

## A Method of Achieving Carryover of Relaxation into Life Situations

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Muscular relaxation as a therapeutic agent in the treatment of speech disorders has been widely used by Speech Therapists. The various methods of teaching relaxation are well known to Speech Therapists and do not warrant repetition of fundamental principles. This article is concerned with a method of obtaining carryover of the relaxed feeling and attitude into social situations.

One often finds in general Logopedic practice a patient who successfully masters the technique of general bodily relaxation and differential relaxation in the clinic situation, but who finds it very difficult to obtain a carryover of relaxation into everyday living.

A method of 'easing' the difficulties both children and adults experience in this direction which the writer found helpful will now be described.

When the patient has reached the stage where he can relax voluntarily in the clinic situation I introduce the technique of psycho-drama i.e. we act out common everyday life situations in both a tense and a relaxed manner. We then analyse whether the tension is of any use to the speaker or serves any purpose in the speech. There is usually some initial resistance in the older child and adult to acting things 'out' but this is soon overcome and the patient is then ready to tackle extra-clinic assignments.

The first extra-clinic assignments are usually real-life situations that have previously been acted out at the clinic e.g. the dinner table, talking on the telephone, being kept waiting for an appointment at the Doctor or Dentist etc. etc. Reports on the success of the assignments are written and then the situation is enacted at the clinic in both a tense and an easy manner. Older children and adults then make a detailed assessment of the overt reactions of others to the forced tense speech or the smooth easy speech. Most of the assignments are concerned with assisting the carryover of relaxation into life situations. This method is particularly successful in groups and has been used by the writer for all types of hypertense speech defectives.

Two cases have been chosen to illustrate the use of this method with patients of a widely differing age range and type of disorder.

### CASE A.

A 25 year old adult male secondary stutterer was given a thorough and well planned Mental Hygiene Programme to help him learn to 'know himself' and to eliminate 'mal-attitudes' towards himself and his speech. After four months of treatment a re-assessment of the patient's attitude towards his defect showed a decided increase in objectivity. The case was then taught relaxation using a combination of the Fink and

Jacobson Methods.

Complete voluntary relaxation was learned in approximately seven weeks, but the patient achieved little 'natural carryover' of relaxation into extra-clinic situations. The difficulties of obtaining carryover were aggravated by the fact that the case was extremely quick tempered and frequently flew into a rage before the thought of relaxation entered his head. (He appeared to have a very low frustration tolerance level.)

The previously described method of achieving carryover of relaxation was used exclusively for four weeks with this case, by which time carryover into social situations was almost complete and a marked change in both personality and speech of the subject was noticeable. Severity of the stutter and duration of the blocks had decreased.

After four months of therapy devoted to the elimination of the actual stuttering symptoms, the case was successfully dismissed rehabilitated. He has been re-checked four times at six monthly intervals since his dismissal from the clinic and appears to have been completely rehabilitated.

### CASE B.

A highly intelligent seven-year old severe tension-athetoid was actually taught relaxation through the previously described method of psychodrama. Games like pretending to live in 'Slow Easy Land' where we met 'Sleepy Joe', 'Floppy Flo', 'Raggedy Ann' and Plop the Rag Doll or living in the 'Land of the Melting Snowman' were used to introduce the idea of relaxation to a child to whom relaxation was so foreign. After the child had mastered the technique of relaxation, carryover of relaxation was worked on through acting out life situations in an 'easy relaxed' way. The therapist then accompanied the child into life situations (in the school situation and through gentle reminders or 'secret looks' helped the child release excess tension in these situations. This was considered to be part of a secret game between the therapist and the child.)

When the child had obtained a fair degree of carryover of relaxation in the school situation the Mother was let into the 'secret' of 'Slow Easy Land' and the 'Land of the Melting Snowman' and taught to be like the inhabitants of these lands, to help the child obtain carryover of relaxation into the home situation.

The writer does not believe that relaxation training is a 'panacea' to speech therapists, but that specific methods of ensuring carryover of relaxation into social situations must be used for those patients who are taught general bodily relaxation. We so often find a case who relaxes well in the clinic situation but is quite unable to utilise his ability to relax in social situations, where he needs it most.