for managing different problems (cf. Lindsay, 1994), e.g.
 - racing pulse
 - difficulty in drawing sufficient breath
 - fast shallow breathing

Relaxation-induced anxiety (RIA)

- A proportion of clients offered relaxation training appear to suffer adverse effects
- These are signs of tension or arousal rather than anxiety *per se*
- It is not established that individuals become relaxed prior to experiencing these effects
- Studies examining this have reported that it may affect approximately 8-10% of clients
- It is thought to be affected by:
 - fear of loss of control or abandonment
 - focus of attention on bodily activity
 - client's self-consciousness / evaluation by the clinician
 - effort induces arousal
- It may be avoided or countered by:
 - use of alternative techniques, e.g. imagery
 - focus on breathing to avoid hyperventilation
 - slow pace of intervention or extend sessions
 - focus on possible causes of the reaction