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Meditative Therapeutic Relaxation

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Abstract: This article presents the Meditative Therapeutic Relaxation — MTR, which is implemented with children and adolescents who reside in VZ Planina (Counselling Centre Planina) and have emotional, behavioural, and combined disorders. Since the characteristics of these children and adolescents are specific, the approach has been developed concerning their needs. In the article the evolution of MTR is presented from the first ideas to the development of two approaches to relaxation — group and individual approach. The concept nourishes a feeling of inner peace, sense of security and creates a safe space which allows participants to relax and recognise their emotions. The article also presents the role of the person guiding the exercise and the importance of their approach. If the MTR is suitable for children with emotional, behavioural, and combined disorders, it can also be used for the needs of a wider population.

Key words: meditative therapeutic relaxation, release, emotional, behavioural, combined disorders, emotions, inner-peace, safety

1. Introduction

The purpose of this article is to introduce the reader to Meditative therapeutic relaxation — MTR, as a form of relaxation that we developed while working with children and adolescents with emotional, behavioural and combined disorders. In this article, plural forms will be used when referring to the Residential and Counselling Centre Planina (RCC Planina) as an organization in which MTR was developed, and singular, when the writing relates only to the author exclusively.

As a student, I regularly trained in modern dance and did yoga. After acquiring a yoga instructor's licence, I continued to build my knowledge in the school for biotherapists which allowed me to get a new perspective on the world and life in general. The life experience that followed after, led me to more profound introspection, and to find different ways of relaxing and getting in touch with myself. It was those experiences that later helped me develop a unique approach to both myself and relaxation, which helped me with my work as well.

As a teacher for children and adolescents with behavioural, emotional and combined disorders, I am met with the youths' emotional outbursts and their internal struggles daily. The teachers are a reference point for the patients in our institution, their families, as well as for everyone else in contact with them. They are the ones who collect and gather the information for every case, while also taking on the responsibility for the upbringing, essentially functioning as the parents' replacement (Del Valle, M López in Bravo, 2007).

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In the continuation of this article, I will describe the process that led to us developing the approach to relaxation, appropriate for the needs of the children and adolescents in our institution. This method has shown to be useful for and is well-accepted by our wards, and could perhaps be interesting for the general population as well.

2. The Children and Adolescents With Whom We Practiced MTR

The residents of the RCC Planina are adolescents with the so-called combined disorders, which means that they suffer not only from behavioural and emotional disorders but also mild mental disturbance. Some of them also deal with psychiatric disorders, mental illness, auto- and heteroaggressive behaviour and compulsory criminal activity. Their chronological age is not necessarily equivalent to their mental or emotional age or maturity. Occasionally, we also note existing conditions growing worse and new disorders appearing with some children and adolescents. Because we want to find the best possible approach for each of our wards — while also keeping in mind that the population is very diverse — our patients are treated by different professional services to achieve a compensational and correctional progress.

Most children and adolescents come from dysfunctional families, where they did not experience many positive life experiences and have suffered emotional deprivation. As Goleman (2006, p. 174) states, if a person does not learn how to deal with the obstacles in life during childhood, they could grow up emotionally unprepared to deal with them later in life. Many of them, which caused them to suffer the lack of what Goleman (2006, p. 301), describes as the life force which can be created even from one sole human contact, especially if that contact comes from loving connections. According to that author, people who are our favourites function as an “elixir”, a never-ending source of energy. The neural exchange between the parents and the child, a grandparent and a baby, between two lovers, a happily married pair or between two good friends has tangible benefits (Goleman, 2006, p. 301).

Many of the youths were also subjected to experiencing stress on a daily basis, which can cause substantial damage to the hippocampus, the area of the brain that plays an integral role in the processing and consolidation of information (learning) and memory.

When a person is subjected to stress, the adrenal glands above the kidneys release cortisol, one of the hormones, which mobilise the human body in the event of danger. Cortisol then stops the working of the hippocampus and causes the amygdale gland to stimulate the growth of dendrites in the part of the gland dealing with the fear response. The higher amount of cortisol stunts the ability to regulate the fear signals, coming from amygdale in the crucial areas in the prefrontal cortex If the hippocampus is damaged, its ability to detect fear lessens significantly and it starts detecting even when there is no reason for that to happen. This kind of perceiving and reacting to everyday situations is commonplace with the children and adolescents in our institution.

Because of the specifications of our youths and adolescents, when compared to the general population, we adjust the methods of work with them in most cases. S. Prah and Pavlovič (2015) also write of different approaches to problems, and determine which are more and which are less suited for certain situations. If the wrong approach is chosen, it could potentially trigger contraindicated behaviours, such as, for example, unwanted auto- and heteroagressive behaviour outbursts, self-harming behaviours, uncontrollable emotional outbursts, suicidal behaviours, etc.

As a teacher, as well as a parental replacement, I have been researching different approaches to working with children and adolescents in my care. I have explored several methods for dealing with one's emotions, as remaining calm is vital when it comes to resolving critical situations, where the decisions one makes must be quick and effective, however doing so is not always easy when it comes to occurrences that are often very emotionally turbulent for everyone involved. Because I noticed, that the methods of relaxation played a significant role in helping me improve the quality of my own work, I decided it would be good to offer carrying out a different method of relaxation to the children and adolescents in our care as well.

3. Meditative Therapeutic Relaxation — MTR

Meditative therapeutic relaxation (MTR for short) is a method of relaxation that was created over a longer period of time, catering to the needs and abilities of the children and adolescents in RCC Planina. Because their needs are rather specific, we developed a method, that would be acceptable for children and adolescents with different diagnoses; a method that they could accept and internalise, and one that would at the same time not trigger any contraindications or contraindication reactions. The further creation process of the method was based on the children and adolescents' reactions. We first started implementing MTR during the group relaxations, and then also applied in to individual relaxations, which allowed for a more in-depth approach, compared to the group relaxations.

3.1 Group Relaxations

In the beginning, we started implementing MTR into the weekly evening relaxations, that I adjusted to the children and adolescents' perception and acceptance capabilities. As a majority of them have lower intellectual capabilities, I avoided overly complicated explanations of what a relaxation is and how it works, and instead rather focused on letting them experience it on their own.

I noted and took into account their reactions to relaxations, which led me to the realisation that most of them crave the peaceful sensations — release.

Thus, the first goal that I wanted to achieve when creating MTR, was creating the sensation of inner peace, which is impossible to achieve with simply saying "Let me be!" or any variation of thereof, which usually mean that the speaker wants to be undisturbed and inactive, despite their state of conscious often being turbulent.

The second goal, that I set for myself, was to allow the children or adolescents, to experience what is it like to lie down in bed in the evening when you are completely calm, trying to stimulate such sensation with MTR. For many of them, this experience was the first of the kind, as a majority often experienced various fears and distress before falling asleep.

Guided evening relaxations before sleep were carried in a communal space with sleeping mats that the children and adolescents could lie on. The relaxations started with guided relaxation, accompanied by quiet music playing in the background, and the children lying on the back. Later on, they could also turn onto the side or lie on their stomachs if they wanted to. In cases when some of the partakers were unable to calm down, I helped them relax by laying a hand on their chest — always with their consent. In time, we also started implementing the facial muscle massage at the end of the relaxation sessions, which had a very beneficial effect on the children and adolescents involved, as many of them commonly experienced headaches due to hypertension.

Children and adolescents quickly came to like the relaxation technique, which prompted me to further expand my knowledge and experience, while focusing mainly on the sphere of emotions and their individual

experience. Additional stimulation came from the reports of the night time teachers, who reported, that the children and adolescents were noticeably calmer when going to sleep after the evening guided relaxations, as well as fell asleep faster than usual, and that the emotional and behavioural outbursts were less common as well.

Children and adolescents in our care are different from the general population also because of their negative past experiences or even unique genetic conditions, which made their experiences of stress more dramatic, compared to those of their peers living at home. As such, the sensation of inner peace was a completely new experience for a majority of them, and one that they may have been unable to feel without priory culminating into an emotional or behavioural outburst or without the help of additional medications. An important aspect of them experiencing the sensation of inner peace was also that it lead them to realization, that there were non-dangerous ways of facing oneself and one's emotions, which could help them calm down. When they felt the oncoming feelings of distress, they could help themselves by being aware, of the possible painless methods to resolve said distress.

Creating a feeling of inner peace was also integral for creating a space, in which the children and adolescents could self-reflect. As Bennet-Goleman (2001, p. 14) write, self-reflection and introspection can help us unveil the pain under the mask we chose to put on. With further contemplation, we can also notice how the patterns of pain keep the mask on its place and an even closer inspection may reveal that even the patterns of pain are in movement and are rearranging themselves. We can also start to understand how our reactions to our own emotions distance us from ourselves. If we go even deeper into our centre and remain honest to ourselves, our consciousness will move forward as well, untangling, breaking and removing even more layers, while our insights move further. It is only ten that we can be joined with the truer parts of ourselves, that we at first merely glanced at. Only after a prolonged and insistent insight, we are capable of finding the source from which the consciousness reaches every layer of our being (Bennet-Goleman 2001, p. 14)

The next stage of implementing MTR was carrying out the relaxations twice a week during morning hours. The primary goal of those relaxations was creating a safe space, where our wards could bodily and emotionally relax and let their minds wander. The guided relaxations were carried out with the participants lying down and with quiet music in the background. As the children and adolescents and their needs could differ considerably from individual to individual, they were all given a chance to decide whether they wanted to keep their eyes closed or open during the relaxations, and which position they wanted to lie in. For some of them, lying on the back was too demanding and they could relax more easily when lying on their stomachs or the side. In two specific cases, there were two participants, who were so tense that they chose not to lie down at all, but rather remained seated during the guided relaxations, as laying down would impact their ability to control the environment too significantly, and would thus cause them further distress. We also used short breathing exercises during the group relaxations.

The contents of the scenarios used for guided relaxations usually featured nature, while emphasizing the observation of the participants' own rhythm of breathing and the thoughts they experienced during the relaxations. The contents of the guided relaxations were more or less unimportant, as most of the children and adolescents weren't capable of following the plot, so the scenarios mostly functioned as the framework for the relaxations sessions, intending to create the feelings of peace and release.

The second goal of the morning meetings was stimulating the feelings of safety, of "everything being okay". The specifics of children and adolescents in our care is among other factors also in that they often have no power in changing their living environment — firstly, because they did not acquire that skill set during the childhood,

and secondly, because they mostly come from environments that are resistant to change. The purpose of the meetings was giving our wards a chance to experience that while the circumstances in their life may be unstable and negative, they are capable of creating a mental space where they can take a step back from things happening around them and where they can take some respite. We wanted to communicate to them that despite their home situations being chaotic, their inability to control their impulses in a socially acceptable manner, their self-image being low, their fear of the future, worry for the people close to them, or even if they have no one left, they are capable of finding a way to calm down and experience the feelings of safety from within.

The group relaxation sessions were also the time when we were all equal. There were no distinctions between the so-perceived stronger, more important or smarter individuals and the ones who were seen as weaker, less important or stupid. Everyone was able to learn how to relax, no matter their perceived capabilities. It was a space where their own emotions and sensations were the most important.

When guided relaxation became increasingly requested by the children and the adolescents, which was evident from their getting used to them and asking for further sessions, we started to feel obliged to give the relaxations a specific role among the methods used when working with people with intellectual disabilities. Thus we decided to name our method Meditative therapeutic relaxation — MTR.

3.2 Individual Meditative Therapeutic Relaxation

The next step in implementing MTR was implementing it on an individual level. Because such relaxations were more personal, I was able to fully focus on each individual and adjust the relaxation method according to each individual's specific needs. Once again, the biggest emphasis when using MTR was on creating a safe space, where the children and adolescents were able to relax enough to be able to feel touch with themselves.

The focus of individual MTR was on the emotions, as the children/adolescents could more easily recognize, name and express their emotions in the safe space. Identifying the emotion played an important role in the process, as doing so helped them recognize and acknowledging the emotions they were experiencing. If a child is not allowed to verbally express their emotions, they will also have more difficulty regulating or controlling their behaviour (Kanoy, 2014, p. 93). Many of the children and adolescents in our care were not allowed to express their emotions growing up. The emotion they most commonly detect and name is that of anxiety. As Kanoy (2014, p. 103) explains, the more a person is capable of verbally expressing their emotions, the lesser the chance they will "explode" later on.

As Damasia (2003, p. 53) states, emotions are a "natural means" by which the brains and the spirit put a value on the environment both inside and outside the organism and then based on these assessments, adjust their reactions. What we were trying to achieve with the relaxations was emotional balance. In the words of Ščuka (2007, p. 148), the emotional balance is incredibly important during the process of learning, as we are otherwise incapable of shaping conscious mental images, that are the foundation for our lives. Emotional balance is in its source the balance of neurotransmitters, which during the process of the so-called "brainstorming" help an individual make an occurrence a conscious act, with the help of mental images. Kanoy (2014) writes about the importance of taking the emotions into the account as well. If we are afraid of admitting our feelings to both ourselves and others, they often become stronger, and their negative consequence more likely.

The feelings we encounter most often when working with our wards are those of fear, anxiety, feelings of guilt and anger.

The difference between fear and anxiety is excellently described by Z. Rakovec Felsar and Dernovšek and others. The first of the mentioned authors differentiates fear from anxiety on the basis that fear has a foundation in reality and that its experience only lasts as long as a person is in danger. The physiological effects of fear on the human body are to better supply of the organism with oxygen and food as well as the activation of energetic movements, triggering the reaction of the energy supply, which the body has been storing so that the person is capable of making quick decisions and correct choices, to safely remove themselves from the danger. The feeling of fear passes when the dangerous or uncomfortable situation ends (Z. Rakovec Felsar, 2002).

Anxiety is described by M. Z. Dernovšek, M. Gorenc and H. Jeriček (2006, p. 36) as an "uncomfortable emotion, that is usually followed by physical and behavioural changes similar to those following the usual stress response. The changes can appear gradually or appear in a sudden offset. If the feelings of anxiety are so strong as to obstruct an individual's everyday activities, persisting even when the danger has passed, or if the individual is unable to control their feelings of anxiety and the feelings of anxiety instead control the person, the feelings of anxiety can be described as chronic anxiety or an anxiety disorder."

Many of the children and adolescents in our care, as mentioned, also experienced feelings of guilt. Most frequently they experienced deep guilt in relation to their parents and/or other people close to them. Erzar and Torkar (2007, p. 92) sustain that guilt "at first glance has similar attributes to shame: it is, like shame, a negatively evaluated emotion, however it differs from it in its own specific, controlling and unstable attributes. Guilt on its own contains elements of responsibility and regret. As such, the individuals who experience guilt, presumably wish to confess, fix their perceived misdeeds and seek forgiveness."

As stated, our wards commonly expressed feelings of anger as well. We are angry when we evaluate that we are capable of standing up to the threat. If we determine, that there is nothing we can do in face of danger, we usually feel fear and attempt to escape the situation. In case we conclude that we are both incapable of confronting the situation, as well as incapable of avoiding it, we feel sadness and become passive.

Anger appears as a response to a situation, that we perceive as unjust, which increases the chance of aggressive behaviour. If the individual is prevented from openly expressing their anger, the physiological consequences of it become more lasting and the repression can lead to depression. Depression can be caused by lasting deprivation, including the loss of social support, followed by negative thoughts about oneself, and reduced activity. Some believe that depression is a consequence of directing one's anger inwards, as people suffering from depression allegedly often show signs of sympathetic arousal, which is a common response to feelings of anger as well (Chesney and others 2008, p. 51).

The most important factor in MTR is, that the children and adolescents partake in it voluntarily and of their own wish. After the relaxations, they reported feeling relieved.

4. Challenges

Relaxation and release is a field that I personally felt drawn to and I wished profoundly to constantly expand my knowledge, hence I sought new and better ways I could use for further improving my method. How to make the releaxations efficient, how to acquire the trust of the children and adolescents under my care and consequently, how to get them to relax during the relaxations — those were all the questions that I sought to answer. I came to realise that the most important component of relaxations with the wards, was my own tranquillity. It was my tranquillity that helped the children and adolescents in my presence calm down and relax as well.

I have also learned, that it is incredibly important for me to create a safe space for them; however, I was still very limited, only using words and explanations. I could not simply explain to the children and adolescents with words, why it is important to feel peace within themselves; the peace had to be created. In order to create a safe space for them, I, as the authority figure, first had to create a safe space, a peaceful space, within myself – that was the formula that then drew our wards closer as well. Only if and when they felt the peace within me, they started to trust me, and consequently, started to allow themselves to relax, feel at peace and were capable of introspection.

An important aspect of developing MTR was that I at the same time developed and nurtured my own empathy. As Goleman (2006, p. 126) writes, social emotion predisposes the presence of empathy; taking into consideration how our behaviour will be experienced by others. Social emotions function as an "inner police", which ensures, that what we do and say is in accord with interpersonal harmony of a specific situation. Bennet-Goleman (2001, pp. 30–31) also emphasize the importance of empathy, by writing that empathy can be immensely helpful when discovering the vulnerabilities of others. Despite our minds possibly not agreeing with their emotional responses, we can still think of other people with compassion. The author then continues by saying that observing people with compassion allows us to collect data, which we can then use to create a logical notion of what could otherwise be a shocking response, as well as helps us react more openly. Compassion also helps us resolve our problems more easily.

Calmness and empathy, therefore, helped, so the children and adolescents did not feel rejected — a feeling most of them grew up with. Goleman (2006) writes that the wish for interpersonal connection is a basic human need and that rejection can be felt as deeply as physical pain.

An especially tough challenge was facing the fears and anxieties that the children and adolescents were experiencing. When I was considering different ways of confronting these issues, I at a certain point realised that I was dealing with their fears similarly to how I dealt with my own. If I wanted to respond more effectively to their fears, I first had to improve my reaction to my own. After I managed to achieve that, I did not experience my own fears along with theirs and I was capable of remaining calm. As already stated, this calmness was vital to the process of the children and adolescents being able to face their own fears as well.

Calmness and empathy were therefore key factors for making correct judgements, when and with whom to use a specific method and when a child has matured enough, to be capable of confronting certain emotions and certain parts of themselves. Calmness and empathy were also crucial ingredients for making correct evaluations about which areas of the children's or adolescents' inner world we were going to leave uninterrupted and untouched.

In so far, there have been no contraindicated reactions in regard to MTR.

5. Conclusion

The road leading from the first ideas about relaxation sessions up to the creation of Meditative therapeutic relaxation method was filled with minor and major every-day challenges. The specifics of our wards were in that the progress could not happen overnight, but instead slowly and gradually. Overly high expectations can in many cases do more harm than good, and may not always be realistic. Giving someone a sense of peace (especially, if that was a sensation previously unknown to them), can be a very precious life experience and lesson. Developing that feeling and nurturing it gives the person a chance of changing themselves and their own life for the better on a long-term.

MTR brings about change. Some of our wards may just keep a nice memory of it, while others may, by continuing to improve and upgrade their skill, make use of it for years to come.

Because MTR is still a rather new method of working with people with special needs, it will continue to be improved in the future. In any case, the first reactions to it are positive and therefore encouraging for the further development of this method.

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