

RELAXATION – CONSCIOUS INHIBITION

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THE term "Conscious Inhibition" may at first appear to bear no relationship to relaxation; even the meaning by itself requires mental exercise before it is clearly understood in this context.

To many, relaxation is a simple matter in the absence of disturbance, and when the surroundings are such that the quietness, the absence of bright lighting and a comfortable temperature, produce a feeling of ease and comfort. There is then nothing to stimulate mental or physical effort. Add to this a normal degree of fatigue after a day's work, together with a feeling of satisfaction for its achievements and a plan of action for the morrow. The result is a mind and body tuned for complete and refreshing relaxation.

Types of Patient.

The physiotherapist is frequently called upon to give relaxation exercises to patients who have developed an habitual state of tension, and who are unable to bring about a reversal which would enable them to recuperate from the effects of constant mental and physical activity. They sleep badly. They suffer from physical aches and pains and they are impatient and irritable. Also included in this group are the sufferers of chronic illnesses, as, for example, asthmatics and chronic bronchitics and patients who are the victims of chronic arthritis, and there are many others. Expectant mothers form a group of their own. For them, relaxation exercises are a preparation for active participation and maintaining self-control under conditions of considerable stress at the time of their confinement.

Training in Relaxation.

At the outset it is important for the physiotherapist to face the fact that training in relaxation may take a long time. Patients who need this treatment possess a continual and abnormal amount of activity of their muscles. There is no pathological lesion of the anatomical systems involved. They have simply to learn to rest their muscles, to reduce activity of them to a lower level. This is the argument against the *contrast method* of teaching relaxation, which emphasises tightening and letting go, but fails to impress upon the patient his need to relax from his habitual hyper-tonic resting position.

Muscle Relaxation.

A planned course of relaxation therapy should begin with a clear and simple explanation to the patient of the meaning of muscle relaxation. The first essential that he must grasp is that it involves more than just assuming a fully supported position under ideal conditions. A dog lying in its basket, but evidently on the alert having been disturbed by the noise of footsteps outside or a distant bark of another dog, may be lying completely supported, but its muscles are in a state of readiness, of having "taken up the slack." The eyes are wide open and the head almost raised, while the respiratory movements are increased in rate. A completely different picture is that of a cat lying on the hearth, not necessarily asleep, but with limbs outstretched and head supported, the limbs being limp because the muscles are soft and the joints loose. The movements of its chest are characteristic of relaxed breathing, being quite slow and moderately shallow with a pause at the end of every expiratory phase. This is a picture of subconscious relaxation. The patient who is habitually tense has to practice relaxation consciously before it becomes a habit—a part of himself.

Initially he needs help directed toward developing muscle awareness, so that he can appreciate muscle activity in its

minor degrees, and then be able to relax it completely. Thus he can be certain for himself if he has or has not relaxed his muscles when he is supported in the correct position.

Muscle Activity.

Understanding and appreciation of muscle activity go hand in hand. Muscles work to maintain a position, that is to prevent movement. The most obvious illustration of this is the ordinary standing position, the smallest possible area of the body would cause it to collapse in a heap on the floor if it were not for the muscles supporting the ankles, knees, hips and spinal joints which hold the body upright. The effort is minimal and subconscious or reflex. This can only be appreciated if it is understood. Again any movement however large or small, is the result of muscle activity, and this too, more often than not, is subconscious. Gesticulating, changes in facial expression, drumming with a little finger—all are examples of outward and physical expressions of inner mental activity to the level of awareness, by drawing attention to it, by doing and feeling it, and then allowing it all to cease. It involves simple active movements through which the patient understands when a muscle is shortening, or lengthening, or holding a position. During the movement the patient is told when the working muscles are fixing the part or moving it or controlling the movement brought about by the weight of the part. When the distance to fall is harmless, the patient can learn to completely release the muscle effort and allow the full weight of the part to bring it to rest.

These exercises are simplicity itself, but success for the patient may mean constant and lengthy repetition. However, once it is mastered, it will be as automatic as riding a bicycle eventually becomes. So long as the fundamental principles are applied, the patient will now find it easy to relax in any position in which the whole body weight is supported.

Advanced Training.

The more advanced relaxation exercises are harder to accomplish, for the patient is called upon to maintain his muscles in a relaxed state when disturbances are introduced. Disturbances, which, if allowed to produce a response would result in reflex muscle tension.

This is true conscious inhibition. The comfort of soft pillows is taken away, dim lighting is changed to normal day lighting, silent surroundings are altered to a certain amount of noise and movement in the room. The patient learns to make no response when touched or moved. He allows full range passive movements of his neck, arms and legs. He is asked to throw all the muscles of one limb into extreme tension and still maintain complete relaxation elsewhere, which can be demonstrated by passive movements. Later he learns to swing the emphasis in the opposite direction, so that all but one limb are tensed. It is indeed advanced relaxation to be able to inhibit localised muscle activity which so many other muscles are striving to reinforce through their own activity.

The practice of conscious inhibition is a state of self-detachment from external and internal influences of which the individual is fully aware.

Scheme of Relaxation Training.

The importance of a systematic scheme of relaxation training cannot be overstressed. The patient should be encouraged to practice for himself and be provided with something definite to do for home practice. Whether

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it be to concentrate on the muscles which influence one particular joint and which he finds difficult to relax, or perhaps, simply to repeat the relaxation achieved at the previous treatment. The patient's aim should be to maintain the relaxation for a definite ten minutes adding a few minutes each day and working up to half an hour. This is the hardest exercise of all to many people, but it is of paramount importance and the most effective way of making muscle relaxation a habit to replace habitual muscle tension. Gradually the new habit is transferred to and put to every day use, less unnecessary muscular energy is expended whilst sitting at a desk at work, or standing or walking. Any opportunity should be taken if it offers a chance for some degree of relaxation. The busy housewife finding herself seated at some piece of work makes the most of the more restful position.

Breathing Exercises.

Deep breathing exercises are given by many physiotherapists to help patients to relax. They certainly have their place, but in the method described in this paper, no reference is made to respiration, except to point out that it is a continuous activity and that in the relaxed state it is quite characteristic and entirely automatic. During relaxation it becomes more evident to the patient because it is the only movement. Muscle activity disturbs the depth and rate of breathing in direct proportion. When the skeletal muscles are at rest the respiratory muscles respond to the controlling influence of the respiratory centre of the brain which functions in the resting state to ensure an adequate ventilation of the lungs.

Conclusion.

There is truth in the statement that a tense mind cannot exist in a relaxed body. The state of the mind influences the muscles too, but the practice of physical relaxation will help to relieve mental tension. In this way the physiotherapist is able to relieve patients who suffer from muscle tension caused by a physical disability, and patients who suffer from mental tension causing symptoms of physical tension.

Everyone will find that half an hour's complete relaxation before participating in strenuous mental and physical activities has a beneficial effect in combating anxiety and fatigue. It is, in fact, a practice common amongst famous men and women in the worlds of politics, drama and sport.

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