RELAXATION ACTIVITIES FOR
THERAPEUTIC CLIENT EDUCATION
TO DEAL WITH STRESS

An Action Learning Project
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Master of Education - Professional Development

by
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We recommend acceptance of this thesis in partial fulfillment of this candidate's requirements for the degree Master of Education - Professional Development. The candidate has completed his oral report.

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This seminar paper is approved for the College of Education.

Henry C. Rose
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Finally, this paper is dedicated to:

My wife, Dorothy, and our children, Rick, Laura, Patrick, Edward, and Anthony.

My mother, whose courage and strength have always been an example for all of her children, and my dad, whose computer expertise helped in the final drafting.

My brother, Bob and his wife, for their constant support.

My mother-in-law and father-in-law, for their understanding and patience during my growing years.

Vivian Munson, whose friendship and encouragement have been deeply appreciated.
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CHAPTER I

INTRODUCTION

"Students, from the earliest years, are trained to step away before the open and unfrightened use of the first-person subject-pronoun.... (This) is more than a sophisticated trick of educated intellection.... It is a way of saying that we are not really here, or, if we are, we do not feel it would be safe to say so in a voice too loud and clear."

Jonathan Kozol

The use of the third person separates me from my beliefs - sets them at a distance and puts space between my perceptions and my need to act on the truths I perceive. Therefore, my introduction will be presented in the first person, from a personal point of view, beginning with my self-perceptions of stress and the need for relaxation in my own life, and proceeding to what I have observed as the need to use relaxation as a tool in my counseling with clients.
Background

In looking at my own lifestyle, when dealing with school and family problems I have found that I spend a lot of my energy in needless frustration, fighting against the stressor or trying to flee from it by procrastination. For instance, in preparation for an exam, I have fought it and wasted energy by complaining about how the exam will be set up and worrying about what it will cover. No matter how much I prepared, I was never sure that I knew the material and, therefore, often did poorly because of this anxiety.

Of course, as a nontraditional student and a co-parent to five young children, dealing with mortgages, in-laws, neighbors, and a demanding school schedule, stress has always been a definite part of my life; and, being of Italian descent contributes to the intensity of my reaction to these crises. Doing the background research for this paper has taught me that this stress is only partly a result of these environmental factors, and mostly a result of how I react to these stressors.

During tense times I have experienced severe migraine headaches, indigestion and heartburn, tightness and pain in the chest area and other symptoms for which, on occasion, I have sought medical help. The doctor often responded that he was having the same problems. Now, I realize that these are signs of stress, and the remedy will not be found within the
medical clinic, but within myself by changing my patterns of behavior and learning to relax.

When I have observed clients coming into counseling sessions, I have seen facial expressions of resentment and hurt and heard angry words. The clients seemed to have this rigidity about them, with bodily positions of crossed arms, heads down, and aged facial expressions with prominent wrinkle patterns. It looked as if they were boxed in and powerless, or weighed down with a heavy weight. Their nonverbal behavior and silences indicated the load of stress they were carrying. Although counseling works to alleviate some of this stress, they did not seem to have an outlet for the rest. By introducing relaxation exercises into the counseling session, I hope to help the client learn better methods of adapting to stress.

Statement of the Problem

Cragan and Deffenbacher (1984) have stated that "in over 550 diagnostic categories employed in family practices, benign hypertension ranked 2nd, depression 12th, anxiety 15th, psychosomatic diseases 25th, and tension headaches 27th. Additionally, stress-related disorders were found to comprise 22% of the problems in general medical clinics." Other investigators, (Fuller, 1980 and Stroebel, 1982) have stated that 75 to 80% of all general medical problems are either caused or heightened by stress-related factors. These figures
show that there is a great deal of stress-related illness in the general population, and most of us are not even aware that so many of our physical ailments can be attributed to stress.

If this is true with physical ailments, it is reasonable to assume that poor adaptations to dealing with stress have also been a significant factor in problems in personal and social relationships as encountered in counseling. This stress factor has then been an obstacle hindering the client from dealing with personal problems and achieving a therapeutic goal.

Purpose

The purpose of this paper was to present an understanding of what stress and relaxation are, and suggested relaxation activities which will enable the client or individual to learn how to deal with stress more productively.

The Brief Family Therapy Center, Milwaukee, Wisconsin, whose counseling method I have been studying, teaches the therapist to use interventions to help the client see small, positive changes in his or her here and now behavior. The client's experience in the relaxation exercises presented will show him or her a change from tension to relaxation, even if it is only a slight change. His or her realization, through this experience, that change can occur will reinforce the expected change-oriented context of this type of therapy.
These relaxation activities have been chosen for their simplicity and ease of application with the idea that they can be used by the therapist as a beneficial tool in the counseling session; they can be used, as well, by the individual who wants to apply relaxation activities in his or her daily life.

Need for the Project

Although many books and materials are available concerning stress and relaxation, my need to discover exercises applicable in a counseling situation led me to develop this project. The relaxation methods included are relatively brief, do not require special equipment, are varied enough to encompass a wide variety of life situations, and can be continued by the client without supervision.

Limitations

This has not been an exhaustive presentation of all available relaxation methods, but a sampling of the ones I felt to be most beneficial. As I experiment in actual clinical practice, I may find it necessary to modify the activities presented. This is a point of departure for me.
CHAPTER II

REVIEW OF LITERATURE

This review of the literature concerning stress and relaxation will focus first on an understanding of what stress and relaxation are, and then on how an overload of stress can have a detrimental effect on the human body. Finally, three methods will be described from the literature to help the individual deal positively with stress; precautions will be presented which should be kept in mind when beginning a relaxation program with clients.

Background

According to Jacobson (1970), nature has provided us with the ability to survive in our changing environment. We continuously make efforts—the tensions and relaxations of our muscles, controlled by our nerves. Our purpose is to seek some kind of reward and/or avoid some type of punishment.

These "normal reactions for self-preservation" are what stress is all about. Contrary to popular belief, stress is not something to be avoided, but is a normal, beneficial part of our lives (Curtis and Detert, 1983). Stress is not the same as anxiety, which is a fear reaction to an unknown cause
Stress is a number of normal reactions for self-preservation. Stress causes most people to be more active, more creative, more invigorated, more alive (Curtis and Detert, 1983).

**Detrimental Effects**

The stress response comes from an ancient physiological mechanism, the "fight-or-flight" response. Primitive man's body, when faced with danger, responded automatically, preparing him to run for safety, or, if necessary, to stand and fight. This automatic emergency response is still present in all of us, but, unfortunately, the dangers or problems we face are not resolved by this type of response. When the stress response is set off too often, as increasingly it is in our complex world, it can have a detrimental effect on the body (Stroebel, 1982). This happens most often when non-life-threatening situations are perceived as being stressful, e.g., financial problems, loss of a job, difficulties in a relationship, and so on.

Curtis and Detert (1983) have described the Staircase Effect, which is what happens when the stress response is set off repeatedly over a short period of time—stress accumulates. The body doesn't have a chance to return to normal between stressful events, so there is a cumulative build-up. Over a period of time this continual state of stress will cause long-term serious physical and/or
psychological problems.

The basic physiological changes of the stress response, according to Hans Selye, involve 17 different types of hormones. "The entire body enters a state of hyperactivity, as heart rate and breathing increase." (Robinson, 1982, p. 8). The most familiar alarm reaction is the release of adrenaline into the bloodstream, which stimulates increase in the heart beat, shallow breathing and increased bloodflow to the brain and muscles.

Figure 1 shows other common physical responses to stress.
Figure 1

(Physosomatic) Message to autonomic system

<table>
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<tr>
<th>Component</th>
<th>Response</th>
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<tbody>
<tr>
<td>Hair Follicle</td>
<td>Hair stands on end</td>
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<tr>
<td>Intracranial Vessels</td>
<td>Headache</td>
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<tr>
<td>Trachea</td>
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<tr>
<td>Sweat Gland</td>
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<td>Bronchi and Lungs</td>
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<td>Stomach</td>
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<tr>
<td>Liver</td>
<td>Release sugar</td>
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<tr>
<td>Gallbladder</td>
<td>Into blood</td>
</tr>
<tr>
<td>Bile Ducts</td>
<td>Acid stomach</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Releases insulin</td>
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<tr>
<td>Adrenal Gland</td>
<td>Releases adrenalin</td>
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<td>Intestines</td>
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<td>Distal Colon</td>
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<td>Bladder</td>
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<td>External Genitalia</td>
<td>Sexual dysfunction</td>
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<tr>
<td>Periph Vessel</td>
<td>Colds hands and feet</td>
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Figure 1. HOW PERCEPTION AFFECTS THE AUTONOMIC NERVOUS SYSTEM

(Robinson, 1982, p. 8).

The purpose of these alarm reactions is to release vast sources of energy. Since 4 to 6 hours are required to burn off unused adrenaline (Robinson, 1982), if the body undergoes
continual stress reactions, its energy resources will become depleted, leaving it open to disease and organic dysfunction.

It is interesting to note that not only an overload of stimuli can cause stress, but also an underload. "Researchers have found that too little stimulation from the environment may produce an equal amount of stress. Being alone or completing monotonous, repetitive and meaningless tasks (especially if you cannot escape from them) generates considerable stress." (Robinson, 1982, p. 10).

So how can the individual learn to live with stress in a positive way and make it productive rather than destructive? The traditional medical model with its passive patient/client relationship has been evolving to a role of self-responsibility for the client. The individual must become an active participant in the health care process.

Most of the stress in a client's life is self-initiated and self-propagated (Everly and Rosenfeld, 1981). Hans Selye has stated, "It is not what happens to you that matters, but how you take it." Stress results, not from the actual events which take place in an individual's life, but from the manner in which the individual perceives and reacts to those events. The emotional consequences are not due to the actual experience, but to our interpretation of the event. If a stimulus is not viewed as a threat or challenge, a stress response will usually not result (Everly and Rosenfeld, 1981).
Dossey (1982) has introduced the concept of "hurry sickness", explaining that our perception of time is at the heart of stress. We have learned to hurry inappropriately, when there is no real need to act quickly (self-preservation is not at stake). Cues learned from the environment have caused our internal clocks to speed up. This, in turn, has speeded up our heart rate, respiration, raised blood pressure and blood levels of hormones that respond to stress. Relaxation methods are needed to help us expand our sense of time—to reverse the effects of "hurry sickness" and enable us to slow down the heart rate and respiration, lower blood pressure and the blood levels of stress hormones.

Streufert, Streufert and Denson (1983) concluded from their study that load levels of stress do not relate to the stress response. Further, those subject to excessive stress response—the "hot reactor" Type A individual—showed greater physiological arousal and greater risk taking in response to stressors encountered in a video game experiment.

Abush and Burkhead (1984), studying the relationship between personality type, job characteristics and stress, found some relationship between stress and the job characteristics of autonomy, feedback, significance and friendship opportunities. They found no significant relationship between job stress and job characteristics of variety, identity, challenge and dealing with others. The
than each method separately. Stroebel (1982) has indicated that meditation and biofeedback have a poor continuance rate, although their relaxing effectiveness is not questioned. It is important, then, that the individual study his life style and find a relaxation method (or combination) that works for him or her.

Relaxation to some people has meant recreation—golfing, bowling, reading, fishing, smoking, drinking alcohol, and so on. In actuality, these activities involve exertion and effort, and thus are not relaxing according to our use of the term. That is not to say that they don’t have beneficial effects, but this is not the type of relaxation that will be effective for reducing stress. Jacobson’s (1970) definition of relaxation is that it is the opposite of nervous excitement, the absence of nerve-muscle impulse. A presentation of the main bodily activities involved in a stress response shows them to be almost exactly opposite to the reactions during relaxation, as seen in Figure 2.
Stress Response

* Nervous system prepares for action.
* Increase in heart rate.
* Increase in blood pressure.
* Decreased blood clotting time.
* Increased blood flow to major muscles.
* Shallower, faster breathing, more oxygen used.
* Muscular tension.

Relaxation Response

* Nervous system slows down, energy conserved.
* Lower heart rate.
* Lower blood pressure.
* Longer blood clotting time.
* Slower breathing, less oxygen used.
* Less muscle tension.

Methods and Precautions

The activities presented to enhance this type of relaxation include breathing relaxation exercises, Jacobson’s Progressive Relaxation techniques (1970), and Simonton and Matthews-Simonton’s Guided Imagery for relaxation (1981). These were selected not only for their simplicity, but also because they don’t need any specialized equipment and can be applied by the individual with or without professional assistance according to his or her needs and preferences. These basic exercises tend to be practical, easily implemented, and may encourage clients to explore other techniques.

Although side effects and problems resulting from the use of relaxation techniques have been relatively rare, Everly and
Rosenfeld have presented five areas in which the clinician should be aware of potential problems and side effects.

1. Clients who suffer thought-disturbance psychoses or use nonpsychotic fantasy excessively probably should not use deep relaxation techniques. Loss of reality contact reactions have occurred, including acute hallucinations (auditory and visual) and delusions. Dissociative reactions such as depersonalization and unfamiliar somatic sensations have also been experienced.

2. Deep relaxation may intensify the effects of medications or drugs the individual may be using. Use of insulin, sedatives/hypnotics or cardio-vascular medications should be carefully monitored. In some cases, the amounts taken may actually be reduced if relaxation is habitually practiced.

3. Clients who react with high levels of anxiety over loss of control, insecurity or free-floating apprehension should be provided with concrete methods (neuromuscular relaxation or biofeedback) rather than abstract methods (meditation). Heide and Borkovec (1983) suggested that for 2/5 of the clients experiencing an anxiety reaction, therapist support may overcome the problem and bring about success in the relaxation session. They posed the further question that if the anxiety problem is due to fear of a loss of control or overexertion, it might be better in the long run to confront these issues by the passive method of meditation. This issue needs further
study.

4. Premature freeing of repressed ideation. Sometimes deeply repressed thoughts and emotions may be released. The patient may be informed of this possibility, and the clinician must be prepared to provide support if this should happen.

5. Excessive trophotropic (generalized state of decreased psychophysiological activity) states:
   a. An acute state of lowered blood pressure may cause dizziness, headaches, or momentary fainting, especially if the client gets up too quickly. Instruct him or her to open his or her eyes, stretch and look around, waiting one to three minutes before standing.
   b. A temporary hypoglycemic state (low blood sugar) may occur and is likely to last until the client eats some form of food, if the client has this tendency or has not eaten properly. Symptoms are similar to the aforementioned low blood pressure state.
   c. Fatigue has been reported by a few clients, possibly caused by the client trying too hard to relax (Everly and Rosenfeld, 1981, pp. 92-95).

Summary

Since the stress response is almost exactly opposite to the reactions during relaxation, an individual cannot be relaxed and anxious at the same time. Relaxation activities have proven useful in helping to deal with the excessively
high levels of activity in our muscle and hormonal systems that tend to be maintained due to the inability to handle stress. An overload or underload of stress can have serious physical and psychological consequences for the body as the effects of stress accumulate over a period of time. One means of helping the individual to change his or her perceptions of and reactions to stressors is through relaxation techniques, some of which will be presented in the Appendices.
CHAPTER III

METHODS

Introduction

This project was first developed with the idea of preparing ongoing workshops on stress management. However, the author discovered in the course of his counseling experiences that it might be more beneficial to take individual clients through an exploratory preparation in relaxation activities to lay the groundwork for future study of more involved relaxation activities.

Procedure

Before attempting to put together the enclosed relaxation activities, a library search was conducted to gather information on stress and relaxation. Available texts were studied, followed by a search for relevant studies in current psychological and clinical journals. Rosanne Brandau, a fellow mental health practitioner at St. Joseph's Hospital in Hillsboro, Wisconsin, was approached for ideas and resources, and also Judith Williams, a music therapist at the College of St. Teresa in Winona, Minnesota.

After studying the literature three basic relaxation methods
were chosen for presentation: breathing relaxation exercises, Jacobson’s Progressive Relaxation techniques (1970), and Simonton and Matthews-Simonton’s Guided Imagery for relaxation (1981). In addition mini-exercises in meditation and autogenic relaxation were presented. Biofeedback was not included because of the need for monitoring equipment.
Conclusions

The stress syndrome does not have to be a controlling force over the human psychological and physical condition. Relaxation techniques have been used as a regulator to control the levels of stress experienced. These techniques have been easily taught by the layman or the professional, but the ultimate responsibility lies with the individual to decide whether to utilize the techniques available.

The literature surveyed for the background of this paper was in no sense of the word complete, as vast amounts of material on research and experimentation are available. As with most discoveries, the work of early pioneers like Jacobson and Selye has been duplicated and adapted to build on earlier findings.

Today stress is not just a negative word to refer to fight or flight. By understanding stress and our reactions, this energy source can be tapped for our advantage. Just as the athlete can utilize stress energy for strength and endurance, so the layperson can use relaxation techniques to harness this energy for greater creativity and self-awareness.
According to Richard Smith, a family practitioner who has taught stress management, it is important to deal with the physical effects of the stress syndrome, but the internal and external causes of stress must also be dealt with for long-term health.

Usually when the physical effects of stress—exhaustion, heart problems, ulcers, etc.—have been observed, remedial measures have been taken, such as vacation or sick days or medical intervention. People have worked at "taking better care of themselves," but generally no meaningful change in behavior has occurred. Upon feeling better, they returned to their original patterns of behavior. One might wonder whether it is necessary to know the causes of stress in order to change behavior. Smith identified six internal and four external causes of stress.

Internal Causes

1. One's perception of the stressor. This has been the primary source of change under our control. What we tell ourselves about the stressor is important (self-talk). Instead of "These kids are driving me crazy!" tell yourself "The kids need to go outside to play and work off their excess energy."

2. One's values. Value your physical and emotional health highly enough to work for it and make changes.

3. One's resources to cope. Study your coping processes and make conscious choices by learning about stress and
stress management techniques.

4. One's past experiences in dealing with stress. Learn from past experiences and consciously build on them to improve your coping ability, but don't dwell on the past.

5. One’s feeling of control over the stressful situation. Don't allow yourself to lose control. Tell yourself "Relax, and do your best."

6. One's personality. The Type A personality is especially vulnerable to stress-related problems. You can change learned behavior by learning more beneficial coping patterns.

External Causes

1. One's nutrition. When we are under stress, our body produces excess stimulants. We make the situation worse by adding stimulants, such as caffeine, sugar, nicotine, and by eating irregular and/or unbalanced meals.

2. One's exercise patterns. Highly stressful lives often have little helpful exercise. Aerobic exercise is beneficial.

3. One's relaxation techniques. The focus of this paper is actually one link in the process of handling stress. However, it is a very important link because its effects carry over into all the other areas.

4. One's relationships. Kiecolt-Glaser and Greenberg (1984) found that social support modifies the impact of
stressful events on mental and physical health. This support is especially important in times of high stress. Cooke and Rousseau (1984) found that multiple roles may help workers "compartmentalize" stressful events. For instance, family roles can moderate the strain from the stress of work. On the other hand, tensions between family and work roles (if work demands compete with family time) can be a source of further stress.

As this paper demonstrates in the appendices, the therapeutic educator has the opportunity to offer the client experience in relaxation that should ultimately aid in the processes of behavioral and stress coping changes.

Recommendations

It is suggested that people who are willing to practice relaxation techniques allow themselves sufficient time to find what works best for them without jumping from one method to the next. It would be of value to find someone who is trusted and shares similar expectations with whom to practice.

There are no rigid rules as to when, where or how many relaxation activities are beneficial, but a certain amount of consistency is advisable. The individual could set up a flexible schedule for practicing and could make a self-contract, complete with specified rewards and penalties for compliance and non-compliance.
By exploring relaxation activities with the client, the therapist adds something different to the therapeutic environment. This model of change exemplifies that change is possible, no matter how slight. The client can actually feel, observe and relate back to others, as well as to the therapist, this experience of change.

Because this project was aimed at an exploration of the topics of stress and relaxation, the author would strongly recommend that further in-depth study be initiated by the therapeutic educator who wants to do more than just counsel. Some of the other causes of stress as presented by Smith could easily be presented and studied.

Finally, in order for the therapy to become a model for change, the therapist could also practice the relaxation techniques with the client so that both become comfortable with them. The therapist could also make audio cassette tapes during this time so that the client could take them home for further practice.
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APPENDIX A

RELAXATION TECHNIQUES PRESENTED
WITHIN THE FRAMEWORK OF
BRIEF FAMILY THERAPY
RELAXATION TECHNIQUES PRESENTED WITHIN THE FRAMEWORK OF BRIEF FAMILY THERAPY

Our culture tends to expect quick results. If one system doesn’t work, it is quickly discarded and something new is tried. In contrast, the Hopi Indian culture has an illuminating view of "development" and "change" which might be incorporated in presenting relaxation techniques. It stresses the importance of desiring, thinking, intensity and preparing. "What develops is prepared by what went before." Desirable physiological changes occur through the use of preparation – relaxation exercises. If the relaxation is approached with intensity, the individual will have a firm commitment to work to effect this method. Persistent and ongoing repetition is vital. Whereas our culture has found repetition monotonous and meaningless, the Hopi have felt repetition is important to accumulate potential for change. The potential for change grows with repetition even if no actual change is observed (Dell, 1980). Thus, it is important to continue the relaxation effort, with the strong expectation that positive results will occur.

By exploring relaxation activities with the client, the therapist adds something different to the therapeutic
environment. This model of change exemplifies that change is possible, no matter how slight. The client can actually feel, observe and relate back to others, as well as to the therapist, this experience of change.

Because the relaxation activity to deal with stress is new and different from the client's usual or past pattern of behavior, it is important to prepare the client for this change in a way that is going to induce a change-oriented atmosphere. In the therapeutic setting, "Each family, individual or couple shows a unique way of attempting to cooperate, and the therapist's job becomes first, to describe that particular manner to himself that the family shows and then, to cooperate with the family, individual or couple, and thus to promote change." (De Shazer, 1984, p. 13)

Part of the therapist's job is to create expectations of positive change. Since clients beginning therapy are very tense, a simple breathing relaxation exercise would be appropriate. Since stress has been caused, not by external factors, but by the individual's perceptions of and reactions to these external stressors, the client can learn to control his reaction and thus alleviate or eliminate stress.

The therapist, by giving positive compliments concerning aspects of the client's relationship, makes it
Known that something worthwhile will happen. He may say, "Between now and the next time we meet, I would like you to observe, so that you can describe to me what happens in your life that you want to continue happening." This lets the client know that the therapist is confident that change will occur.

This assignment is an easy task for the client to cooperate with since it does not call for anything different. The therapist has not asked for, requested, demanded or suggested any changes—just some observations of what already is happening. He may have also repeated the breathing relaxation exercise and assigned it as a homework task to be done at specified times.

For those who have been uncomfortable with giving directives (tasks), it is important to realize that the therapist has continually been giving directives through conversation and nonverbal cues, such as a nod of a head, smile, frown, position of sitting or turning away, and so on (Fuller, 1980).

When the client reports any positive responses, the therapist interprets them as a change. If the client has nothing to report, the therapist is honestly surprised, still creating the expectation of change.

To reinforce the notion of change, instead of asking the client "Did you do the relaxation exercises?" ask
"What happened when you did the relaxation exercises?" The therapist also uses language such as "When the changes happen" to present the assumption of future change.

A. "What do you think will happen when you learn to relax?" or "When you deal with stress more effectively, what changes will you see?"

B. "What are you going to do when you overcome the temptation to be tense?"

When the therapist expresses concern about the possibility of a relapse, he or she uses the term "if." The therapist might ask, "If you do not continue with the relaxation exercises, what might happen?" The "if" makes it conditional, and not too likely, to further promote the expectation of continued changing. The relapse, should it occur, can be framed as "part of the normal process of change." "Two steps forward and then one step back." The therapist gives the expectation that if the client practices relaxation and sticks to it, he or she will learn to be more relaxed, and this will carry over into other areas (De Shazer, 1984).
APPENDIX B

INTRODUCTION TO RELAXATION ACTIVITIES
INTRODUCTION TO RELAXATION ACTIVITIES

The relaxation response is a sensation. It is not done; rather, a person gets the feel of it. The best way to do this is to avoid reading, thinking about, remembering, or trying to apply instructions (Kennedy, 1953).

The goal of relaxation is to leave the everyday alert level of consciousness and to enter an altered state of consciousness. Concentrate on the pleasantness of the relaxation sensation. By learning to relax, the individual is in control of the body, helping it to reach its optimum restful healing state.

It is good to remember the pleasantness of the relaxed state throughout the whole day. This can be more easily accomplished using a specific word or phrase, such as calm, serene, or peaceful (Fuller, 1980).

The most effective way to learn relaxation techniques is with the aid of another person (therapist), at least until the activities become more automatic. Also, the use of taped instructions can be very helpful. (The therapist could make a tape of each activity while teaching the client).
It is important that the relaxation techniques be learned progressively, beginning with the simplest. This has the benefit of allowing the client in therapy to identify with a successful experience, which can set up expectations of continued success.

Relaxation activities have a two-fold purpose - to relieve anxiety and to learn about successful changes in behavior. The activities presented are intended to be progressive, starting with the breathing exercises, then progressive muscle relaxation, and finally guided imagery, although they also can be used effectively individually or in any combination.

There are three essential ingredients for a relaxation response:

*A quiet, comfortable place, where the individual feels secluded and free from interruption.

*A comfortable position.

*A passive attitude whereby distractions are ignored.

Reality Affirmation - to be used after each progressive relaxation and guided imagery exercise. Coming back to the here and now

Stay in touch with the relaxation you feel in your body.

Use that feeling as a bridge to your awareness of the room.
Feel the way your body is positioned on the chair, floor, etc.

Be aware of your feet, legs, back, head, arms, and hands.

Be aware of all the sounds in the room, the clock, ticking, the sound of the street outside, etc.

Slowly open your eyes.

Be aware of the relaxation in your body.

You are feeling alert, rested, and at peace with yourself.

Now look around the room and slowly stand up.

This relaxation activity will leave you fresh and full of vitality and stimulation throughout your day.

(Adapted from Williams, unpublished paper)
APPENDIX C

DEEP BREATHING RELAXATION EXERCISES
DEEP BREATHING RELAXATION EXERCISES

Exercise I Time: 1 minute

Materials: none

Facilitator gives instructions

Objective

Allow the individual to experience the absence of tension.

Help the individual experience a successful technique for relaxation.

Procedure

First, loosen any tight garment.

Shrug the shoulders, drop the hands to the sides, sit back in the chair (or lie on the floor).

Breathe easily and freely. Take in air from the mouth, and exhale the air from the nose. Do this slowly and gently. Experience it. Think of the calming effect it has.

Breathe in deeper and hold the breath. Then exhale and feel the calm.

Feel the walls of the chest grow loose and push the air out automatically.

Repeat the activity 5 times, slowly and gradually. Continue feeling the relaxation from the chest.

Let the relaxation spread to the back, shoulders, arms, the stomach, and throughout the body.

Take in a deep breath (tense).
Exhale (relax).

(Fuller, 1980)
Exercise II

Time: 2 minutes

Objective

Give the individual an opportunity to receive direct feedback on breathing, and to experience a measurable feeling of successful change in a behavioral pattern.

Procedure

Loosen any tight garments. Get comfortable in a chair (or on the floor).

Loosen the body by gently shaking until a feeling of limpness is experienced.

Place a hand on the abdomen and breathe in through the nose and out through the mouth quickly 10 times. The hand goes out when inhaling and in when exhaling.

Now place arms at sides and breathe in one long slow breath while bringing arms up slowly over the head. Hold this breath while counting slowly to 6.

Then breathe out one long slow breath while bringing arms down to the sides again.

(Williams, unpublished paper)

At this point the individual is ready for a more complex activity of relaxation if they so choose.
APPENDIX D

PROGRESSIVE AND PASSIVE RELAXATION EXERCISES
PROGRESSIVE AND PASSIVE RELAXATION EXERCISES

Progressive Relaxation

Time: Approximately 10 minutes.

Objective

To tense and relax all the muscles of the body for complete bodily relaxation.

Procedure

Lower Torso

Get in touch with your breathing. Breathe slowly and deeply 4 times.

At some point in the breathing cycle, focus attention on the toes of both feet. Point them gradually downward, tighter, tighter, tighter. Experience the tension in the feet. Now let go.

A warm flow of feeling begins to move from the toes to the bottom of the feet, and moves upward through the skin, muscles and bones of both feet.

As this heavy feeling moves upward into the ankles, move feet from side to side as if they are tree branches moving on gentle currents of air. Feel the motion in both ankles and joints.

Now, relax both feet and let the flow of warmth travel from the ankles into lower legs. To get rid of any tension that may be felt in the lower limbs, point toes toward the ceiling and heels away from the ceiling. Experience the tightness in these muscles. Gradually tighten them a little further and then relax.

As the experience of relaxation takes hold, the flowing warmth travels into both knees. Now the heavy feeling meanders its way into the larger muscles at the upper portions of both legs.

Again, slowly angle toes downward. Experience the feet getting tighter and stiffer in the ankle joints. Now
gradually tense the muscles in the lower areas of both legs.

Keep the knees stiff and straight, and finally tighten the muscles in the upper portion of the legs all the way to the hip joints. Maintain the tension. Experience how much energy is contained. And now, let go. Relax both legs.

Upper Torso

As the flow of energy freely travels from the legs into the torso, it travels through the genitals and intestines and around the back. As this happens, get in touch with the largest muscles of the body, the buttock muscles.

Tighten the buttock muscles as though lifting the body upward slightly. (This is labeled prune butt). Now squeeze these muscles tighter. Maintain this tension. Now release the buttock muscles. (This is labeled peach butt).

Experience the flow of energy as it meanders its way along the backbone and into the other organs of the body, the stomach, heart, and as it travels into the chest.

To experience the tension that is held there, raise the shoulder up to the ears—hunch them up and squeeze the upper arms in against the chest. (This is tightening the pectoral muscles). Experience them tighten some more. And now relax.

As you let go you are able to experience the heavy feeling traveling from your chest into the muscles of your neck. (This is where people often hold in anger, in the neck muscles).

To get in touch with these muscles, draw the corners of your mouth down into a big frown, as you might see a sad-faced clown at the circus. Make the frown large and ugly and feel the tension you are creating in your neck. Tighten those muscles more. Now let go.

The relaxation spreads from your neck into your jaw. It travels from your jaw slowly into your cheeks and around to the back of your head, up through your cheeks and nose, and around the orbits of your eyes, bathing them in warmth.

As you feel the energy traveling into your forehead, get in touch with the muscles there. Keep your eyes closed and raise up your eyebrows, tightening the muscles in your forehead. Tighten them more. And now relax, let them go, and feel the warm energy moving into the top of your head.
Proceed to Reality Affirmation Exercise.

Passive Relaxation

Time: Approximately 10 minutes

Objective

To tense and relax all the muscles of the body for complete bodily relaxation.

Preparation

Find a comfortable chair in a quiet place.

Close your eyes and turn eyeballs downward, as though there were a black dot at the end of your toe.

Slowly close your right fist tightly. Feel the muscular contraction all the way up the shoulder. Experience the tension. Now slowly release your fist, let go and feel the muscular limpness. What is felt is relaxation.

Repeat this with the left hand clasped into a fist, progressing slowly to limpness. This is tension and relaxation.

Procedure

First focus attention on a black dot at the end of the toe (either foot).

Begin by directing attention to the forehead in a frown, hold it (experience the tension), and let go (experience the limpness of relaxation).

Pay attention to the jaw; clench your teeth together. Notice the tension in the jaw. Then let go and notice the relaxation.

Pay attention to the neck; draw your head to your chin (sitting); draw attention to the back of the neck; draw the head towards the pillow. Experience the tension; then let go; relax.

Shrug the shoulders as though you were saying "I don't know." Experience the tension, then relax.

Close both fists tightly and stiffen the arms. Feel the tension up to your shoulders. Let go and spread the fingers loosely; feel the release of tension.
As you breathe in deeply, feel the tension in the chest wall. Let the air go with a big sigh. As you sigh let the chest walls collapse.

Tense the abdomen as though you were getting ready to take a punch by a playful friend. Release the tension in the abdomen and relax.

Pay attention to your thighs. Straighten the thighs. Feel the tension between the hips and knees. Release the tension and relax.

Pay attention to your legs and feet. Bend your feet at the ankles and bring the toes toward the knees without bending the knees. Feel the tension in the calves and feet. Let go by letting the feet drop downward away from the body. Relax.

Pay attention to the head and neck. Draw the head backward and feel the tension in the back of the head and neck. Let go by dropping back to your original position.

Pay attention to your shoulders. Draw the shoulders back. Feel the tension between the shoulder blades, and throughout the shoulder area. Let go by dropping back to your original position and relax.

Pay attention to your back. Bend backward at the hips, causing both your shoulders and legs to press down against the floor, chair, bed, etc. Relax back to the original position.

Proceed to Reality Affirmation Exercise.

(Kennedy, 1953).

The passive muscular relaxation technique can be used by itself, or in combination with breathing exercises and/or guided imagery exercises.
APPENDIX BIBLIOGRAPHY

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