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RELAXATION AND IMPACT ON THE MULTIDIMENSIONAL HEALTH LOCUS OF CONTROL: INTEREST OF GROUP PSYCHOEDUCATION FOR STRESS MANAGEMENT IN THE CONTEXT OF LIAISON PSYCHIATRY WITHIN A GENERAL HOSPITAL

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SUMMARY

Background*: In this article we propose a model for caring for a group focusing on psychoeducation for stress management and learning relaxation designed for patients experiencing somatization and who were recruited during organic medicine consultations.*

We are developing an interest for this kind of group from a clinical and practical point of view and have sought to demonstrate the impact that this kind of care can have on health representations among these patients through using the MHLC (Multidimensional Health Locus of Control) questionnaire.

Subject and methods*: Participants in the stress management and relaxation groups completed the questionnaire at the beginning of the first session and at the end of the second and last session. We collected 94 usable questionnaires between January 2008 and December 2014 and processed the data using Student's t-test on paired samples.*

Results*: The results tend to demonstrate that psychoeducation for stress management and relaxation reduces internality scores in patients with high scores and the opposite for patients whose internality scores are low.*

Discussion*: Our research protocol does not enable us to distinguish between the respective influences of the psychoeducation group and the relaxation group.*

Conclusion*: The psychoeducation groups for stress management and relaxation have an impact on health representations in patients experiencing somatization who would not have spontaneously sought out psychiatric consultations.*

Key words: *liaison psychiatry – psychosomatic – psychoeducation – stress - Jacobson relaxation*

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INTRODUCTION

For several years, as part of treatment for anxiety and stress disorders, therapeutic approaches focused on the development of awareness of the body have become increasingly successful. In the field of cognitive-behavioral psychotherapies, relaxation techniques (Jacobson 1947) or sophrology have long been used in exposure and desensitization therapies as adjuvant tools and as stress management (Dimou 2014). More recently, meditation/mindfulness has developed indications for depressive and anxiety disorders, as well as in strategies for preventing relapse in dependency.

The target group for this kind of approach is still a population that has already undertaken work on elaborating and understanding the impacts of emotions and stress on health.

But for patients with a psychosomatic profile, the predominant alexithymia precisely leads them to prefer consulting a somaticist-physician with an exclusively organic reading and expectations for their problems. Schematically speaking, with the three dimensions of treating an anxiety disorder: pharmacological treatment, a bodily approach and psychotherapy, psychosomatic patients have a clear tendency to only be familiar with the first option and to be reticent when it comes to bodily and psychotherapeutic approaches through a lack of understanding or because they do not see how it concerns them given their alexithymia and the operational dimension of thought.

From a clinical point of view, we have often observed patients who signed up for psychiatric consultations and were sent by neurologists, cardiologists, internists or ENT specialists for problems related to stress and somatization.

During these consultations, we often observe that the patient had come without really understanding why the consultation was needed (other than that it was strongly advised) and few of them continued psychotherapeutic or physical treatment.

Another difficulty lies in the fact that waiting times for psychiatric consultations have become very long in the healthcare network, and these patients often cancel their appointments and consult other somaticists.

Based on these observations, we proposed creating a stress management and relaxation group based on psychoeducation for stress mechanisms and somatization, teaching a relaxation technique (Jacobson's

technique) (Golombek 2001). The aim was twofold: firstly, to provide a faster response to a large number of patients who presented somatization and were not prepared to truly undertake psychological treatment and, secondly, to give information that would enable patients to assess and understand the indications for possible psychotherapy.

Jacobson's relaxation technique consists in exercises alternating the contraction of muscle groups coordinated with inhaling followed by relaxation with exhaling (Kohl 2002). The person is asked to concentrate on the feeling of contrast between contraction and relaxation. The idea is that it is easier to perceive what a relaxed state is in opposition to contraction (Lehrer 1982). This type of method, which has a logical and operational definition, encounters less resistance in alexithymic patients for whom the perception of a state of relaxation is presumably not even clear.

The group is made up of a maximum of eight patients and meets in two sessions held one week apart.

The first session is dedicated to psychoeducation on the consequences of chronic stress on the autonomic nervous system's loss of adaptability to external stimuli. Information is provided on the basic principles of the various relaxation techniques. Jacobson's relaxation technique is described along with the procedure for using it.

The second session consists in using Jacobson's technique itself in a group followed by scheduling for self-directed exercises to be performed at home.

The patients were recruited during neurologic, cardiologic, ENT or psychiatric consultations. The indication was the presence of stress that had an influence on a known organic pathology or a stress situation leading to somatization. The prerequisite was that the patient had had one assessment consultation with a somaticist excluding the presence of an organic pathology.

We have defined several assessment criteria for our groups, including an assessment of the impact on the MHLC (Pauwels 1999) before and after participation in the group, which we shall develop in this article.

SUBJECTS AND METHODS

The inclusion period ran from January 2008 to December 2014 for 158 patients who took part in 25 stress management and relaxation groups.

The patients completed the MHLC questionnaire for the first time before the start of the first session. It was completed a second time at the end of the second session.

We collected 94 usable questionnaires that had been filled in correctly. The other questionnaires that were not used were either incomplete or were filled in incorrectly.

RESULTS

The results were processed using the Student's t-test on paired samples.

There is no significant difference when we compare the entire sample without distinguishing between time 1 and time 2 (Table 1).

On the other hand, when we compare the patients who had low internality indexes (IHLC) (lower than the sample's average of 21.73), we observe that the internality index tends to increase significantly, as does the others' power index (PHLC) (Table 2, Table 3).

Table 1. Student's t-test on paired samples for the entire sample

	N	Minimum	Maximum	Average	Ecart Type
IHLC	94	10.00	35.00	21.7340	5.56134
PHLC	94	6.00	33.00	20.1489	5.10104
CHLC	94	8.00	31.00	19.9787	5.22397
IE	94	0.41	3.14	1.1382	0.42338

Table 2. Half sample with IHLC≤21.73 statistics

IHLC≤21.73	Average	N	Ecart type
IHLC	17.2128	47	0.40571
IHLC2	19.9362		0.58536
PHLC	18.9574	47	0.68549
PHLC2	19.5957		0.63338
CHLC	20.2128	47	0.83013
CHLC2	20.2766		0.80453
IE	0.9300	47	0.04185
IE2	1.0411		0.04496

Table 3. Student's t-test on paired samples for the half sample with IHLC≤21.73

IHLC<=21.73	Average	t	sig
IHLC-IHLC2	-2.72340	-4.457	0.000
PHLC-PHLC2	-0.63830	-1.010	0.318
CHLC-CHLC2	-0.06383	-0.096	0.924
IE-IE2	-0.11106	-2.777	0.008

Table 4. Half sample with IHLC>21.73 statistics

IHLC>21.73	Average	N	Ecart type
IHLC	26.2553	47	3.60837
IHLC2	25.0426		3.59926
PHLC	21.3404	47	5.25554
PHLC2	20.6596		4.81066
CHLC	19.7447	47	4.76157
CHLC2	18.2979		4.65746
IE	1.3464	47	0.43763
IE2	1.3362		0.36162

Table 5. Student's t-test on paired samples for the half sample with IHLC>21.73

IHLC>21.73	Average	t	sig
IHLC-IHLC2	1.21277	2.122	0.039
PHLC-PHLC2	0.68085	1.112	0.272
CHLC-CHLC2	1.44681	2.053	0.046
IE-IE2	0.01021	0.217	0.829

For the other half of the group whose internality index (IHLC) was high (greater than or equal to the average of 21.73), we observed the opposite phenomenon, i.e. a significant decrease in the IHLC and PHLC (Table 4, Table 5).

DISCUSSION

Our results tend to show that participation in a psychoeducation group for stress management and learning relaxation has an impact on the health representations assessed using the MHLC questionnaire. Patients with high internality indexes tend to decrease, apparently attributing power to others, while the scores of patients with lower internality indexes rise.

In our research protocol, we did not envisage distinguishing the impact of group psychoeducation from the impact of learning relaxation itself. It would have been interesting to give an intermediate MHLC questionnaire after the first psychoeducation session for a refined view of the respective influences of the two therapeutic tools.

CONCLUSION

Our research work tended to show that the implementation of a psychoeducation group for stress management and learning relaxation has an impact on health representations among patients experiencing somatization and who had so far mainly consulted somaticist physicians.

From a clinical point of view, this kind of therapeutic setting appears to respond more quickly to somatization problems without immediately undertaking an individual psychiatric consultation and also makes it possible to better guide and define the indication for following psychotherapeutic treatment.

Our research protocol does not make it possible to distinguish between the respective influences of the psychoeducation group and of relaxation education.

Further research would be necessary, notably concerning what becomes of the participants in the group in terms of undertaking psychiatric treatment and the number of consultations with somaticists.

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