



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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APPLIED RELAXATION

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Definition: Learning to relax rapidly as soon as signs of anxiety are recognised.

Elements: The therapist teaches the client to watch for early signs of anxiety (worrying thoughts, somatic symptoms e.g. palpitations, abdominal discomfort, muscle tension) as cues to immediately start *progressive muscle relaxation*. This involves repeatedly tensing-then releasing a succession of muscle groups across the whole body, starting with hands & fingers, forearms, biceps, shoulders, etc. For 15-30 minutes the client tenses each muscle group for 5 seconds, then relaxes it for 10-15 seconds, and is asked to practise this as daily homework. Later, the client practises the same tensing-releasing with larger muscle groups such as the whole arm. This is followed by *release-only* sessions and homework in which the client focuses on relaxing to release the tension from each muscle group from the head down to the feet. Next, in *cue-controlled relaxation*, clients link release-only relaxation to breathing. As they breathe in they are told to think 'in' and as they breathe out to think 'relax' and release tension at the same time, and to practise this daily and achieve a relaxed state in 2-3 minutes. Eventually, in *rapid relaxation*, the therapist asks the client to take a few deep breaths, think 'relax' before exhaling slowly, and aim to become relaxed in less than 30 seconds.

Application training follows. Clients are taught to achieve a relaxed state during daily activities e.g. walking, shopping, and to apply and practise rapid relaxation during exposure to feared situations until these are no longer frightening. They are encouraged to scan their bodies for signs of anxiety and do rapid relaxation whenever they feel anxiety/muscle tension, and to continue practising rapid relaxation after therapy has ended.

Related procedures: Progressive muscle relaxation, *systematic desensitisation*, *imaginal exposure*; *live (in vivo) exposure*, *breathing retraining*, *modeling*.

Application: With individuals, sometimes in groups, for panic, phobia and general anxiety, and medical conditions worsened by anxiety/muscle tension.

1st use? Jacobson (1938) developed progressive relaxation and advocated its use in real-life stressful situations

References:

1. Jacobson E (1938) *Progressive Relaxation*. Chicago, IL: University of Chicago Press.
2. Ost L-G (1987) Applied relaxation: Description of a coping technique and review of controlled studies. *Behaviour Research and Therapy*, 25, 397-409.

Case Illustration

Maggie, a teacher age 45, had since her late teens worried about many things, especially about being under-prepared for her classes. She became anxious on leaving for work and for a few minutes just before starting a class, and couldn't give pupils her full attention. She had butterflies in her stomach and palpitations and couldn't relax.

Maggie had 12 sessions of applied relaxation. She rated anxiety and mood weekly, initially rating moderate-to-severe anxiety and mild depression. She was taught

to recognise early signs of anxiety and to relax rapidly on noticing these. On a self monitoring form she noted early signs of anxiety in everyday situations. She began progressive muscle relaxation by tensing-then-releasing many small muscle groups e.g. toes, feet, calves, and later her whole leg. Next she practised release-only relaxation by breathing slowly and normally with calm, regular breaths and noticing her growing relaxation. She was then asked to relax each small muscle group in turn, interspersed with instructions to keep her breathing calm and controlled. She was given an audiotape of this session to listen to during release-only relaxation homework. Differential relaxation followed starting with cue-controlled relaxation to relax while using only those muscles needed for a particular activity e.g. *'look out of the window while relaxing every muscle except those needed to turn your head'*. *'cross your legs using only the muscles necessary and keep all your other muscles relaxed'*

Differential relaxation training in everyday situations began by walking round the therapist's office while relaxing facial muscles. Maggie then practised relaxing every muscle except those required during tasks such as reading or eating. Next she shortened cue-controlled relaxation to achieve rapid relaxation. The therapist modelled this for Maggie and guided her through taking one deep breath and then slowly exhaling while visualising the word 'relax'. She practised this in session and as homework in many situations e.g. walking her dog, playing board games with her children, shopping, then at school. To overcome self-consciousness that teachers or pupils would notice her doing relaxation, to check that she was relaxing appropriately the therapist asked Maggie to demonstrate rapid relaxation to him in session and then accompanied her to a real supermarket and modelled rapid-relaxation there to show it was inconspicuous. Maggie also looked at a video of her practising rapid relaxation in the therapist's office to see that her class was unlikely to notice her doing rapid relaxation. By 3-month follow-up she had no panics, worried far less about school and teaching, was not depressed, and managed occasional anxiety just before classes and at other times by applying rapid relaxation.