

Self-report measures. As reported on the Social Situations Questionnaire, training significantly reduced feelings of difficulty in social situations, and increased the reported amount of social activities, while modified systematic desensitization did not. On the other hand, both treatments reduced the amount of difficulty reported in individual target items which were specifically worked on in both therapies.

Further treatment. All further treatment during the six-month follow-up period was recorded. The training group sought less treatment but this difference was not significant on a chi square test, partly due to incomplete data.

DESCRIPTION OF TREATMENTS

Training, which was carried out on an individual basis, is fully described elsewhere (Trower et al, in press) but included instruction in basic skills, modelling, practice, guidance and feedback, and role-play simulations of difficult situations. Patients also carried out midweek practical assignments. Modified systematic desensitization took social behaviour as hierarchy themes, such as looking smiling, gesturing etc., and used social interaction sequences, such as approaching, greeting, asking questions etc., in a similar manner. Each element or sequence was presented to the relaxed patient who imagined carrying out the action. These patients also carried out homework assignments.

REFERENCES

- WINER, B.J. (1962). *Statistical Principles in Experimental Design*, McGraw-Hill.
- TROWER, P., BRYANT, B.M. ARGYLE, M. and MARZILLIER, J. (in press). *Social Skills and Mental Health*. Tavistock Press, London.

TENSION HEADACHES: PSYCHOPHYSIOLOGICAL INVESTIGATION AND TREATMENT By Paul Martin - Department of Psychiatry - University of Oxford.

Review of the experimental literature on tension headaches led to the following conclusions. The concept of "tension headache" is vague, and the literature is full of contradictions. The only consistently stated belief is that this type of headache is associated with, and perhaps caused by, sustained contraction of skeletal muscles. Even this assertion has not been convincingly demonstrated experimentally. However, several experiments have shown that the treatment package of auditory EMG feedback from the forehead muscle, together with encouraging patients to practice relaxation at home, leads to reductions in forehead EMG and tension headaches.

Data was presented from 2 experiments. Experiment I consisted of a single session during which 37 tension headache patients were compared with 37 controls, individually matched for age, sex and socioeconomic status. EMG was recorded from forehead and neck muscles, whilst manipulating tension levels with a cognitively stressing task (rapid presentation of Nufferno card problems). Also included in this experiment was measurement of pain thresholds using the Hardy-Wolff radiant heat method, and comparison of the effect on headaches of a vasodilating drug (amyl nitrite), and a placebo.

Headache patients did not significantly differ from controls in terms of forehead or neck EMG for any condition of relaxation/stress. In addition, the groups did not significantly differ in terms of pain threshold. Inhaling a vasodilating drug often led to a transitory increase in severity of headache, which was not the case for the placebo.

In Experiment II, 24 tension headache patients were assigned to a visual EMG feedback group, or a progressive relaxation training group. All patients received 12 treatment sessions with assessment sessions immediately before and after treatment. EMG feedback was from the forehead muscle (6 sessions), and neck muscles (6 sessions). Patients were instructed to practice relaxation for 30 minutes each day, and to rate their headache intensity hourly on a 6 point scale. They were given cards on which to record their practice, headache ratings, and medication taken for headaches.

Headaches significantly decreased for the patient group as a whole, with no difference between treatment groups. There was a slight tendency for EMG to decrease, but neither visual EMG feedback nor taped relaxation instructions proved very effective in this respect. Reduction in headaches and EMG were totally unrelated. A 't' test for dependent groups showed that headache patients had significantly higher forehead EMG when headache-free, than when experiencing a headache, during the treatment sessions.

Consideration of the data from the 2 experiments outlined above led to rejection of the notion that tension headaches are associated with, or caused by, excessive tension in skeletal muscles. Parallels between tension headaches and migraines were emphasised. An alternative explanation in terms of placebo effects was proposed, for the efficacy of some relaxation training techniques in the alleviation of tension headaches.

FILMS AVAILABLE FOR HIRE IN THE U.K.

Antonia Whitehead has spent some time getting together a list of films available for hire in this country. The accuracy of the details cannot be guaranteed, still less the quality of the films. Anyone who has information about these or any other films is asked to contact Dr. A. Whitehead, Dept. of Psychology, University of Reading, Building 3, Earley Gate, Whiteknights, Reading.

<u>Name</u>	<u>Made</u>	<u>Rental</u>	<u>Run time</u>	<u>Dist-ributor</u>	<u>Comments</u>
Learning	1971	£35	30m	TFI	General introduction to conditioning.
A conversation with B.F. Skinner	1972	£25	20m	TFI	With Skinner
Token economy: behaviourism applied	1972	£25	20m	TFI	With Skinner
Business, behaviourism and the bottom line	1972	£25	20m	TFI	Industrial setting with Skinner
One step at a time: an introduction to behaviour modification	1973	£35	30m	TFI	With Roger Ulrich
Reward and punishment	1974	£25	15m	TFI	Children - with James Gardner
Reinforcement therapy				DJH	
A demonstration of behavioural processes by B.F. Skinner		£8.80	28m	BUFC	Introduction to operant conditioning with Skinner.