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# Effects of relaxation training to increase self-esteem in the University's graduate students

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**Abstract**

The aim of this research was to review the effects of relaxation training to increase self-esteem in the University's graduate students of Khomein University in psychology and counselling. This study was quasi-experimental with pre-test and post-test. Population of the study consisted of all male and female students of psychology and counselling and statistical sample consisted of 16 students (eight male and eight female) that were selected by voluntary sampling, and each of them were asked to subjectively rate their self-esteem in the field of relaxation which is scored from 0 to 100. The data were analysed using univariate analysis of covariance after the training sessions. The findings supported the effectiveness of relaxation training to increase self-esteem. So that relaxation training is to increase self-esteem in the students. In line with this, necessary actions were done about using this therapy method for improving the self-esteem in the students.

**Keywords:** Training, relaxation training, self-esteem.

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## 1. Introduction

One of the basic factors of desirable personality development is the subject of self-esteem and self-worth. Self-confidence and high self-worth are a prominent traits of creative people and who have divergent thinking. Self-esteem, feeling of worth, affirmation, acceptance and worth, which person feels for him or herself. Self-confidence is the traits of personality that is doubtless; it is one of the basic needs of people in all scientific and moral classes and grades; there are different factors to form self-confidence. Self-confidence means to believe that it can be done a desired behaviour successfully (**Weinberg & Gould, 1999**).

Results show that nowadays evaluation and improvement of self-esteem, self-confidence, individual and social skills of children and teenagers are the first or the most important step in the treatment of behavioural disorders; if they want to use the maximum of mental capacities and potential abilities, they should have a positive attitude towards them and also have strong motivation to endeavour (**Mastali, Hoseynian and Yazdi, 1384**). Finding factors which cause self-confidence is the most issue for researchers. This research studied relaxation training to improve self-confidence. Emotion levels, especially emotions like anxiety, phobia, anger, etc. in relaxation are so little. Relaxation therapy, relieve tension and twitching relate to anxiety reduction. Learning and controlling twitching are the basis of relaxation therapy that first Jacobson explained it. Physiological therapists try to change cognitions through physical responses intervention. Learning to control these skills and relieve tensions help a person to control him or her mental status and dominate to him or herself in different conditions. In 1993, Maynard and Cotton believed that athletes who use relaxation can control their body-focused anxiety meaningfully before the competition (quoted by **Khorand, Bagherzade, Moosavi** & **Ameri,** 2009).

Relaxation training help person to detect physical responses and change them although most of them are automatic responses. For example, many report heartthrob when are angry. Deep breath is one of the relaxation techniques that reduce heartthrob and it doesn't happen in many people normally (**Podell,** Mychqilyzyn, Edmunds, Puleo & Kandall**, 2010)**. It leads to increase brain efficiency and control psyche. Person can control worry, anger and nervousness (**Fathi,** 2009). **Coote and Tenenbaum in 1998** studied the role of relaxation in aggression and it showed that imagery and relaxation are effective in stress tolerance. **Watanabe, Fukuda, Hara, Maeda,** Ohira and Shirakawa **(2006)** surveyed relaxation imagery in the health of people of society and resulted that the more relaxation imagery is done, the more it will be effective. Moreover, Valdez (2006) studied the effect of relaxation therapy to reduce physical-psychological symptoms of stress in mothers who worked and it showed stress level and tension decreased meaningfully. **Denkowski, Denkowski and Omizo (1983)** showed relaxation training causes self-esteem increase but it's not meaningfully. So, with regard to increase in the self-confidence in students, this survey has been done to determine the effectiveness of relaxation training to increase self-confidence in university students. The Progressive Relaxation Training (Jackobson, 1934), which is one of the most common techniques for stress management, was developed by Jackobson (1934) for the first time. It is supposed that with relaxation training, people obtain skills in which by using them can manage their anxiety in stressful circumstances (Biggs, Kelly & Toney, 2003; Borkovec, Newman, Pincus & Lytle, 2002; Cheung, Molassiotis & Chang, 2003; Hanley, Stirling & Brown, 2003; Lolak, Connors, Sheridan & Wise, 2008; Richardson & Rothstein, 2008). In this study, the progressive relaxation training in the type of sixteen groups of muscles was used. This training contained 10 sessions and home weekly practices with CD (**Tavousi, 2014**).

The results of previous research studies support the conceptual model of research. For example, self-esteem is a determinant factor of mental health. Individuals with low self-esteem have depression, and low self-esteem is one of the main symptoms of depression. Aim of **nasiri,** Kordi and Modares **(2015)** study is to compare the effects of problem-solving skills and relaxation on the score of self-esteem in women with postpartum depression. This clinical trial was performed on 80 women. Women were randomly divided and assigned to problem-solving skills (**n** = 26), relaxation (**n** = 26) and

control groups (CG) (**n** = 28). Interventions were implemented for 6 weeks and the subjects again completed Eysenck self-esteem scale 9 weeks after delivery. The findings showed that the mean of self-esteem scale scores was 117.9 ± 9.7 after intervention in the problem-solving group, 117.0 ± 11.8 in the relaxation group (RG) and 113.5 ± 10.4 in the CG and there was a significant difference between the groups of relaxation and problem solving and also between intervention groups and CG. According to the results, problem-solving skills and relaxation can be used to prevent and recover from postpartum depression. Bouvet **and** Coulet **(2015)** study is a randomized controlled trial on the effects of relaxation on anxiety, self-esteem and emotional regulation in adults with intellectual disabilities (ID) working in a centre of supported employment in France. We studied 30 adults with mild or moderate ID who were split at random into a RG(RG, 15 subjects), who completed 10 sessions of relaxation therapy and a CG(CG, 15 subjects), who were on a waiting list. The method used is the pretest and posttest. Variables were assessed by the State-Trait Anxiety Inventory form Y scale, the Rosenberg Self-Esteem scale and the Emotion Regulation Questionnaire. We found that in the RG, relaxation significantly reduced state anxiety and improved self-esteem and cognitive reappraisal, while the CG showed no change for these variables. We conclude that relaxation seems to be an interesting therapeutic option for reducing anxiety in people with ID in a supported employment setting.

Aim of **Tavousi (2014**) study was the effectiveness of Progressive Relaxation Training in evaluating the stress of daily life events was examined. One hundred and twenty female students of Islamic Azad University completed the personal views survey (Hardiness Institute, 1985), Self esteem Inventory (Coopersmith, 1967) and Cattell Anxiety Scale (Cattell, 1958). After random assignment of participants to control and an experiment group, the experimental group received 10 weekly sessions of Progressive Relaxation Training (Jackobson, 1934). Next, the Hassles and Uplifts Scale (Delongis et al., 1982) were administered to both groups. Data showed that by controlling the levels of self-esteem, hardiness and tension, the experimental group, after receiving the relaxation training, appraised the daily life events as less stressful than did the CG that did not receive the training. It can be concluded that the appraisal of stressful circumstances were influenced on individual resources. Aim of Aliasghary, Sohrabi, Nejad (2012) study was to investigate the effects of relaxation exercises with selected physical activity on girl's mental health. In this regard, 60 female students (18–30 years) participated in this study. They were divided into four similar groups. Categories include: RGs (**n** = 15), the Physical activity group (**n** = 15), Relaxation with physical activity group (**n** = 15) and CG (**n** = 15). Experimental groups did exercise for 6 weeks and two times a week. But the CG did their routine activities. The statistical data show that the effects of relaxation training, the effects of selected physical activity and the effects of combined exercises. This study showed that relaxation training and selected physical activity and combined exercises cause to be improving to general health student girls. Although no differences were observed between the three groups, but this study emphasises the relaxation of a role in general health. The employing different methods of relaxation are as an effective and practical aims. So, it is suggested that the effect of other relaxation methods with physical activity and also interactivities influences of combination training types would be used.

Aim of **Demiralp,** Oflaz and Komurcu **(2010)** study was to investigate the effect of progressive muscle relaxation training on sleep quality and fatigue in Turkish women with breast cancer undergoing adjuvant chemotherapy. Sleep problems and fatigue are highly prevalent in patients with breast cancer. Progressive muscle relaxation training is a promising approach in ameliorating the sleep quality and reducing the fatigue associated with cancer and its treatment. A prospective, repeated measure, quasi-experimental design with CG. The study sampling consisted of 27 individuals (14 individuals formed the progressive muscle RG, 13 individuals formed the CG) who met the criteria for inclusion in the study. Progressive muscle relaxation training was given to the progressive muscle RG but not to the CG. The effect of the progressive muscle relaxation training was measured at different stages of the treatment. A data collection form, Pittsburgh Sleep Quality Index and Piper Fatigue Scale were used to collect the data for this study. The progressive muscle RG experienced a greater increase in improved sleep quality and a greater decrease in fatigue than the CG. The findings indicated that progressive muscle relaxation training would improve sleep quality and fatigue in patients with breast

cancer undergoing adjuvant chemotherapy. Aim of **Lohaus (2001)** study compares the effects of progressive muscle relaxation and an imagery-based relaxation training on childrens' physiological and subjective responses in a randomised controlled trial. Sixty-four children aged 9–13 years were randomly allocated to either one of three experimental conditions: progressive muscle relaxation, imagery-based relaxation or a control condition (neutral story). There were five training sessions in each condition. Heart rate (HR), skin conductance level (SCL) and skin temperature (ST) were measured continuously during a 5-minute baseline period, an 8-minute relaxation training period and a 5-minute follow-up in each session. In addition, subjective ratings of mood and physical well-being were collected intermittently. A physiological pattern indicating relaxation was most clearly associated with the imagery-based relaxation approach (decreases in HR and SCL) although ST remained unchanged. In contrast, progressive muscle relaxation led to an increase in HR during the training. The neutral story condition showed a similar trend to the imagery-based relaxation approach (although not reaching statistical significance). Furthermore, children's ratings of positive mood and physical wellbeing increased during baseline and training periods, but there were no differences between training conditions. The results indicate the psychophysiological effects of relaxation instructions which, however, are not specific for systematic relaxation training.

In his discussion of the historical development of holonomic brain theory, Pribram (1986) stated that all 'the evidence is coming. Not only at the neuropsychological level but at the psychophysical and psychological level, the behavioural level and in quantum physics (there) is a real paradigm shift away from Euclidean geometry that allows for crazy things, even like hypnosis to be so. To many scientists this may appear to be very 'soft science' but Pribram appears to believes that the distinction between soft and hard science is not as relevant anymore as he sees many fields to be moving in the same direction and the final proof of brain theory will be 'mathematically so precise that there is just no stopping it.' Aim of **Lowens (1990)** study fits into the psychological and behavioural levels that Pribram was talking about. When I started this type of research I had a notion that if a person had some control over their own behaviour and they were able to be in command of their state of consciousness and never be out of control, they would be operating at a rhythm which would be optimal for them. It seemed that when teachers and children in the classroom were being antisocial and unloving to each other, continuing to seek revenge in a never-ending cycle, they were not only unable to deal effectively with each other, worse than that, perhaps they were not able to really control their own behaviour. By gaining the skill to relax at will and thereby alter the state of consciousness, both students and teachers can to some extent gain more control over their own behaviour. It was the theory that not only would the fact of the control of their own body and behaviour be a positive force but also that the knowledge, derived from consistent results over a period of time, that they had this control would gradually become even more powerful as it affected their self-concept and self-esteem. Theoretically, the effect of their new skill would then permeate and generalise to many related and unrelated areas of behaviour and relationships An important part of the theory was that all negative, violent and antisocial behaviour took place when a person was 'out of rhythm' and behaving in response to the external environment. Sometimes the environment would be arranged to suit them and sometimes it would not. When it did not they would have great potential to be destructive to themselves or others or both; and when perchance it did suit them, they would behave more positively and constructively. If they had the skill to relax and control the state of their own mind, so says the theory, the potential for prosocial behaviour is greatly increased. At least, with this skill and the awareness of the skill, a person is in the position to be able to decide whether or not to behave one way or another. An early practitioner who used hypnosis to cure people, Emile Cou, (1923), found that all suggestion, whether used with hypnosis or not, was essentially auto-suggestion. As he increased in confidence and competence, he found that he had considerable effect merely by making suggestions. Stanton (1985) reported the reduction of stress levels compared to controls following relaxation skill development through imagery. In his discussion of the use of the unconscious in the classroom, Neville (1989) emphasises the value of relaxation and suggestions for learning and particularly for motivation and guidance in the classroom. Jackson (1989) also emphasises the effect and value of self-hypnosis for these and other purposes of personal development. The current study is looking at the effects of relaxation training

with suggestions on children's levels of learning mathematics and reading, self- esteem, the locus of control and physical indicators of excessive stress. The final data are still being collected so this paper will be concerned with a description of the method, some anecdotal accounts of effects which have been related by principals, teachers and children, and results of some smaller studies. This study is a small pilot study attempting to judge the value of using relaxation as part of the curriculum in Australian schools (**Lowens, 1990**).

Aim of **Jablon**, Naliboff, Gilmore and Rosenthal **(1997)** study was examined the effects of progressive relaxation training and EMG biofeedback on acute glucose disposal in diabetic subjects, as measured by glucose tolerance and three other measures of diabetic metabolic control. Twenty subjects with non-insulin-using Type II diabetes took part in progressive relaxation training and EMG biofeedback in a pre-post treatment versus wait-list experimental design. Treatment effects were assessed on glucose tolerance along with three measures of diabetic control: fasting blood glucose, 2-hour postprandial blood glucose and fructosamine. Stress reduction and relaxation were assessed with two physiological measures and two subjective questionnaires. The training programme produced significant reductions in stress, as measured by State Anxiety, and significant changes in physiological measures of muscle activity and skin conductance compared to the control condition. However, no changes were found in glucose tolerance (while practicing relaxation) nor in any of the three measures of general diabetic metabolic control. The major implication of this study is that relaxation training does not appear to directly improve diabetic control in mildly stressed non-insulin-using Type II diabetic patients. Aim of Tsai **and** Crockett **(1993)** study was to test the effectiveness of relaxation training, which was based on the cognitive-behavioural model and specifically focused on helping Chinese registered nurses employed in large teaching hospitals to reduce their work stress in Taiwan, Republic of China. The study design was a pretest-posttest control design with two posttest points. The 137 subjects were selected randomly from three first-ranked teaching hospitals. Twenty-three subjects in the experimental group and 23 in the CG from each hospital participated in the study. The treatment of the experimental group consisted of two sessions of relaxation training based on Smith's (1988) cognitive behavioural model of relaxation at weeks 1 and 2, with a follow-up session in the fifth week. The CG had the same sequence of sessions with a presentation by the researcher on theory analysis in nursing. The mean scores on the nurse stress checklist (NSC) and the Chinese general health questionnaire (CGHQ) differed significantly between the experimental and CG in posttest two at week 5. These results supported the hypotheses that the relaxation training decreased the Chinese nurses' self-reported work stress as measured by NSC and increased the Chinese nurses' self-reported psychophysiologic health as measured by CGHQ. The significant difference in means of the CGHQ in posttest one at week 2 showed that the self-reported psychophysiologic health level responded to the relaxation training earlier than to the self-reported work stress level. In the relaxation treatment, duration of practice was an important factor of the effectiveness of the treatment on the dependent variable of NSC. It is suggested that even brief teaching of relaxation techniques may reduce work stress levels and promote a sense of psychophysiologic health in Chinese nurses who are employed in large teaching hospitals in Taiwan.

## 2. Method

The method of this survey is quasi-experimental design, pre-test-post-test with CG. Statistical population includes all MA students of boys and girls in Khomein University. Sixteen (eight girls and eight boys) people who were voluntary for relaxation training were selected and were trained relaxation. In this survey, to study the effectiveness of relaxation therapy training in increasing self-confidence, MA students of psychology and counseling of Khomein University were selected and evaluated their self-confidence in comparison to mental scale. The researcher train relaxation therapy and they were asked to rate their self-confidence from 0 to 100 at the end of the training session. The difference of two evaluations was assessed by univariate covariance by SPSS and the results were analysed.

## 3. Findings

Findings show the average scores of self-confidence in post-test has increased compare to pre-test. This shows the effectiveness of relaxation training in increasing self-confidence in the experimental group.

**Table 1. Mean standard deviation and adjusted mean of self-confidence scores of subjects**

| Variable | Pretest experimental | Posttest experimental |
|---|---|---|
| Self-confidence | mean | 0.333 |
| 0.770 | standard deviation | 0.17 |
| 0.14 | adjusted mean | ------ |
| 0.770 | | |

Covariance was used to determine the effectiveness of relaxation training in increasing self-confidence. The assumption of covariance was checked before the test. The result of Box's test for the equality of covariance matrices showed it is made assumption ($F$ = 1.118, $P$ = 0.227). Moreover, Levine's test showed there isn't any meaningful difference in any variables in two groups ($P$ > 0.05).

The effectiveness of relaxation training in increasing the self-confidence was checked by using covariance analysis after evaluation of test assumptions.

**Table 2. The results of univariate covariance in order to check the effect of independent variable and covariant variable on dependent variable**

| Source of variation | SS | Df | Mean square | F | significant level | square of coefficient Eta |
|---|---|---|---|---|---|---|
| Covariance | 0.089 | 1 | 0.089 | 21.780 | 0.000 | 0.856 |
| Error | 0.154 | 14 | 0.015 | | | |

The results of univariate covariance show relaxation training leads to increased self-confidence and the effectiveness is meaningful ($F$ = 21.780, $P$ < 0.01). Eta square showed 86 percent of dependent variable variance (self-confidence) is determined by independent variable (relaxation training).

## 4. Discussion and conclusions

Self-confidence is defined as a kind of attitude that let the person have real and positive perspective to himself and cause the person to believe his abilities and feel can control life (Champimg counselling center, 1996). The result of this study showed relaxation training cause self-confidence. This finding is compatible with the study of Denkowski, et al. (1983). Relaxation is a new method of nonpharmacologic treatment for anxiety disorders and also relaxation training is described as a self-help treatment (Wolitzky-Tailor and Telch, 2010) and it can be used to increase self-confidence. Relaxation is as a release of mental and physical effects because of stress (Gayton, 2003). Relaxation is a technique which the person relaxes by active contraction and then special muscles in a progressive mode (Bastable, 2004). Relaxation training helps the person to know that he can recognise and change physical responses although they're automatic. For example, many report heart throb when they are angry. Deep breath causes HR decreased and it is a technique of relaxation and it isn't done normally in many (Podell et al., 2010). The rate of restoration tissues increased by relaxation but tension decrease the improvement of wounds. Relaxation leads to increase brain efficiency and control psyche more and the person can control worry, anger and nervousness (Fathi, 2009). So, regard to relaxation training cause to increase self-confidence, we propose that essential actions should be done to increase self-confidence.

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