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Your life in your hands: teaching 'relaxed living' in post-war Britain

Ayesha Nathoo

Introduction

In 1968, a short Disney film, *Understanding Stresses and Strains*, narrated by actor, writer and director Lawrence Dobkin, opened with the following statement:

> A modern concept of well-balanced health may be visualised as an equilateral triangle composed of a physical side, a mental side and a social side, each of equal importance. This is a soundly based concept and those who live within it, keeping all sides in balance, enjoy good health.[1]

Accompanying a visual representation of a spinning and rapidly shrinking equilateral triangle, the narrator continued: 'But how does one maintain this balance when driven by pressures of our modern world?' The animators of this film, part of the Upjohn Company's 'Triangle of Health' series, included Eric Larson, one of Disney's original core artists, whose famous animations included Peter Pan's magical flight over London to Neverland. In contrast, *Understanding Stresses and Strains* included no fantastical scenarios or solutions, instead remaining firmly grounded in the contemporary reality of a Western metropolis. It posed the serious question of how to maintain 'well-balanced health' in a perpetually stress-inducing environment.

One regular set of audience members who were shown this film were relaxation class students. With the aid of the film, relaxation teachers would explain how chronic states of tension were responsible for a wide array of modern maladies. To counter and reverse this effect, students

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were told that duly practising neuromuscular relaxation would provide an effective means of developing and maintaining a healthy, balanced life – physically, mentally and socially.

Owing to the work of early pioneers, most notably that of the Chicago physician Edmund Jacobson, a particular understanding of 'relaxation' as neuromuscular 'tension control' was forged in the twentieth century, distinct from its vernacular usage implying recreation or 'being languid'.[2] Instead, relaxation was recharacterised as a technical, scientifically validated skill that required precise teaching and long-term cultivation. Once learned, relaxation methods could be applied as both prophylactic and therapy for a whole spectrum of physical and mental health conditions, and used to improve states of well-being.[3] As Jacobson had argued in his seminal texts, *Progressive Relaxation* (1929) written for a medical readership, and *You Must Relax* (1934) for a popular audience, it was impossible to be tense and relaxed at the same time. He claimed that even thought manifested in muscular tension, and hence it followed that systematically recognising and releasing bodily tension would both relax the body and quieten the mind. In line with the principles of psychosomatic medicine that garnered widespread support from the 1940s, relaxation advocates considered physical and mental states to be interconnected, indeed inseparable.

A range of relaxation methods were developed during the twentieth century that spanned diverse Western socio-political contexts. Yet a common explanatory framework made them therapeutically appealing to successive populations beset by 'neurasthenia', 'exhaustion', 'nerves' and 'stress'.[4] Notions of balance featured predominantly in relaxation and stress discourse: therapeutic strategies were framed as a means to restore and retain bodily equilibrium, and provide a counterbalance to the mental and physical stresses of modern life. A relaxed individual would supposedly not only cope better with his or her environment – balancing personal needs and social demands – but would also positively impact on their wider environment by fostering healthier dispositions and better social relations.

To support the remedial claims of relaxation, advocates drew heavily on the developing scientific literature on stress, spearheaded by the physiologist Walter Cannon (1871–1945) and the endocrinologist Hans Selye (1907–82). For example, Cannon's notions of 'homeostasis', the body's 'fight or flight' response to biological, psychological and social

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'stressors', and the supposed destabilising effects of chronic stress on the endocrine, digestive and circulatory systems were routinely incorporated into relaxation teachings.[5] From the late 1960s, the Disney film *Understanding Stresses and Strains* was one entertaining yet serious way of engaging relaxation class attendees with these concepts.

Although recent historical studies have highlighted that relaxation practice, primarily used as an antidote to 'stress', proliferated in the post-war period, we so far know very little about how these therapeutic ideologies were promulgated.[6] What were the cultural platforms and processes by which relaxation discourse reached different populations? Who were the practitioners and what were the sites, modes and methods of teaching and learning relaxation? Moreover, what did relaxation teaching entail, why and to whom did it appeal, and how did it impact on modern formations of selfhood? Through a focus on Britain from the 1950s to the late 1970s, this chapter analyses the processes by which neuromuscular relaxation functioned and proliferated as a taught practice. It is a study of health communication, education and management, which pays attention to material and audio-visual cultures and uncovers the mechanisms, expectations and consequences of teaching and learning relaxation. Whereas state-sponsored public health campaigns relating to smoking, alcohol, diet and exercise have been well documented by historians, the processes by which stress-management strategies were contemporaneously popularised and consumed have received little scholarly attention. This chapter therefore extends growing historical interest in stress, well-being, chronic-disease prevention, health education and medical communication in the post-war period.[7] It is informed by sociological and historical analyses of how 'psy' therapeutics gain traction, utilise expertise, operate and (self-) govern individuals in advanced liberal democracies.[8] But while sympathetic to such perspectives, it takes a detailed, localised, cultural-historical approach that complements more recent cultural sociological scholarship – in particular the work of Eva Illouz. Using sociologist Philippe Corcuff's designation of 'bulldozer' concepts, Illouz criticises notions of 'governmentality', 'surveillance' and 'biopower' for a tendency to produce overly homogenising interpretations. Instead, through 'a thick and contextual analysis' her work aims to uncover the 'mechanism of culture: how meanings are produced … how they are used in daily life to shape relationships and cope with an uncertain social world, and why they

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come to organise our interpretation of self and others’.[9] This chapter shares a similar orientation, and contributes a medical historical grounding to such sociological studies on the ‘therapeutic turn’.

Piecing together a diverse array of rich archival material, the following sections uncover the varied particularities of relaxation advice and experience, the range of sources and the multiple processes by which relaxation discourse and practice was created, circulated and appropriated. In line with the work of historian Jim Secord, this analytical stance lays bare how ‘knowledge-making itself’ is a form of communication, exchange and interaction.[10] Although relaxation practices proliferated across Europe and the United States, the geographical focus of this chapter on Britain permits a focused analysis across myriad sources, and brings to the fore a largely undocumented narrative of how and why post-war relaxation ideology and practice paved the way for an expansive stress-management industry in later decades.

The first section details the pedagogy of neuromuscular relaxation, surveying the spectrum of teachers and the competing sites, modes and channels of teaching that facilitated debate, popular awareness and uptake. The second section examines notions of professionalism and expertise and the relationship between relaxation and biomedical practitioners, models and therapeutics. It investigates how relaxation practices were framed as a viable alternative to common pharmaceuticals, especially through tapping into and co-creating the market established by minor tranquillisers. The last section documents what relaxation teachings comprised over and above physical exercises, uncovering the diffuse meanings and requirements that constituted a healthy, relaxed way of life. It places relaxation in the wider contexts of self-care and health education, and allows for an assessment of the consequences of teaching individuals to cultivate relaxed, balanced selves.

Mediating relaxation

Although therapeutic relaxation strategies were taken up in a number of clinical settings in the post-war decades, this section concentrates on the methods by which relaxation instruction circulated in popular culture, including self-help books, radio and television programmes, group classes and teaching aids such as cassette tapes and biofeedback equipment. These various modes of communication were differentially

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accessed, promoted and evaluated, and reinforced one another as part of a larger communication circuit that co-established a specific health discourse and a growing market for relaxation teachings.

'Modern man lives at a speed and under a strain unknown to his forefathers', opened a popular book, *Relaxation: Nature's Way with Tension* in 1968: 'Constant tension must inevitably take its toll on health and efficiency: strained faces, unsightly posture, irritable behaviour … heart trouble, high blood pressure, stomach ulcers and other results of the speed and stress of the times are on the increase.'[11] The reader is subsequently advised: 'if the health-destroying tension is to be banished or kept away you need to learn the techniques of relaxation'.[12] Alongside numerous other twentieth-century relaxation teaching resources, this text signalled to readers: a) that they were living in an age of unprecedented stress and strain; b) that this was having a detrimental impact on their minds, bodies, social relations and well-being; and c) that relaxation was a solution available to those prepared to learn and practise regularly. But how and where could one learn to relax, and through what means was this discourse created, diffused and reaffirmed among British publics?

Relaxation ideology was most widely communicated via the mass media. Newspapers and magazine articles, radio and television programmes were key channels through which thousands of people gained awareness of neuromuscular relaxation, conceptualised as a therapeutic skill. Health items traditionally featured heavily across different media sources, targeting and attracting large numbers of media consumers, especially women. Items on 'nerves' and advice on managing 'nervous tension' held considerable traction, as media channels and medical and psychological frameworks opened up new discursive spaces for articulating both the challenges of and potential solutions to emotional, domestic and everyday experiences.[13] As the Health Editor of *Woman* magazine wrote in 1960, she received over 6,000 letters, mainly from 'young wives and mothers', in response to one of her magazine articles on nervous tension. Conditions such as 'chronic tiredness and indigestion, persistent backache, recurring headache, and difficulty in breathing or swallowing' were frequently referenced. To help these women 'sort themselves out', she encouraged 'essentials' such as 'wise eating habits, the regular practice of muscular relaxation and deep breathing, plus the instigation of a more satisfactory way of life'.[14] Relaxation,

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therefore, readily sat alongside dietary and other 'lifestyle' advice that increasingly characterised post-war public health education.[15]

Health matters were an integral part of BBC radio broadcasting from its inception in the interwar years.[16] Unlike printed sources, radio could utilise vocal qualities, and relaxation proponents featured regularly on programmes such as *Woman's Hour* – a 'daily programme of music, advice, and entertainment for the home', which started in 1946 on what was then BBC Light (the precursor to BBC Radio 2). Antenatal care was one of the first and most central forums for incorporating relaxation teachings in Britain, and a number of radio relaxation programmes from the 1950s focused on preparation for childbirth.[17] Other programmes appealed to wider audiences, such as 'New Year Resolution: Let's Remember to Relax in 1952' on *Woman's Hour*, which was followed by three weeks of daily guided relaxation exercises for stiff necks, backaches, strained faces and breathing.[18] Audience reach increased as other radio programmes and airwaves were established, such as the medical magazine *In Practice*, which started in 1968, and the lunchtime *You and Yours* programme in 1970, mainly directed at housewives.

By the late 1960s, the medium with the potential to reach the largest audience was television, which by that time was broadcasting in colour with a choice of three channels and an ever-increasing variety of programme formats. Relaxation teachers were keen to take advantage of this audio-visual medium, but their material had to make good television – entertaining as well as informative – and they faced stiff competition. As Dr Claire Weekes, who featured regularly on British radio, bemoaned at a study day for relaxation teachers in 1977: 'I can't get on television – not even for 10 minutes. Been on *Nationwide* – they gave me 3 minutes. I can say a lot in 3 minutes but not enough.'[19] Given the overall intentional lack of activity involved in a relaxation exercise, practical teachings tended to feature as part of programmes that included more eye-catching content, for example alongside demonstrations of hypnosis or within yoga programmes – both of which incorporated more visually striking material than relaxation practices alone.[20] Less constrained by time pressures and the need for visual entertainment, it was radio, rather than television, that proved more conducive to broadcasting detailed neuromuscular relaxation advice and instruction.

Physiotherapist Jane Madders' six-part radio series, 'Relax – and Enjoy it', broadcast on *You and Yours* in 1972, for example, proved

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extremely popular with listeners, who were systematically taught neuromuscular methods. Madders was a leading proponent of relaxation, who made regular radio appearances and provided training to National Childbirth Trust (NCT) antenatal teachers and instructors from the charity Relaxation for Living which had recently formed around the time that 'Relax – and Enjoy it' was broadcast.[21] The widespread popularity of this series led the BBC to publish a book, *Relax: The Relief of Tension Through Muscle Control* (1973), and an accompanying cassette tape.[22] The foreword to the book, written by the producer of the *You and Yours* radio series, explained that she had hoped listeners to the series would find lasting help from relaxation. 'However', she continued, 'it's not always possible to be near your radio when you want to be – or to remember every word you hear.' She noted that one listener had complained that someone came in while she was listening to the programme, and so she 'missed the arms and legs'. Another wrote: 'As my husband is at work during the day it is impossible for him to hear your programme on relaxation and I feel he is missing out on something that could change his life in a very positive way.' Other listeners requested that the ideas be written down, 'so they could refer to them whenever they wanted.'[23] Radio, therefore, had the advantage of reaching wide audiences simultaneously, and making the most of the vocal instructions, but was by no means a replacement for written resources, which had the major advantage that they could be referenced repeatedly, whenever and wherever suitable.

Self-help books such as *Relax* were key sites of detailed relaxation teachings. Although not at first categorised as a specific genre, the number and sales of such publications burgeoned over the course of the twentieth century, particularly in the United States, but also in Britain.[24] Increased literacy rates and access to education, and the development of paperback printing in the 1960s, significantly helped to boost demand and supply in the post-war period, reinforcing this popular yet private channel by which health advice and information could be obtained outside of and alongside formal medical encounters. Therapeutic relaxation practices were promoted especially in books on: combating 'stress' or 'nerves'; preparation for childbirth; and, as it gained popularity from the 1960s, secularised modern yoga.[25]

Following earlier traditions of self-help that encouraged self-reliance, some books signalled the wider benefits of relaxation, over and above

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combating ill health, reflected in titles such as *Relax and Be Successful* (1951) and its sequel *The Art of Relaxed Living: A Guide to Health, Happiness and Success in an Age of Stress* (1955) by journalist and health writer James Hewitt. Many relaxation books underwent successive reprints and new editions, and relaxation advice was included in widely popular series such as Tandem publishing house's 'Do Something' series, and Hodder and Stoughton's 'Teach Yourself' series in the 1960s and 1970s.

As with Madders's book *Relax*, audio recordings often accompanied relaxation books as supplementary teaching aids. Following the development and commercial availability of long-playing records in the 1950s and cassette tapes in the early 1960s, these objects circulated widely among consumers and practitioners, and were available for loan through libraries. The Graves Medical Audiovisual Library, initially housed by the College of General Practitioners, for example, stocked a range of relaxation cassettes, allowing the medium and method to become more widely accessible to medical practitioners and their patients.[26] The organisation Relaxation for Living also housed its own audio and printed-source library for relaxation teachers and their students. Relaxation recordings brought to life the written information, providing a 'vicarious presence' of the author, which could make listeners feel as though they were 'sitting beside' the teacher. Commenting positively on the value of cassettes over written instruction, the author of *The Art and Practice of Relaxation*, psychiatrist Ian Martin, remarked: 'Every attempt is made in vocal technique to capitalise on the recording medium by inducing a soothing and reassuring atmosphere'.[27] Martin also commended the use of cassette tapes as a means of improving the availability of the technique while reducing the therapist's routine involvement.[28]

Not all practitioners, however, favoured the use of cassette tapes and other teaching tools. Notably, Jacobson argued that the foundational therapeutic skill to be learned was subtle self-recognition and self-control of muscular tension without reliance on any external aid. For this reason, Jacobson supported neither the use of cassette tapes nor another key teaching aid developed in the 1960s – biofeedback devices.[29] These machines were designed to provide usually auditory or visual feedback in order to 'make conscious what is happening inside [the] body as it responds to various subjective or behavioural states'.[30] Measurable functions included heart rate, blood pressure, electrical

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resistance of the skin via sweat gland activity and electrical activity across muscles, skin temperature and brainwave patterns shown via an EEG (neurofeedback). Biofeedback instruments measured and displayed physiological changes that users were not normally aware of, to help develop conscious control over these bodily processes.

The term 'biofeedback' was coined at a conference in 1969 in Santa Monica, building on and bringing together research into cybernetics and feedback, operant conditioning and physiological investigations into homeostasis and self-regulation.[31] Measuring and displaying the functions of the autonomic nervous system was not new – for example, equipment had been developed in the nineteenth century to determine heart rate and skin resistance – but biofeedback devices helped demonstrate that these physiological functions could not only be measured and displayed but also voluntarily controlled. Jacobson himself had devised a neurovoltmeter in the 1920s, capable of detecting tiny changes in muscular electrical activity; indeed, making tension measurable was central to his formulation of relaxation therapy as a demonstrable, verifiable, scientific enterprise.[32] But despite his support for accurate measuring equipment, Jacobson considered biofeedback training to be 'self-defeating'.[33] Requiring an external aid to learn how to relax, he believed, took away from the process of tuning into the body's own feedback and the ability to recognise and eliminate subtle residual tension.

Other practitioners, such as Madders, found biofeedback devices to be an important and successful teaching aid, and the field attracted widespread attention. Devices were often introduced during group and individual teaching sessions to demonstrate how tension states could be altered through relaxation exercises. By the 1970s, biofeedback equipment was put to a diverse range of therapeutic uses in British hospitals – including the Royal Free and Bartholomew's in London, and the Queen Elizabeth Hospital in Birmingham – to help to treat stammering, tension headaches, anxiety and phobias.[34] The Cambridge company Aleph One Ltd, established in 1972, was a key distributor of this equipment, and helped raise awareness of biofeedback and relaxation research and training via a monthly newsletter. As well as supplying equipment for clinics, for home training Aleph One offered for sale the mini 'relaxometer'. Users placed two fingers on the device's small metal plates and the relaxometer provided auditory feedback on fingertip

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sweat levels, producing a corresponding tone that lowered in pitch as arousal decreased. The uptake of this small, affordable technology in domestic environments coincided with the development and circulation of a wide range of home medical monitoring and diagnostic devices that granted patients a greater sense of agency, autonomy and responsibility.[35]

Self-care practices such as relaxation therapy reoriented relationships between health-seeking populations and practitioners, but by no means did away with the need for professional support and oversight. Books, magazine articles, radio and television programmes were forums for introducing large audiences to the principles and merits of relaxation practice, but most practitioners advocated lessons with a teacher as the most effective means to learn properly. Jacobson's original progressive relaxation technique required months of 'live training' with a teacher for at least two hours per week, as well as up to two hours' daily home practice.[36] Although less intensive, shorter styles and formats of muscular relaxation teachings were subsequently developed, the role of the teacher remained primary. As Madders explained in a radio interview: 'It is important to have interaction with a caring person. If one can extrapolate from other psychological treatments, the teacher is crucial.'[37] In support of group classes, one relaxation advocate reflected that 'people find it easier to relax when other people are doing it'.[38] But not all practitioners agreed. Favouring individual tuition over group training, one practitioner at a relaxation teacher study day argued: 'I think groups are dangerous. If they start to exchange symptoms … you can get an exhibitionist … people get upset by others in a group.' She also had concerns that 'you get people who have been ill for a long time and have no intention of getting better because they like being a member of the group'.[39] Nonetheless, by the mid-1970s demand for group relaxation classes was outstripping supply. Through widespread promotional practices and a rich material culture, the market for relaxation had been firmly established.

Individual practitioners and small organisations such as the Relaxation Society, Relaxation for Living, Stress Watch and the Institute of Applied Meditation helped to both create and meet the demand for relaxation classes in Britain. Some classes were drop-in, and others were offered as a course. The set of six lessons offered through the charity Relaxation for Living, for example, was modelled on relaxation

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classes for migraine sufferers and NCT antenatal courses.[40] Given the strong association forged between relaxation and childbirth, practitioners had to work harder to make the techniques appealing and relevant to men.

In *Relaxation: A Key to Better Living* (1965), health educator Joe Macdonald Wallace reflected on the difficulties of introducing a weekly neuromuscular relaxation class for men in an English college: ‘it was obvious that to some students this kind of learning is associated rather exclusively with having a baby. Frequently, I have found this opinion to be held by many others, and some of my men pupils have been somewhat hesitant to begin lessons because of this connection.’[41] Through increasing research and publicity surrounding chronic stress, hypertension and heart disease, and a developing public health discourse around ‘risk’ and ‘lifestyles’, relaxation practice became more appealing and accessible to men. Specific classes and literature were developed for male ‘executives’, drawing on contemporary epidemiological, psychological and clinical research and terminology, often targeting supposed ‘Type A’, ‘coronary-prone’, middle-aged men. In tandem with the rising marketing and prescription of pharmaceuticals for chronic-disease prevention, relaxation practitioners promoted their practices as safe, effective means of lowering the risk of having or repeating a heart attack.[42] Modelling relaxation as a path to increased physical and mental efficiency, and hence productivity, was also central to encouraging uptake among men and in the workplace.[43]

Antenatal teacher and physiotherapist Laura Mitchell was one leading relaxation teacher in post-war Britain who catered for both men and women. In the 1970s, she started to offer lunchtime relaxation classes to ‘overtired city workers’ at St Mary Woolnoth Church in Lambeth, London. Mitchell had developed her own relaxation method, devised while recovering from a serious neck injury. A billboard outside the church advertised the relaxation classes: ‘STRESS. Learn to recognise it. Learn to cope with it.’ An image depicted two hands clutching either end of a stick, bending it to breaking point. These classes were arranged by the church Vicar, Reverend Geoffrey Harding, a member of the Churches’ Council of Health and Healing and the Institute of Religion and Medicine, and founder of the Relaxation Society. Through the society he produced and distributed booklets on the benefits of relaxation as an antidote to the ill-effects of tension derived from Western

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urban living – physically, mentally, socially and spiritually. Harding himself offered weekly classes in the church on relaxation and meditation, which, although grounded in a Christian perspective, were open 'to anyone who needed help, without theological strings attached'.[44] The church relaxation classes attracted considerable media attention, featuring on ITN's *News at Ten*, and in newspaper articles, which steadily increased the flow of attendees.[45]

For those who wanted close interaction with a teacher but could not attend a class in person, private correspondence courses were also available. Relaxation for Living started a correspondence course in 1972, but there had been a number of precursors. Desmond Dunne, author of numerous popular yoga-relaxation books, offered correspondence courses from the 1940s when he established Britain's first yoga school.[46] Relaxation featured heavily in yoga teachings, which were made more widely available from the 1960s through nationwide adult education classes. Yoga-relaxation teachers in London, Birmingham and Liverpool established notable local followings.[47]

During the post-war decades, then, relaxation material was widely distributed via multiple modalities. Authors of relaxation self-help books frequently featured on radio and television programmes, gave talks, produced cassette tapes and vinyls and taught classes. Different media sources reinforced one another – with books often recommending 'further readings' and other resources, and classes promoted through media interviews, magazine articles and newsletters, and recommended through word of mouth. The variety of teaching modes, including biofeedback equipment and educational films, prompted lively debates over the respective merits and drawbacks of different media and ways of teaching. As the next sections will discuss, relaxation teachers were also concerned with the legitimacy and status of who was imparting relaxation instruction, and offered multiple perspectives on what relaxation training could and should entail.

Biomedicine, education and expertise

Relaxation teachers came from a variety of professional backgrounds. They shared a common aim of promoting the field of relaxation therapy, but in a competitive and diverse marketplace they also sought to differentiate themselves from one another. Although relaxation was widely

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advocated as a 'simple' and essential means of self-care, practitioners also warned of the need for professional guidance and regulation. This section analyses how relaxation practitioners negotiated claims to professional expertise, related their discipline to medical science and health education, and presented relaxation therapy as a safe, effective alternative to pharmaceuticals.

In the preface to the first edition of *You Must Relax* (1934), Jacobson opened with the drawbacks of writing such a book: 'a popular book on fatigue and nervous ills might prompt many to try to use it for self-healing, when what they really need is instruction in the method by a physician or else some other form of medical attention'.[48] Nonetheless, he believed that better informed laymen might aid and stimulate physicians in dealing with the common maladies of the nervous, digestive and circulatory systems that resulted from 'high nerve tension'. He also hoped that the book would meet the demands for a 'popularly written volume' by instructors in the performing arts, and in physical education (PE), who noticed that 'proficiency in their pupils depends upon the attainment of a certain relaxation during execution'.[49] By the 1960s, Jacobson considered PE teachers, rather than physicians, the most suitable professional group to teach neuromuscular relaxation, but the foundational authority still lay with medical science. Jacobson consistently and adamantly differentiated his 'scientific relaxation' method from any esoteric practices or traditions that were not firmly grounded in the biomedical model – in particular practices stemming from the mesmeric tradition.[50]

Debates concerning the need and place for professional, medical and scientific expertise ensued as relaxation practitioners grew in number. Writing in 1965, Joe Macdonald Wallace, health educator and lecturer in anatomy and physiology, argued that teaching relaxation required no 'medical halo'.[51] Relaxation, according to him, was best left in the hands of health and PE teachers, who had sufficient knowledge of physiology and anatomy and had the potential to influence young people at a critical point in their lives. Relaxation for Living teachers also primarily positioned themselves as health educators: 'We make no claim whatsoever to be medically qualified', stated the founder in a magazine interview.[52] Many of the organisation's original instructors were antenatal teachers who were not medically trained, and later teachers included former students from a range of professional spheres, whose

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understanding of relaxation therapy derived primarily from their own prior experience as class attendees.

Nonetheless, relaxation teachers still had claims to expertise that warranted their status and fees as professionals. One of Relaxation for Living's core teachers, Penny Wade, was asked to justify this position during an interview on the Radio London programme *Woman in Town* in 1974: 'What qualifications do you need to be a relaxation teacher?', the presenter asked. Wade responded: 'You need a knowledge of anatomy, physiology of course, and you need to know how to teach.'[53] She explained to listeners, in advance of broadcasting a lesson, that relaxation was in fact a very simple undertaking. The interviewer proceeded to press her on why then, if it was so simple, people needed to be taught how to relax. For some teachers, framing relaxation training as simple was pedagogically intended, presupposing the needs and capacities of potential learners. As one teacher, who trained under Madders, recalled: 'Jane Madders' watchword was "keep it simple", as a group of women could have varied levels of understanding and could be intimidated by wordy physical explanations.'[54]

Physiotherapist Laura Mitchell also stressed simplicity, evidenced from her bestselling book *Simple Relaxation*. The jacket advertised 'a simple and effective antidote to stress that anyone can learn and apply in a matter of hours'. It was a tension-relieving system with 'no complicated exercises or complex psychological regimens' and 'simple in the extreme'.[55] Simplicity could also act as a deterrent, however. Writing in 1968, when technically ground-breaking undertakings such as heart-transplant surgery and space travel dominated medical and scientific news, psychiatrist and relaxation practitioner Ainslie Meares, lamented:

> I have found that one of the greatest difficulties in helping people by this approach has been getting them to accept its simplicity. People always want the newest form of medical treatment. The modern trend in medicine is continually toward greater and greater complexity … We have come to associate complexity of therapy as an advance over more simple treatment.[56]

Leading practitioners such as Meares and Madders tended to encourage combining elements from a number of available techniques, without privileging one method over another. Concerns abounded, however, over the status and qualifications of the increasing number of

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self-fashioned relaxation teachers, impacting on the reputation of the field as a whole. As Madders told attendees of a conference on 'Stress in Everyday Life' in 1974:

> During the past ten years there has been an unprecedented interest in somatic enterprises which claim to affect the mind through bodily processes … Almost the only common component is muscle relaxation. Some of these systems are soundly based, taught by highly qualified teachers … others may well be dangerous in the hands of unqualified enthusiasts … It is hardly surprising therefore that the medical profession as a whole is sceptical and cautious about the claims of these self-help methods.[57]

Madders supported teachers who based their teachings on 'evidence and research' rather than 'conjecture', and was wary of the commercial aspect of teaching relaxation, where sessions could become 'an expensive trap for those who are especially vulnerable and gullible when they are under stress'. Relaxation for Living teachers were told to stick on their wall the following note from Madders, who was the organisation's lead trainer and technical advisor:

> I stress objective teaching based on research because it is too easy for the passionately fringe, pseudo-psychology eccentrics to blossom in this powerful role of teacher to those under stress.[58]

Historian Elizabeth Siegel Watkins has noted that 'medicalization of stress allowed for an expansion of therapeutic options available to practitioners and recipients of mainstream medicine by opening up space for the legitimation of alternative healing practices'.[59] Relaxation therapy was certainly a part of this expanded, pluralistic terrain of what historian Roberta Bivins usefully describes as 'medical heterodoxies',[60] but relaxation therapists rarely identified themselves as 'alternative' practitioners. Instead, teachers who were not medically qualified tended to adopt the terminology and cultural authority of biomedicine and psychology, generally allying themselves to the medical profession in a complementary, rather than alternative fashion. One practitioner, for example, declared at a teacher study day: 'I refuse to see people without the knowledge of their doctor.' Many practitioners who were not medically qualified made close ties with local GPs, who in turn referred patients to their classes; doctors who were sympathetic to the aims of

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relaxation organisations were often appointed as trustees, invited to speak at study days and review advice literature.[61] Relaxation teachers generally positioned themselves as aiding rather than challenging medical models and practice, often framing their work as helping to ease the burden on the already overstretched NHS.

Although some medical professionals were sceptical about relaxation training, doubting the vague concept and long-term health consequences of 'stress', there were also many supporters. Relaxation teachings were increasingly incorporated into healthcare practices in the post-war decades, especially in physiotherapy and osteopathy for pain management, physical and cardiac rehabilitation, and also in psychiatry and psychotherapy for anxiety treatment. Interest among London medical practitioners was high enough by 1973 for a 'Relaxation Therapy Study Group' to form and meet weekly to discuss therapeutic applications of relaxation.[62] Indeed, some of the most widely circulated relaxation books were written by doctors or physiotherapists, advising readers on how to identify, prevent or remedy specific medical conditions. Contrasting the brief consultation times available in general practice, the 'Do Something' series advertised on the cover sleeves: 'It is as though by some miracle, your own doctor had an hour to spare … with you.'[63]

Scientific research into the efficacy of relaxation training also greatly contributed to increasing popular and professional acceptance. In the United States, cardiologist Herbert Benson's investigations into the physiological effects of meditative practices and his bestselling publication *The Relaxation Response* (1975) were no doubt seminal, but there were also influential British investigators. In the 1970s, GP and researcher Chandra Patel, in particular, furthered relaxation therapy's scientific credibility and perceived utility. Her longitudinal studies on the efficacy of yoga, biofeedback and relaxation therapy demonstrated encouraging results for reducing hypertension. Through medical journals and conferences, popular books, cassettes, television and radio programmes, Patel advocated relaxation as therapy and prevention for a range of chronic conditions including heart disease. GPs, she thought, should be at the forefront of teaching and promoting relaxation therapies that had the potential to reduce, or even provide a substitute for, pharmaceutical drugs. In 1976, a *British Medical Journal* editorial, 'Meditation or methyldopa', identified Patel's studies, and commented

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that although 'there is no immediate suggestion that physicians' efforts to lower blood pressure with drugs will be replaced wholesale by relaxation techniques … in a few years, who knows?'[64] In 1981, Patel and other prominent researchers, including renowned epidemiologist Michael Marmot, suggested from their studies thus far that 'relaxation-based behavioural methods might be offered as a first-line treatment to patients with mild hypertension' and reduce coronary risk.[65]

In relation to pharmaceuticals, relaxation therapy could, therefore, offer an 'alternative' to standard biomedical treatment. For many conditions, including asthma, diabetes, hypertension, insomnia and anxiety, relaxation practices were promoted as a means to either reduce or eliminate the consumption of long-term medication. In the 1970s, populations looked towards pharmaceuticals with ambivalence. The high-profile thalidomide tragedy – when the morning sickness drug resulted in thousands of birth defects – was still playing out in the pages of the press. Nonetheless, demand and supply of pharmaceuticals were high: in 1965, British general practitioners wrote 39.7 million prescriptions for psychotropic drugs – comprising tranquillisers, antidepressants and sedatives – increasing to 47.2 million in 1970.[66]

The extensive popular uptake of minor tranquillisers had altered the threshold of what was considered to be tolerable and acceptable emotional and behavioural responses to the trials and tribulations of everyday living. Tranquillisers promised to restore a sense of physical and emotional equilibrium, by chemically rectifying supposed neurological imbalances. Marketed from the 1950s, particularly (though not exclusively) to women, anxious housewives and mothers made up a significant proportion of tranquilliser users. In Britain, women were twice as likely as men to be prescribed psychotropic drugs by general practitioners. Following Miltown and Equanil in the 1950s, Valium (introduced in 1963) became the single most successful drug in pharmaceutical history until Prozac entered the market in the 1990s. As various scholars have argued, minor tranquillisers such as Miltown and Valium performed a potent social as well as chemical function, encouraging and enabling women to cope with and better perform their social duties, without necessarily addressing or changing environments, expectations or patriarchal frameworks.[67] For certain demographics such as white, middle-class women and men, the uptake of relaxation therapies and minor tranquillisers share a combined history

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of intersecting populations and goals, which helped to co-create their markets.

A Ciba-sponsored medical conference in 1971, ‘Relaxation therapy for psychosomatic disorders’, for example, centred on tranquillisers and the new Ciba anti-anxiety drug Tacitin, which claimed to ‘reduce muscle tension in man’.[68] Indeed, pharmaceutical companies used the pre-existing discourse of neuromuscular relaxation to promote their own drug therapies when tranquillisers first entered the market. In 1957, pharmaceutical company Pfizer released *The Relaxed Wife*, a short film showing a highly flustered man, neither coping with his working days nor enjoying time with his family, contrasted with his smiling, composed, efficient wife. She modelled the perfect middle-class housewife, looking after her happy children in her clean, orderly house. In the film, the husband tries and fails to follow relaxation self-help books and exercises. Only at the end of the film do viewers learn of an alternative way to achieve these demonstrably beneficial relaxation effects: through Pfizer’s new drug Atarax – ‘the Greek word for relaxation’. The film concludes: ‘today, medical science recognizes that some folks aren’t helped by relaxing exercises … in cases of difficult tension, and nervous apprehension, doctors are now prescribing an ataraxic medicine’, leading to ‘fewer breakdowns and insomniacs, when more of us have learned to be relaxed. We’ll be free to relish the joys of life, no longer tense over daily worries and strife.’[69]

In later decades, relaxation proponents built on the popular markets for tranquillisers, sleeping tablets and anti-hypertensive drugs, highlighting the advantages of attaining the desired outcomes without suffering the side effects of drugs.[70] Self-help books often promoted relaxation therapy as a ‘natural’ way to improve physical and mental well-being, following in the fashion of the interwar naturopathy movement, which carried the slogan ‘drugless healing’.[71] Prominent relaxation and antenatal teacher Betty Parsons proclaimed: ‘dropping shoulders is as good as taking a Valium. It is much better … You carry it within you, it works instantly and has no nasty side-effects.’[72] Practitioners also claimed that neuromuscular relaxation was cheaper to administer than drugs, and far less time-consuming than psychotherapy. Without challenging and in fact through co-creating understandings of what physical and emotional experiences drugs such as tranquillisers could help with, relaxation was presented as a safe, simple, non-pharmaceutical alternative,

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that appealed to a common market of nervous middle-class men and women seeking more balanced lives.

The path to well-balanced living

Relaxation teachings incorporated far more than bodily exercises for releasing muscular tension. As the 1968 Disney film *Understanding Stresses and Strains* suggested, good health comprised a physical, mental and social side, all of which had to be kept in balance. Technical instructions therefore formed only one part of a larger package of health education circulated by professionals, which also included advice on managing 'lifestyles', poise and posture, encouraging self-discipline and self-reliance, and understanding physiological models and environmental inducers of 'stress'. Equipped with this wider understanding, students of relaxation would seemingly then be in a better position to 'help themselves'.

Drawing on Selye's formulation of 'biological stress', according to health educator and relaxation practitioner Joe Macdonald Wallace, the very 'function of the health educator is to help the individual to learn how to avoid excessive stress reaction.'[73] Macdonald Wallace, who had been teaching health education in Britain since the 1950s, wrote with disappointment in 1976 that health educational classes were still not offered in adult education programmes, even though demand was clearly there. Although noting that there had been state health education campaigns on 'alcoholism, cigarette smoking, cancer, VD, contraception, etc.', he regretted that there had been 'nothing about overcoming stress'. The responsibility for teacher provision and the development of health education classes on the topic of overcoming stress, he thought, should have been with the 'Health Education Council, the Royal Society for the Promotion of Health, the Society for Health Education … in co-operation with the Department of Health and Social Security, and the Department of Education and Science'.[74] Relaxation teachings, however, were not high on the agenda for these institutions.

In the post-war decades, in response to new epidemiological findings, state-sponsored health education campaigns started to focus on managing 'risk factors' linked to the rising incidence of chronic diseases. From the 1960s, public health campaigns raised awareness of how individual 'lifestyles' impacted on health and chronic diseases:

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healthy diets, quitting smoking and undertaking regular exercise were key state-promoted preventative strategies, designed to encourage health-seeking behaviours among informed, responsible citizens.[75] 'Stress-management', including relaxation training did not, however, feature in state-supported public health campaigns. Despite the promotion and proliferation of research into the topic, 'stress' was not unanimously accepted as a 'risk factor' for chronic diseases, on a par with smoking, diet or exercise. On the whole, doctors and public health officials were more concerned to promote active, productive lifestyles than to encourage slowing down.[76] Yet as Porter has noted: 'state organized health education did not have a monopoly'.[77] Utilising a plethora of communication channels, the growing network of relaxation teachers was one significant group that helped to shape and expand the concept of self-managed healthy living.

Learning relaxation involved first recognising states of tension. As one woman told listeners to BBC radio programme *Under Pressure*, she was surprised when her doctor suggested relaxation classes 'because I thought I was relaxed'. Jane Madders reaffirmed: 'many people don't know they are suffering from stress until they are educated'.[78] In order to uncover and demonstrate 'hidden tension', some teachers found biofeedback machines particularly helpful. One practitioner professed: biofeedback technology was especially useful for 'showing men (the sceptics) that they are NOT relaxed when they think they are'.[79]

Relaxation students were taught how to identify visible indicators of tension such as clenched teeth, frowns and hunched shoulders, and how to release this tension through various means such as massage, 'loosening exercises' and progressive muscle relaxation. An important distinction was made and taught between lengthy, restorative 'deep relaxation' methods, best done lying down, and what Jacobson had termed 'differential relaxation', which could be practised while carrying out everyday activities. Differential relaxation involved using minimal energy and reducing muscle tension to only what was required for the task at hand. If daily tasks such as speaking on the telephone, washing up, driving and reading were carried out with significantly reduced tension, teachers claimed, this would lead to healthier, happier, more efficient lives. Linking relaxation to efficiency helped to decouple it from notions of laziness and recreation, and relate it to working lives already bound by markers of productivity.[80] Middle-class lifestyles tended to be more

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amenable to learning and incorporating relaxation practice, and this was often reflected in the teachings. As a reviewer of Madders' *Relax* book and cassette noted: 'One limitation is that the material, especially the cassette, aims mainly at an upper middle-class audience. Thus the listener, presumably an executive, is advised to relax during committee meetings, or after an exciting business deal. The steelworker and the shopkeeper would be justified in feeling a little left out.'[81]

Relaxation, as a way of living, was also intimately linked to posture, poise and movement, not just stillness and rest. Many aspects of relaxation teachings encouraged a change of conduct, rather than a lessening of activity, in both domestic and working lives. Charles Neil, one of F. M. Alexander's first students who founded the 'Re-Education Centre' in London in the 1950s, reminded those learning to relax: 'Graceful effective movement in a calm, well-poised, alert person is good relaxation in practice … Remember, you can't be completely relaxed until you are dead!'[82] Neil had developed his own training system, based on Alexander's method, but with an emphasis on relaxation. He featured on radio, taught classes, made a relaxation record, and in the mid-1950s authored a 'Family Doctor booklet', *Poise and Relaxation*, published by the British Medical Association. Among detailed discussions on posture – for when walking, standing, knitting, driving, lifting and gardening, for the young child, the adolescent, the housewife, the 'man of the family', the middle-aged and the elderly – lay the section 'learn to relax'. This included not only instructions in breathing and muscular relaxation techniques, but also recommendations on time management. Picturing a woman in her dressing gown at the breakfast table, Neil advised:

> First, start the morning well … That extra ten or fifteen minutes makes all the difference to your poise. You can then enjoy your morning toilet and your breakfast. Discipline yourself to go over in your mind quietly as you sip your tea or coffee, the plan of activities for the day … A well-ordered day makes the work of even a very busy person very much easier and pleasanter.[83]

In relaxation classes, group discussions provided a central forum for health and lifestyle advice to be shared, debated and circulated. Relaxation for Living founder, Amber Lloyd, described how discussions peppered throughout the classes allowed teachers to share 'philosophical tit-bits' such as 'a problem that you run away from becomes a dragon

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with two heads. The problem you face up to becomes a mouse.'[84] Although Lloyd lightly referred to such teachings as being popular among students, 'amusing, perhaps, and not to be taken too seriously', such material often derived from major global religious ethical frameworks and cultural traditions. Echoing elements from Christian doctrines and the 'Serenity Prayer', which was appropriated and popularised by Alcoholics Anonymous and other 'twelve-step programmes' from the 1940s, one relaxation teacher provided her class members with a 'Formula to Maintain Calm':

> Cultivate a positive attitude, combining: Acceptance of what you can't change, gratitude for the many blessings you have, compassion for those who annoy you, pride in yourself, an excited optimism for the future.
>
> The reverse of these: frustration, envy, anger, shame and pessimism are all destructive emotions and can cause mental and physical decay.[85]

'Acceptance of what you can't change' was not supposed to be interpreted as resignation to the status quo. There was a lot that an individual could do with a difficult situation. Practitioners stressed that relaxation was 'not a panacea' but, characterised by the newly formulated psychological frameworks of the time, a means of 'coping' better with personal and social situations. Lloyd stated in a magazine interview that clearly Relaxation for Living 'is not designed to help achieve the ambitions of those who are deeply unhappy with their jobs or general way of living and seek radical change'.[86] Although relaxation teachings did not overtly address underlying causes and could not fundamentally transform stressful environments, they encouraged a change in the individual's emotional and physical response to those environments. Relaxation proponents encouraged an acceptance that social and psychological 'stressors' were impossible to fully eradicate, but that the individual's stress reaction could be more easily modified. This attitude was reflected in teaching methods: Madders, for example, explained, 'I do not "spoil" the class. They bring a rug, I have a small pillow for each and that's all. It's part of the training to ignore discomfort and noise.'[87]

It should be noted, however, that changing stress-inducing environments and responses to such environments were not mutually exclusive. Indeed, symptoms of tension, once identified, often unveiled and implicated underlying causative factors. Relaxation practitioners did not encourage people to passively accept their fate. Rather, they framed

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relaxation methods as a means of taking greater control of one's life, demanding an active intervention in all aspects of everyday living: practically, emotionally and socially. 'We have to accept that there is a factor which some people might like to call "Fate", but there is an immense amount we can do to help ourselves', declared one practitioner.[88]

The overriding aim of relaxation teaching was to 'help people help themselves'. As teacher Penny Wade explained to BBC Radio London listeners: 'People like to be independent. They don't want to be dependent on another person or on a drug. This is something they can do themselves.'[89] Supporters of biofeedback characterised this form of training as one of the most successful means of empowering individuals: 'it places the power for change and control in the hands of the individual, not with an external authority. Of all the techniques for adjusting behaviour, this is the first to rely on the individual's ability to guide his own destiny', proclaimed early advocates.[90] Paraphrasing the World Health Organization's Expert Committee on Health Education, Macdonald Wallace told readers of the *Health Education Journal* that the central aim of health education was 'to equip individuals with knowledge and skills … and to influence their attitudes in such a way as to help them to solve their own health problems'.[91]

But to reap the benefits of relaxation training, it had to be consistently and diligently practised. Jacobson had noted in *You Must Relax* that a central function of the relaxation teacher-physician was 'police duty' – seeing to it that the patient practises regularly, and providing frequent reminders 'until differential relaxation becomes habitual'.[92] Unlike taking a drug, relaxation was in fact labour-intensive, and for many relaxation students 'dropping shoulders' was not 'as good as taking a Valium'. Relaxation, unlike taking a tablet, required a constant, active, multi-dimensional reworking of the self. Placing the onus onto the learner, Wade asserted '[relaxation] does need self-discipline. I think that this is the main problem – people not prepared to do it.' She postulated that this might be the case because 'it is so simple that people feel it can't really help'.[93]

Yet, as this section has demonstrated, relaxation constituted far more than 'simple' exercises. Relaxed living manifested in how individuals walked, talked and breathed; how they ate their breakfast and drove their cars; how they managed their time and relationships with others. Through this practical and ideological assemblage, proponents argued

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that relaxation could not only prevent disease – or 'dis-ease' – but was also the 'key to a longer, healthier life'.[94] Achieving these therapeutic outcomes required the adoption of a normative set of behaviours and attributes, including self-discipline, organisation, motivation and assertiveness. Teachers provided essential guidance as health educators, but ultimately, as one practitioner signalled in his book *The Western Way of Death*, it was a case of 'your life in your hands'.[95]

Conclusion

In *The Wellness Syndrome* (2015), Cedeström and Spicer reflect on contemporary 'prevailing attitudes towards those who fail to look after their bodies. These people are demonised as lazy, feeble or weak-willed.'[96] Relaxation, as a popular, secularised, Western self-care approach, could be seen to fall within the set of health and well-being methods that their book addresses, and is therefore open to similar critiques. Advice and teaching literature that valorised relaxed individuals as productive, efficient, healthy, responsible, proactive and self-reliant people implicitly characterised tense individuals as lacking these qualities. Such sentiments have been reinforced by a developing public health framework that emphasises the virtues of personal effort and healthy lifestyle choices, situated in an increasingly individualistic, consumerist society. However, as philosopher Hanna Pickard has indicated through her 'Responsibility without Blame' framework, it is possible to hold patients 'responsible and accountable for their behaviour, but not [blame] them, in order to facilitate learning and change'.[97] The development of organised patient consumerism, pressure groups and activism from the 1960s certainly signalled a desire among patients for greater autonomy and agency in healthcare.[98] In this context, positioning relaxation as a self-empowering tool has held wide appeal.

By encouraging and challenging responsible individuals to achieve, regulate and maintain healthy, well-balanced lives, to an extent relaxation therapies functioned under the Foucauldian rubric of 'technologies of the self'. Nevertheless, these practices are not inherently characterised by or limited to individualistic ends. Studies of comparable teachings in other geographical and temporal contexts usefully demonstrate the potential for a diversity of meanings and applications of such strategies, and their effects on formulations of selfhood. For example, as

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Salmenniemi and Vorona (2014) discuss in their sociological work on self-help literature in Russia: 'in Soviet society the work on the self was to be performed for the common good – self-improvement was to support the building of communism.'[99]

Relaxation strategies appealed to a wide spectrum of people who held multiple identities as students, patients, citizens and consumers. Relaxation education therefore impacted on lifestyles and therapeutic outcomes in myriad ways as heterogeneous populations differentially and selectively appropriated the teachings. Middle-class women and men in particular were drawn to relaxation practice as a pharmaceutical alternative and a means of directing control over personal health and attaining greater emotional stability. As this chapter has demonstrated, the generation and circulation of relaxation ideology, and the growing popular demand and uptake of these practices were mutually reinforcing. Post-war health-seeking populations were clearly responsive to the therapeutic promise of stress-management techniques, which continue to proliferate today.[100]

Through a close contextual analysis of how relaxation ideologies have been formulated, communicated, debated and promulgated, this chapter has brought into focus the processes by which these teachings became woven into the social fabric of late twentieth-century Britain. As a therapeutic method, a cultural resource and a way of life, proponents positioned relaxation training within a growing assemblage of modern health and well-being strategies as a compelling means to cultivate more balanced, healthy lives.

Acknowledgements

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Notes

1 Walt Disney Productions and Upjohn Company, *Understanding Stresses and Strains* (Coronet/MTI, 1968), available to view at Wellcome Moving Image and Sound Collection, London.

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2 Alongside neuromuscular relaxation techniques, which are the focus of this chapter, other 'mental relaxation' methods influenced by mesmeric and Eastern meditative traditions were developed. See A. Nathoo, 'Relaxation and meditation', in D. Brazier, M. Farias and M. Lalljee (eds), *The Oxford Handbook of Meditation* (Oxford: Oxford University Press, 2019), doi: 10.1093/oxfordhb/9780198808640.013.22. For a detailed historical analysis of the development and contextualisation of Edmund Jacobson's early work, see K. Kroker, 'The progress of introspection in America, 1896–1938', *Studies in History and Philosophy of Biological and Biomedical Sciences*, 34:1 (2003), 77–108.

3 A. Nathoo, 'Initiating therapeutic relaxation in Britain: A twentieth-century strategy for health and wellbeing', *Palgrave Communications*, 2 (2016), article 16043, doi: 10.1057/palcomms.2016.43.

4 Much of Jacobson's early work was directed at populations suffering from 'neurasthenia' – a diagnostic category that was fading by the 1930s. For historical studies on neurasthenia and exhaustion, see: M. Gijswijt-Hofstra and R. Porter (eds), *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam: Rodopi, 2001); and A. K. Schaffner, *Exhaustion: A History* (New York: Columbia University Press, 2016).

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10 J. Secord, 'Knowledge in transit', *Isis*, 95:4 (2004), 654–72.
11 J. Hewitt, *Relaxation: Nature's Way with Tension* (Wellingborough: Thorsons, 1968), pp. 7–10.
12 Ibid.
13 For an analysis of how psychological knowledge and therapeutic strategies have modulated private suffering in the public sphere, see K. Wright, 'Theorizing therapeutic culture: Past influences, future directions', *Journal of Sociology*, 44:4 (2008), 321–36.
14 J. Williams, 'Health education by correspondence', *Health Education Journal*, 18:4 (1960), 173–80.
15 See Chapters 3, 4 and 5.
16 A. Karpf, *Doctoring the Media: The Reporting of Health and Medicine* (London: Routledge, 1988); A. Nathoo, *Hearts Exposed: Transplants and the Media in 1960s Britain* (Basingstoke: Palgrave Macmillan, 2009), pp. 33–56.
17 A *Woman's Hour* programme, 'Having a Baby in 1951', for example, featured an entire studio relaxation class by practitioner Joan Neville-Ness.
18 A similar approach was taken by Macdonald Wallace on *Woman's Hour* in the early 1960s, in a four-part series focusing on relaxing the muscles of the mouth, face, hands and arms.
19 C. Weekes (1977), audio recording. Uncatalogued archives of Relaxation for Living. *Nationwide* was a BBC 1 news and current affairs programme, broadcast between 1969 and 1985.
20 For example, 'Having a Baby: Preparation for Labour' (BBC1, 1965), which included a mother having her baby under hypnosis, and yoga programmes such as Sir Paul Dukes' 'Fatigue and Relaxation' (BBC TV, 1948) and practitioner Hazel Wills' contributions to the daytime television show *Pebble Mill at One* in the early 1970s.
21 Nathoo, 'Initiating therapeutic relaxation in Britain'.
22 J. Madders, *Relax: The Relief of Tension through Muscle Control* (London: BBC, 1973).
23 Ibid., p. 7.
24 S. Starker, *Oracle at the Supermarket: The American Preoccupation with Self-Help Books* (New Brunswick, NJ: Transaction, 1989); and J. Feather, *A History of British Publishing* (London: Routledge, 2006).
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28 Ibid. Jacobson's original technique required months of intensive live training with a teacher in addition to home practice. Psychiatrist Joseph Wolpe (1915–97), a pioneer in behaviour therapy, developed a shortened version of Jacobson's relaxation teachings.
29 P. Lehrer, 'How to relax and how not to relax: A re-evaluation of the work of Edmund Jacobson', *Behavior Research and Therapy*, 20:5 (1982), 417–28.
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31 While there is no single founder of the field of biofeedback, key innovators and popularisers included Joe Kamiya, Elmer and Alyce Green, and Barbara Brown. For more on the history of the field see Harrington, *The Cure Within*, pp. 166–9 and E. Peper and F. Shaffer, 'Biofeedback history: An alternative view', *Biofeedback*, 38:4 (2010), 142–7.
32 Kroker, 'The progress of introspection in America, 1896–1938'.
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