CHAPTER 8

The Clinical Use of Relaxation Techniques

GENERAL CONSIDERATIONS

The purpose of this chapter is to provide a rationale and general introduction for the clinical use of behavioral techniques for relaxation. More specifically, this discussion will focus on techniques which the client may employ for the self-inducement of relaxation. So to provide a common frame of reference, we shall use the term relaxation to refer to an awakened state of hypoaroused psychophysiological functioning, experienced organism-wide or within any given bodily system.

Among the most commonly used techniques for autogenic (self-induced) relaxation are neuromuscular relaxation, meditation, controlled breathing, and various forms of biofeedback.

RATIONALE FOR THE CLINICAL USE OF RELAXATION TECHNIQUES

The use of behavioral autogenic techniques for relaxation has long been popular in the cultures of the Eastern world. Yet these techniques have only recently found their way into the research and clinical settings of the Western world.

G. S. Everly Jr. et al., The Nature and Treatment of the Stress Response
Though still relatively new, the clinical utilization of behavioral relaxation techniques have proven highly useful in the treatment of excessive stress and its clinical syndromes. The client’s development and consistent implementation of the generic skill of relaxation may be considered therapeutic in the treatment of the stress response for several apparent reasons:

1. The practice of relaxation techniques may yield a temporary “trophotropic state.” This state was first cogently described by Hess (1957), and it was popularized in clinical settings by Benson (1975). The trophotropic state is characterized by a generalized state of decreased psychophysiological activity, and may be described as an awakened state of hypometabolic functioning. This state of generalized relaxation appears to be mediated via the parasympathetic nervous system (Hess, 1957). Deep relaxation such as this appears to be conducive to health, in that (a) it is the complete physiological opposite of the sympathetic stress response, and (b) it appears to facilitate psychophysiological restoration within the body (see Benson, 1975; Davidson, 1976; Emmons, 1978; Jacobson, 1978; Shapiro & Giber, 1978; Stoyva, 1979; Stoyva & Budzynski, 1974).

2. The chronic practice (once or twice a day for several months) of these techniques may create a state of lowered limbic and hypothalamic activity (see Gellhorn, 1969; Gellhorn & Kiely, 1972; Glueck & Stroebel, 1978; Stoyva, 1977; Weil, 1974). This may explain the reported development of a less anxious attitude, a sort of prophylactic “anti-stress” disposition in clients who practice relaxation for several months. Therefore, operationally, the clinician would hope to see a reduction in the client’s predisposition to undergo excessive psychological and physiological arousal during stressor episodes (see Gevarter, 1978; Jacobson, 1978; Luthe, 1969, Vol. 4; Stoyva, 1976; Stoyva & Budzynski, 1974).

3. There have been reported shifts in the personality constellations of individuals who practice relaxation techniques over a sustained period of time. These shifts have been reported in the direction of “positive mental health” (see Emmons, 1979; Everly, 1980a,b; Girdano, 1977; Kendall, 1967; Shapiro & Giber, 1978; Townsend et al., 1975). Among the most notable of such changes are apparent shifts toward an internal locus of control, as well as improvement in self-esteem. However, the studies on which these conclusions are based must be considered preliminary until more and