

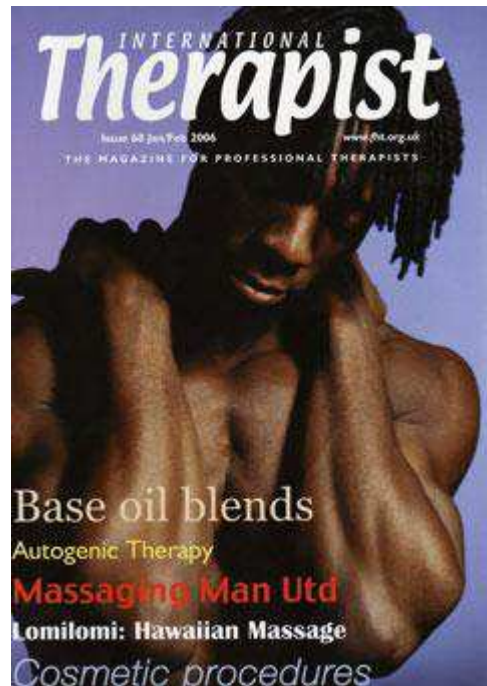
Autogenic Therapy

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Every complementary therapy surely aims for the same thing: to restore good balance in both physical and mental wellbeing. The agents and methods by which this is carried out, usually involve at least a second party (therapist), if not a third (equipment, remedies, supplements), in order to give the treatment.

But with Autogenic Therapy - or AT - the client administers the treatment. In other words, right from the start, if you learn AT (albeit with a therapist), you apply it to yourself, and perhaps no-one would even know you are doing it. In this era of independent living and self-empowerment, this may be reason enough to question why AT still remains one of CAM's best-kept secrets. Hopefully this situation is about to change.



The name 'autogenic' comes from the Greek: 'auto' - self; 'gen' - produce. The treatment is the same for everyone and the effect is highly individual and personal. The therapist plays a combined role of teaching and support, giving information and facilitating the autogenic process.

The basic premise of AT is that the human organism is naturally self-righting, but our lifestyles and attitudes prevent this occurring as efficiently as it should. When we feel at our most ill (high temperature with achey flu) we rest, and recover. A broken bone is immobilised (rest) and mends itself. Entering a deeply relaxed state for a short period two or three times a day (very high quality rest, coupled with mindful awareness), creates a habit for the mind-body system to keep itself operating at its optimum level.

All of this makes Autogenic Therapy (AT) one of the most fascinating and effective forms of holistic treatment currently available. Its potential for improving physical and psychological well-being as well as for enhancing creativity and performance means that it creates an environment of self-empowerment.

What is AT?

AT is a set of easy mental exercises using designated phrases that are repeated as silent thoughts while sitting or lying in a specific, supported and neutral posture. The resulting altered state of consciousness (profound relaxation) allows mind and body to switch off the 'fight/flight/freeze' stress response, and instead allows rest, recuperation and recovery. People learn to make this shift at will. AT is learned over an 8-10 week period, in one-hourly sessions if working as an individual, or longer sessions when learning in a small group.

Exercises are practised for only a few minutes twice or three times each day during the initial learning period with the therapist. Later, the method belongs to the client, to use in whatever way best fits their lifestyle. A process is begun which may tap into memory and this allows what we understand as a rebalancing of mind and body, sometimes taking a client into a safe space where emotional and/or physical 'off-loading' can occur.

Six autogenic standard exercises

The method focuses in turn on various physical manifestations of relaxation in the body: 'heaviness' in the musculo-skeletal system, limb 'warmth' (circulatory system), awareness of the heart, respiration, abdominal warmth and lastly a cool forehead. These Standard Exercises form the 'autogenic programme', or basic AT.

Sometimes the autogenic process can tap into old emotions, and these might cause some temporary

discomfort. The therapist will always introduce discussion around the implications of storing up the negative effects of old emotion. A set of exercises which address the safe expression of anger, anxiety and sadness (off-loading exercises) is taught as a complementary measure, to run alongside standard autogenic exercises. When emotions have been suppressed for years, and part of the autogenic experience is that they feel active again, the autogenic process can be impeded, and a kind of 'clearing out' activity may therefore be needed.

The complete package of AT is often referred to by intrigued and grateful clients as 'my tool-kit'. Learning these easy and effective skills is open to most people, helping to rebalance the whole mind-body system, and gaining insight and self-empowerment. The aim is that, once learned, AT can continue to be used as a permanent life skill.

AT is easy to access: no special clothing is required, and you can practise anywhere, according to the time you have available. Many people use AT exercises on the train, waiting for delayed flights at the airport, on the plane (good for reducing anxiety). Other good times to practise AT are in bed before sleep, first thing on arrival at work, or in the car before starting out for home.

Origins and development

Autogenic Training began in the early 20th century, from the observations of Dr Johannes Schultz, a German neuro-psychiatrist during his studies of hypnosis and altered states of consciousness. Reports of patients' subjective experience when undergoing hypnosis were almost universally consistent: feelings of limb heaviness and warmth (so common that these are often used as a hypnotic induction), gentle awareness of heartbeat and breathing etc.

Schultz's aim at first was very simple: to find a way for patients to maintain their own well-being by engaging in easy relaxation steps without being hypnotised or waiting for sleep. Later, Schultz realised that he had stumbled on a profound process of self-healing, which he named 'autogenic' (self-generating), conveying its spontaneous nature.

However, the process at the start can sometimes be quite a surprise, if the initial stages of the autogenic process create temporarily ruffled waters. Schultz realised that a fundamental approach on the part of the therapist is not to interfere. The process is observed and accepted by both therapist and client, using passive awareness without striving for result. The content of the outcome is not directed, or analysed, except by the client.

Benefits

Almost anyone can benefit from learning AT. People who turn to AT are usually looking for ways to make their own positive contribution to their health and well-being, thus choosing a therapy that allows them to take responsibility for themselves. Although AT can enhance personal development and curiosity may be the initial motivation, many clients present with psychological symptoms such as anxiety and panic, sleep disorder or mild depression. Others will present with a stress-related symptom such as irritable bowel syndrome, migraine and other headaches. Others have chronic symptoms which flare up from time to time (asthma, colitis, muscular pain) with the client's own sense of well-being, or lack of it, contributing to the severity of the symptom.

The major influence AT could have on any of the above symptoms is reduction of attendant anxiety. Autogenic therapists are likely to say that AT is not so much about 'cure', but always about 'help'. The increased confidence that clients derive from knowing they can help themselves would significantly impact on their own state of health, thereby enabling healing to occur.

With AT, the client has learned an important and enjoyable life skill. The suggested prognosis will be that a significant positive impact on their future health is made. Studies in Italy suggest that the personality can be positively affected long-term after only a short course of AT [\[1\]](#). When the mind is well, it usually follows that the body is well.

Contra-indications

There are very few absolute contra-indications for AT. Most clients learning AT will fall into the category of the 'worried well': those without serious health problems, and yet aware that the effects of stress is affecting their quality of life. However, those with severe and long-standing psychiatric problems are unlikely to want to use AT but if so, would need very careful monitoring, perhaps as an

in-patient. Others still in recovery from serious illness (heart attack, major surgery, road traffic accident) would need some time to elapse for the psychological implications of these life events to settle before embarking on learning AT for the first time. However, for those already using it, AT is a wonderful aid to recovery. The client will have gained invaluable insight into how they need to allow themselves to respond emotionally to such events, and be well equipped to do so.

Ongoing clinical disease (e.g. diabetes) needs to be monitored by the patient's own medical practitioners, and the implications of the possible effect on their need for medication changes made clear at the outset.

Each prospective client is screened at preliminary interview, accompanied by a comprehensive questionnaire detailing their presenting problem and life history: family, psychological. No promises about outcome can be made; and the concept of process is explained: that sometimes symptoms can at first seem to get worse before improvement. The client is reassured that they will be monitored and supported through their autogenic process.

Research

AT has been well researched over the years as a non-drug approach to treatment. It is very widely used in Europe, but has been available in the UK only since the late 1970s. For stress-related symptoms in 1960s Germany you would be more likely to have been prescribed a course of 'Autogene Training', instead of the UK approach at that time: several years taking the new wonder-drug Diazepam (Valium). Leslie Kenton stated in an article in 1980 (Harpers & Queen), that an extraordinary 650,000 tons of Valium was consumed in the world each year.

A recent study in coronary angioplasty patients shows that AT may have a role in reducing anxiety [2]. Another, for some women with early stage breast cancer, showed that an increase in their immune responses was significant [3]. In both studies anxiety rating scores were used, showing a general decrease in anxiety.

AT is so good that it often sounds unbelievable. Dr Riva Ripstein-Soicher, a GP in Montreal, Canada was invited (along with 8,000 colleagues - three joined her!) to train in AT to help her patients. After initial scepticism she decided to investigate, remembering the major part that stress played in her patients' consultations. She learned the method with Dr Wolfgang Luthé (a research colleague of Schultz) and was hooked. Her first AT client (an insomniac patient of many years' standing) rang her up after three days of using autogenic exercises, saying excitedly 'Merci Madame - je dors!'. ('Thank you (Doctor) - I am sleeping'.) Ripstein-Soicher went on to use AT consistently in her practice.

People often remark at the end of the course: 'I have a much better sense of who I really am now. I am less concerned about what others think of me, and find myself reacting more assertively and confidently than before. And I was sleeping well before, but now sleep much better.'

These observations may well come from clients who learned AT because they were suffering anxiety and panic; severe asthma; irritable bowel syndrome, migraine headaches. It is likely that their stress-related symptoms will have been significantly reduced or disappeared altogether [4].

Case study

Sue age 60, non-working mother - very ill for some years with multiple allergies, weighed six stone, and suffered extreme anxiety especially about being alone. She could only go out with her husband. By the end of the course she had put on weight, had expressed anger and frustration, also asserting herself with her husband (worried her and delighted him!) and was able to spend three hours happily alone in the house. Her allergies became secondary to her emotional state.

References and further reading

Luthé Dr W & Schultz Dr JH, "Autogenic Therapy" Vol 1 - 6, Grune and Stratton, New York, 1969

Bird J, and Pinch C, "Autogenic Therapy - Self-help for Mind and Body", Newleaf, 2002 ISBN 0 7171 3422 9

Bradford, Nikki and Chamberlain, Geoffrey, "Pain Relief in Childbirth" - see chapter on Natural Pain Relief - section on Autogenic Training pp. 153-160, Harper Collins, 1995

Carruthers Dr M, Patel et al, "Trial of relaxation in reducing coronary risk: 4 year follow-up", "BMJ" 290

Linden Dr W, PhD, "Autogenic Training - A Clinical Guide", Guilford Press, 1990

British Autogenic Society www.autogenic-therapy.org.uk

A small sample try-out - introduction to passive awareness

AT must always be learned with a qualified therapist, however, you might try this short introduction to the recommended attitude of mind while practising.

Exercise in passive awareness to introduce you to the passive observer, the one who watches from within, accepting without judgement.

Sit exactly as you are (eg legs crossed, arms on table), close your eyes. Be aware of the sounds around you - notice them and leave them be.

Be aware of your body - which parts touch other parts; is there any tension? Are there any aches and pains? Tiny muscular twitches or tummy rumbles?

Now go to your breathing and follow what it does naturally: without effort. Maintain awareness of the rest of your body.

Are you aware of your heart beating or a pulse anywhere?

Ask yourself: 'How am I feeling? Is this what I want to be doing right now? Am I at ease with myself or do I want to stop this?' Allow any thoughts or feelings to surface, and acknowledge them as they are (no analysis).

When you're ready, have a stretch, deep breath and open your eyes.

This exercise could bring out heaviness, tingles, warmth, drowsiness and perhaps greater awareness of discomfort which had been there all the time. This is simply a taste of increased, non-judgemental awareness.

References

[1] Farné, M and Corallo, A, "Autogenic Training and signs of distress: an experimental study", Dipartimento di Psicologia dell'università di Bologna; Boll Soc It Sper, No. 6, Vol. LXVIII, Idelson Napoli 1992

[2] Kanji, N. White, A. R. Prof. Ernst, E. Autogenic Training reduces anxiety after coronary angioplasty: A randomised clinical trial American Heart Journal 2004 Vol 147, No 3

[3] Hilderley M. Holt M "A Pilot Randomised Trial Assessing The Effects Of Autogenic Training In Early Stage Cancer Patients In Relation To Psychological Status And Immune System Responses". European Journal Of Oncology Nursing (2004) 8, 61-65

[4] Bowden Dr A. "Autogenic Training - a non-drug approach to anxiety, panic attacks and insomnia. A report on the introduction of Autogenic Training into a Primary Care Group" (unpublished 2002).