

Comparison between Progressive Muscle Relaxation and Shavasana in Anxiety Treatment

Yakata Sharma¹ and Shiva Raman Pandey^{2*}

¹Research Scholar, Department of Psychology, University of Rajasthan, Jaipur, India

²Founder & CEO, eWellness Expert, Bangalore, India

***Corresponding Author:** Shiva Raman Pandey, Founder and CEO, eWellness Expert, Villa- 39, Phase-2, MIMS Ardenale, Kannamangala, Whitefield, Bangalore, India.

Received: July 31, 2017; **Published:** August 07, 2017

Abstract

Anxiety is an extremely unpleasant feeling of fear and apprehension about the future events. Reduction in anxiety level is the prime objective behind various anxiety reducing relaxation techniques namely yoga, meditation and progressive muscle relaxation. With a cultural shift and major western influence Indians have regained an interest in the effectiveness of yoga, meditation and progressive muscle relaxation in counteracting anxiety. This paper attempts to clear the widespread confusion associated with progressive muscle relaxation and shavasana as anxiety reducing techniques. Through this paper an attempt is made to describe the underlying principles which make both these techniques different from each other.

Recent worldwide estimates for the 1-year and lifetime prevalence of any anxiety disorders are 10.6% and 16.6%, respectively, with a ratio indicating that a large number of people experience anxiety disorders on a continuing or recurring basis. Prevalence is approximately twice among women, with overall age-specific rates remaining relatively stable or increasing across the lifespan. Anxiety among all other mental disorders affects about 1 in every 13 people i.e. 7.3% (Queensland, V, 2012).

Volume 1 Issue 1 August 2017

© All Copy Rights Reserved by Shiva Raman Pandey and Yakata Sharma.

According to Journal of Psychological Medicine, 10% of the people in North America, Western Europe and Australia/New Zealand are affected by Clinical Anxiety in comparison to 8% in Middle East and 6% in Asia. Anxiety is nothing but a diffused, vague, an unpleasant feeling of fear and apprehension about the future events. An anxious individual worries unreasonably for the unknown dangers. With such worries about future events such individuals are often unable to enjoy or gain the gratification from present actions. The chief characteristics of anxiety include the feelings of uncertainty, helplessness and physiological arousal.

The major physiological symptoms characteristic of anxiety include:

1. Nervousness or jitteriness
2. Tension
3. Feeling tired easily

Citation: Shiva Raman Pandey and Yakata Sharma. "Comparison between Progressive Muscle Relaxation and Shavasana in Anxiety Treatment". *Current Opinions in Neurological Science* 1.1 (2017): 81-83.

4. Dizziness and feeling fainted
5. Frequent Urination
6. Heart Palpitation
7. Breathlessness
8. Sweating
9. Trembling
10. Worry and Apprehension
11. Sleeplessness
12. Difficulty in concentrating
13. Hyper vigilance

All these common symptoms of anxiety have fear and worry associated with them. Anxious people are generally, not aware of the reasons of their fear. In other words, the cause of worry remains vague and not readily apparent in anxiety cases.

Various techniques have been undertaken to counteract anxiety. A few include cognitive behavioral therapy, exposure therapy, systematic desensitization, exercise, relaxation techniques, biofeedback, Hypnosis etc. Out of the various alternate therapies for anxiety, Progressive Muscle Relaxation has been extensively utilized to control anxiety, relieve insomnia and reduce symptoms of certain types of chronic pain.

People generally confuse progressive muscle relaxation and shavasana as anxiety reducing techniques. Undoubtedly, both the techniques aim for the same cause but significantly differ in their respective mechanism.

Progressive Muscle Relaxation technique was given by Edmund Jacobson (1908) as an alternate means of coping with stress and anxiety. The basic concept behind this non-pharmacological method of deep muscle relaxation is that the muscle tension is body's psychological response to anxiety inducing thoughts and that muscle relaxation blocks anxiety.

Progressive Muscle Relaxation primarily functions on the concept of 'reciprocal inhibition' in treating anxiety. Joseph Wolpe (1958) opined that if in the presence of anxiety-provoking stimulus an emotion opposite to anxiety is evoked then the bond between the anxiety-provoking stimulus and anxiety response is broken, a new response to the stimulus (zero or less anxiety) is thereby learned.

Progressive Muscle Relaxation is a systematic way of relieving tension by letting the mind become aware of and relaxing each part of the body in turn by concentrating on that part of the body, feeling any muscles that might be tense and letting them go. In short, Progressive Muscle relaxation requires physical passivity yet an alert observation and reporting of body's degree of relaxation in terms of Subjective Units of Distress (SUDs). SUD is a subjective value of disturbance or distress felt by an individual at the moment on a scale of 0 to 10, where 0 indicates no/zero level anxiety and 10 indicates the highest level anxiety. In-between and post muscle relaxation state there occurs significant autonomic relaxation i.e. pulse rate and respiratory rate hit the normal range; SUD level lowers down to 5.

Furthermore, Progressive Muscle Relaxation focuses on the acknowledgment of tension as well as relaxation in the muscles. Additionally, differential muscle relaxation is another key feature associated with progressive muscle relaxation training.

Shavasana, on the other hand, is an asana (posture) as the name suggests 'death posture', usually done at the end of a yoga practice. Unlike Progressive muscle relaxation, shavasana requires an individual to lie down on his/her back on the floor with legs spread as wide as the yoga mat and arms on the side of the body with palms facing upward.

This yoga asana focuses on the relaxation of only those muscles which undergo stretching, contraction, twisting and inversion during the whole yoga cycle unlike progressive muscle relaxation which equally concerns relaxation of not just the active or tensed muscles but also the muscle tissues which remain relaxed at the particular moment.

Conclusion

With an increase in the cases of anxiety disorders and global anxiety rate, a shift towards alternate therapies to counteract anxiety cannot be ignored. Progressive Muscle Relaxation is a deep muscle relaxation technique which primarily succeeds in reducing the level of stress hormone –Cortisol, in human blood. According to a study by Hui, P.N., *et al.* (2006) Progressive Muscle Relaxation helped in improving quality of life and reduced blood pressure among heart patients. Also, it helped in relieving anxiety and enhancing quality of life among 29 colorectal cancer patients with recent surgeries (Cheung, YL., *et al.* 2003).

The effectiveness of Progressive Muscle Relaxation in reducing anxiety is thus supported by the above mentioned researches. A study on the effect of relaxation techniques and Shavasana on stress and pulse rates of medical students by Shinde., *et al.* (2015) concluded that both the techniques successfully reduced anxiety level among medical students but on comparing both the techniques objectively, Shavasana was found to lower down the stress level and pulse rates than Jacobson's technique of relaxation. The literature supports the effectiveness of both Progressive Muscle Relaxation and Shavasana as anxiety reducing techniques, however, which one is superior, is still an unanswered research question.

References

1. Cheung YL., *et al.* "The effect of Progressive Muscle Relaxation training on Anxiety and Quality of Life after Stoma Surgery in Colorectal Cancer Patients". *Journal of Psycho-oncology* 12.3 (2003): 254-266.
2. Hui PN., *et al.* "An evaluation of two behavioral rehabilitation programs, qigong versus progressive muscle relaxation, in improving the quality of life in cardiac patients". *Journal of Alternative and Complementary Medicine* 12.4 (2006): 373-378.
3. Jacobson, E. (1938). *Progressive Relaxation*. Chicago: University of Chicago Press.
4. Philips, D. (1978). *How to fall out of love*. Houghton Mifflin Company, Boston.
5. Sarason, I.G., & Sarason, B.R. (2008). *Abnormal Psychology: The Problem of Maladaptive Behavior*. Dorling Kindersley (India) Pvt. Ltd.
6. Shinde V., *et al.* "A Study on the Effect of Relaxation Techniques and Shavasana on Stress and Pulse Rates of Medical Students". *Journal of Exercise Science and Physiotherapy* 11.2 ((2015): 123-128.
7. Somers JM., *et al.* "Prevalence and Incidence Studies of Anxiety Disorders: A Systematic Review of the Literature". *Canadian Journal of Psychiatry* 51.2 (2006): 100-113.
8. Wolpe J. (1958). *Psychotherapy by Reciprocal Inhibition*. Stanford, California. Stanford University Press.