

A Guide to Psychology and its PRACTICE

Progressive Muscle Relaxation

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Page Contents: [Introduction](#) / [Self-administered Progressive Muscle Relaxation](#) / [The Shortened PMR Schedule](#) / [Deep Muscle Relaxation](#)

Progressive Muscle Relaxation

One of the most simple and easily learned techniques for relaxation is Progressive Muscle Relaxation (PMR), a widely-used procedure today that was originally developed by Jacobson ^[1] in 1939.

For a description of the psychophysiological changes involved in the relaxation response, see my page [“Stress” and Psychology](#).

The PMR procedure teaches you to relax your muscles through a two-step process. First you deliberately apply tension to certain muscle groups, and then you stop the tension and turn your attention to noticing how the muscles relax as the tension flows away.

Through repetitive practice you quickly learn to recognize—and distinguish—the associated feelings of a tensed muscle and a completely relaxed muscle. With this simple knowledge, you can then induce physical muscular relaxation at the first signs of the tension that accompanies anxiety. And with physical relaxation comes mental calmness—in any situation.

Before practicing PMR, you should consult with your physician if you have a history of serious injuries, muscle spasms, or back problems, because the deliberate muscle tensing of the PMR procedure could exacerbate any of these pre-existing conditions.

If you continue with this procedure, you do so at your own risk.

**Self-
Administered
Progressive
Muscle
Relaxation**

There are two steps in the self-administered Progressive Muscle Relaxation procedure: (a) deliberately tensing muscle groups, and (b) releasing the induced tension. This two-step process will be described after you are introduced to the muscle groups.

After learning the full PMR procedure as follows, you will spend about 10 minutes a day maintaining your proficiency by practicing a shortened form of the procedure (given in the next section below). As you practice the short procedure, you will be simultaneously learning cue-controlled relaxation. Ultimately, you will acquire something that will probably become an indispensable part of your daily life, and the initial drudgery of practice will be long-forgotten.

Suggestions for Practice

It is recommended that you practice full PMR twice a day for about a week before moving on to the shortened form (below). Of course, the time needed to master the full PMR procedure varies from person to person.

Here are some suggestions for practice:

- Always practice full PMR in a quiet place, alone, with no electronic distractions, not even background music.
- Remove your shoes and wear loose clothing.
- Avoid eating, smoking, or drinking. It's best to practice before meals rather than after, for the sake of your digestive processes.
- **Never practice after using any intoxicants.**
- Sit in a comfortable chair if possible. You may practice lying down, but this increases the likelihood of falling asleep.
- If you fall asleep, give yourself credit for the work you did up to the point of sleep.
- If you practice in bed at night, plan on falling asleep before you complete your cycle. Therefore, consider a practice session at night, in bed, to be in addition to your basic practice.
- When you finish a session, relax with your eyes closed for a few seconds, and then get up slowly. (*Orthostatic hypotension*—a sudden drop in blood pressure due to standing up quickly—can cause you to faint.) Some people like to count backwards from 5 to 1, timed to slow, deep breathing, and then say, "Eyes open. Supremely calm. Fully alert."

Muscle Groups

You will be working with most all the major muscle groups in your body, but for convenience you will make a systematic progression from your feet

upwards. Here is the most popular recommended sequence:

- Right foot
- Right lower leg and foot
- Entire right leg
- Left foot
- Left lower leg and foot
- Entire left leg
- Right hand
- Right forearm and hand
- Entire right arm
- Left hand
- Left forearm and hand
- Entire left arm
- Abdomen
- Chest
- Neck and shoulders
- Face

Note. If you are left-handed, you might want to begin with your left foot, and so on.

Tension–Relaxation Procedure

Step One: Tension. The process of applying tension to a muscle is essentially the same regardless of which muscle group you are using. First, focus your mind on the muscle group; for example, your right hand. Then inhale and simply squeeze the muscles as hard as you can for about 8 seconds; in the example, this would involve making a tight fist with your hand.

Note. Beginners usually make the mistake of allowing muscles other than the intended group to tense as well; in the example, this would be tensing muscles in your right arm and shoulder, not just in your right hand. With practice you will learn to make very fine discriminations among muscles; for the moment just do the best you can.

It can be very frustrating for a beginner to try to experience a fine degree of muscle separation.

Because neglect of the body is an almost universal cultural attitude, it is usually very difficult to begin learning how to take responsibility for body “mechanics.” So take heart and realize that learning fine muscle distinction is in itself a major part of the overall PMR learning process. PMR isn’t just about tension and relaxation—it is also about muscle discernment.

But also relax a bit and realize that no part of the body is an isolated unit; the muscles of the hand, for example, do have connections in the forearm, so when you tense your hand there will always be some small tension occurring in the forearm. When PMR asks that the hand be tensed without tensing the arm, it is really speaking to the “clumsy” beginner who, out of total body ignorance, will unthinkingly tense everything in the whole arm.

So if you accept the fact that you are simply in the beginner phase—rather than perceive yourself as somehow inept—then you can have the patience to discern the fine muscles with practice.

It’s important to really feel the tension. Done properly, the tension procedure will cause the muscles to start to shake, and you will feel some pain.

Note. Be careful not to hurt yourself, as compared to feeling mild pain. *Contracting the muscles in your feet and your back, especially, can cause serious problems if not done carefully; i.e., gently but deliberately.*

Step Two: Releasing the Tension. This is the best part because it is actually pleasurable. After the 8 seconds, just quickly and suddenly let go. Let all the tightness and pain flow out of the muscles as you simultaneously exhale. In the example, this would be imagining tightness and pain flowing out of your hand through your fingertips as you exhale. Feel the muscles relax and become loose and limp, tension flowing away like water out of a faucet. Focus on and notice the difference between tension and relaxation.

Note. The point here is to really focus on the change that occurs as the tension is let go. Do this very deliberately, because you are trying to learn to make some very subtle distinctions between muscular tension and muscular relaxation.

Stay relaxed for about 15 seconds, and then repeat the tension-relaxation cycle. You’ll probably notice more sensations the second time.

The Full PMR Schedule

Once you understand the muscle groups and the tension-relaxation procedure, then you are ready to begin the full PMR training. Simply follow the list of muscle groups in the sequence given and work through your entire body. Practice twice a day for a week. Spend extra time, if necessary, until you can achieve a deep sense of physical relaxation; then you can move on to the Shortened PMR schedule.

The Shortened PMR Schedule

In the shortened form of PMR, you will (a) work with summary groups of muscles rather than individual muscle groups, and (b) begin to use cue-controlled relaxation.

The summary muscle groups. The four summary muscle groups are as follows:

- 1 Lower limbs
- 2 Abdomen and Chest
- 3 Arms, Shoulders, and Neck
- 4 Face

Instead of working with just one specific part of your body at a time, focus on the complete group. In Group 1, for example, focus on both legs and feet all at once.

Cue-controlled relaxation. Use the same tension-relaxation procedure as full PMR, but work with the summary groups of muscles. In addition, focus on your breathing during both tension and relaxation. Inhale slowly as you apply and hold the tension. Then, when you let the tension go and exhale, say a cue word to yourself (below). This will help you to associate the cue word with a state of relaxation, so that eventually the cue word alone will produce a relaxed state.

Many people find that cue-controlled relaxation does not have to depend on only one word; it may actually be more helpful in some situations to use a particular phrase. Some suggestions for cue words/phrases are:

- Relax
- Let it go
- It's OK

- Stay calm
- All things are passing
- Trust in God

Summary

Initially, you should practice the shortened form of PMR under the same conditions as you practiced full PMR. After about a week of twice-daily practice you will then have enough proficiency to practice it under other conditions and with distractions. Or you might want to move on to the final process of *Deep Muscle Relaxation*.

Deep Muscle Relaxation

Once you have learned PMR and are familiar with the feeling of muscle relaxation, you can then induce relaxation without even bothering with the tension-relaxation process. All you need to do is use your imagination to think of and then relax the various muscle groups using your cue word(s). Usually this is done by starting at the top of your head and then working down through your body, as if relaxation were being poured over your head and flowing down over all of your body. This process is called *Deep Muscle Relaxation*.

And, anywhere, anytime, you can simply perform a quick “body scan” to recognize where in your body you might be holding muscle tension and then, using imagery and your cue word/phrase, let it go.

Additional Resources

References:

1. Jacobson, E. (1938). *Progressive relaxation*. Chicago: University of Chicago Press.

Related pages within *A Guide to Psychology and its Practice*:

[Autogenics Training](#)

[Self-administered Systematic Desensitization](#)

[“Stress” and Psychology](#)

[Trauma](#)

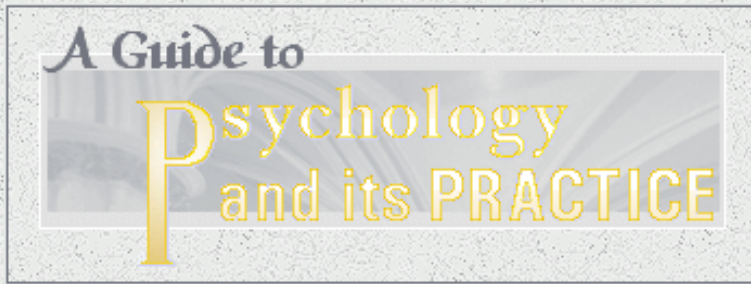
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The Psychology of “Stress”

WEBSITE
MENUS

Page Contents: [Introduction \(*Change, Physiology, Relaxation, and “Stress”*\)](#) / [Mindfulness Meditation](#) / [A Lesson from Aviation](#) / [“Being in control”](#) / [Four Maxims](#)

It might seem like a simple concept. We toss the word around every day. Stress. But what does *stress* really mean? Is it the same thing as physiological arousal? Is it the same thing as “workload”? Is it any different from [anxiety](#) or unconscious [anger](#)? Is it the cause of [trauma](#)? Is it anything at all? Is it just a “myth”? [\[1\]](#)

Change

Let’s begin with the concept of *change*, because life is a process of change. Therefore, anything that involves change contains within it the “demand” that we adapt to it, in one way or another. Graduating from school can be as demanding as starting school, and starting a new job can be as demanding as losing a job.

How we perceive the change really determines how we manage to adapt to it.

If the perception is positive, we generally embrace the change with open arms and relief. And the story essentially ends there.

If the perception is negative—that is, if the change challenges our stamina or resources—the body will automatically—and dramatically—respond to this perceived threat with a variety of physiological responses.

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Raymond Lloyd Richmond, PhD
San Francisco

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Psychology is a complex subject, and many issues are interrelated. And so, even though you may find a topic of interest on one particular page, an exploration of the other pages will deepen your understanding of the human mind and

Physiological Responses to Change



Walter Cannon

Early in the 20th century, Walter Cannon's research in biological psychology led him to describe the "fight or flight" response of the *Sympathetic Nervous System* (SNS) to threats.^[2] Cannon found that SNS arousal in response to a perceived threat involves several elements which prepare the body physiologically either to take a stand and fight off an attacker or to flee from the danger:

- Heart rate and blood pressure increase
- Perspiration increases
- Hearing and vision become more acute
- Hands and feet get cold, because blood is directed away from the extremities to the large muscles in order to prepare for fighting or fleeing.

Hans Selye^[3] first popularized the concept of "stress" in the 1950s. Selye theorized that all individuals respond to all types of threatening situations in the same manner, and he called this the *General Adaptation Syndrome* (GAS). He claimed that, in addition to SNS arousal, other bodily systems such as the adrenal cortex and pituitary gland may be involved in a response to threat. For example, chemicals such as epinephrine (adrenaline) may serve to focus the body's attention just on immediate self-preservation by inhibiting such functions as digestion, reproduction, tissue repair, and immune responses. Ultimately, as the threat wanes, Selye suggested, body functions return to normal, allowing the body to focus on healing and growth again. But if the threat is prolonged and chronic, the SNS arousal never gets "turned off," and health can be impaired. With a continuously suppressed immune system, for example, a person would be more vulnerable than usual to infection—which is one explanation of why some individuals get sick so often.^[4]



Hans Selye

And, regardless of whether Selye was right or not, psychology, as well as medicine and popular culture, have accepted the concept of "stress" as an unpleasant fact of life.

Reducing Physiological Arousal

Physiological arousal can be uncomfortable and distracting in situations that might feel threatening but don't involve an actual threat. Fortunately, this sort of arousal can be reduced by practicing some form of relaxation. A basic relaxation technique such as [Progressive Muscle Relaxation \(PMR\)](#) consciously helps muscles to relax, and,

heart.

Psychological Practice

[To Become a Psychologist](#)
[Choosing a Psychologist](#)
[Confidentiality](#)
[Consumer Rights and Office Policies](#)
[Honesty in Psychological Treatment](#)
[Legal Issues](#)
[The Limits of Psychology](#)
[Managed Care and Insurance](#)
[Other Applications of Psychology](#)
[Psychology: Clinical and Counseling](#)
[Psychology and Psychiatry](#)
[Questions and Answers about
_ Psychotherapy](#)
[Termination of Psychotherapy](#)
[Types of Psychological Treatment](#)

Clinical Issues

[Becoming a Nonsmoker](#)
[Depression and Suicide](#)
[Diagnosis in Clinical Psychology](#)
[Dream Interpretation](#)
[Fear](#)
[Fear of Flying: Information](#)
[Hypnosis and "Negative" Hypnosis](#)
[Medical Factors Affecting Psychology](#)
[Medication Issues](#)
[Psychological Testing](#)
[Questions and Answers about
_ Psychotherapy](#)
[Reasons to Consult a Psychologist](#)
[Repressed Memories](#)
[The Psychology of "Stress"](#)
[Trauma and PTSD](#)
[Types of Psychological Treatment](#)
[The Unconscious](#)

Social Issues

[Adolescent Violence](#)

because muscle tension is one of the triggers of arousal, the PMR process, by decreasing muscle tension, essentially tells the body that the perceived danger is over and that systems can return to normal. More advanced forms of relaxation, such as [autogenics](#) and [prayer](#), cause muscle relaxation through mental imagery.

Hence these forms of relaxation don't just help to turn off the physiological symptoms of arousal—in the imagination they can actually change one's view of change, so to speak, so that a change isn't perceived as a threat in the first place. This is why the benefits of advanced relaxation techniques extend beyond their physiological benefits and can lead to enhanced performance, greater self-esteem, and serenity of mind.

What is "Stress"?

Given what we know about the physiology of arousal due to perceived threats, and given what we know about relaxation techniques to diminish that arousal, what can be said about the concept of "stress"?

Well, actually, not much.

A person could, for example, experience a job loss and respond to its perceived threat not with healthy problem-solving but with [anger](#). This anger may be conscious or [unconscious](#), but as long as it persists a state of physiological arousal will be maintained. In addition, perhaps this unfortunate person will experience a [Major Depressive Episode](#) or will develop an [Anxiety Disorder](#).

In traditional terms it could be said that this person is under intense stress. In fact, because of Selye's influence, psychology and medicine have tended to regard "stress" as if it were some "thing" that could destroy our health and happiness even against our wills.

But it could just as well be said that the person in the example has simply failed to accept change in a healthy, adaptive manner.

So maybe "stress" isn't any "thing" at all. Maybe it's just a descriptive term that our culture uses to normalize unconscious [anger](#), a [fear of love](#), a lack of [forgiveness](#), a desperate clinging to a vain [identity](#), and an absence of a [spiritual life](#). Maybe "stress" is just a convenient myth to shift responsibility for life away from ourselves and onto something so vague that everyone can love to hate it.

But those who accept the discipline of a relaxation technique are at least taking a positive step—not to fighting "stress," but toward living responsible lives.

[Anger](#)
[Family Therapy](#)
[Forgiveness](#)
[The Psychology of Terrorism](#)
[Sexuality and Love](#)
[Spirituality and Psychology](#)
[Spiritual Healing](#)

Personality and Identity

[Death—and the Seduction of Despair](#)
[Identity and Loneliness](#)
[Personality](#)
[Sexuality and Love](#)
[Trauma—and PTSD](#)

Stress Management

[Autogenics Training](#)
[Hypnosis and "Negative" Hypnosis](#)
[Progressive Muscle Relaxation](#)
[The Psychology of "Stress"](#)
[Systematic Desensitization](#)

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[Aviation Links](#)
[Basic Principles of Aircraft Flight](#)
[Fear of Flying: Information](#)
[Fear of Flying: Treatment](#)
[Hypnosis and "Negative" Hypnosis](#)
[Systematic Desensitization](#)

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[Anger](#)
[Autogenics Training](#)
[Becoming a Nonsmoker](#)
[Progressive Muscle Relaxation](#)
[Questions and Answers about
_Psychotherapy](#)
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[Trauma Support Groups](#)

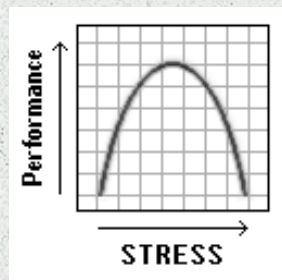
Personal Information

Mindfulness Meditation

Mindfulness in general means to be fully aware of what you are doing, while you are doing it. This means, for example, that while eating breakfast you would be “mindful” only of the various sensory experiences of eating the food; you wouldn’t be thinking of that upcoming business meeting.

Mindfulness meditation is a term often used in the practice of psychology so that meditation can be taught without seeming to have any religious implications. Many meditation techniques, such as “centering prayer,” Zen Buddhism, and even Transcendental Meditation, are quite similar to the idea of mindfulness meditation, and yet there is nothing religious about any of them. They are all nothing more than psychological techniques to achieve some form of relaxed, focused mind.

Mindfulness can be relaxing because if you focus just on the one thing that occupies you in the moment you don’t have to deal with the anxiety of future concerns. Mindfulness meditation draws on this realization and allows you to relax by focusing just on your body in its immediate surroundings: heartbeat, breathing, environmental sounds, etc. The idea is to notice these things without judging or interpreting them. Random thoughts, for example, are noticed as transitory things that simply come and go. If you don’t focus on them, they soon go away as easily as they came, and so they don’t bother you—or cause SNS arousal. Accordingly, mindfulness meditation is a very passive process.



Performance-Stress
Relationship Curve

There is, however, a problem with mindfulness meditation: since it’s a passive process, *you cannot stay relaxed unless you do nothing but meditate.*

The explanation for this odd fact can be found in the traditional *Performance-Stress Relationship Curve*, which looks like an inverted “U”. At zero arousal, you have zero performance—which means that you’re either sleeping or meditating. At maximum arousal, you *also* have zero performance—here, you’re incapacitated by panic. So, curiously enough, the only way to have any performance is to have *some* arousal.

This curve idea is really just common sense about physiological arousal, and it may not represent anything particularly scientific about what “stress” may or may not be.

This means that if you are performing any activity with a moderate to high level of arousal, such as driving a car, being in a state of mindfulness does not in itself reduce SNS stimulation. (Remember that mindfulness while eating

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In all of this, my goal is simply to help you realize that although life can be painful, unfair, and brutal, it doesn’t have to be misery.

The practice of good clinical psychology involves something—call it *comfort*—which does not mean sympathy or soothing, and it certainly doesn’t mean to have your pain “taken away.” It really means to be urged on to take up the cup of your destiny, with courage and honesty.

can be relaxing because eating is not inherently threatening.) Therefore, although mindfulness can help to increase performance—because it increases focus and awareness—to have optimal performance you also need to use an active form of relaxation, such as [progressive muscle relaxation](#), [autogenics](#), or [prayer](#), to keep SNS arousal from becoming excessive.

A Lesson from Aviation

A pilot in charge of flying an aircraft is called the *pilot in command* (PIC). All pilot training involves coping with equipment failures and other emergencies. Emergencies can happen no matter how well-prepared and competent the pilot may be.

When an emergency occurs, physiological changes resulting from the threat to life favor strong surges of energy in the large muscles, and they foster a narrow focus of attention on the “blood rage” necessary for survival.

In a crisis, however, a pilot needs precise hand and foot movements—not gross physical strength—and he or she needs clear thinking—not the tunnel vision of rage. Consequently, the “natural” survival skills triggered by an emergency can actually contribute to a pilot losing control of the aircraft.

Therefore, in order to manage SNS arousal in the cockpit, a pilot needs a third option, a sort of “unnatural” option: not fleeing the problem, and not fighting the problem either, but taking command of it. The pilot should be “pilot in command” of his or her *body* as one essential step in coping with the overall problem.

Taking command of breathing.

- Being *aware* of breathing rate
- Taking slow, deep breaths

Taking command of muscle tension.

- Being *aware* of which muscles are tense

Anonymous Comments

- **Letting go** of muscle tension

Taking command of cognitive processes.

- Being *aware* of internal “self-talk”
 - Being **honest** about the situation
 - Changing focused, **negative thinking** and self-defeating thoughts to open, positive thinking and intuitive creativity
-

“Being in control”

The idea of “being in control” is not really a solution to change; in fact, it is actually the cause of all the problems associated with the demands of change in the first place.

To understand this, let’s begin by distinguishing “being in control” from thinking ahead, or “being prepared,” because many persons confuse these terms. If you have to make a long trip through the desert, for example, packing survival equipment and a set of tools is good preparation. The preparation has nothing to do with being in control because no amount of preparation can prevent your car from breaking down. But being prepared for a breakdown can reduce the difficulty of coping with it, and it can make the entire trip more relaxing.

Similarly, thinking about all the possible objections to a business presentation is good preparation. All too often someone will complain that such a prepared person, who thinks in advance, likes to “be in control.” It’s not necessarily the case.

As for the idea of “control” itself, we have to consider both the *physical* and the *psychological* aspects of control. On the physical level, you need to realize that the arousal-relaxation cycle is not something that you can consciously control. As I described earlier, physiological symptoms of arousal are triggered by the Sympathetic Nervous System. I didn’t mention that the SNS is one of two parts of the autonomic nervous system (*autonomic* means out of conscious control).

The second part is the *Parasympathetic Nervous System* (PNS). The PNS does essentially the opposite of the SNS: it decreases heart rate, increases digestion, etc. Hence the relaxation response turns SNS arousal *off* by turning *on* the PNS. So, in essence, you don't really control the relaxation response; instead, you do the things that result in the PNS taking control.

On the psychological level, we also have to realize that, despite the popular—and illusory—images of invulnerability manufactured for sports and movie heroes, we are never really “in control” of our lives. A great deal of our thought process and creativity takes place on the [unconscious](#) level. In fact, anyone who uses an imaginative relaxation technique such as meditation or prayer *gives up control* to something greater than rational consciousness.

The task of teaching relaxation techniques, then, is in convincing people that “being in control” has nothing to do with relaxation.

Persons who resist this understanding, and who deny their *not being in control*, have two courses of action.

1. You can give up all initiative entirely, as a sort of futile existential [protest](#), and resort to [substance abuse](#) as a drug addict or alcoholic. Psychologically, this is all an [unconscious](#) attempt at self-destruction as a sort of self-punishment for feeling [weak and vulnerable](#).
2. You can attempt to seize control of some small part of life to create the feeling that you at least “have control” of something. To some extent, this can function as an illusory distraction that takes your mind off what you can't control. In Western cultures, men tend to use sports, sex, and wealth to achieve a feeling of control, while women tend to use glamor and fashion.

But these distractions can also lead you straight into pathology. An obsession with being in control of your weight can lead to an [eating disorder](#); an obsession with body-building can lead to **Body Dysmorphic Disorder**, which, by definition, is a preoccupation with an imagined defect in your appearance.

And, even if they don't become obsessions, all of these distractions lead you into the realm of competition, strife, and [revenge](#), leaving you with the constant need to protect yourself from losing the very things that you use to puff yourself up in front of others.

Therefore, in the end, the attempt to “be in control” of anything actually *causes* “stress.”

Consequently, the best way to cope with change is to get used to “letting go”—letting go of arousal by trusting in intuitive and creative processes greater than your conscious thinking. It’s a bit like Luke Skywalker, in *Star Wars*, deciding to turn off the computer to let something greater than logic guide him.

So remember: you may be “pilot in command,” but you’re never in control of anything.

- Trying to *be in control* is just a vain illusion that you can determine what happens next in your life.
- Being *in command* means that even though you can’t control what happens next, you can make decisions about what to do in response to whatever happens.

Four Maxims

1. The threat of change is perceived individually.

This means that there are no absolutes to SNS arousal. An activity which feels threatening to one person may not be at all threatening to someone else. I’m a private pilot, I enjoy flying small airplanes, and I really have had fun flying aerobatics—but there are many persons who would freeze in panic at just the thought of flying upside down.

This “relative” quality of threat is why so-called psychological “stress tests” are of better use for entertainment than clinical assessment. In fact, if you need a stress test to discover how much your resources are being challenged by changes in your life, forget the score—the very fact that you’re so out of touch with your body and your mental health as to *need* a stress test is a clinical statement in itself.

2. For any individual, some activities are more physiologically arousing than others; accordingly, a less threatening activity can provide a relative sense of relaxation after a highly threatening activity.

This means that a person in a demanding job, such as options trading, or air traffic control, or emergency medicine, might find an activity such as woodworking to be relaxing. Even though woodworking may have its own inherent demands, it can be a major relief from the life-or-death decisions a person may have to make as a daily part of his or her job.

3. Some activities are more efficient at relieving SNS arousal than others.

This means that even though a person in a demanding job might find woodworking relaxing, there may be other activities, such as meditation, that can be more relaxing than woodworking. Accordingly, you should try to pursue the most direct form of relaxation possible.

Remember also that some forms of relaxation can turn out to be more demanding than you imagined. A project to build your own airplane, for example, can become a real nightmare. So be careful not to get trapped in what started as a seemingly good idea.

4. No matter what relaxation method you choose for relaxation, the underlying mechanism is the same.

This means that meditation works in essentially the same way as woodworking. Remember the basic physiology of the sympathetic and parasympathetic nervous systems: relaxation works by encouraging the PNS to “turn off” the SNS arousal. A relaxing activity provides relief from an arousing activity simply because the arousal is turned off—or at least turned down.

Note that this maxim applies also to medications. Although all medications work by different physiological processes, they all—prescribed (anxiolitics, such as valium), over-the-counter (such as alcohol), and street drugs (such as marijuana or heroin)—ultimately have the effect of influencing the SNS arousal to turn off.

So it's simple: take responsibility for your life, adapt peacefully to life changes, and you will find true peace—and joy—in all that you do.

Additional Resources

References:

1. Doublet, S. (2000). *The Stress Myth*. Chesterfield, MO: Science & Humanities Press.
2. Cannon, W. B. (1929). *Bodily changes in pain, hunger, fear and rage: An account of recent research into the function of emotional excitement* (2nd ed.). New York: Appleton-Century-Crofts.
3. Selye, H. (1956). *The Stress of Life*. New York: McGraw-Hill.
4. But note the following: “The claim of a suppressed immune system implies that the system is shut off. This is far than being supported by research. A temporary small reduction in lymphocytes or T cells does not make that much difference. Most of the studies on the effects of stress are correlation studies where the ‘stressor’ is assumed and the effect is also assumed. No cause and effect relationship has even been established.” Serge Doublet, personal communication, July 2001.

Music:

[Dovesong International](#) —About Positive Music (and negative music).

Stress:

[The Stress Myth](#) —this site is essentially an advertisement for the book, but in reading over the information you can get a good sense of the basic problem with the popular concept of *stress*.

Related Pages within *A Guide to Psychology and its Practice:*

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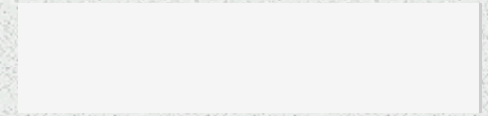
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Autogenics Training

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Page Contents: [Introduction](#) / [The Breathing Warm-up](#) / [Phase 1: Heaviness](#) / [Phase 2: Warmth](#) / [Phase 3: A Calm Heart](#) / [Phase 4: Breathing](#) / [Phase 5: Stomach](#) / [Phase 6: Cool Forehead](#) / [Completion](#) / [Summary](#) / [Changing Unwanted Behavior](#)

Autogenics Training

Although one of the most simple and easily learned techniques for relaxation is [Progressive Muscle Relaxation](#) (PMR), *autogenics*, while requiring considerable time and discipline to learn, has more far-reaching benefits than simple muscle relaxation. Composed of *auto-* (from the Greek *autos*, self) and *-genous* (a suffix meaning *produced by*, and reflecting the word *genesis*, creation), the word was chosen by Johannes Schultz,^[1,2] a German doctor, to describe his original discovery first published in 1932. Today, autogenics training^[3] teaches you to create a feeling of warmth and heaviness throughout your body, thereby experiencing a profound state of physical relaxation, bodily health, and mental peace.

Be advised, however, that there is nothing “mystical” about this training. It’s pure physiology. But it can be a first step to real [spiritual healing](#).

**This training sequence takes about
THREE MONTHS.**

**If you decide to pursue it, it will probably be one of the most
important investments of time you will ever make.**

The training presented here does not take much actual time each day; it is based on discipline over time. You can find dozens of other sites on the Internet that make autogenics—and healing itself—seem simple and easy, so, as I say throughout this website, take your choice: the [right way](#), or the [easy way](#). Remember: the only escape from darkness is to seek the light.

Here are some suggestions for practice:

- Practice in a quiet place, alone. Unlike [PMR](#), however, it can be of help, if you prefer, to use soft “environmental sounds” or ethereal “New Age” background music. Avoid all other music because your physiological responses will be unconsciously influenced by the melody and rhythm of the music.
- Remove your shoes and wear loose clothing.
- Again, unlike [PMR](#), it can help the initial training to lie flat on your back on a hard, carpeted floor. This will enhance your ability to feel the heaviness of your arms and legs.

After you have mastered the complete training sequence, it’s preferable to practice at least one session of your daily *condensed Autogenics Formula* (see below) while sitting (or reclining, with your feet up) in a comfortable chair; other than that, you can use your autogenic routine under any other circumstances you like, whether sitting, standing, walking, or lying down.

- Avoid eating, smoking, or drinking before practice. It’s best to practice before meals rather than after, because the digestive processes interferes with the relaxation process. *Never practice after using any intoxicants.*
- If you fall asleep during a session, repeat that routine in your next session.
- If you practice in bed at night, plan on falling asleep before you complete your cycle. Therefore, consider a practice session at night, in bed, to be in addition to your basic practice.
- When you finish a session, relax with your eyes closed for a few seconds, and then get up slowly. (*Orthostatic hypotension*—a sudden drop in blood pressure due to standing up quickly—can cause you to faint.) Some people like to count backwards from 5 to 1, timed to slow, deep breathing, and then say, “Eyes open. Supremely calm. Fully alert.”
- During the training, you will be focusing intently on your inner experiences, to the exclusion of external events. Therefore, it is possible that you might encounter some kinds of [hypnagogic](#) (i.e., dream-like) [dissociative](#) experiences in which bodily perceptions seem distorted. *In general, just ignore these things and they will pass.* If you find them at all troubling, then you might want to consult with a psychologist to try to understand the particular meaning of these symptoms for you.

Above all, keep in mind that this is not a training that can be rushed. So, please remember that even if you “complete” any phase (or part of a phase) according to the specified repetitions, if you don’t actually feel the results of what you are saying, take the time to repeat the phase (or the item of the phase). Maybe it will take you four months instead of three. So what? The idea is not to “finish” the training but to learn the material. If you compare the initial “extra” work to the ultimate benefits over a lifetime, the burden will seem light indeed.

The Breathing Warm-up

The Breathing Warm-up

Use this Warm-up before every autogenics practice session, even after you have become proficient at the more advanced exercises.

Begin a process of deep breathing, *exhaling* to a mental count that is twice as long as you inhale. With each breath cycle, increase the duration. For instance, inhale counting, “One,” exhale counting, “One, Two.” Inhale counting, “One, Two;” exhale counting, “One, Two, Three, Four.” Go up the scale to six counts in, *twelve counts out*. Then reverse: six counts in, *twelve counts out*; five counts in, *ten counts out*; and so on, down to one count in, *two counts out*.

Phase 1: Heaviness

Phase 1: Heaviness

After the *Breathing Warm-up*, begin this Phase 1 practice with your right arm. (But if you are left-handed, begin, in this as in all other exercises, on your left side.) Breathe deeply, one count in, one count out, and silently repeat the following formula—the first half of each phrase as you inhale, the second half as you exhale:

My right arm is getting / limp and heavy

6–8 times

My right arm is getting / heavier and heavier 6–8 times

My right arm / is completely heavy 6–8 times

I feel / supremely calm 1 time

Practice this routine two or three times a day, for *three days*. After that, continue with the same basic formula but with the following *substitutions*:

- *My left arm* is getting / limp and heavy, etc. — 3 days
- *Both my arms* are getting / limp and heavy, etc. — 3 days
- *My right leg* is getting / limp and heavy, etc. — 3 days
- *My left leg* is getting / limp and heavy, etc. — 3 days
- *Both my legs* are getting / limp and heavy, etc. — 3 days
- *My arms and legs* are getting / limp and heavy, etc. — 3 days

The Phase 1 routine takes 21 days of practice.

At the end of the 21 days, your last cycle of this routine will from now on be known as your final *Heaviness Formula*:

My arms and legs are getting / limp and heavy 6–8 times

My arms and legs are getting / heavier and heavier 6–8 times

My arms and legs are / completely heavy 6–8 times

I feel / supremely calm 1 time

Phase 2:

Warmth

Phase 2: Warmth

Begin with the *Warm-up* breathing exercise. Do the final *Heaviness Formula*. (Yes, the complete formula with *all* the repetitions. Heaviness—and the muscular relaxation it represents—is critical to the rest of the training. So you need to master it well right from the start.) Then begin this exercise for warmth:

My right arm is getting / limp and warm	6–8 times
My right arm is getting / warmer and warmer	6–8 times
My right arm / is completely warm	6–8 times
I feel / supremely calm	1 time

Practice this routine two or three times a day, for *three days*. After that, continue with the same formula but with the following substitutions (remembering to do the *Warm-up* breathing exercise and the *Heaviness Formula* at the beginning of each practice session):

- *My left arm* is getting / limp and warm, etc. — 3 days
- *Both my arms* are getting / limp and warm, etc. — 3 days
- *My right leg* is getting / limp and warm, etc. — 3 days
- *My left leg* is getting / limp and warm, etc. — 3 days
- *Both my legs* are getting / limp and warm, etc. — 3 days
- *My arms and legs* are getting / limp and warm, etc. — 3 days

The Phase 2 routine takes 21 days of practice.

At the end of the 21 days, you may use a final *Heavy/Warm Formula* to sum up the first two exercises:

My arms and legs are getting / limp and heavy and warm	6–8 times
My arms and legs are getting / heavier and warmer	6–8 times
My arms and legs are / completely heavy and warm	6–8 times
I feel / supremely calm	1 time

Phase 3:

A

Calm

Heart

Phase 3: A Calm Heart

Do the *Warm-up*. Then begin the following routine which incorporates your previous work and adds the calm heart exercise:

- My arms and legs are getting / limp and heavy and warm 1–2 times
- My arms and legs are getting / heavier and warmer 1–2 times
- My arms and legs are / completely heavy and warm 1–2 times
- I feel / supremely calm 1–2 times
- My chest feels / warm and pleasant 6–8 times
- My heartbeat is / calm and steady 6–8 times
- I feel / supremely calm 6–8 times

Practice this routine two or three times a day for *two weeks*.

Phase 4:

Breathing

Phase 4: Breathing

Do the *Warm-up*. Then begin the following routine which incorporates all your previous work and adds command of your breathing as well:

- My arms and legs are getting / limp and heavy and warm 1–2 times
- My arms and legs are getting / heavier and warmer 1–2 times

My arms and legs are / completely heavy and warm	1–2 times
My heartbeat is / calm and steady	1–2 times
I feel / supremely calm	1–2 times
My breathing is / supremely calm	6–8 times
I feel / supremely calm	1 time

Practice this routine two or three times a day for *two weeks*.

By this time you will probably have begun to notice some pleasant and surprising effects from your practice. But continue on to further refine your sense of bodily command.

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Phase 5:

Stomach

Phase 5: Stomach

Do the *Warm-up*. Then begin the following routine which helps you add a radiant feeling of central warmth and peace to your body:

My arms and legs are getting / limp and heavy and warm	1–2 times
My arms and legs are getting / heavier and warmer	1–2 times
My arms and legs are / completely heavy and warm	1–2 times
My heartbeat is / calm and steady	1–2 times
I feel / supremely calm	1–2 times
My breathing is / supremely calm	1–2 times
I feel / supremely calm	1–2 times
My stomach is getting / soft and warm	6–8 times
I feel / supremely calm	1 time

Practice this routine two or three times a day for *two weeks*.

Phase 6:

Cool

Forehead

Phase 6: Cool Forehead

Do the *Warm-up*. Then begin the following routine which helps you add a calm, stabilizing sensation of coolness to your forehead:

My arms and legs are getting / limp and heavy and warm 1–2 times

My arms and legs are getting / heavier and warmer 1–2 times

My arms and legs are / completely heavy and warm 1–2 times

My heartbeat is / calm and steady 1–2 times

I feel / supremely calm 1–2 times

My breathing is / supremely calm 1–2 times

I feel / supremely calm 1–2 times

My stomach is getting / soft and warm 1–2 times

I feel / supremely calm 1–2 times

My forehead is / cool 6–8 times

I feel / supremely calm 1 time

Practice this routine two or three times a day for *two weeks*.

Changing Unwanted Behavior

In general, changing unwanted behavior involves three basic steps:

1. You must know how ugly the behavior is and how much damage it causes to yourself and to others.
2. You must regret the damage caused by the behavior.
3. You must know the benefits of new and different behavior.

It isn't sufficient, however, that you "know" these things intellectually; you must know them by feeling them in the depths of your heart.

Autogenics can be helpful in changing unwanted behavior because you can use your autogenics skills to work through each of the three basic steps of change by actually feeling the elements of each step with the help of autogenic visualization and suggestion.

Of course, some long-standing personality problems have roots deep in [unconscious](#) conflicts, so you may need professional [psychotherapy](#) rather than autogenics. Still, even in these cases, the autogenics approach can be worth a try.

So here's how to do it.

First, enter a state of relaxation by practicing your condensed autogenics formula. This is important because the next two steps (if done properly) will arouse considerable anxiety, and you need to be able to reduce that anxiety again with your autogenics skills.

Second, create a negative mood state in which you visualize the harmful and disgusting effects of the unwanted behavior. For example, if you bite your fingernails, see the ugly, raw nails; notice how uncomfortable and embarrassed you feel; see your fingers getting scarred and deformed. If you smoke cigarettes, smell the stench of the smoke on your clothes and body; see the stains on your fingers and teeth; notice your shortness of breath and coughing; visualize the poisons coating your lungs and other internal organs.

Third, contemplate how miserable and wretched your life will be if you do not change your behavior. For example, if you bite your fingernails, see yourself socially inhibited, fearful, and lonely, hiding your hands from view everywhere you go. If you smoke cigarettes, see yourself wheezing for breath and dying of cancer. Imagine your children suffering from their own addictions because of your negative influence.

Fourth, create a positive mood state in which you visualize the beneficial effects of new, healthy behavior, all the while your anxiety from the previous step begins to dissolve. For example, if you bite your fingernails, see yourself with beautiful nails, moving your hands gracefully and without embarrassment. If you smoke cigarettes, see yourself as calm and confident, relaxed and able to concentrate, free of frustration and tension, a positive influence on others.

Fifth, reinforce your positive mood with positive statements of validation. Repeat them several times. Create your own, or select from the following examples.

Be careful, though, not to tell yourself lies. If you try to claim that you have the most brilliant mind imaginable, that you will trample all competition underfoot, or that you will become the greatest such-and-such the world has ever seen, then such narcissism will lead you right into self-destruction and everlasting loneliness. But if you successfully complete the autogenics training, all the statements below are honest and humble reflections of the discipline, patience, and respect for your body that the training requires.

- My confidence is strong and steady. I can deal with everything as it happens. I have no need for [cigarettes, coffee, alcohol, drugs, etc]. Substances no longer control me. I have no need for them.
- My [fingernails, hair, thumb] are/[is] an important part of my body, so I will care for them/[it] with kindness. I have no need to harm them/[it] or [bite, twist, pull, suck, etc.] them/[it].
- I have no need to rush or be concerned about my speech. I can talk slowly and clearly. Just as I can take one calm breath after another, I can speak calmly, one articulate syllable at a time. I have no need to stutter.
- I can work calmly and confidently. My mind will not wander. My self-confidence will not be bothered by small mistakes. I can meet all obstacles with confidence.
- I approach all tasks with a calm focus on the matter at hand. I do not lose my concentration by distractions. I act with discipline and resolve.
- I listen to and respect my own body. I can present myself to others with respect and dignity. I will listen to and respect others.
- I can remain calm, relaxed, and composed in any situation.
- I can dissolve tension and anxiety before it builds.
- All cravings will pass within 10 minutes. I have the patience to remain calm and wait.
- My calmness and patience can result in compassion and understanding. I can get along well with anyone. I will return kindness to any insult.
- My experience of peace and calm is not threatened by anything outside myself. I have no need for rivals or jealousy. I wish good to all persons.
- There are no “good” days or “bad” days. I can do what needs to be done at all times. I uphold my promises and value my word. In my relaxation, an unlimited source of ideas is available to help me.

Sixth, conclude with a simple closure to the relaxation session. Take a few deep breaths and affirm that “I feel / supremely calm.”

Additional Resources

References:

- [1. Schultz, J. H., & Luthe, W. \(1959\). *Autogenic training: A psychophysiologic approach in psychotherapy*. New York: Grune and Stratton.](#)
- [2. Schultz, J. H., & Luthe, W. \(1969\). *Autogenic therapy: Vol. 1. Autogenic methods*. New York: Grune and Stratton.](#)
- [3. *The autogenics exercises presented here have been adapted from:* Ostrander, S., & Schroeder, L. \(1979\). *Superlearning*. New York: Dell Publishing Co.](#)

Music:

[Dovesong International](#) —About Positive Music (and negative music).

Related pages within *A Guide to Psychology and its Practice:*

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A Guide to Psychology and its PRACTICE

Systematic Desensitization

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Page Contents: [Introduction](#) / [Background and Critical Evaluation](#) / [Self-Administered SD](#) / [Step One: Relaxation](#) / [Step Two: The Hierarchy](#) / [Step Three: Pairing](#) / [Potential Problems](#) / [In Vivo](#)

Introduction

One method that has been consistently proven to be effective in the treatment of anxiety and phobias is systematic desensitization. In this procedure, events which cause anxiety are recalled in imagination, and then a relaxation technique is used to dissipate the anxiety. With sufficient repetition through practice, the imagined event loses its anxiety-provoking power. At the end of training, when you actually face the real event, you will find that it too, just like the imagined event, has lost its power to make you anxious.

Originally developed to be administered by a psychotherapist, systematic desensitization has been shown to be effective when self-administered as well, and your greatest gains will come through your own regular practice. The examples utilized here will be for desensitizing yourself to Fear of Flying; you can, however, alter the examples to suit any type of anxiety.

Background

Have you ever heard anyone refer to *Pavlov's dogs*? Well, these were the dogs used by the Russian physiologist I. P. Pavlov in studying the concept of *classical conditioning*. Pavlov knew for a fact that dogs—indeed all animals—salivate when eating. In his experimentation, Pavlov began to present a neutral stimulus, such as signal light or bell, before feeding the dogs. Obviously, the signal had no noticeable effect on the dogs' salivation. But Pavlov kept the signal on when the dogs were being fed (and actively salivating), and, over the course of time, Pavlov found that the signal alone, even without his offering food, gradually caused the dogs to salivate.

So, in a nutshell, that's the story behind classical conditioning. Given that

an *unconditioned stimulus* (food) leads to an *unconditioned response* (salivation), a *conditioned stimulus* (light or bell), when paired consistently with the unconditioned stimulus (food) leads to a *conditioned response* (salivation) similar to the unconditioned response (salivation).

Interestingly enough, there's a reverse side to classical conditioning, and it's called *counterconditioning*. This amounts to reducing the intensity of a conditioned response (anxiety, for example) by establishing an *incompatible response* (relaxation) to the conditioned stimulus (a snake, for example).

Through his experience in the late 1950s in extinguishing laboratory-induced neuroses in cats, a researcher named Wolpe developed a treatment program for anxiety [1] that was based on the principles of counterconditioning. Wolpe found that anxiety symptoms could be reduced (or *inhibited*) when the stimuli to the anxiety were presented in a graded order and systematically paired with a relaxation response. Hence this process of *reciprocal inhibition* came to be called *systematic desensitization*.

Although his theoretical assumptions about the role of the sympathetic and parasympathetic nervous systems in extinguishing anxiety were actually erroneous, [2] his Systematic Desensitization program, as a practical application of his theories, proved to be highly successful. In fact, it revolutionized the treatment of neurotic anxiety.

Many researchers have since concluded that “exposure” to the feared object or situation is the critical factor in treatment. Systematic desensitization, some say, merely helps individuals expose themselves to feared situations. [3]

So, in plain language, regardless of *why* it works, systematic desensitization does work.

Critical Evaluation of Systematic Desensitization

Research has shown that systematic desensitization can be effective for any **phobia**, with the following considerations:

- Systematic desensitization is more effective for Specific Phobias than for disorders involving “free-floating” anxiety, such as Social Phobia or Agoraphobia. [4]
- Successful outcome of systematic desensitization is more likely when skill deficits are not causing the anxiety. [5] That is, if you develop anxiety about taking exams in school, and if you have a tendency not to study or do your homework, your anxiety is probably the result of not knowing the material; systematic desensitization may not be of much help in such a case. But if you know the material “backwards and forwards” and develop anxiety, then systematic desensitization might be used to desensitize yourself to performance fears.

- The effectiveness of systematic desensitization does not appear to depend on the *intensity* of your anxiety, the *duration* of your anxiety, or on whether the anxiety was acquired *suddenly or gradually*.^[6]
- Some evidence suggests that systematic desensitization may not be as effective in treating anxieties that could have an underlying evolutionary survival component—such as fear of the dark, fear of heights, or fear of dangerous animals—as in treating phobias that have been acquired from personal experience.^[7]

Self-Administered SD

There are three steps in the self-administered systematic desensitization procedure:

1. Relaxation;
2. Constructing an anxiety hierarchy;
3. Pairing relaxation with the situations described in your anxiety hierarchy.

Step One: Relaxation

The following systematic desensitization procedures will assume that you have become familiar and proficient with some form of relaxation technique. This could be [Progressive Muscle Relaxation](#), [Autogenics](#), or any other method of inducing a deeply relaxed state of mind. All that matters is that you choose a method of relaxation that is most comfortable for you.

Step Two:

Creating the Anxiety Hierarchy

Overview

For this example, the hierarchy that you construct will be related to Fear of Flying, and it will contain situations or scenes involving some aspect of making a flight. These situations most likely will be situations you have actually experienced, but they can also be situations that you fear experiencing even though they have never actually happened to you. For example, you may want to include the item “The airplane has to turn around and return to the airport in an emergency” even though this has never actually happened to you. The important point is that items included in an anxiety hierarchy describe situations which produce varying levels of anxiety, some more worrisome than others—this is what hierarchy means, and the details of this will be presented below.

You should describe the items on your anxiety hierarchy in sufficient detail to enable you to vividly imagine each one. It might be sufficient to say, “Standing in line at the ticket counter,” but saying, “Standing in a long line at the crowded ticket counter, with nothing to do but wait to get my luggage checked,” might be more graphic. Remember that items are most effective if they can help you experience the event in your imagination, not just describe it.

Creating your Anxiety Hierarchy

You should attempt to create about 16 or 17 situations at the beginning. Most people tend to discard some items in the sorting process, so you can expect to end up with about 10 to 15 items in your final hierarchy. To aid in sorting the items, write each one on a separate index card.

As was mentioned earlier, the situations or scenes in your hierarchy should represent a fairly well-spaced progression of anxiety. The best way to achieve this goal is to first grade the anxiety of each item by assigning it a number on a scale from 0 to 100, where 100 is the highest level of anxiety imaginable and 0 is no anxiety (complete relaxation). Write this number on the back of the index card for the item being graded. At this point, you need not worry about how well-spaced the items are; just give each item the first number grade that “pops into your head.”

When each item has an anxiety grade, your next step will be to sort the cards into 5 piles. Each pile will represent a different category of anxiety, as follows:

Pile	Anxiety Grade
Low Anxiety	1–19
Medium Low Anxiety	20–39
Medium Anxiety	40–59
Medium High Anxiety	60–79

The goal here is to end up with at least two items in each pile. If this happens, congratulations. If not, you will have to go back and re-evaluate some items or create some new items. When you have finished, combine all the cards into one pile that is ordered from lowest to highest anxiety. This is your personal Fear of Flying anxiety hierarchy. Set the cards aside for one day.

It helps to check the accuracy of your ordering by shuffling the cards the next day or so. Without looking at the grades on the back of the cards, re-order them. Then check the grades to see if your second ordering is the same as the first. If not, make some adjustments. You don't have to waste a lot of time with this; just try to get an order that feels right and that represents a fairly smooth progression from low to high anxiety.

Sample Fear of Flying Anxiety Hierarchy

The following is a sample hierarchy to help you develop your own hierarchy. Your items should, of course, be more fully detailed. Also note that any item's *relative anxiety level* does not necessarily relate to its *temporal sequence*.

- Packing luggage
- Making reservations
- Driving to the airport
- Realizing you have to make a flight
- Checking in
- Boarding the plane
- Waiting for boarding
- Taxiing
- In-flight service
- Moving around the cabin
- Climbing to cruising altitude
- Descending
- Waiting for departure
- Taking off
- Landing
- Turbulence

Step Three:

Pairing

Relaxation

With the

Situations

From Your

Anxiety

Hierarchy

Overview of the Pairing Procedure

The overall goal of systematic desensitization is to reduce the ability of certain situations to cause anxiety. You will accomplish this by confronting each item of your anxiety hierarchy while you are in a deep state of relaxation.

As was stated earlier, before performing systematic desensitization you should be familiar with some form of relaxation technique. You should practice systematic desensitization in the same environment you use to practice relaxation.

Your systematic desensitization sessions *should not exceed 30 minutes*.

Also, you should not attempt to desensitize yourself to *more than three of your anxiety hierarchy items per session*.

Each session (except the very first one, of course) should begin with *the last item from your previous session*. That is, if the last item was successfully desensitized, then you should review it in the next session, and if it was not successfully desensitized, then you should begin with it in the next session.

Clearly, your progress will depend on how many times a week you practice. A schedule of two sessions per day, every day would be more ambitious than most people would attempt. Once a day five times a week would be admirable; two times a week would be average. Consider this plan for an anxiety hierarchy consisting of 15 items:

Session	Item Numbers
1	1-3
2	3-5
3	5-7
4	7-9
5	9-11
6	11-13
7	13-15

If you use a schedule of two sessions per week, you will complete the desensitization plan in about 3½ weeks. Using a schedule of five sessions per week, you will complete the desensitization plan in about 1½ weeks.

The Self-administered Systematic Desensitization Procedure

The self-administered systematic desensitization procedure is presented below. It consists of seven steps that are repeated for each item of your Fear of Flying anxiety hierarchy. Your task will be to work through each item of your anxiety hierarchy following these seven steps.

Step 1. Induce relaxation using your preferred relaxation technique.

Step 2. Read the appropriate item from your hierarchy. (In the first session, this will be the first item in the hierarchy. In all other sessions, this will be the last item from the previous session.)

Step 3. Imagine yourself in the situation for a tolerable time.

Note. The length of “a tolerable time” will vary. Be careful of overloading yourself on the first encounter with an item, especially with high anxiety items. Although it might seem a short time, 10 seconds of imaginary exposure might be all you can tolerate. Slowly increase the amount of time you imagine the situation on subsequent presentations until you can tolerate at least 30 seconds of exposure.

Step 4. Stop imagining the situation and determine the level of anxiety that you are experiencing (on a 0–100 scale). Re-establish your relaxation again and relax for about 30 seconds.

Step 5. Re-read the description of the situation. Imagine yourself in the scene for a tolerable time.

Step 6. Stop and again determine your level of anxiety. If you are experiencing any anxiety, return to Step 2. If you feel no anxiety, go on to Step 7.

Step 7. Move on to the next item of your hierarchy. Repeat the above procedure for this next item, beginning with Step 1.

End each session with several minutes of relaxation.

If you find it convenient, you may make a set of index cards with an abbreviated set of instructions for each step of the desensitization procedure. Use one step per card. The following are suggestions:

Card Abbreviated Instructions

- 1 Relax.
- 2 Read the anxiety situation.
- 3 Imagine the situation for a tolerable time.
- 4 Stop.
Determine your anxiety level.
Re-establish relaxation.
- 5 Re-read the anxiety situation.
Imagine the situation for a tolerable time.
- 6 Stop.
Determine your anxiety level.
If anxiety is present, return to Card 2.
If no anxiety, go to Card 7.
- 7 Next item.
Return to Card 1.

As a final reminder, *when you are desensitizing high anxiety items, repeat one cycle of the desensitization process after you have reached a level without anxiety, just to reinforce your ability to relax in that situation.*

**Potential
Problems**

You might encounter either of two major problems during systematic desensitization:

- You might experience no anxiety at the presentation of an item.
- You might be unable to decrease a high level of anxiety even after numerous cycles.

Some causes and solutions are presented below.

Problem 1:

Little or no anxiety is produced on the first or second cycle of an anxiety hierarchy item.

Cause	Solution
--------------	-----------------

The situation is not being imagined vividly enough.	Describe the situation in greater detail. <i>or</i> Imagine the scene for a longer period of time.
The situation induces a lower level of anxiety than a previous item.	Describe the situation in greater detail. <i>or</i> Eliminate this item.

Problem 2:

A high level of anxiety persists after numerous cycles.

Cause	Solution
The situation has not been placed in the appropriate order in your hierarchy.	Develop a new item to be placed before this item. <i>or</i> Place this item later in your hierarchy.
The situation is so embellished that it contains elements of scenes later in your hierarchy.	Rewrite the description of this item.
You are focusing on a scene too long for the intensity of anxiety it has the power to produce.	Decrease the amount of time imagining the scene. <i>or</i> Rewrite the item to break it into two new items.

In Vivo

Contacts

Research has shown that long-term success in overcoming a fear of flying depends on taking an actual flight (in vivo) after treatment is complete. Some people call it a graduation flight. You might feel comfortable doing this on your own, or you might want a psychologist to accompany you, either on a commercial airline or on a small charter aircraft. Either way, remember that once you make one flight, the next flights become easier. Before each flight, you should work through your anxiety hierarchy to reinforce your ability to remain relaxed.

Above all, remember to practice your relaxation technique on a daily basis, so you can both cope with daily stress and also improvise short desensitization sessions as needed.

Additional Resources

References:

- [1](#). Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford: Stanford University Press.
- [2](#), [3](#). Taylor, C. B., & Arnow, B. (1988). *The Nature and Treatment of Anxiety Disorders*. New York: The Free Press.
- [4](#), [5](#), [6](#). Rimm, D. C., & Masters, J. C. (1987). *Behavior therapy: Techniques and empirical findings*. New York: Academic Press.
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Related pages within *A Guide to Psychology and its Practice*:

[Autogenics Training](#)

[Posttraumatic Stress Disorder](#)

[Progressive Muscle Relaxation](#)

[Stress](#)

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[INDEX of all subjects on this website](#)

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Page Contents: [Introduction](#) / [Trauma](#) / [Symptoms](#) / [Coping Strategies](#) / [Maladaptive Coping Strategies](#) / [Treatments for PTSD](#) / [Terrorism and Trauma](#)

Traumatic

Events

In medical terminology, a trauma is a simply a wound or injury that happens suddenly or violently. Analogously, psychological trauma results when “[stress](#)” overwhelms a person and causes lasting psychological effects.

A traumatic event, whether a natural disaster such as an earthquake, flood, or fire, or an accident such as a car or airplane crash, can happen to anyone.

Fortunately, most people have a support system that allows for a common sense way of adapting to the trauma: sharing stories and emotional experiences. In fact, talking about the event allows a person to “get a handle on it” and so helps it eventually to slip into place alongside other life experiences.

The debilitating effects of trauma derive from its ability to overwhelm a person emotionally while driving out any rational understanding of what is happening psychologically. By consciously creating a narrative structure for the trauma—in psychotherapy, in personal journaling, in prayer—you help to dispel the illusion that the traumatic event has control over you, and you cease to be a helpless victim.

Without a way of adapting, however, a person may find that symptoms develop to the point that they become unmanageable.

The information contained in this page will help you understand what is happening to you and will also help you in deciding if you should seek outside assistance for your distress.

Trauma

The oppressive psychological weight of trauma can result from a surprisingly diverse range of experiences, some of which you might never before have stopped to consider:

- Accidents
- Childhood physical, sexual, and emotional [abuse](#)
- Criminal assault
- Combat, as it affects military personnel *and* civilians
- [Domestic violence](#) and emotional abuse
- Hostage-taking situations
- Motor Vehicle Crashes
- Surgical medical procedures involving [loss](#) (e.g., amputation), death (e.g., abortion), or near death
- Natural disasters (earthquakes, tornadoes, hurricanes, floods, etc.)
- Political and military torture
- [Rape](#)
- [Terrorism](#)
- Workplace violence

A Psychologist trained in treating trauma can help you if you feel especially overwhelmed. For a person with no history of previous mental health problems, brief [treatment](#) (about 12 sessions) may be all that is needed.

In conjunction with psychotherapy, [medications](#) may be advised in helping you to sleep and in temporarily relieving severe anxiety or depression so that psychotherapy can be effective.

If you are not ready to see a psychologist, yet feel that you need some additional support, click on the link for information about [trauma support groups](#).

**Common
Responses
To
Traumatic
Events**

Common symptoms following exposure to traumatic events include any of the following:

- An unusual feeling of being easily startled (e.g., “jumpiness”)
- Difficulty falling asleep or staying asleep; waking up early
- [Nightmares](#) and/or “flashbacks”
- Difficulty concentrating or paying attention
- Carelessness in performing ordinary tasks
- Outbursts of irritability or [anger](#), sometimes without apparent reason
- Loss of religious faith and feeling [angry at God](#)
- [Family](#) or work conflicts that were not usually experienced before the trauma
- Unusual bodily fatigue
- Feelings of emotional numbness (such as being “in a daze,” or having an “*it doesn’t matter*” attitude)
- Recurrent anxiety over personal safety or the safety of loved ones
- Feeling especially [alone](#) (e.g., having a “*They weren’t there*” or “*They can’t understand*” attitude)
- An inability to let go of distressing mental images or [thoughts](#)
- Feelings of [depression](#), loss, or sadness
- Feelings of [helplessness](#), powerlessness, and lack of [control](#)
- Feelings of guilt for not having suffered as much as others
- Unrelenting [self-criticism](#) for things done or not done during the event
- [Anxiety](#) about, and avoidance of, specific reminders of the event

Developing symptoms after exposure to a threatening event is expected and normal, and things can often get better without professional help. Yet often clinical problems can occur.

Clinical Diagnoses Related to Trauma

If the trauma did not involve an experience so intense as to warrant a diagnosis such as *Acute Stress Disorder* (see below), and if the symptoms do not represent ordinary [bereavement](#), then an **Adjustment Disorder** may be diagnosed. The predominant symptoms which characterize an Adjustment Disorder can be [depressed mood](#), [anxiety](#), *disturbance of conduct* (e.g., fighting, vandalism, reckless driving), or other *maladaptive reactions* (e.g., physical complaints, work or academic inhibition, social withdrawal). By its definition, an Adjustment Disorder cannot last longer than 6 months, unless the precipitating experience is ongoing or has ongoing consequences.

If, however, the precipitating experience involved actual or threatened death or physical injury; the symptoms have elements of *dissociation*, *re-experiencing* (i.e., flashbacks), *avoidance* of reminders of the experience, and *anxiety*; and the symptoms persist for several days and cause a serious impairment in normal daily functioning, a diagnosis of **Acute Stress Disorder (ASD)** may be made. If symptoms persist for longer than one month, **Post-traumatic Stress Disorder (PTSD)** may be [diagnosed](#).

Children subject to repeated, on-going abuse may also develop **Dissociative Identity Disorder**, commonly known as “[multiple personalities](#).”

All of the above diagnoses, of course, depend on specific symptoms that must be evaluated by a qualified clinician.

Coping Strategies After Traumatic Events

The best coping strategy, of course, is to talk about the event with family, friends, clergy, or co-workers. Other *Positive Coping Strategies* after a traumatic event include:

- Maintaining a regular routine of eating, sleeping, and working
- Taking extra time to accomplish ordinary tasks
- Acquiring the training, tools, materials, etc. that would have made things easier if you had been able to use them during the event
- Mentally rehearsing the positive acts you would perform if there's a “next time”
- Getting quiet recreational exercise in nature, such as walking or hiking.
- Interpreting physical symptoms (for example, shoulder pain could be telling you that you're “*trying to carry too heavy a burden*”)
- Asking yourself what [emotions](#) you are actually experiencing. Fear and anger are not the only emotions in life.
- Getting a therapeutic massage to release pent-up bodily tension
- Writing about your experiences (in a journal, diary, or personal letters)
- Being careful not to make the event into an obsession by reading about it in newspapers or magazines, or following reports and discussions of it on the radio and TV
- Realizing that different people need differing amounts of time to recover from trauma

- Learning a relaxation technique such as [Progressive Muscle Relaxation](#) or [Autogenics](#)
- Joining a [support group](#)
- Accepting the emotional work of [forgiving](#) the person who hurt you

Maladaptive Coping Strategies

And be careful to watch for the following *Maladaptive Coping Strategies*:

- An increased use—or [abuse](#)—of alcohol, coffee, drugs, gambling, tobacco, etc.
- A compulsion to work more than usual
- A temptation to make hasty major life-decisions (e.g., a job change, a divorce)
- A tendency to completely avoid any feelings or thoughts about the event

These are called *maladaptive coping strategies* because they serve either *to push out of awareness any memory of the traumatic event*, or *to give you a false sense of accomplishment*. Unfortunately, such strategies serve no purpose in helping you integrate the trauma into your sense of self.

Remember—*an event is traumatic because it disrupts your previously secure sense of self*. Consider that wild animals live with a sharp awareness of perpetual danger, yet most people live with a naive—and deceptive—sense of safety and security to the point of denying their basic [vulnerability](#) and [fragmented](#) sense of self. So when something disastrous happens, the psychological damage from the shattering of one’s illusions about life and [identity](#) may be more problematic than any physical damage.

Healthy adaptation to the trauma therefore involves *reorganizing* your attitudes about your *being* and your *purpose* in the world. In fact, this explains why some people who experience a trauma come away from it as “changed” persons with a new sense of purpose in life.^[1,2]

Of course, not everyone is so profoundly changed; most people simply get back to life as usual, feeling perhaps just a bit more practical or realistic about their lives than they felt before the trauma.

Treatments for PTSD

The clinical treatment for PTSD can take a variety of approaches.^[3] Regardless of the treatment approach, the treatment should (a) provide a sense of *safety*, both as a protection from maladaptive coping strategies and as an acceptance of your thoughts and feelings as non-threatening; (b) resolve the troubling aspects of the *memories* of the traumatic experience; and (c) integrate positive *growth* into your lifestyle.

- *Exposure Therapy* is a form of [cognitive-behavioral treatment](#) that is really quite a simple concept, and yet it can be very effective in a short time (10 or 12 sessions) for treating discrete traumatic events. Through the process of repeatedly talking and writing about your traumatic experiences, several things can happen:
 1. You experience your [thoughts](#) and [feelings](#) in the safety of psychotherapy, and this helps to reduce the belief that your thoughts and feelings are dangerous.
 2. You become *habituated* to your thoughts and feelings. That is, much like a wild animal being tamed, you learn to accept your memories without perceiving them as a threat.
 3. You prevent yourself from falling into the habit of avoiding your thoughts and feelings as an unhealthy defense against fear.
 4. You learn to distinguish troubling thoughts and feelings from ordinary thoughts and feelings so that *everything* does not seem threatening.
 5. You learn to transform your feelings of helplessness into competence.
 6. You learn to think of yourself less negatively.
- [Psychodynamic Psychotherapy](#) helps you explore and understand the unconscious aspects of the trauma and its personal meaning for you. This form of treatment may be necessary for multiple traumatic events experienced over time (e.g., childhood abuse in a dysfunctional family).

- ***Hypnosis and Guided Imagery***, either alone or in combination with Psychodynamic Psychotherapy, can help you to transform your perceptions of the trauma through imagined visual and sensory experiences.
- ***Psychological Debriefing***, also called ***Critical Incident Stress Debriefing (CISD)***. The premise of CISD is that a group processing (“debriefing”) of all persons involved in a critical event within 48 to 72 hours of the event will prevent the development of full-blown PTSD.
- ***Eye Movement Desensitization and Reprocessing (EMDR)***. The premise of EMDR is that many traumatic events are not properly “processed” by the memory network of the brain, and that the eye movements of EMDR help a person “reprocess” the traumatic memory through “rapid learning” so that it no longer has negative psychological effects.

Advocates of EMDR often claim that a single 50-minute session of EMDR can be 100% successful in abolishing distress from a traumatic event. The supposed quickness and ease with which EMDR works, when held up to all the pain that is in the world, makes a therapist feel almost guilty for not using EMDR.

Of course, if you’re not completely cured after one session you must have another traumatic memory to process. And then another one, and another one... So is EMDR really more efficient than other treatments? Does eye movement really aid brain processing of memory? Maybe. Maybe not.

Just remember this: after you’ve reprocessed all your traumas and you’re just like any other ordinary person without PTSD, you will still be a **fragmented personality**, you will still **fear love**, and you will still have a dark part of you that seeks **death and self-destruction**. What will you do about that?

- ***Pharmacotherapy*** ^[4] refers to the use of medication to help alleviate serious symptoms, such as anxiety and insomnia.
- ***Group Therapy*** may be used for social support and to help individuals understand and resolve the social aspects of their symptoms.
- ***Marital and Family Therapy*** can be of help especially when children or adolescents experience a trauma.
- ***Inpatient Treatment*** (that is, hospitalization) for severe cases, may be required especially if the trauma provokes suicidal thoughts.

- *Psycho-social Rehabilitation Techniques* may be necessary if the trauma has caused a drastic disintegration of a person's lifestyle.
- *Creative Arts Therapies* are often used in conjunction with other treatment.

Of the above approaches, Debriefing and EMDR are the most controversial. Each of these approaches has been popularized in a similar fashion: one person who discovers the treatment advocates for the use of his or her "discovery" through a reliance on supportive case reports. Both approaches currently lack the unambiguous support of randomized, clinical trials [\[5,6\]](#) with control groups.[\[7\]](#)

A
Final
Note
About
Terrorism
and
Trauma

Imagine sitting in an airplane, happily sipping a glass of wine, talking to your seatmate and feeling quite wonderful about your recent business success. Suddenly there's a loud noise, the plane pitches nose down, food and baggage fly all over the cabin, everyone is screaming, and you lose consciousness. You wake up covered in blood, surrounded with smoke and fire, and next to you is the mangled body of your seatmate.

Now, although in your daily life you might delight in entertainment that depicts graphic violence and death, when an experience like this suddenly throws itself into your lap—along with your neighbor's severed arm—it's no longer fun and games. It's traumatic, and you're likely to develop symptoms of posttraumatic stress disorder.

Yet now imagine something even more horrifying. With no sudden warning, people around you start falling ill. Soon, many of the sick begin to die. The government is baffled and helpless. Panic drifts through the air. What do you do? What *can* you do?

Well, in the case of biological [terrorism](#), you're confronted not just with actual death but also with the continuing threat of mysterious death on a large, public scale. Such a threat will trigger the deepest, ugliest, and most [fearful](#) aspects of your psyche.

No government is prepared for the mental health consequences of this sort of threat. And no government ever will be.

And that's because the only treatment for such a trauma is [spiritual](#). Religious mystics have said for ages that you only begin to live when you

learn to die to yourself in every moment. So when your life is motivated by pure faith, hope, and love, when you *are* prepared to die in any moment, and when death is no longer a fearful, ugly mystery, trauma has no place to sink its claws in you.

“Wait a minute,” you say, “the motto of this country is *In God We Trust*. America is a spiritual country.”

Well, if you believe that, you must also believe in the tooth fairy. How can the mindless pursuit of happiness—with its insatiable hunger for entertainment, sports, sex, aggressive violence, drugs, and gambling—be spiritual? Remember that terrorists are angry with this country because of the happiness that we pursue at the expense of charitable concern for our less fortunate neighbors.^[8]

So the trauma of bioterrorism is aimed at our deepest vulnerability: the emptiness in our own hearts.

Additional Resources

References:

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2. Tedeschi, R. G., Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*, 455–471.
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5. Avery, A., King, S., Bretherton, R., & Ørner, R. (1999). Deconstructing psychological debriefing and the emergence of calls for evidence-based practice. *Traumatic Stress Points, 13, 2*.
6. McNally, R. J. (1999). Research on Eye Movement Desensitization and Reprocessing (EMDR) as a treatment for PTSD. *PTSD Research Quarterly, 10, 1*.
7. Schnurr, P. P. (1999). Control groups in psychotherapy research. *PTSD Research Quarterly, 10, 1*.
8. Of course, those who commit acts of terrorism also defile spirituality. This just goes to show that there are no gray areas in regard to a genuine spiritual life: either your life is grounded in true love, or it isn't. Period. Those who advocate terror and violence cut themselves off from any hope of healing the anger that fuels their bitterness.

Anxiety Disorders:

[Anxiety Disorders](#) from THE MERCK MANUAL, Sec. 15, Ch. 187.

Community Services:

[Knowledge Exchange Network \(KEN\)](#) from the Center for Mental Health Services.

Crisis Counseling:

[Crisis Counseling - Non-Profit Information, Guidance and Referral Assistance](#)

[Crisis Counseling](#) from the Center for Mental Health Services.

Emergency Services:

[Emergency Services](#) from the Center for Mental Health Services.

Ricin:

[Ricin Poisoning Fact Sheet](#) —a consumer-oriented article from the Wisconsin Department of Health and Family Services.

[Ricin](#) —a medically-oriented article from eMedicine.

Smallpox:

[Smallpox](#) from THE MERCK MANUAL, Sec. 13, Ch. 162, Viral Diseases.

Trauma & Child/Sexual Abuse Survivors:

[Adult Survivors of Child Abuse \(ACSA\)](#) is an innovative psychologically based support group recovery program that offers workshops, peer-guided and professional-guided support groups, and a guidebook.

[The National Organization on Male Sexual Victimization \(NOMSV\)](#) “is dedicated to the prevention, treatment, and elimination of male sexual victimization.”

Trauma & Children:

[Helping Children After a Disaster](#) from the American Academy of Child and Adolescent Psychiatry.

Trauma & Law Enforcement:

[Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies](#) from The American Academy of Experts in Traumatic Stress.

Trauma/PTSD – General:

[The International Society for Traumatic Stress Studies \(ISTSS\)](#) provides a forum for the sharing of research, clinical strategies, public policy concerns, and theoretical formulations on trauma in the United States and around the world through its education and training programs and its various publications.

[Mental Health Net: Self-help Trauma, PTSD, and Stress Resources](#) is a comprehensive listing of trauma, PTSD, and stress information and self-help resources online.

[The National Center for PTSD](#) provides information about PTSD research and a PILOTS data base linked to the world’s largest collection of traumatic stress literature.

[Suicide and Posttraumatic Stress Disorder \(PTSD\)](#) provides information about suicidal thinking and PTSD.

[Trauma Information Pages](#) provides a comprehensive listing of trauma support info, disaster info, and related mental health issues on the Internet.

Related pages within A Guide to Psychology and its Practice:

[Anger](#)

[Autogenics Training](#)

[Death—and the Seduction of Despair](#)

[Forgiveness](#)

[Hypnosis and “Negative” Hypnosis](#)

[Identity](#)

[Personality](#)

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[Questions and Answers about Psychotherapy](#)

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[Stress](#)

[Systematic Desensitization](#)

[Terrorism and Psychology](#)

[Trauma Support Groups](#)

[The Unconscious](#)

[CONTACT ME](#)

[INDEX of all subjects on this website](#)

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A Guide to Psychology *and its Practice*

Contact Me

You are seated at a great table. Observe carefully all that is set before you, for you also must prepare such a banquet.

Please feel free to contact me to give thanks for the information or the help you have received from this website, or to make comments about the website.

I do have a [privacy policy](#), and I treat all correspondence related to this website with the same [confidentiality](#) that is due to all clinical material.

You are also welcome to ask questions about matters that are personal to you. Be forewarned, however, that the answer I give may not be what you want or expect, but I can promise that it will be addressed to what you unconsciously desire.

Of course, I cannot provide [assessment](#), [diagnosis](#), or [psychotherapy](#) through e-mail, but *most* persons intuitively limit their questions in this regard anyway.

Nor do I give e-mail interviews about a career in psychology. Questions frequently asked by students can be found on my page [To Become a Psychologist](#).

Unfortunately, I am just one person with no staff. No one pays me for the time I spend with this website, and I make no money from it. And so I have to limit the amount of time I spend answering e-mail. Therefore, I request that, if you want me to answer your personal e-mail questions, then you should “pay” for my time somehow. Even if you give money to a charity and I don’t receive anything from it, at least it shows me that you are willing to give as it has been given to you.

So, here are some suggestions for ways to give something of yourself in exchange for what you have received, or wish to receive, from me:

- ***Give as it has been given to you.*** If you have received help here, then apply that help in a practical and generous way in the world by freely helping others in turn through deliberate acts of charitable service. *When you did these things for the most neglected of my brothers and sisters, you did them for me.*

A COMMON-SENSE
APPROACH TO SOME
COMMON QUESTIONS
AND CONCERNS ABOUT
THE PRACTICE OF
CLINICAL PSYCHOLOGY

Psychological Practice
Clinical Issues
Social Issues
Personality and Identity
Stress Management
Fear of Flying
Self-help
Personal Information

SUBJECT INDEX

SEARCH

Contact Me

or . . .

- **Send a donation to your favorite charity.** Make a special offering in gratitude for what you have received here.

or . . .

- **Send a donation to help maintain this website.** I make no money from this website, and I make only enough money from my clinical work to maintain a simple, ascetic lifestyle. Most of my time is spent doing work for charity. *Be advised, though, that I am not a registered charitable organization, so donations to support this website are not US tax deductible as “charitable contributions.”*

Therefore, if you write an e-mail question asking for personal help, please specify exactly how you intend to “pay” for my time.

You wouldn’t believe how many excuses people make to get something for nothing. It isn’t sufficient to say that you’re a police officer or a teacher and that you constantly serve others. You’re getting paid to do that work, so you can “pay” for my time as well. Nor is it sufficient to say you “gave at the office” or that you already contribute to charity on a regular basis; if you’re not willing to go out of your way to “pay” specifically for my time in answering your question, then you really don’t want my help very much. Nor is it sufficient to say you’re a student, or unemployed, and don’t have any money. If you can afford to pay for movies or cell phones or cigarettes or whatever, you can afford a charitable donation. And, you can always donate your time and labor through volunteer service in your own community.

Any correspondence requesting personal help and lacking a clear statement of your charitable intent will not be answered.

E-mail: If you have read my [Privacy Policy](#), and have actually read the conditions described above—and agree to them—then [click here to open an e-mail window](#) or send your [anonymous comments](#).

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Additional Resources

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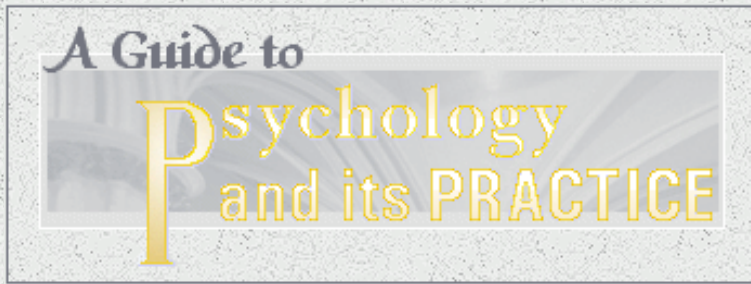
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Psychology is a complex subject, and many issues are interrelated, so even though you may find a topic of interest on one particular page, an exploration of the other pages will deepen your understanding of the human mind and heart.

Read the [Introduction](#) to discover the site's purpose and philosophy. Explore the various pages by their [titles](#), or [Search](#) the entire website for a word or phrase. And if you can spare a few minutes, send your [Feedback](#) about how useful this site has been for you.





Introduction

Contents: [Subject Index](#) / [General Introduction to this website](#)

*If your browser does not support the Javascript used in this scrolling list,
use the [Subject Index page](#).*

▶ [Recent editorial changes on this website . . .](#)

General Introduction

Psychology is often described in textbooks as “the science of behavior.” [Clinical psychology](#), which tries to solve the problems individuals encounter because of their behavior, is in part a science; but in its study of the *mind*—especially the [unconscious](#)—it often moves away from pure science and becomes a philosophy and an art. The unconscious, after all, is, well, unconscious and therefore unknown to conscious reason, so it has to be [encountered](#) through language, dreams, and fantasy, not scientific research.

This website, *A Guide to Psychology and its Practice*, provides free information about the practice of clinical psychology. It is written in a straight-forward, plain, conversational English that anyone should be able to understand. You will find here three different “kinds” of information:

PSYCHOLOGY is a complex subject, and many issues are interrelated. And so, even though you may find a topic of interest on one particular page, an exploration of the other pages will deepen your understanding of the human mind and heart.

Psychological Practice

[To Become a Psychologist](#)
[Choosing a Psychologist](#)
[Confidentiality](#)
[Consumer Rights and Office Policies](#)
[Honesty in Psychological Treatment](#)
[Legal Issues](#)
[The Limits of Psychology](#)
[Managed Care and Insurance](#)
[Other Applications of Psychology](#)
[Psychology: Clinical and Counseling](#)
[Psychology and Psychiatry](#)
[Questions and Answers about
 \[Psychotherapy\]\(#\)](#)
[Termination of Psychotherapy](#)
[Types of Psychological Treatment](#)

Clinical Issues

[Becoming a Nonsmoker](#)
[Depression and Suicide](#)

- First, for each issue I give a brief *overview* written from the perspective of my own experience.
- Second, I refer you to *Additional Resources* on the Internet that provide in-depth information about the topics I discuss. I've selected non-profit sites that, in general, don't try to sell you anything: professional organizations, foundations, national support organizations, etc. Through these sources you should be able to find the type of help you desire.
- Finally, I have provided *self-help information* that you can use, free and without professional help, to learn relaxation techniques, overcome simple phobias (such as fear of flying), and stop smoking.

Altogether, these pages provide an effective guide to the *practice of clinical* psychology. If you are a student looking for information about sensation, perception, learning theory, and so on, you should read a basic textbook on the principles of general psychology.

Perhaps you are wondering, “Who made this website?” All the pages on this site, as well as the layout, graphics, and programming, are my own original work. Please note that I do not accept paid advertising, nor do I have a sponsor trying to sell you something.

In all of this, my goal is simply to help you realize that although life can be painful, unfair, and brutal, it doesn't have to be misery.

Don't get me wrong—I fully appreciate the ecstasy of spiritual experience, and I am something of a mystic at heart. Yet I have learned from experience that the practice of good clinical psychology involves something—call it *comfort*—which does not mean sympathy or soothing, and it certainly doesn't mean to have your pain “taken away.” It really means to be urged on to take up the cup of your destiny, with courage and honesty.

If this sounds at all religious, well, it is—in a way. I have a background in literature, theology, and art, and came to study psychology as a middle-adulthood (35–40) career change. And as a psychologist I learned from personal experience that certain religious values make perfect psychological sense. On this website, though, I speak about

[Diagnosis in Clinical Psychology](#)
[Dream Interpretation](#)
[Fear](#)
[Fear of Flying: Information](#)
[Hypnosis and “Negative” Hypnosis](#)
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 Psychotherapy](#)
[Reasons to Consult a Psychologist](#)
[Repressed Memories](#)
[The Psychology of “Stress”](#)
[Trauma and PTSD](#)
[Types of Psychological Treatment](#)
[The Unconscious](#)

Social Issues

[Adolescent Violence](#)
[Anger](#)
[Family Therapy](#)
[Forgiveness](#)
[The Psychology of Terrorism](#)
[Sexuality and Love](#)
[Spirituality and Psychology](#)
[Spiritual Healing](#)

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[Death—and the Seduction of Despair](#)
[Identity and Loneliness](#)
[Personality](#)
[Sexuality and Love](#)
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[Autogenics Training](#)
[Hypnosis and “Negative” Hypnosis](#)
[Progressive Muscle Relaxation](#)
[The Psychology of “Stress”](#)
[Systematic Desensitization](#)

Fear of Flying

[Aviation Links](#)
[Basic Principles of Aircraft Flight](#)
[Fear of Flying: Information](#)

values such as compassion and forgiveness not for religious reasons but simply because they are good, common-sense ways to true and lasting mental health. It's that simple.

But the task of teaching the general public the difference between happiness and mental health has all the satisfaction of trying to fill a sieve with water. And yet, to paraphrase Saint Francis of Assisi, if we accept the world's injustice, cruelty, and contempt with patience, without being ruffled, and without murmuring, then we have found the path to perfect joy.



Dr. Raymond Lloyd Richmond
San Francisco

Did you find what you were looking for? Do you need more information?
Feel free to contact me. Your comments are welcome.

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2 March 2004

[Fear of Flying: Treatment](#)
[Hypnosis and "Negative" Hypnosis](#)
[Systematic Desensitization](#)

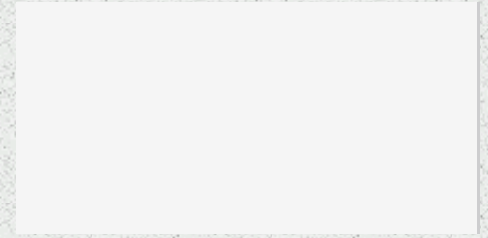
Self-help

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[Systematic Desensitization](#)
[Trauma Support Groups](#)

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A Guide to Psychology and its Practice
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San Francisco, California USA



A Guide to Psychology and its PRACTICE

Search

Search *A Guide to Psychology and its Practice:*

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Disappointing results often occur because you have misspelled a word or used a word I do not use. If you don't find the exact term for which you're looking with this search feature, be sure to check the [Subject INDEX](#) page. You might find something there that is similar to what you're seeking.

By default the search engine tries to locate pages which have exact matches for all of the words entered in your search query. If that fails, it then tries to locate pages which contain *any* words in your search query. This can give many misleading results if you enter a specific phrase that is not actually used on any page. For example, if you search for `pain-free psychotherapy` the search engine may just give every page that uses the word *psychotherapy*.

Therefore, if you are searching for a name or concept containing multiple words, you should begin each additional word with the `+` qualifier to ensure that *all* the words are found on one page.

Example: `obsessive +compulsive +disorder`

But even this method has its flaw, because the words only have to appear on one page, not as one phrase. For example, if you were to search for `training +dogs` you would get a result, but it wouldn't be meaningful.

Hint. Once the pages containing your search words are displayed, click on a link to open one of the pages and use your Operating System's **Edit: Find** feature to locate your search words on that page.



A Guide to Psychology *and its Practice*

A COMMON-SENSE
APPROACH TO SOME
COMMON QUESTIONS
AND CONCERNS ABOUT
THE PRACTICE OF
CLINICAL PSYCHOLOGY

THIS WEBSITE provides free information about the practice of Clinical Psychology. Read the [Introduction](#) to discover this website's purpose and philosophy. Explore the various subject categories to the left or browse through the [Subject Index](#).

Psychology is a complex subject, and many issues are interrelated. Even though you may find a topic of interest on one particular page, an exploration of the other pages will deepen your understanding of the human mind and heart.

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Psychological Practice
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Social Issues
Personality and Identity
Stress Management
Fear of Flying
Self-help
Personal Information
SUBJECT INDEX
SEARCH
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The Holmes-Rahe Scale



Read each of the events listed below, and check the box next to any event which has occurred in your life in the last two years. There are no right or wrong answers. The aim is just to identify which of these events you have experienced lately.

Life Events	Life Crisis Units	
Death of spouse	100	
Divorce	73	
Marital separation	65	
Jail term	63	
Death of close family member	63	
Personal injury or illness	53	
Marriage	50	
Fired at work	47	
Marital reconciliation	45	
Retirement	45	
Change in health of a family member	44	
Pregnancy	40	
Sex Difficulties	39	
Gain of new family member	39	
Business readjustment	39	
Change in financial state	38	
Death of close friend	37	
Change to different line of work	36	
Change in number of arguments with spouse	35	
Mortgage over \$100,000	31	
Foreclosure of mortgage or loan	30	
Change in responsibilities at work	29	

Life Events	Life Crisis Units	
Son or daughter leaving home	29	
Trouble with in-laws	29	
Outstanding personal achievement	28	
Wife begins or stops work	26	
Begin or end school	26	
Change in living conditions	25	
Revision in personal habits	24	
Trouble with boss	23	
Change in work hours or conditions	20	
Change in residence	20	
Change in schools	20	
Change in recreation	19	
Change in church activities	19	
Change in social activities	18	
Mortgage or loan less than \$30,000	17	
Change in sleeping habits	16	
Change in number of family get-togethers	15	
Change in eating habits	15	
Vacation	13	
Christmas alone	12	
Minor violations of the law	11	

Your score is:

Back to the [Personal Stress Tests](#)

Personal **Stress** Tests

So where do you fit?

The following are interactive tests to help determine the level of stress in your life.

[The Holmes-Rahe Scale](#)

Check your own level of stress based on life changes.

[Occupational Stress Test](#)

A simple True/False test consisting of 12 questions to help you gauge the stress in your job.

Also check out [Stress Building Beliefs](#).



Are you feeling

Beyond Stretched: Stressed

You are not alone: check out the [Canadian Statistics](#)

Occupational Stress Test

How High is the Stress in Your Occupation?



Let's look at your work related stress level. Answer True or False to these questions.

True False

1. Does your work involve responsibility for people, or does it involve responsibility for things which affect the well being of others?
2. Is there continual pressure in your work?
3. Does your work involve substantial interfacing with the public?
4. Does your profession experience a high level of leave or absence due to medical problems?
5. Does your occupation expose you to high personal risk?
6. Are you usually exhausted or fatigued at the end of your day?
7. Could a mistake in your work critically affect the lives of others?
8. Does your work consist primarily of things which cannot be predicted on a day-to-day basis?
9. Is drug use or marital conflict typical in your line of work?
10. Do you usually feel keyed up when you are off the job as well as when you are at work?
11. Do you have problems sleeping at night?
12. Do little things irritate or annoy you?

Your score is:

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Back to the [Personal Stress Tests](#)

Stress-Building Beliefs

▶ Perfectionism

Do you feel a constant pressure to achieve?

Do you criticize yourself when you're not perfect?

Do you feel you haven't done enough no matter how hard you try?

Do you give up pleasure in order to be the best in everything you do?

▶ Control

Do you have to be perfectly in control at all times?

Do you worry about how you appear to others when you are nervous?

Do you feel that any lack of control is a sign of weakness or failure?

Are you uncomfortable delegating projects to others?

▶ People Pleasing

Does your self-esteem depend on everyone else's opinion of you?

Do you sometimes avoid assignments because you're afraid of disappointing your boss?

Are you better at caring for others than caring for yourself?

Do you keep most negative feelings inside to avoid displeasing others?

▶ Competence

Do you feel you can never do as good a job as other people?

Do you feel your judgment is poor?

Do you feel you lack common sense?

Do you feel like an impostor when told your work is good?

"Yes" answers indicate potential roadblocks to a stress-free life. Challenge these beliefs. Experiment. Try acting in a way that is opposite to your usual behavior. Then, evaluate the results. For example, if you feel overburdened because of a need to control, delegate a task and observe the consequences.

Become aware of how your stress-building beliefs affect your behavior. Replace them with more realistic and less stressful thoughts.

Back to [Personal Stress Tests](#).



Canadian Statistics

Statistics show that you are not alone; the stresses of family and work life are compounded when you add studying by distance education to the equation. The [General Social Survey \(1992\)](#)¹ describes work-family responsibilities in conflict for parent's time and energy as being a very significant stressor in today's society. For example, both single mothers and dual parents spend between 9.6 and 10.3 hours per day fulfilling these role responsibilities.

The [Labour Force Survey \(1994\)](#)² shows that 20% of dual-earner couples work at least 90 hours per week and 68% work between 60 and 89 hours per week, which results in what is described as time crunch stress. This stress has often resulted in poorer health, lost income and missed job promotion opportunities for employees, and greater absenteeism, higher worker turnover rates and lower productivity for employers.

According to Donna Lero and Karen Johnson's report in the 110 Canadian Statistics on Work and Family (1994), work-family stress is experienced by 25% of the general population and by 68% of parents with pre-school children.

When asked by the [Child Care Study \(1988\)](#)³, to indicate daily work/family tension levels, approximately 89% said that they experienced some stress/tension juggling work and family responsibilities.

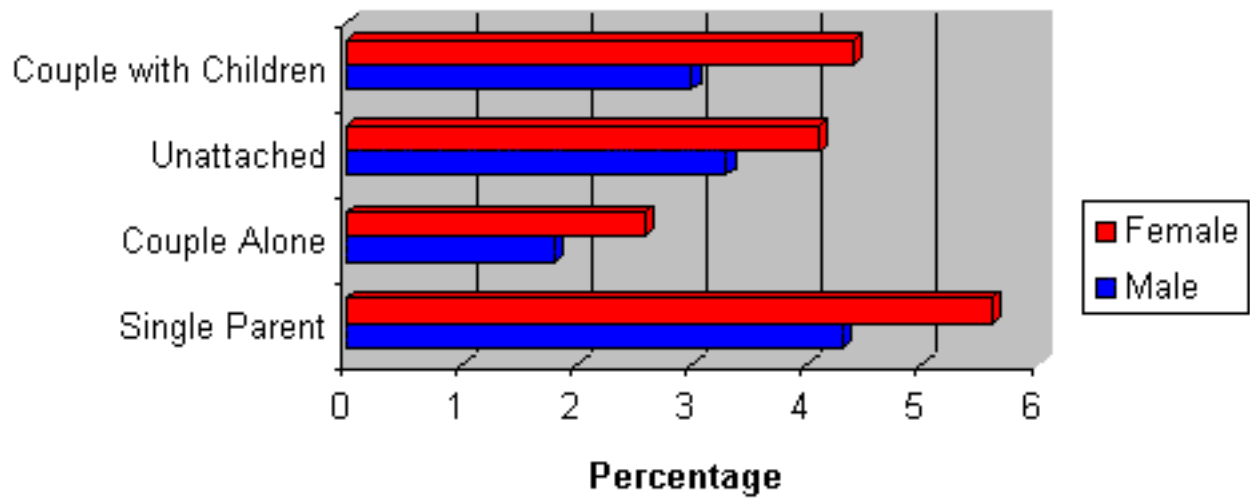
According to the General Social Survey, (1998) approximately 25% of Canadians between the ages of 25 and 44 describe themselves as severely time-stressed, 30% consider themselves to be workaholics, and greater than 50% believe that they are not spending enough time with family and friends.

¹Statistics Canada, (1995). As time goes by...Time use of Canadians. General Social Survey, Catalogue #89-544E Occasional, p. 22.

²Statistics Canada, (1995). Perspectives on labour and income. Catalogue 375-00IE Quarterly, Summer 7(2), p.10.

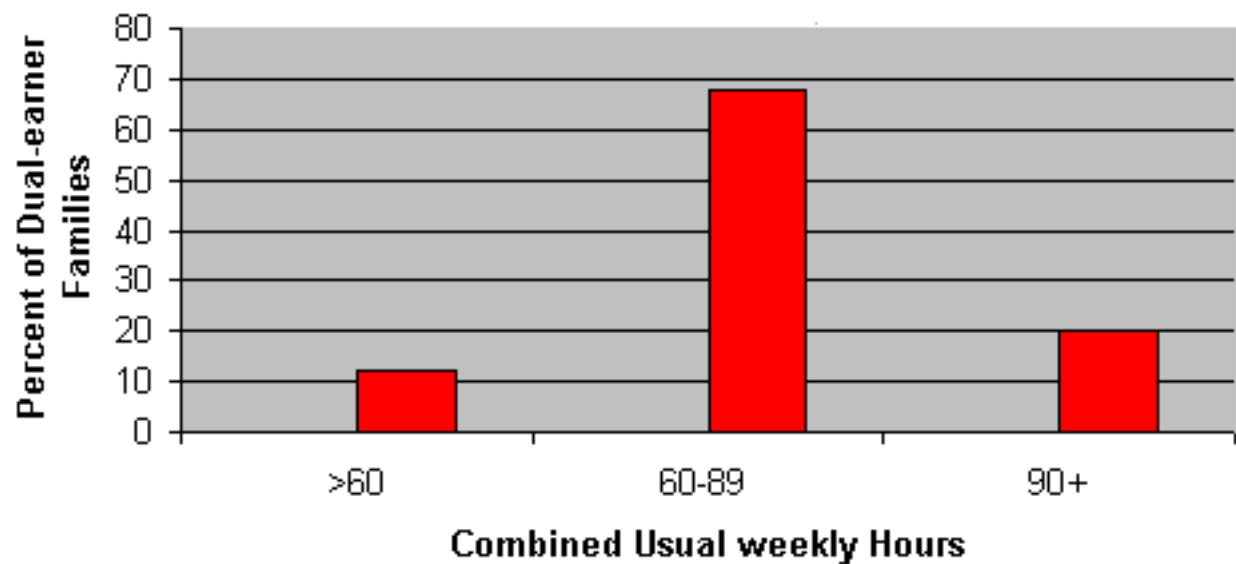
³Statistics Canada, (1993). Workplace benefits and flexibility: A perspective on parents' experience. Canadian National Child Care Study, Catalogue 89-530E, pp. 41-43.

Percentage of Employed Persons Reporting High Work Stress



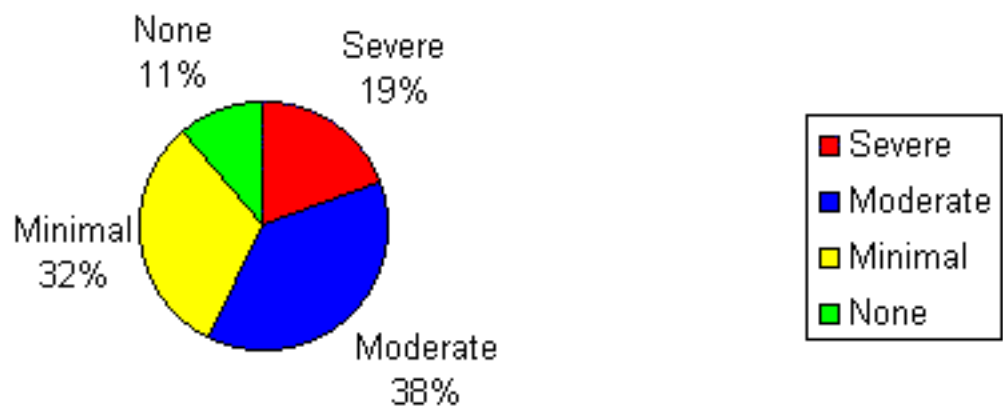
Back to [Canadian Statistics](#)

Usual Weekly Hours of Dual-earner Couples, 1994



Back to [Canadian Statistics](#)

Degree of Work-Family Tension Experienced Daily by Parents
with Primary Responsibility for Childcare, 1988 Percentage



Back to [Canadian Statistics](#)