CHAPTER SIX

Treating the Physiological Component

The increased physical arousal associated with GAD involves multiple physiological systems, including the nervous, cardiovascular, respiratory, and gastrointestinal systems. Hypervigilance accompanies this state of high arousal. Physical arousal, however, can be voluntarily altered with training in relaxation skills. In essence, this training enables clients to shift physical functions voluntarily toward those that naturally occur in a relaxed state. In the first part of this chapter, we present three methods for purposefully achieving a relaxed state; two different protocols for training progressive muscular relaxation (PMR) and one protocol for training diaphragmatic breathing (DB) are provided. In the second part of this chapter, we discuss two techniques that utilize relaxation skills to interrupt the spiraling process of worry: self-control desensitization (S-CD) and applied relaxation (AR). Table 6.1 lists the specific techniques covered in this chapter. In the last section of this chapter, we discuss problems that may be encountered with relaxation exercises and/or the techniques that utilize them. Potential solutions to these problems are offered.

TABLE 6.1. Techniques That Target the Physiological Component of GAD

Progressive Muscular Relaxation (PMR)	Diaphragmatic breathing (DB)
15-muscle-group PMR	Self-control desensitization (S-CD)
Alternative version of PMR	Applied relaxation (AR)

PROGRESSIVE MUSCULAR RELAXATION (PMR)

Edmund Jacobson originally developed PMR in 1929. Many versions of this exercise have been created since then and have been used in numerous treatment outcome studies for GAD (e.g., Barlow et al., 1984; Barlow, Rapee, & Brown, 1992; Borkovec & Costello, 1993; Öst & Breitholtz, 2000). Two versions of PMR—a 15-muscle-group PMR exercise and an alternative version of PMR typically used in AR (discussed later in this chapter)—are included in this section. PMR directly targets muscular tension associated with episodes of general anxiety. Heart and respiration rates, as well as muscular tension, can be reduced with these exercises. The exercises not only increase awareness of the buildup of muscle tension at earlier and earlier stages, but give the client a way to counteract these tensions.

The 15-Muscle-Group PMR Exercise

This first version of the PMR exercise has two steps. The first step has two parts: The therapist (1) teaches the client how to tense and relax 15 different muscle groups and then (2) trains the client to systematically tense and relax those muscle groups within the context of a scripted relaxation exercise. The second step repeats the training, but with one major modification to the relaxation exercise—the 15 muscle groups are relaxed only. Through this training, the client learns to intentionally achieve a deep state of relaxation throughout his or her body. The exercise, as described below, is based on the version by Klosko & Sanderson (1999).

PMR is a skill that can be learned through regular practice. A quiet, dimly lit room is an ideal environment for practicing the exercise. The therapist's office can be arranged to provide this type of setting. Initially, the exercise should be practiced in a semireclined position, with eyes closed and all parts of the body fully supported when relaxed. Later, the exercises should be practiced under increasingly typical daytime conditions (e.g., sitting up, lights on, TV or radio on). To master PMR, two daily practices are ideal. One daily practice may be sufficient; however, less practice is likely to result in problems with mastering this skill.

An audiotape of the exercise should be given to the client at the first training session. Taping the initial in-session exercise is an easy way to create the tape. The purpose of the tape is to familiarize the client with the exercise. It is to be used within the first 2 weeks, only; the client should attempt the exercise without the tape thereafter.

Step 1: The Tension-Release PMR Exercise

Part 1: Training Muscle Tensing and Relaxing. Training begins with a description of the differences between muscular tension and relaxation. This includes a demonstration of how to "let go" and how to create muscular tension with a specific muscle group. The therapist then demonstrates how to tense and release tension in 15 different muscle groups.

The therapist explains that when a muscle is deeply relaxed, it feels extremely loose and limp (similar to cooked spaghetti). All tension and resistance within the muscle are released. The therapist uses his or her own body to demonstrate complete relaxation of the muscles in one arm by

lifting this arm with his or her hand and then letting it go so that it drops like dead weight. The therapist then asks the client to do the same, making sure that the client understands how to relax or to let go of muscle tension completely. To encourage the release of tension, the therapist can instruct the client to take a deep breath and then, as he or she exhales, to relax the muscle group slowly. As the client relaxes that muscle group, the client can think of the word "relax."

The therapist then explains and demonstrates how to tense 15 specific muscle groups (see Table 6.2). When showing the client how to tense the different muscle groups, the therapist can ask whether the tensions are similar to those that are experienced during episodes of worry. If the client reports a different type of tension within a muscle group, the instructions can be modified to accommodate those tensions. It is not necessary that the client follow these instructions exactly. The exercise can be done in a number of different ways. The important point is that the client feels tension in each muscle group. If any pain is experienced while tensing a particular muscle group, the client should be instructed to focus on existing tension in that muscle group and to refrain from adding tension. When clients initially attempt to tense a muscle group, they often tense more than that one muscle group. If this occurs, it is important to call attention to this fact and have the client practice tensing only that one group, while leaving the other muscle groups in a relatively relaxed state.

The client is then encouraged to tense and relax each muscle group along with the therapist. The creation of tension in each group is immediately followed by the full release of tension in that same group. To produce tension in the scalp and upper forehead, the eyebrows are elevated to create wrinkles in the forehead. While the client is releasing the tensions, the therapist can give

TABLE 6.2. Tensing Instructions for 15-Muscle-Group Progressive Muscular Relaxation (PMR)

Muscle group	Tensing instructions
Scalp/upper forehead	"Raise your eyebrows to wrinkle your forehead."
Lower forehead	"Push your eyebrows down into a frown."
Eyes	"Close your eyes tightly (but not too tightly with contacts)."
Mouth	"Purse your lips."
Jaw	"Push your chin out and pull the corners of your mouth back."
Back of neck	"Lower your chin until it almost touches your collar bone."
Shoulders	"Raise your shoulders up close to your ears."
Upper arms	"Raise your finger tips to your shoulders and tense your biceps."
Lower arms	"Clench your fists tightly."
Back	"Pull your shoulder blades back as if they are trying to meet."
Chest	"Take a deep breath and hold for about 10 seconds."
Abdomen	"Pull in your stomach towards your back."
Hips	"Squeeze the muscles of your rear end."
Thighs	"Press your thighs together tightly."
Lower legs	"Point your toes out."

suggestions to "smooth out," "loosen," "unwind," or "relax" the muscles or simply to "let go of tension." The lower forehead is tensed by drawing the eyebrows down and furrowing the forehead. The eye area is tensed by shutting the eyes tightly (not too tightly if the client is wearing contacts). Tension in the mouth is produced by closing the lips tightly or by pursing the lips. The jaw is tensed by moving the lower jaw forward and pulling the corners of the mouth back. Tension is created at the back of the neck by moving the chin down close to the collar bone. The shoulder area is tensed by bringing the shoulders up toward the ears. The upper arms are tensed by raising the hands toward the same-side shoulders and squeezing the bicep muscles. The lower arms are tensed by closing the fists tightly. The back is tensed by pulling the shoulder blades well back. The chest area is tensed by holding a deep breath for about 10 seconds. The abdomen is tensed by tightening or crunching the stomach muscles. The hip area is tensed by squeezing the gluteus maximus muscles. The thighs are tensed by pressing the knees or thighs together tightly. The lower legs and feet are tensed by pointing the toes down.

At the end of this training, and before the first PMR exercise is initiated, the client should be asked to rate and record his or her anxiety and tension in the "Before-practice rating" section of the Relaxation Diary (see Handout 6.1). As in earlier handouts, anxiety is rated on a 0–8 scale (where 0 means no anxiety and 8 indicates an extreme level of anxiety). Tension is also rated on a 0–8 scale (where 0 indicates deep muscular relaxation or the absence of tension, 2 is mild tension, 4 is moderate tension, 6 is severe tension, and 8 is extreme tension). The client will be asked to make these ratings again after the completion of the first PMR exercise.

Part 2: Implementing the Tension–Release Relaxation Exercise. The therapist can refer to the script contained in Table 6.3 for the in-session tension–release PMR training exercise. The exercise consists of four or five parts: tensing and relaxing muscle groups, deepening the relaxation, positive imagery (optional), focusing on the breath, and ending the exercise. Throughout the exercise, the therapist should read the script in a rhythmic (but relatively monotone) and soothing voice.

When the first in-session relaxation practice is complete, the therapist should ask the client for feedback (e.g., "How was that?"), and again ask the client to rate anxiety and tension on the Relaxation Diary (see Handout 6.1). Every practice is to be recorded on this form. Any difficulties with the exercise should be discussed or noted in the "Comments" section of the form. These difficulties are to be addressed in session. Potential problems with mastering relaxation skills are discussed in the last section of this chapter.

The therapist can give the client the audiotape of the exercise at the end of the first in-session practice and instruct the client to practice the exercise twice a day. During the first week, the first few days of practice are to be done with the tape. On the following days, one practice per day is to be done with the tape, and the second practice from memory of the exercise. The therapist should tell the client that he or she should be able to do the exercise without the tape by the second week of training. If the client has a lot of difficulty completing the exercise without the tape, however, he or she should continue using the tape and should discuss any difficulties with the therapist. Training is sufficient when the client can consistently (i.e., throughout 2 full weeks) lower the after-practice ratings of anxiety and tension to 1 or 0 on the Relaxation Diary with the PMR exercise.

HANDOUT 6.1. Relaxation Diary

RELAXATION DIARY

Rating scale for anxiety and tension

0	1	2	3	4	5	6	7	8
None		Mild		Moderate		Severe		Extreme

Time	Date	Before-practice ratings anxiety/tension	After-practice ratings anxiety/tension	Comments

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TABLE 6.3. Script for Tension–Release 15-Muscle-Group PMR

Introduction

Settle yourself into a comfortable position on a couch, bed, or recliner. Let your body be fully supported and close your eyes gently. Now I want you to listen to my words and to the sound of my voice. Clear your mind of everything else. Let all other sounds fade away.

Part I: Tensing and relaxing the muscle groups

Now I want you to focus your attention on your scalp and upper forehead. Raise your eyebrows up to wrinkle your forehead. Notice the tension in your scalp and upper forehead [*pause for about 5 seconds*].

Now release the tension in your scalp and forehead [*pause*], letting go of all tension and smoothing out the muscles [*pause*]. Notice the sensations of relaxation [*pause for about 10 seconds*].

Now focus your attention on your lower forehead. Pull your eyebrows down into a frown. Notice the tension in your lower forehead [*pause about 5 seconds*].

Now relax the muscles in your lower forehead [*pause*], letting go of all tension and loosening up the muscles [*pause*]. Notice the sensations of relaxation [*pause about 10 seconds*].

Now focus on the area around your eyes. Close your eyes tightly (but not too tightly, if wearing contacts). Notice the tension around your eyes [*pause about 5 seconds*].

Now let go of the tension in your eye area [*pause*], unwinding the muscles [*pause*] and relaxing them completely [*pause*]. If you begin to feel drowsy or sleepy, that is fine; just let yourself become more and more relaxed [*pause about 10 seconds*].

Now focus on the area of your mouth. Purse your lips. Notice the tensions in your mouth area [*pause about 5 seconds*].

Now relax the muscles of your mouth [*pause*], opening up and loosening the muscles [*pause*]. Notice the comfortable sensations as you are becoming more and more relaxed [*pause about 10 seconds*].

Now focus on your jaw area. Push your chin out and pull the corners of your mouth back. Notice the tension in your jaw area [*pause about 5 seconds*].

Now release the tension of your jaw area [*pause*], letting your jaw drop slightly [*pause*], and relaxing all of the muscles [*pause*]. Notice the pleasant sensations as you are relaxing more and more deeply [*pause about 10 seconds*].

Now focus on the area at the back of your neck. Lower your chin until it almost touches your collar bone. Notice the tension at the back of your neck [*pause about 5 seconds*].

Now relax the muscles at the back of your neck [*pause*], unwinding and loosening the muscles [*pause*]. Notice the soothing sensation as you're body is relaxing, further and further [*pause about 10 seconds*].

Now focus on your shoulder area. Raise your shoulders up close to your ears. Notice the tension in your shoulder area [*pause about 5 seconds*].

Now release the tension in your shoulder area [*pause*], letting the muscles become relaxed and limp [*pause*]. Notice the feeling of heaviness as your muscles relax completely [*pause about 10 seconds*].

Now focus on your upper arms. Raise your fingertips to your shoulders and tense your biceps. Notice the tension in your upper arms [*pause about 5 seconds*].

Now let go of the tension in your upper arms [*pause*]; let it all melt away [*pause*]. Notice the feeling of warmth in your body as you become more and more relaxed [*pause about 10 seconds*].

Now focus on your lower arms and hands. Clench your fists tightly. Notice the tension in your hands and lower arms [*pause about 5 seconds*].

Now open your hands [*pause*], release all tension and relax [*pause*]. Notice the comfortable sensation of relaxation as it goes down and farther down throughout your body [*pause about 10 seconds*].

Now focus on the muscles of your back. Pull your shoulder blades back as if they are trying to meet. Notice the tension in your back [*pause about 5 seconds*].

Now relax the muscles in your back [*pause*], letting it round out [*pause*]. Notice the pleasant feelings as you go into a deeper and deeper state of relaxation [*pause about 10 seconds*].

Now focus on your chest area. Take in a deep breath and hold for about 10 seconds. Notice the tension in your chest area [*pause about 5 seconds*].

(continued)

TABLE 6.3. *(continued)*

Now release your breath and relax your chest area [*pause*]. With each breath, feel the relaxation increasing each time you breath in [*pause*] and the relaxation spreading throughout your body as you breath out [*pause about 10 seconds*].

Now focus on your abdomen. Pull your stomach in towards your back. Notice the tension in your abdomen [*pause about 5 seconds*].

Now relax your abdomen [*pause*], loosening the muscle and letting it go [*pause*]. The relaxation is growing deeper and deeper, farther and farther down into every part of your body [*pause about 10 seconds*].

Now focus on your hip area. Tense the muscles of your rear end. Notice the tension in your hip area [*pause about 5 seconds*].

Now relax the muscles of your hip area [*pause*]. Feel yourself sinking deep into the chair [*pause*]; you are going deeper and deeper into a deep state of relaxation [*pause for 10 seconds*].

Now focus on your thigh area. Press your thighs together tightly. Notice the tension in your thigh area [*pause about 5 seconds*].

Now relax the muscles of your thigh area [*pause*], unwinding and loosening every part of your body [*pause*]. Feel calm and quiet as your body and mind relax completely [*pause about 10 seconds*].

Now focus on your lower legs and feet. Point your toes outward. Notice the tension in your lower legs and feet [*pause about 5 seconds*].

Now relax the muscles of your lower legs and feet [*pause*], letting go and loosening up [*pause*]. Notice the very restful and very peaceful feelings of deep relaxation throughout every part of your body [*pause about 10 seconds*].

Part II: Intensifying the relaxation

Now I want you to continue relaxing all of the muscles of your body: your forehead and face, your neck and shoulder area, your back and chest, your abdomen and hip area, your arms and legs. Let all your muscles become more and more deeply relaxed. I'm going to help you enter a deeper state of relaxation by counting from one to five. As I begin counting, you will feel yourself going farther and farther down into a very deep state of relaxation [*pause*]. One [*pause*], you are becoming more deeply relaxed. Two [*pause*], down, down into a deeply restful state. Three [*pause*], farther and farther down into a very relaxed state. Four [*pause*], more and more deeply relaxed. Five [*pause*], deeply relaxed [*pause about 10 seconds*].

Part III: Positive imagery (optional)

The following script may be used, but only if the client experiences this scenario as one in which he or she feels calm, peaceful, and relaxed. Other, more individualized, scripts may be developed by the therapist and client. In developing such scripts, the therapist and client should describe the scenario through all five senses. The client's primary sense modality should be emphasized throughout. The script becomes more effective the more vivid the descriptions.

Now I want you to imagine that you are lying on a beach. It's one of those long, hot, lazy summer days. Overhead, you see the bright blue sky and the warm yellow sun. You gently close your eyes and feel the strong warm rays of the sun. Your body soaks up the warmth [*pause*]. The sand underneath is soft. It molds to your body and cradles you [*pause*]. A gentle cool breeze wafts over the water. It is welcome relief from the steady warmth of the sun [*pause*]. The ocean air leaves a salty taste on your lips [*pause*]. As you lay, you hear the calling of the gulls above. You hear the gentle and rhythmic sound of the waves. As the waves rush in and the waves rush out, your mind is being rocked into a very restful state. You feel soothed and at complete peace [*pause about 10 seconds*].

Part IV: Focusing on the breath

Now I want you to remain in this very relaxed and restful state. I want you to attend to your breathing. Notice the coolness of the air as it enters your nostrils [*try to pair statement with inhalation and then pause*]. Notice the air passing slowly and deeply down, expanding your diaphragm [*pause*]. And notice

(continued)

TABLE 6.3. *(continued)*

the warmth and moisture of the air as it slowly passes back out through your nose [*try to pair statement with exhalation and then pause*]. Just continue to attend to your breathing and to these sensations [*pause*]. Now each time you inhale, mentally say "re" and each time you exhale, mentally say "lax." [*Pairing with inhalations and exhalations:*] Inhale "re", exhale "lax." [*Repeat several times.*]

Part V: Ending the exercise

Now I am going to help you arise from this very deep state of relaxation to a state of complete alertness. Shortly, I will start counting backwards from five to one. As I count, you will feel yourself gradually becoming more and more alert, more and more refreshed. When I reach the count of two, I want you to open your eyes. On the count of one, you will feel as if you have just fully awoken from a rejuvenating nap [*pause*]. Ready? Five [*pause*], you are beginning to become more alert. Four [*pause*], you feel yourself coming up into a more alert state. Three [*pause*], more and more alert. Two [*pause*], your eyes are now open and you are feeling very refreshed. One [*pause*], you are now feeling fully alert and fully refreshed.

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Step 2: The Relaxation-Only PMR Exercise

This version of the PMR exercise is identical to the one just described except that the script for Part I is altered. This new script (see Table 6.4) eliminates the tensing of muscles and instructs the client to release existing tension and relax. All other parts of the exercise are exactly the same. The benefit of mastering this version of the exercise is that it can be practiced without others noticing. The client can use this exercise as a tool to intentionally relax his or her body anywhere.

The same environmental conditions should be created for initial practices. An audiotape of this version is not created for the client. Practices ideally should be done twice a day, but once is sufficient. When the client's after-practice ratings of anxiety and tension are consistently 1 or 0 on the Relaxation Diary for this exercise, the client can begin practices under more stimulating and distracting conditions. For example, the client can practice while sitting on the subway or train to work and, later, practice the exercise while watching a TV program. The conditions for practices can increasingly approach those of normal daily life.

An Alternative Version of PMR

Wolpe (1958) developed another version of PMR. Öst (1987) utilized this version in his AR technique, to be described later in this chapter. This alternative version of PMR has three phases, each lasting 1–2 weeks. An overview of this version as described by Öst (1987) is provided in Table 6.5.

The first phase of training is usually completed in two weekly sessions. All exercises in this phase are carried out in an upright position in a comfortable chair with eyes closed. The between-session assignment is for twice-a-day practice, with each practice recorded on the Relaxation Diary. The client is not given a tape with this training.

TABLE 6.4. Replacement Script for Part I: Relaxing the Muscle Groups

Part I: Relaxing the muscle groups

Now I want you to focus your attention on your scalp and upper forehead and release any tension [*pause*], smoothing out and relaxing the muscles [*pause*]. Notice the sensations of relaxation [*pause for about 10 seconds*].

Now focus your attention on your lower forehead and relax the muscles [*pause*], letting go and loosening up the muscles [*pause*]. Notice the sensations of relaxation [*pause about 10 seconds*].

Now focus on the area around your eyes and let go of any tension [*pause*], unwinding the muscles [*pause*] and relaxing them completely [*pause*]. If you begin to feel drowsy or sleepy, that is fine; just let yourself become more and more relaxed [*pause about 10 seconds*].

Now focus on the area of your mouth and relax the muscles [*pause*], opening up and loosening the muscles [*pause*]. Notice the comfortable sensations as you are becoming more and more relaxed [*pause about 10 seconds*].

Now focus on your jaw area and release any tension [*pause*], letting your jaw drop slightly [*pause*], and relaxing all of the muscles [*pause*]. Notice the pleasant sensations as you are relaxing more and more deeply [*pause about 10 seconds*].

Now focus on the area at the back of your neck and relax the muscles [*pause*], unwinding and loosening the muscles [*pause*]. Notice the soothing sensation as your body is relaxing, further and further [*pause about 10 seconds*].

Now focus on your shoulder area and release any tension [*pause*], letting the muscles become relaxed and limp [*pause*]. Notice the feeling of heaviness as your muscles relax completely [*pause about 10 seconds*].

Now focus on your upper arms and let go of any tension [*pause*]; let it all melt away [*pause*]. Notice the feeling of warmth in your body as you become more and more relaxed [*pause about 10 seconds*].

Now focus on your lower arms and hands and release any tension [*pause*], letting go and releasing [*pause*]. Notice the comfortable sensation of relaxation as it is goes down and farther down throughout your body [*pause about 10 seconds*].

Now focus on the muscles of your back and relax the muscles [*pause*], letting it round out [*pause*]. Notice the pleasant feelings as you go into a deeper and deeper state of relaxation [*pause about 10 seconds*].

Now focus on your chest area and relax this area [*pause*]. With each breath, feel relaxation increasing each time you breath in [*pause*] and relaxation spreading throughout your body as you breath out [*pause about 10 seconds*].

Now focus on your abdomen and release any tension [*pause*], loosening and letting go [*pause*]. The relaxation is growing deeper and deeper, farther and farther down into every part of your body [*pause about 10 seconds*].

Now focus on your hip area and relax the muscles [*pause*]. Feel yourself sinking deep into the chair [*pause*]; you are going deeper and deeper into a deep state of relaxation [*pause for 10 seconds*].

Now focus on your thigh area and on letting go of any tension [*pause*], unwinding and loosening every part of your body [*pause*]. Feel calm and quiet as your body and mind relax completely [*pause about 10 seconds*].

Now focus on your lower legs and feet and relax the muscles [*pause*], letting go and loosening up [*pause*]. Notice the very restful and very peaceful feelings of deep relaxation throughout every part of your body [*pause about 10 seconds*].

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TABLE 6.5. Overview of Alternative PMR

Phase I. Tense and release (two weekly sessions)

Session 1: Read basic script (see Table 6.3) for tensing and releasing each of the following upper body muscle groups: (1) both hands, (2) both arms, (3) face, (4) neck, and (5) both shoulders. For each group, tense for 5 seconds; relax for 15 seconds.

Session 2: To the upper-body groups above, add the following lower-body groups: (6) back, (7) chest, (8) stomach, (9) hips, (10) both legs, and (11) both feet. For each group, tense for 5 seconds; relax for 15 seconds. (Allow 15–20 minutes for entire exercise)

Phase II. Release only (one or two weekly sessions)

Session 3–4: Release only for all muscle groups in Session 2. Use the following script (allow 5–10 minutes for entire exercise):

"Breathe with calm, regular breaths and feel how you relax more and more for every breath. . . . Just let go. . . . Relax your forehead . . . eyebrows . . . eyelids . . . jaws . . . tongue and throat . . . lips . . . your entire face. . . . Relax your neck . . . shoulders . . . arms . . . hands . . . and all the way out to your fingertips. . . . Breathe calmly and regularly with your stomach all the time. . . . Let the relaxation spread to your stomach . . . waist and back. . . . Relax the lower part of your body, your behind . . . thighs . . . knees . . . calves . . . feet . . . and all the way down to the tips of your toes. . . . Breathe calmly and regularly and feel how you relax more and more by each breath. . . . Take a deep breath and hold your breath for a couple of seconds . . . and let the air out slowly . . . slowly. . . . Notice how you relax more and more."

Phase III. Cue-controlled relaxation (one or two weekly sessions)

Sessions 4–6: Begin with release-only exercise. When client is deeply relaxed, says "inhale" cued to client's inhalations and "relax" just before exhalation. Repeat five times. Client then is instructed to mentally repeat "inhale" and "relax" with each inhalation and exhalation, to achieve a deep state of relaxation without therapist assistance. Repeat four or five times. Client is then asked to estimate time to achieve relaxed state with this last method. Inaccurate estimates are corrected. Most clients achieve deep relaxation in 2–3 minutes.

Note. The Phase II script is reprinted from, and the rest of the table is adapted from, Öst (1987, Appendix A). Copyright 1987 by Elsevier. Reprinted/adapted by permission.

The first of these sessions trains the client in how to tense and release tension in major muscle groups of the upper body: both hands, both arms, face, neck, and both shoulders. The relaxation exercise is carried out with these muscle groups only. Tension is held for 5 seconds and relaxation is held for 15 seconds in each muscle group. The major muscle groups of the lower part of the body—back, chest, stomach, hips, both legs, and both feet—are added to the exercise in the second session. The entire exercise should take between 15 and 20 minutes. The therapist can modify the PMR script in Table 6.3 for these exercises (see the preceding section for general instructions on applications).

The second phase is usually is completed in 1–2 weekly sessions. The relaxation exercise is altered by eliminating the tensing portion of the exercise and using a release-only version. If any tension is experienced in a particular muscle group during this version of the exercise, that muscle group should be briefly tensed and then relaxed. This exercise should take 5–10 minutes to complete. Öst has provided a script for the release-only phase (see Table 6.5).

The third phase is cue-controlled relaxation and usually takes 1–2 weeks of training. During this phase, the word "relax" is conditioned to evoke a deep state of relaxation. The focus is on the

breathing in this stage. The sessions begin with the release-only exercise. Once the client is deeply relaxed, the client signals the therapist by raising an index finger. The therapist then gives the following instructions, cued to the client's breathing: "inhale" during inhalation and "relax" right before the client exhales. This is repeated five times. The client then is instructed to mentally repeat the same words during the breathing cycle for about 1 minute. (The word "relax" can be used in isolation, if this is preferred.) The client is then instructed to estimate the time he or she needs to achieve a deeply relaxed state with each exercise. If estimates are inaccurate they are corrected. Most clients are able to achieve deep relaxation within 2–3 minutes with this exercise.

DIAPHRAGMATIC BREATHING

Similar to PMR, DB is a skill that can increase the client's control over physiological processes. DB gives the client a simple tool for quickly calming the body. This technique was introduced by Clark, Salkovskis, and Chalkley (1985) for panic disorder. The therapist can educate the client with the fact that DB has been shown to be helpful for a variety of symptoms (e.g., headaches, high blood pressure, insomnia, hyperventilation, Raynaud's syndrome), in addition to anxiety. Like PMR, DB is a skill that can only be mastered with regular practice. An overview of the DB technique is presented in Table 6.6.

TABLE 6.6. Overview of Diaphragmatic Breathing (DB) Technique

1. Offer basic information on breathing.
   - Lungs do not have any muscles of their own.
   - The diaphragm controls size and frequency of breaths.
   - Breathing is primarily automatic, but can be controlled to some extent through the diaphragm.
   - The diaphragm contracts when a person is stressed; breathing turns shallow and rapid; upper chest and shoulders rise up and down with breaths.
   - When relaxed, diaphragm muscles are loose; breathing slows, deepens; abdomen rises and falls with breaths.
   - The purpose of DB is to breathe voluntarily as if the body is in a relaxed state.
2. Client should loosen any tight clothing around waist and abdomen.
3. Client places one hand on the chest and the other on the abdomen.
4. Observe movements of client's hands; in DB, only the hand on the abdomen moves, while the hand on the chest is still.
5. If DB is not yet achieved, tell client to relax abdomen muscles, to expand abdomen during inhalations, and to keep the chest area still.
6. Once the correct pattern of breathing is mastered, have client slow pace to 8–10 breathing cycles per minute.
7. When the pattern and pace of breathing are mastered, have client mentally focus on the word "relax." Client should mentally say "re" with each inhalation, "lax" with each exhalation.
8. Client should let other thoughts and images go, and focus attention on the word "relax" and the sensations of muscular relaxation.

Note. Based on Clark, Salkoviskis, and Chalkley (1985).

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The therapist may want to start the first training session by presenting some basic information about breathing. For the most part, breathing is an automatic process, controlled by sensors in the lungs that communicate with the brain. The muscle that controls the size and frequency of the breaths is the diaphragm. The lungs do not contain any muscles of their own. When an individual is anxious or stressed, the diaphragm automatically constricts. Breathing becomes more shallow and rapid. In addition, the individual may attempt to catch his or her breath by taking in large, shallow breaths. One can observe the upper chest moving in and out and the shoulders rising up and down when an individual is anxious or stressed. When an individual is relaxed, the diaphragm is loose. Breathing automatically slows and is deeper. Air is taken into the diaphragmatic area of the body. It appears as if the person is breathing through his or her abdomen when relaxed. Although the functioning of the diaphragm muscle is largely an automatic process, this process can be brought under some degree of voluntary control. The purpose of DB is to breathe consciously and purposefully as if the body is in a relaxed state. This change in the pattern of breathing can alter the body's processes toward those that occur naturally in a relaxed state.

Before beginning training in DB, the therapist should check whether the client has learned this skill in other settings (e.g., voice lessons, yoga, etc.). If so, the therapist may want to check that it is being done correctly, and then therapist and client can skip to the meditation component of the exercise. If not, the therapist will need to train the client.

To start with, any tight clothing around the client's waist and abdomen should be loosened. A variety of positions can be used to practice: sitting in a comfortable and relaxed position; standing up and bending slightly forward at the waist; or lying on one's back on a bed, in the floor, or in a recliner. In the initial phase of training, the client may want to experiment with different positions to find what works best. Once in position, the client is instructed to place one hand on the chest and the other hand on the abdomen. The hand on the abdomen should be placed so that the navel is between the ring finger and pinky finger.

Both the therapist and client can observe the client's breathing by watching the movement of the client's hands. Depending upon the pattern of breathing, it can be used as an example. In DB, only the hand on the diaphragm moves; the shoulders and chest under the other hand should be still.

If necessary, the therapist should demonstrate the correct pattern of breathing for the client, and then instruct the client to relax the muscles of the abdomen. The therapist can ask the client to expand the abdomen during inhalations, and to try to hold the chest area still. The therapist may suggest that the client think of the abdomen as a balloon filling and emptying with air. The therapist can then mirror any problems demonstrated by the client and repeat the demonstration of the correct breathing pattern. The therapist can also suggest that the client check his or her breathing in front of a mirror during practices at home. Once the client demonstrates control of the breathing, the client can be instructed to slow the pace of breathing to 8–10 cycles per minute.

After these mechanical aspects of the skill are mastered, the client can begin to incorporate the meditation component of the exercise. This involves having the client focus internally on the word "relax." The purpose of this is to increase control over the focus of attention. The meditation component helps counter distractibility during episodes of excessive worry.

With each inhalation, the client should mentally say "re"; with each exhalation, he or she should say "lax." Each time the client repeats the word "re-lax," the client should let all muscles

become as loose, heavy, and relaxed as possible. If other thoughts or images are noticed, the client is to let them go. Attention should be repeatedly refocused on the word "relax," and the feelings of muscular relaxation.

Practice is essential in order to gain mastery of the skill of DB. The therapist should instruct the client to practice diaphragmatic DB multiple times throughout the day. Lack of practice may prevent mastery of this skill.

SELF-CONTROL DESENSITIZATION

The S-CD technique, developed by Goldfried (1971), is an outgrowth of Wolpe's (1958) systematic desensitization technique. Systematic desensitization is based on the notion that tension and relaxation responses are mutually exclusive. It consists of graded exposures to anxiety-provoking stimuli via imagery, within the context of a deep relaxation exercise. Its purpose is to increase the client's control over worry by providing a coping technique for interrupting the spiraling process of anxiety and worry. The technique teaches the client how to catch this spiral early and to intervene with relaxation. Theoretically, the repeated pairing of anxiety-provoking stimuli with a deep relaxation response strengthens the associations between such stimuli and this response.

The specific application of S-CD for GAD (Borkovec et al., 1987) involves presenting particular worries within the context of a deep relaxation exercise. Ideally, the cognitive, physiological, and behavioral urges associated with each worry are activated along with the worry itself during this exercise. When increases in anxiety are noticed, clients are instructed to return to a deeply relaxed state.

Prior to implementation of this technique, clients must have mastered obtaining a deep state of relaxation through PMR or DB. Positive imagery alone (or, more specifically, positive coping imagery) may also be used if a deep state of relaxation can be achieved through this method. An overview of the S-CD technique is presented in Table 6.7.

Prior to introducing this technique, the therapist should review the client's completed Worry Episode Logs (for Treatment) and session notes to facilitate the in-session process of identifying specific worries for a hierarchy of worries (see Handout 6.2). The therapist begins the first session with this technique by explaining its purpose and the general procedure. A hierarchy of worries is then developed with the client.

Different episodes of worry with different intensity levels of anxiety must be identified. The episode's triggers and worry responses should be rated on the usual 0–8 scale (with 0 representing no anxiety and 8 extreme anxiety). The triggers are then arranged in a hierarchy from the least to the most anxiety-provoking. Richard's hierarchy is provided in Figure 6.1.

Items for the S-CD exercises are selected from this hierarchy of worries. For the first practice, a very low-level item from this hierarchy is selected. The client is then asked to provide detailed information about any images, thoughts, assumptions, and/or beliefs; physiological activities; and behavioral urges associated with that item. The therapist creates a rough script that incorporates this information for the exercise. This script is used during the S-CD exercise to facilitate provocation of worry. During the exercises, the client is instructed to raise an index finger to signal increased anxiety and to lower the finger when he or she is deeply relaxed.

TABLE 6.7. Overview of Self-Control Desensitization (S-CD) Technique

1. Review Completed Worry Episode Logs (for Treatment) and notes to gather possible items for the hierarchy before the session introducing the technique to the client.
2. Introduce the technique to the client, and develop a hierarchy of worry triggers and responses drawn from the worry episodes (see Handout 6.2).
3. A low-ranking trigger is selected first.
4. Collect detailed information from the client about cognitions, physiological arousal, and behavioral urges related to this item. Then create a rough script that can be flexibly used to evoke worry during the exercise.
5. The desensitization exercise itself begins with the client deeply relaxing and lowering an index finger to indicate a relaxed state.
6. Narrate the script of the worrisome event.
7. The client raises an index finger to indicate increased anxiety during the narration of the script.
8. Remind the client to return to a deeply relaxed state with relaxation skills or positive coping imagery (see Chapter 5). When the client's index finger is again lowered, the narration continues.
9. Exercise is repeated for the same item until the client can relax within 7 seconds or is able to hold a relaxed state during the narration for a least 1 minute on three occasions.
10. A new, more anxiety-provoking item is then selected from the hierarchy, and Steps 4–8 are repeated.

Note. Based on Goldfried (1971).

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The exercise begins with the client purposefully entering a deep state of relaxation. When the client lowers his or her index finger, the therapist begins to narrate the script of the anxiety-provoking event. If the client raises his or her index finger at any point in the narration, the therapist reminds the client to return purposefully to a deep state of relaxation while continuing to focus attention on the scripted imagery, if possible. When the client has successfully returned to a deep state of relaxation, the narration continues. The therapist repeats the exercise with the worry trigger until the client is able to relax fairly quickly (within 7 seconds) or is able to hold a deeply relaxed state for at least 1 minute.

The following clinical vignette illustrates the application of the S-CD technique with the lowest-level item on Richard's hierarchy of worries (see Figure 6.1).

THERAPIST: Now I want you to deeply relax yourself. . . .

CLIENT: (*After a pause, client signals by lowering index finger.*)

THERAPIST: Imagine you're at the ice rink with your daughter. Make the image as real as possible for yourself . . . feel the cold air against your face, the slippery and hard ice underfoot, see the crowd of people skating around the rink. . . . Hear the music. . . . Involve all of your senses. . . . Imagine yourself with your daughter skating. . . . You are holding hands. . . . Her little hand feels small and fragile.

CLIENT: (*After about a minute, the client raises finger.*)

THERAPIST: Stay with the image, and counter these feelings with deep relaxation. Just let yourself become deeply relaxed. . . .

HANDOUT 6.2. Hierarchy of Worries Form

HIERARCHY OF WORRIES FORM

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

Worry trigger: _____ Anxiety level (0–8): ____
Physical response: _____
Cognitive response: _____
Behavioral response: _____

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HIERARCHY OF WORRIES FORM

Worry trigger: Skating with daughter at the ice rink. Anxiety level (0–8): 2
Physical response: Tension in face and shoulders.
Cognitive response: A kid might run into her. What if she breaks a bone?
Behavioral response: Skate behind her. Watch her and other kids closely.

Worry trigger: A minor error in a brief sent to boss. Anxiety level (0–8): 3
Physical response: Tension in facial, neck, and shoulder areas.
Cognitive response: I'm a jerk not to have checked. My boss will be unhappy.
Behavioral response: Continue to review brief for other errors.

Worry trigger: Colleague gets honorable mention from judge. Anxiety level (0–8): 4
Physical response: Tension in chest, shoulder, and neck area.
Cognitive response: I've done nothing of special note. I'm not succeeding.
Behavioral response: I stay very late at work and take on new assignments.

Worry trigger: Stuck in subway tunnel on way to a new client. Anxiety level (0–8): 5
Physical response: Shallow breathing. Tension in arms, legs, and neck.
Cognitive response: Image of client looking furious and firing our firm.
Behavioral response: Look at watch every few seconds. Stand up repeatedly.

Worry trigger: A toilet at home starts to leak. Anxiety level (0–8): 6
Physical response: Tension in shoulder and leg areas.
Cognitive response: Image of major plumbing problems. We'll be broke.
Behavioral response: Pacing and calculating worst-case scenarios.

Worry trigger: Image of being humiliated by a judge in court. Anxiety level (0–8): 7
Physical response: Shallow breath, heart pounding, tension in face and chest.
Cognitive response: I'll be sanctioned. The firm will be sued. I'll be ruined.
Behavioral response: Repeatedly rehearse next day's appearance in court.

Worry trigger: Partner's daughter died from a serious illness. Anxiety level (0–8): 8
Physical response: Rapid heartbeat, chest breathing, overall body tension.
Cognitive response: Image of my own kid's funeral. I can't handle this.
Behavioral response: Checked on kids and observed kids for illness repeatedly.

Worry trigger: Image of client complaining to boss about me. Anxiety level (0–8): 8
Physical response: Extreme tension in facial, neck, and shoulder areas.
Cognitive response: I'll be fired. Image of self as homeless.
Behavioral response: Checked want ads. Checking family savings repeatedly.

FIGURE 6.1. Richard's Hierarchy of Worries Form.

CLIENT: (*After about a minute, the client lowers finger.*)

THERAPIST: Notice the teenagers skating. Hear how noisy they are. You see them darting about and skating quickly between other people.

CLIENT: (*After a few seconds, client raises finger and opens his eyes.*)

THERAPIST: Close your eyes and tell me what's happening in the image.

CLIENT: A teenager has cut between us, and my daughter has fallen on the ice. She's crying . . . I'm tense. I'm worried she's hurt.

THERAPIST: Stay with the image, and counter these feelings with deep relaxation.

CLIENT: I can't. I see her mouth bleeding. . . . I'm really tense. I can't stand this image! I want to stop this exercise.

THERAPIST: Hold on to the image. Try to stick with the image. Remember that I am here to help you cope. Remind yourself that this is just an image, a frightening image, and nothing else.

CLIENT: OK.

THERAPIST: Now focus on your daughter's mouth and see a tiny little cut of no significance. . . . Now, locate the areas of tension in your body. . . . Now relax those areas. Release the tension. . . . Just let the tension in your muscles go as you become more deeply relaxed . . . loose, heavy, and relaxed. . . . Continue focusing on calming yourself. Breathe slowly and regularly through your nose. Mentally repeat the word "relax" each time you exhale. Breathe slowly and deeply through your diaphragm. . . . Tell me what is happening now.

CLIENT: (*Pause*) . . . I see it's a little cut . . . not serious. I tell her and myself to relax, that the pain will pass. . . . (*Client is practicing the relaxation exercise again. He lowers his finger after a couple of minutes pass.*)

THERAPIST: Continue to relax all of your muscles. Let your body be as loose and relaxed as possible as you glide around the rink with your daughter. . . . Picture yourself chatting and smiling with your daughter as you glide around the ice. Continue to hold on to those images. Signal if any anxiety returns.

In the example above, Richard jumps to an image associated with a much higher level of anxiety in the middle of the exercise. If this occurs, the therapist should strongly encourage the client to stick with the more anxiety-provoking image (or other trigger) and give reassurance that the therapist will actively assist the client with coping. If possible, the therapist can then attempt to refocus the client's attention on the lower-level anxiety item. If this occurs during practices between sessions, or if the client insists on terminating the exercise with the therapist, it is important to permit the client to terminate the exercise. In these instances, the therapist should have the client rate the level of anxiety associated with that exercise. The therapist can frame the experience as one in which the level of anxiety is too high, and the client's desire to avoid is overpowering the desire to approach and attempt to cope. If the client interprets stopping the exercise as a personal failure or a failure of the technique, the therapist can reframe the experience as something that naturally occurs when there has not yet been sufficient opportunity to develop the nec-

essary coping skills for dealing with higher levels of anxiety. The therapist should tell the client that it is acceptable to terminate the exercise in such instances and to refocus on relaxation only. When problems occur with between-session practices, the client should note problems so that they can be dealt with in future sessions.

Particular worry scenarios should be repeated until the client has been able to successfully counter worry with deep relaxation on at least three occasions. The goal is for the client to maintain a relaxed state for at least 60 seconds or to lower the anxiety responses significantly within 7 seconds over a minimum of three occasions of imaging a particular scenario. If the client experiences difficulties in lowering his or her anxiety by the end of a 60-second period, the client should be instructed to stop imaging that particular worry scenario and to return to the deep relaxation exercise for approximately 60 seconds. The client may need to elicit and practice coping with one aspect of worry at a time (e.g., specific attributes of an image) before proceeding to other aspects of the worry (e.g., other attributes of an image plus the meaning associated with that image). The same scene should be repeated until the client achieves success, as noted above. The client should progress to items on the hierarchy associated with higher levels of anxiety only after he or she has mastered the lower-level items.

APPLIED RELAXATION

The goal of AR is to demonstrate relaxation as an effective coping strategy for significantly reducing anxiety under many circumstances (Borkovec & Costello, 1993). AR is similar to the S-CD technique in that relaxation is applied to anxiety-provoking stimuli. The difference between the two techniques is that AR is practiced across a large range of anxiety-rousing situations in daily life, rather than imaginally. The most thoroughly researched method of AR in the treatment of GAD was developed by Öst (1987).

The steps for implementing the AR technique are presented in Table 6.8. In the first session where this technique is presented, the client identifies situations that elicit arousal and anxiety or worry. Early signs of arousal and anxiety or worry in these situations are identified as cues for applying relaxation. Then the three phases of the alternative PMR training typically occur over the next four to six sessions (see "An Alternative Version of PMR," above). The first phase consists of PMR with tension–release cycles of muscle groups. The second phase consists of PMR with only release of muscle groups. The third phase is cue-controlled relaxation.

The AR technique then proceeds with the practice of cue-controlled relaxation across a wide variety of anxiety-rousing situations in the client's daily life. The client conducts these practices both within therapy sessions and on his or her own between weekly sessions over the next 7–8 weeks. AR is practiced any time arousal and worry are anticipated or noticed.

The therapist instructs the client to relax deeply before entering any situation that typically triggers worry. When any symptoms associated with a worry episode are noticed, the client is to apply the exercise to counteract tension and prevent anxiety from spiraling. The exercise is applied during brief (10- to 15-minute) exposures to anxiety-arousing situations. The client is forewarned that although anxiety reduction may be minimal during initial exposures, the relaxation will increase with repeated practice.

TABLE 6.8. Steps in Implementing Applied Relaxation (AR)

Session 1: Introduction of technique and identification of triggers as cues for AR.
Session 2: Phase I of alternative version of PMR (see Table 6.5).
Session 3: Phase I of alternative version of PMR.
Session 4–5: Phase II of alternative version of PMR.
Session 5–7: Phase III of alternative version of PMR.
Sessions 6–13: In-session and between-session applications of AR.
Sessions 7–19 (biweekly, then monthly as needed): Maintenance and relapse prevention.

Note. Based on Öst (1987).

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The final step in the technique is maintenance. The last five or six sessions are spaced biweekly and then monthly, as needed. During this period of treatment, clients are instructed to scan their bodies at least once a day for signs of tension. If tension is noticed at any time throughout a day, cue-controlled relaxation is applied to rid the body of tension. In addition, the clients are to practice cue-controlled relaxation twice a week on a regular basis. Setbacks are predicted and viewed as opportunities to resume practice.

PROBLEMATIC CLIENT RESPONSES TO RELAXATION TECHNIQUES

There are two problems that occasionally arise with relaxation techniques. One is that the client has tried relaxation before, found it ineffective, and is reluctant to try the exercises, again. The other is that the exercises result in increased anxiety and tension.

When prior experiences with relaxation have been ineffective, it is important for the therapist to examine carefully those experiences. The therapist should assess the frequency and duration of practices, and should also determine how well the client was able to focus attention on the exercises. Usually, insufficient or nonsystematic practice of the exercises is responsible for the difficulties. When problems have been due to difficulties with maintaining attention, the therapist can inform the client that such difficulties are relatively common in individuals with GAD. Worries often function as intrusive distractions while clients are practicing the exercises. The therapist can reframe distracting worries as opportunities to practice exerting control over one's focus of attention. When a worry intrudes, permission is given to notice the worry. After noticing the worry, the client should practice letting go of the worry and refocusing attention on the physical sensations experienced during the exercise. The intentional refocusing of attention on stimuli within the moment is a form of mindfulness. (Mindfulness is a technique that will be discussed in Chapter 8.) With repeated practice, the client should find it easier to maintain his or her attention on the exercise. If not, the therapist may want to focus on developing mindfulness skills and return to relaxation training at a later point in treatment.

In cases where the exercise induces anxiety and tension, the therapist should carefully assess the thoughts and images that occur during the exercise, as well as the meaning of relaxation in general for the client. In some instances, the changes in sensations and alertness experienced during the exercise are associated with a loss of control or danger and threat. In other instances, the client may view relaxation as an inefficient use or waste of time, or as overly self-indulgent.

In instances associated with a loss of control or danger and threat, the therapist can alter the relaxation procedure to expose the client more slowly to the feared aspects. Essentially, the relaxation procedure is treated like an exposure exercise. For example, the client can start with only a few muscle groups or practice for shorter periods of time and gradually work up to the full amount.

Clients who either have experienced panic attacks during episodes of worry or have full-blown panic disorder coexisting with their GAD are often frightened by their physical sensations. These clients often fear a loss of control with any change in sensations (e.g., "Something is wrong with my heart"). In such instances, the therapist can provide the following explanation of the changes in sensations experienced during the exercises:

> "As you are practicing this exercise, you are purposely causing physiological changes. These changes are normal and natural alterations of your body's processes. Although you may experience the sensations as unpleasant, they are not at all dangerous. Your heart and respiration rates are decreasing; your gastrointestinal and circulatory systems are slowing; your muscles are releasing tension. During the exercise, you may notice a change in the way your heart is beating. You may notice tingling sensations in your extremities. You may experience muscle twitching. There are a variety of physical sensations that you may notice during this exercise. These sensations are signs that the exercise is working. They are signals that your bodily processes are slowing and that your body is going into a more relaxed state."

When clients believe that relaxation is an inefficient use or a waste of time, the therapist can use an analogy of a reservoir that doesn't receive sufficient rain. Relaxation is like rain. Relaxation replenishes the body's and mind's reservoir of energy. When people allow their bodies and minds to relax, they actually have more energy and become more efficient and productive in the long run. When they deprive themselves of relaxation, their bodies and minds are quickly drained of energy and become less efficient overall.

When clients believe that relaxation is too self-indulgent, they often avoid the exercise to avoid feeling guilty. Often they believe that taking care of others should take precedence over taking care of themselves. The therapist can ask such a client what advice the client would give a friend if the friend neglected taking care of him- or herself in this way. The client's response usually indicates recognition of the problem. It is important to iterate that it is just as important to care for oneself as it is to care for others. When there is a consistent lack of balance in care, it demonstrates a lack of respect for oneself. It can also demonstrate a lack of respect for another when incorrect assumptions are made that the other cannot care for him- or herself. Sitting through the guilt and continuing with the exercises will correct this imbalance. In time, the value of taking care of oneself will become obvious and reinforcing in and of itself.