Self-Instructed Relaxation: A Therapeutic Alternative

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A self-instructed relaxation program was compared with therapist-instructed relaxation and waiting list controls. Self-report anxiety measures (IPAT and STAI) and a psychophysiological stress profile (frontal EMG, GSR, heart rate, finger temperature monitored under relaxation and stressor conditions) were utilized pre- and posttreatment to determine efficacy. Self-monitored heart rate, respiration rate, and finger temperature were used to monitor home practice sessions. Subjects reported increased ability to relax and control stress; however, frontal EMG measured under stressor conditions was the only dependent measure to confirm this perception. No between-group differences on any other dependent measures were observed. Reliable changes on all self-monitored home practice measures were observed, suggesting that this procedure is a useful gauge of home practice.

Descriptor Key Words: relaxation; stress profile; stress control; self-instruction.

Lately there has been an increasing move in the direction of approaching stress management from a prophylactic framework (Meichenbaum & Turk, 1976). The success of self-instruction treatments in such areas as assertiveness training, parenting, and time management suggests that self-instruction might be a feasible format for teaching some stress control

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procedures. To date, several self-help manuals have been published (e.g., Lamott, 1975; Mason, 1980; Walker, 1975); however, few of these manuals have been systematically field-tested or report any data attesting to program efficacy. This study field-tested a self-instructional relaxation training program (Hiebert, 1980) utilizing therapist instruction, self-instruction, and control conditions. Self-monitored and machine-monitored physiological indices of relaxation were obtained under relaxation and stressor conditions, and were used as measures of program effectiveness. Self-report anxiety measures were also used.

Self-instruction is an important therapeutic area for investigation for at least two reasons. First, the increasing incidence of stress-related problems in our society (cf. Albrecht, 1979; Antonovsky, 1979) suggests that stress-related disorders will likely continue to occupy a large percentage of a counselor’s time. Self-instruction has potential for increasing the number of people receiving treatment while reducing counselor time demands. However, in order to be considered as a viable alternative, self-instruction programs should undergo the type of experimental investigation that underlies most data-based counselor-administered treatments. Second, the plethora of self-help manuals available today suggests that many people who are reluctant to seek counseling are willing to purchase a guide to self-administered therapy. This may attest to a certain amount of stigma attached to seeking professional help, or it may indicate desire to try to handle a problem oneself (with the aid of a manual) before the problem becomes serious enough to necessitate professional assistance. In either case, there seems to be a market for self-instruction materials in the area of stress control. At present, fulfilling the market demand appears to have been more important than ensuring a data base to support self-instructional treatments. If self-help programs are to have predictable effects, and if professionals are to be able to use such manuals as adjuncts to or substitutes for therapy, then data-based support for such self-help programs must be forthcoming.

When field-testing a self-instruction program, several factors must be addressed. First, the program must be clearly delineated and sufficiently motivating to be completed by most people. Glasgow and Rosen (1978) point out that dropout rates, often as high as 50%, are a major problem in research investigating self-administered treatments. Marshal, Presse, and Andrews (1976) suggest that this problem could be alleviated by minimal therapist contact consisting, perhaps, of a weekly telephone call. Such minimal contact is intended primarily to sustain motivation and, typically, no procedural or substantive input is given. Given the high dropout rates of strictly self-instruction programs, minimal contact might be the only practical way for ensuring an adequate sample, while at the same time maintaining a non-counselor-administered program.