



FOURTH EDITION

**Payne's**  
handbook of relaxation  
techniques

a **practical guide** for the **health care professional**

Rosemary A. **Payne**  
Marie **Donaghy**

Foreword by  
Ilora Finlay

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FOURTH EDITION

# Payne's handbook of relaxation techniques

a **practical guide** for the **health care professional**

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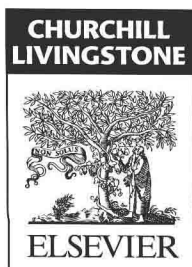
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Relaxation is often seen as a panacea for stress. As such, it has given rise to many different approaches designed to cope with everyday stressors.

When people are ill, however, stress and tension mount; sleep is affected and other body systems negatively influenced. Some people with a chronic pattern of stress-related behaviour can find it very difficult to unlearn these behaviours and adopt a calmer lifestyle.

Many relaxation techniques are presented in this book. They have been selected with particular criteria in mind: that they should be easily learned and applied without requiring expensive equipment or specialized expertise. Their transferability is also important in that they can be adopted by small groups as well as individuals, and in a wide variety of settings across different age groups. Certain specialized techniques such as yoga are not covered in this book precisely because they require specific training or because, like biofeedback, they rely on special equipment.

An excellent introduction to the topic can be found in this book with its jargon-free style and its readability. Although addressed to health care professionals, it does not demand particular health care knowledge or specific previous training, and therefore has wide applicability. The book takes us through different aspects of relaxation, starting with a discussion on physiological and cognitive

dimensions of stress and leading into a chapter containing coping techniques. In our society, where back pain is a major cause of absenteeism, the link between stress, muscle tension and perceptions of illness becomes particularly relevant.

The book then moves through a variety of somatic approaches including progressive muscle relaxation, breathing re-education, physical activity and passive relaxation. Cognitive approaches include imagery, visualizations, autogenics, meditation and some simple cognitive-behavioural techniques.

A common format running through the chapters makes this book easy to dip in and out of and allows the easy comparison of one technique with another. The final chapters relate to issues around measurement, a topic which is essential for any kind of audit. There is also a chapter indicating which conditions are likely to benefit from particular techniques. The book is essentially a practical manual with a step-by-step approach, allowing the reader to feel in touch with the practicality of each technique.

If you are feeling stressed, then this is the book to pick up. Its pages will make you feel both more relaxed and more in control.

Ilora Finlay FRCP FRCGP  
Baroness Finlay of Llandaff, Professor of  
Palliative Medicine, Cardiff University; President  
of the Chartered Society of Physiotherapy,  
London, UK

# Preface to the fourth edition



For this fourth edition, the book has moved from single to dual authorship. This has allowed a more comprehensive review of the literature which has informed the evidence for practice outlined in the book. In accordance with earlier editions, the aim has been to produce a book containing a broad range of techniques which may be found useful by practitioners and students whose backgrounds lie in a wide variety of professional fields.

The book is addressed primarily to health care professionals such as nurses, occupational therapists, physiotherapists, speech and language therapists and social workers. General practitioners and psychologists also may find it useful. It can equally be used by lay people since it is written in a jargon-free style.

It focuses on methods which do not require specialized expertise or elaborate equipment but consist of simpler approaches which can be applied in the stressful situation. The division between somatic and cognitive is, to some extent, an arbitrary one, and one which has no place in the holistic context to which the authors subscribe. However, for the purpose of organizing material in the book, such a presentation has been adopted.

As in previous editions, the book is structured in four parts. Section One sets the scene, describing the states of relaxation and stress and providing guidance on preparing for relaxation. Sections Two and Three guide the reader through 21 somatic and cognitive approaches, each occupying a separate chapter. The book ends with an introduction to assessment followed by a chapter devoted to recent research on conditions and disorders, where best treatment, as determined by the evidence, is suggested.

Two chapters are completely new: one on mindfulness meditation, which has been included to

reflect the growing interest and popularity of this approach, and the other on choice of technique for 35 specific conditions. Assessment, cognitive therapy and physical activity chapters have all been substantially rewritten. The book has also been restructured in the sense that chapters have been moved around to create a more convenient order and it is illustrated with a new set of photographs in keeping with changing fashion.

It was felt that a relatively slim volume would be of advantage. Consequently, certain chapters such as 'Other techniques' and 'Childbirth' have been removed. Evidence sections throughout have been updated and given a new emphasis, but the early work has not been entirely eliminated since it provides a useful historical context for understanding the different approaches. It is hoped readers will find this arrangement helpful.

It is not intended that health care professionals should, on the strength of reading this book, consider themselves teachers of autogenics or the Alexander technique. Such methods require lengthy training. These two methods are, however, included to indicate the importance of their contribution to the field; they are described for interest and for the applicability of their central ideas. For example, images of warmth and heaviness (autogenics) are relaxing in any context, and postural advice (Alexander technique) helps to promote a sense of well-being. Such concepts have universal value.

Like its forebears, this new edition is essentially a practical manual, easy to follow and conveniently sized to carry around.

Rosemary Payne  
Marie Donaghy  
2009

# Preface to the first edition

A few years ago, when giving a talk on relaxation techniques, I was asked by a social worker if the techniques I was describing could all be found in one publication. I said I knew of no book which contained them all. Since then, other healthcare professionals have, on different occasions, put similar questions to me. Is there a book which focuses on the practical side of relaxation training? Can the detail of the methods be found under one cover?

Many books mention relaxation techniques but tend not to present them in any depth, unless the entire work is devoted to a single method. It seemed that there was a gap which needed to be filled.

It is estimated that 80% of modern diseases have their beginnings in stress (Powell & Enright 1990) and that stress-related illness accounts for at least 75% of GP consultations (Looker & Gregson 1989). As concern about the safety, efficacy and cost of psychotropic drugs grows (Sibbald et al 1993), there is increasing interest in non-drug treatments, of which relaxation training is an example.

The book is addressed to healthcare professionals such as nurses, occupational therapists, physiotherapists, speech and language therapists and social workers; GPs and psychologists also may find it useful. It can equally be used by lay people since it is written in a jargon-free style.

Factors of practicality have governed the selection of methods. Thus, techniques which require expensive equipment or specialized expertise are not included, while the methods chosen are those which lend themselves to presentation in small group settings.

The book begins with a review of some of the theory surrounding stress and relaxation. This is followed by a chapter on general procedure which is applicable to all methods. Chapter 2 discusses stress, beginning with a further passage of theory and moving on to consider a variety of practical coping skills. The following 21 chapters deal with specific techniques: 12 chapters are, broadly speaking, concerned with physical or muscular techniques and nine deal with mental or psychological methods. There follows a chapter concerning 'on-the-spot' techniques for dealing with stressful

situations, using skills drawn from earlier lessons. Assessment is addressed in Chapter 25\* and the final chapter takes a look at a few topics not so far discussed: the relation between the approaches themselves, some ways in which they can be combined, and a brief reference to approaches which are not included. Physical and psychiatric disorders are not within the scope of this work.

Techniques whose main purpose is to promote relaxation are termed primary. The 'muscular' methods belong in this category, as does autogenic training. Where relaxation is not the main purpose, the technique can be seen as secondary: visualization, meditation and the Alexander technique fall into this category. Other approaches which enhance relaxation may be still further removed. These include cognitive techniques such as uncovering irrational assumptions and modifying automatic thoughts. Here, relaxation can be seen as a side-effect rather than a goal (Fanning 1988).

It is not intended that healthcare professionals should, on the strength of reading this book, consider themselves teachers of autogenics and the Alexander technique. These two methods are included to indicate their contribution to the field; they are described for interest and for the applicability of their central ideas. For example, images of warmth and heaviness (autogenics) are relaxing in any context, as also is postural advice (Alexander technique). Such concepts have universal value.

Indications of the effectiveness of the techniques are included but the book does not set out to review the evidence from the scientific literature. Other works do that, for example Lichstein (1988). Pitfalls associated with some methods are listed at the end of the relevant chapters.

The word 'relaxation' is used in two ways here, as it is in other works: first, in a general sense where it signifies a global state of rest; and second, as a technique such as progressive relaxation. It is difficult to

\* To avoid confusion, the chapter numbers have been changed to match the chapter numbers in the fourth edition rather than the first. Please also note that some chapters have been deleted since the first edition.

avoid both meanings in a book of this sort; however, efforts are made throughout the work to distinguish the meanings wherever ambiguity arises.

The author is aware of the implications of gender-weighted language. She is also aware of the cumbersome phrasing that can result from a determination to avoid sexist forms of speech. In an attempt to avoid both traps and for the sake of clarity, it has been decided to refer throughout the book to the trainer as female. The trainee is referred to as male in Chapters 2–15 and as female in Chapters 16–27.

The words 'trainer' and 'instructor' are both used, the choice being largely determined by the nature of the method: for example, in autogenics, progressive relaxation and behavioural relaxation training the word 'trainer' is often used, while in imagery, meditation, Alexander technique and Mitchell's approach, the word 'instructor' seems more appropriate. The word 'therapist' is also used where it seems fitting.

A number of people have helped in the making of this book. One important contributor is Keith

Bellamy, whose photographs have done so much to make the book what it is, not forgetting Sarah McDermott, who acted as the model. With regard to the text, Ian Hughes has given invaluable help in his careful reading and refining of the chapter on measurement. I would also like to mention those who have read other chapters and to whom I am indebted for their helpful suggestions. Alexandra Hough, Wendy Mair, Margaret Polden and Jim Robinson have all been kind enough to do this, and Christopher Rowland Payne undertook to read the whole manuscript. Thanks also go to Michael Adams, Joyce Gibbs, Olga Gregson, Andrzej Kokoszka, Brenda MacLachland, Pat Miller, Alison Ough, Stuart Skyte, Dinah Thom, June Tiley and Elizabeth Valentine. Finally, a word of appreciation for the members of all the groups with whom I have worked. Without them, this book would never have been written.

Rosemary Payne  
*Cardiff 1994*

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*Rosemary Payne*

I would like to acknowledge colleagues, students, friends and family who have made huge contributions to my thinking over the years and who have helped shape my view of health, relaxation, physical activity, and mind-body integration. I would like to thank in particular Nanette Mutrie for her friendship and wise counsel over the years. My thanks to the staff in the School of Health Sciences at Queen Margaret University who have encouraged and supported my research activities. To Michael, Claire, Kirsteen, Neil, James and Mirrin, my thanks for all the fun and joy you bring to our lives. Finally I would like to thank Rosemary for inviting me to co-author this fourth edition of her book. Her guidance has been invaluable.

*Marie Donaghy*





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# Section One

## Setting the scene

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# Introduction

## CHAPTER CONTENTS

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It could be said that relaxation is doing nothing (Beck 1984). In spite of this, many people find it difficult to relax. Doing nothing, it seems, is not as easy as it sounds and the existence of a wealth of relaxation techniques appears to endorse this view.

For many people a hobby provides a source of relaxation. As an occupation devoid of deadlines, the hobby allows the mind to freeflow in an unconstrained manner, inducing a sense of inner calm. Activities which give pleasure tend to fall into this category. Some of these require moderate to high levels of physiological arousal such as active non-competitive sport, while others, such as listening to music or watching the waves breaking on a favourite beach, do not. Both, however, are characterized by an absence of stress.

It is when these activities fail to relieve stress that formal relaxation training can play a useful role. Such a training programme can help to lower a stress-induced high physiological arousal level, thereby protecting the organs from damage. It can also help to make the body's innate healing mechanisms more available. On a cognitive level, relaxation training can calm the mind and allow thinking to become clearer, and on a philosophical level, as practised in some Asian countries, it can bring an increased awareness of the self (Donaghy et al 2008).

The word 'relaxation' is often used with reference to muscles where it signifies release of

tension and the lengthening of muscle fibres, as opposed to the shortening which accompanies muscle tension or contraction. Such a definition could be applied to the methods described in the early chapters of this book. However, since relaxation has a mental as well as a physical dimension, this definition is too restricted for our purposes.

A more comprehensive view comes from Ryman (1995) who defines relaxation as 'a state of consciousness characterized by feelings of peace and release from ... anxiety and fear' as well as tension. This includes psychological aspects of the relaxation experience such as the pleasant sensation it induces and the diminishing presence of stressful thoughts.

Thus, the word 'relaxed' is used to refer either to lax muscles or to peaceful thoughts. It is assumed that a link exists between them since an apparently general state of relaxation can be induced by using either physical or cognitive methods.

## Purpose of the book

The book seeks to provide a compendium of different relaxation techniques and to describe them in relation to their underpinning rationales. Their selection has been governed by factors of practicality such as the following, that the method should:

- be easily learned and applied
- not require specialized expertise on the part of the trainer
- not require elaborate equipment
- be portable and capable of being used without attracting attention

- be convenient for use with individuals and small groups
- be suitable for all ages.

It is addressed principally to healthcare professionals and students who are not familiar with the topic of relaxation or to those who want to extend their knowledge about relaxation techniques. The book may also be helpful to people with chronic conditions such as rheumatoid arthritis, multiple sclerosis or enduring mental illness who wish to teach themselves relaxation as a personal coping mechanism.

Relaxation training has certain advantages which may make it particularly attractive to some people, such as being non-invasive and giving the client a sense of being in control. Benefits to employers and organizers include its low financial cost.

## Structure and content

A variety of methods and techniques are presented, with one chapter devoted to each. The techniques are drawn from recognized sources and appear in slightly paraphrased versions of the originals. Each method is described and presented in a step-by-step manner. Rationale is contained in a short paragraph and there is a section on evidence of effectiveness. However, evidence to support the techniques is limited and cannot in all cases be used to inform the rationale. For this reason the rationale has been kept separate from the evidence.

Each chapter directs the reader to available research but it is beyond the scope of this book to provide a systematic review of the literature. Where appropriate, the reader is referred to other works such as the narrative review of Kerr (2000) whose paper covered progressive relaxation, the Mitchell method, massage, the Alexander technique, Benson's relaxation response and hatha yoga.

Chapter topics feature somatic and cognitive approaches. The present authors write from a firmly holistic position where any kind of division runs counter to their philosophy. However, for descriptive purposes it was found convenient to separate techniques with a cognitive focus from those with a somatic focus. Such a division is however, largely artificial.

Somatic approaches presented in this work are:

- breathing awareness
- Jacobson's progressive muscular relaxation
- Bernstein and Borkovec's modified version

- Everly and Rosenfeld's passive relaxation
- Madders' release-only
- Ost's applied relaxation
- Poppen's behavioural relaxation training
- the Mitchell method
- the Alexander technique
- differential relaxation
- stretchings
- exercise.

Cognitive approaches presented here are:

- cognitive-behavioural methods
- self-awareness
- imagery
- goal-directed visualization
- autogenic training
- meditation
- Benson's relaxation response
- mindfulness meditation.

A table summarizing the principles of each method and suggesting applications for its use may be found in Appendix 1.

The range of methods is not comprehensive since it does not include those methods which require long training periods, such as hypnosis, yoga and advanced autogenics, or elaborate apparatus, such as biofeedback. However, some of these methods are referred to for interest and background information. In the case of yoga, as taught in the West, the component parts of breathing, stretchings and meditation may be found in separate chapters.

Most methods described here are claimed to be relaxation techniques. However, there are a few which induce an indirect relaxation effect by increasing the sense of well-being. The Alexander technique is one of these.

There is a difference between methods which create 'deep' relaxation and those which create 'brief' relaxation. Deep relaxation refers to procedures which induce an effect of large magnitude and which are carried out in a calm environment with the trainee lying down, e.g. progressive relaxation and autogenic training. Brief relaxation refers to techniques (often contracted versions of the above) which produce immediate effects and which can be used when the individual is faced with stressful events, the object being the rapid release of excess tension. Thus, whereas deep relaxation refers to a full process of total-body relaxation, brief relaxation applies these procedures in everyday life.

## Relaxation: what is it?

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Relaxation suggests a state of ease which is characterized by limited body tension and freedom from unnecessary worries and fears. It is associated with feelings of warmth and tranquillity and a sense of being at peace with oneself. Thus, the state of relaxation involves a complex interplay of psychological and physiological systems which include the nerves, muscles and major organs such as the heart, lungs, kidneys, liver and spleen.

Mechanisms thought to be responsible for bringing about the state of relaxation have been

explored, giving rise to a number of theories. Some of these emphasize physiological aspects such as autonomic activity and muscle tension while others focus on psychological elements such as self perceptions and interpretation of life events. The major theories are briefly described below.

### Physiological theories

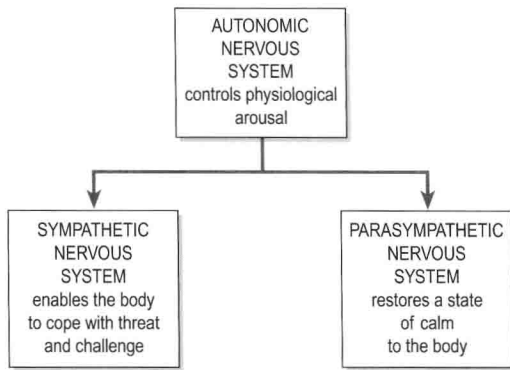
Body systems related to the states of stress and relaxation include the autonomic and endocrine systems on the one hand and the skeletal system on the other. An integrated response of all these systems occurs in the presence of stress.

#### The autonomic nervous system and the endocrine system

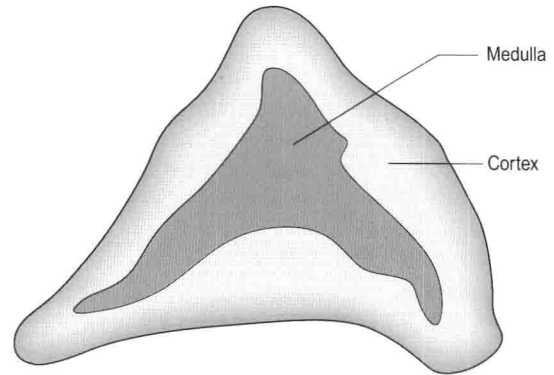
Physiological arousal is governed chiefly by the autonomic nervous system. This has two branches: the sympathetic, which increases arousal when the organism is under threat, and the parasympathetic, which restores the body to a resting state. Their actions are involuntary and designed to enable the organism to survive (Fig. 1.1).

Organs involved in activating these changes include the adrenal glands, situated above the kidneys (Fig. 1.2). These glands consist of an inner

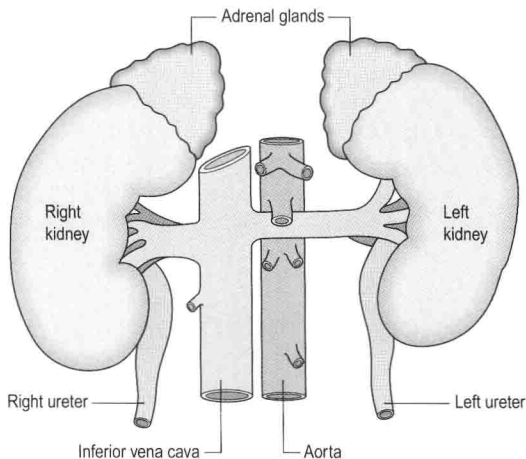




**Figure 1.1** • The autonomic nervous system.



**Figure 1.3** • Cross-section of an adrenal gland.



**Figure 1.2** • The positions of the adrenal glands and some of their associated structures. (From Wilson 1990 with permission.)

part or medulla and an outer part or cortex (Fig. 1.3). Receiving directions from the hypothalamus via the spinal cord, they release hormones which modify the action of the internal organs in response to environmental stimuli.

When a situation is perceived as challenging, the brain immediately responds via the spinal ganglia, by stimulating the adrenal medulla to release catecholamines such as adrenaline and noradrenaline into the bloodstream. The function of these neurotransmitters is to prepare the organs for action in a manner which has been collectively

known as the 'fright/fight/flight' response. It is characterized by an increase in heart rate and a redistribution of the blood from the viscera to the voluntary muscles. Blood pressure and respiratory rate are also increased, alertness and sensory awareness are heightened, muscle tension is raised and there is a mechanism for losing body heat. These factors enable the individual to make a physical response. The autonomic systems and their actions are shown in greater detail in Figures 1.4 and 1.5.

Some of the changes which occur as a result of sympathetic stimulation produce noticeable symptoms, for example, faster breathing, stomach cramps and sweating. States such as fear and anger illustrate this and underline the link between emotion and the internal organs. When the changes are pronounced and occur frequently, the organs concerned can become fatigued and this has given rise to the concept of psychosomatic illness.

Closely associated with the autonomic system but acting in the longer term, the pituitary gland releases the adrenocorticotrophic hormone (ACTH). This stimulates the adrenal cortex to produce substances, the most important of which is cortisol which helps to maintain the fuel supply to the muscles. In this way it supports the action of the catecholamines (Vaugh & Grant 2006). There is also evidence suggesting that the stimulation of normal levels of cortisol enhances the immune system (Jefferies 1991). High levels of cortisol such as those created by prolonged stress or by pharmacological doses are, however, associated with a suppressed immune system.