Autogenic training: a key component in holistic medical practice

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Summary

The use of stress management methods in holistic practice is on the increase. In the 2007 Spring issue of ***Heart Health****, Susan Noble, 61, a heart attack patient, told how her autogenic training practice gave her a 'calmer state of mind' and enabled her to take control of her recovery.*[1] *This paper offers a brief description of the multi component autogenic training process, and specific examples of how the authors work as autogenic therapists.*

I was a GP in Surrey for 20 years when, after a series of heart attacks, I decided I needed to learn a relaxation technique and discovered autogenic training (AT). At the same time, I was retraining as a counsellor and psychotherapist. My autogenic training practice was so helpful to me that I trained to teach it, and have found it one of the most useful tools in the psychotherapeutic armoury. I recommend AT highly to GPs and their patients, and would be pleased to see AT groups run across the nation, following in the footsteps of NHS outpatients departments using AT with success today.

Janet Marshall

After building up years of stress as a manager and business consultant in healthcare, finance, and high tech on three continents, I decided to settle down and return to my earlier work in psychology. I was attracted by the simplicity of Schultz and Luthe's approach to anxiety and depression and I was more than pleased with the profound changes regular AT practice brought, so I trained to become an autogenic therapist and now use AT as the core of my clinical work. Having been a mental health services planner in the past, I am hopeful that today's policy makers will find food for thought in this report.

Ruth T Naylor

Ruth T Naylor conceived the paper, carried out the secondary research, and drafted the text, including her clinical experience. Janet Marshall critically reviewed the text, adding her clinical experience.

Autogenic training in holistic practice

Autogenic training has taken its rightful place in medical practice among other mind-body therapies: progressive muscle relaxation, clinical biofeedback, hypnosis and self-hypnosis, and many forms of meditation and deep relaxation which have come from east to west over the centuries.[2] At the Department of Family Medicine, Georgetown University in Washington DC, basic autogenic training is explained to students as: an 'excellent technique to manage stress' that can 'quickly and effectively return [the] body to a balanced state'; 'easy to learn, a set of structured phrases'; with 'no cultural or religious overtones'. Autogenic training elicits what Dr Herbert Benson calls the relaxation response and it has been very successfully used with all types of anxious clients, ranging from the 'worried well', to people with life-threatening illnesses, all the way to inpatient psychiatric patients.

AT has positive effects on psychological and immune systems in early stage cancer patients, helps teens with attention deficit hyperactivity disorder (ADHD), helps children and teens who have diabetes mellitus type 1, and offers elderly nursing home residents a better quality of life. Linden and Lenz, two Canadian psychologists, describe their extensive experience using AT in combination with cognitive therapy

to treat the full range of anxiety disorders. They know that 'progress is shown when the pattern of chronicity is broken, and we help induce changes in anxiety levels by using AT in session – especially when anxiety-provoking issues have surfaced'.[3]

While there are many techniques available for contemplation and relaxation, our experience as autogenic therapists resonates with American clinical psychologist Seb Streifel's comments[4] about the specific action of regular AT practice. He says: 'Autogenic training is very effective in producing cognitive effects'. While many people are generally familiar with the six standard exercises people use in their autogenic training practice, most do not know that when people learn AT from a qualified autogenic therapist, the training has many more components and the experience is therefore more complex.

What does autogenic mean and when were the therapies developed?

Auto means 'self' and *genic* means 'being' so autogenics is a way of 'being yourself'. Autogenic training (AT) was developed by Johannes Schultz, a professor of neuro-psychiatry in Germany in the 1920s and 30s, where he was at the forefront of mind–body medicine. Over the next 30 years he worked with Wolfgang Luthe, a GP and chest physician, to refine the approach and to develop autogenic meditation. Dr Luthe then developed two further therapies – autogenic neutralisation and creativity mobilisation technique.[5] Each of these four autogenic therapies has been taken up to some extent worldwide and significant research on the six standard AT exercises continues to be produced across medical and psychological disciplines in Europe, Canada, the USA and Japan. Today, AT is taught around the world, and there is a range of technical guides and training courses for therapists on how to ethically and appropriately include autogenics in their clinical practice.[6]

The four Rs of autogenic therapy: relax, release, replace, reframe = results

Autogenic therapy has four components and each of these components is designed to stimulate and support the client's own self-healing process. First, **relax** – stop thinking stressful thoughts in stressful ways and let the body rest. We find that for some clients relaxation is a completely novel experience: they are always 'busy', 'thinking' or 'doing something'. They do not know how to 'keep busy' by relaxing their bodies or 'keep thinking' by focusing their minds calmly and inwardly and they are very easily distractible – they don't realise that apparently 'doing nothing' is actually 'doing something'! The six standard exercises Dr Schultz first described in 1932 have remained the core of autogenics. These offer everyone a clearly accessible method for effective relaxation for a significant space of time – up to 10 minutes twice daily is recommended. The exercises calmly centre attention on different parts of the body in an orderly way that is designed to do the three things that are absolutely key to relaxation and anxiety reduction: (1) reduce muscle tension in the body; (2) change the style or way people think; (3) change the content of what they are thinking.[7] For the anxious client, whose usual style of thought is ruminative, whose thoughts are full of conflicts which rarely focus realistically in the present, and whose body language reflects, reinforces, and may even produce this unhappy state of affairs, practicing the six standard exercises is a dramatic and welcome change.

To minimise sensory input, the exercises are done with eyes closed. First, trainees do a 30 second mental check of the body from toes to top of the head, to be certain they are sitting or lying down in the correct, comfortable position. After this, they are taught to use sub-vocally repeated phrases about the body; phrases like 'my arms and legs are heavy and warm' at the same time as they learn to adopt a passive focus on inward events. This focus involves becoming passively aware of, passively concentrating on, and passively accepting whatever happens in the 10 or more minutes they are doing the exercises, regardless of whether or not what they experience seems to occur in the specified body parts, in the mind or even in the environment. While some AT trainers suggest trainees 'image' or 'imagine' the body parts actually becoming 'heavy' or 'warm' or 'cool', Schultz, Luthe, and other early developers of AT discouraged the use of 'background' images as this could too easily become a constructive, active, tension-producing process, and thus inhibit relaxation. At the end of practice, people 'close' by flexing arms sharply before opening their eyes and moving from the deep calmness back to normal waking. The reduced activity of the sympathetic nervous system is maintained for up to 20 minutes after 'closing' AT practice.

Mastery of the six standard exercises comes with time, patience, and persistence. During training sessions, AT therapists model 'passive awareness', 'passive concentration' and 'passive acceptance' to their clients by listening and witnessing, by questioning cautiously, and by accepting without judgement whatever clients tell them. This is how we foster long-term uptake of

the method and support the client's spontaneous self-healing processes to best advantage. When the client successfully combines these three passive elements, cultivating a relaxed, non-striving attitude, and being unconcerned with specific results, a state of passive contemplation ensues. This leads in turn to what Schultz and Luthe call the *N. stage* (stage of functional neutrality) of the autogenic state – an inwardly focused, vigilant, blank, receptive, attentive, relaxed, neutral, silent mind for moments and minutes at a time. Some clients experience this almost immediately, while others take months of practice. Many come to enjoy being in this balanced, self-healing state for up to an hour. The autogenic approach was not developed from a religious or spiritual practice, and while most clients report the autogenic state as being unique to their AT practice, others relate it to familiar practices like prayer or meditation.

COMMENT 1

Relax: Six standard exercises → autogenic state

Ruth says: After a week of practising standard exercise 3, cardiac regulation, one client said: 'I do variations in my practice, with no expectations, and it always gives me that beautiful meditative state. I am on the bus, aware of everyone and where we are, but it does not bother me after practice. Everything is in sharp focus – I have a sense that it is all me, I am in it, I can see clearly, it's not separated, I am me. This is an eastern result using a western method.'

Jan says: My clients sometimes have difficulties allowing passive concentration to come. For some clients, focusing on various parts of the body is not enough to stop the bombardment of outside thoughts intruding. For some, it may be enough to reassure them that this is normal and that only time and practice is needed before passive concentration is experienced. For others the use of the AT diary to note down the intrusive thoughts brings freedom. Or, if it is a simple intrusion like the need to make a phone call, I tell people: 'Just go and do what is needed and then go back to your AT'.

As with other meditative and self-hypnotic method, AT trainees learn to passively observe and accept unusual or unwelcome thoughts and strange or unusual physical sensations (*autogenic discharges*) that occur during practice – infrequently for some and with regularity for others – without anxiety or panic. Focusing with acceptance on the immediate and the immanent in a structured, logical way is definitely a new thinking style and a new way of being for anxious clients. They come to realise that simply by passively concentrating, observing and accepting their body responses to thoughts and feelings, their feeling responses to body and thought, and their thought responses to feelings and body, they have gained an inner flexibility and freedom which generalises naturally from AT practice into their everyday life.

Release Dr Luthe developed a series of seven intentional offloading exercises (IEs) and introduced them to the therapeutic community in the early 1980s. They are a set of practical, time-bound, self-initiated flooding and exposure techniques for helping clients get the most from the self-healing potential of consistent AT practice. Autogenic therapists assign these IEs when clients report specific autogenic discharges. These strange somatosensory experiences may be related to memory held in the body – for example, people report that during AT practice they hear sounds, see lights, feel like their bodies or specific body parts are shrinking or growing, have to cry, twitch or laugh, and so on. Therapists use client feedback on their daily AT practice as a guide for assigning one or more of the IEs if AT practice is blocked or progressing too slowly, as Dr Luthe observed that these discharges were for the most part related directly to his clients' past traumas or to their unresolved or unexpressed emotions. Autogenic therapists think of the mind–body as operating like a hologram, and the autogenic discharges as signals that the brain is propagating changes through the body and mind in measured ways.

Intentional exercises are self-initiated and are done in private. Because they flood or expose clients to feared, suppressed emotions and to tense, sometimes uncomfortable body states, autogenic therapists advise clients very specifically in their safe use, so that exposure is graded and so the client uses the exercises appropriately. Each of the IEs mimics the physical expression of an emotion – in the absence of external stimuli, in a safe, private environment, and without adding specific thought content to the physical release of the emotion. For example, the intentional crying exercise may take from three seconds to three minutes or more, and may be done piecemeal, involving a number of behaviours which are selected by the client: rocking gently or more vigorously; clutching a pillow or stuffed animal or toy; closing eyes; making whimpering sounds; throwing the body on the bed and heaving with sobs; tearing at the hair; and so on. We find that this exercise puts the client in touch with their own compassion and empathy towards themselves and others in ways that are mysterious and healing.

COMMENT 2

Release: Intentional off-loading exercises → freedom from tension & held emotion

Ruth says: One of my trainees, who was an emergency services telephone operator recovering from cancer, heard a continuous loud sound 'in the room' for the last minute of the very first round of practice in a group training session. This 'sound' was actually a massive autogenic discharge, a somatosensory phenomenon which was in his head, and not in the room. Subsequently this trainee enjoyed doing intentional offloading exercise two – making loud controlled bursts of nonsense noises – while working alone in his garden.

Jan remembers: For one of my clients any attempt at relaxing in silence brought overwhelming memories of his dead son. He could never be still as only action and noise kept the demons at bay. For people like this the intentional exercises can be very helpful. But other forms of counselling may be needed as well. For all clients the use of the 'shake out exercise', which we call intentional motor garbage exercise, is very helpful and can be used before starting AT practice.

Replace In the seventh and eighth training sessions, client and therapist work collaboratively to develop organ specific and personal & motivational formulae (OSFs and PMFs), or positive self-statements. Clients then use these to replace their negative beliefs and thoughts by incorporating them seamlessly into daily standard exercise practice.

COMMENT 3

Replace: Personal motivational formulae

Jan reports: A most dramatic example of the use and benefit of the motivational formulae was a client who, like many, was afraid of public speaking. She had to deliver a lecture to a group of medical students on grief and bereavement counselling and felt that her usual symptoms of panic, dry mouth, mind going blank and nausea would prevent her doing anything other than read a script. We decided on a phrase which described how my client would like to feel: 'I am good at public speaking and enjoy it.' For three months she used this phrase during AT practice. And she used it to block out the negative thoughts which came every time she remembered the event ahead. It is important to stress that she also put in a lot of preparation on the talk, writing it out in full, then making prompt cards, and then rehearsing it thoroughly. The day came. She gave the lecture fluently without notes. She answered questions without any of the usual fear symptoms blocking her performance. Audience feedback was very positive and by the end my client had enjoyed the experience, even feeling invigorated by it. She said afterwards: 'It felt like a miracle which I never thought possible!' Having broken the barrier of fear, she went on to give talks on a regular basis for several years.

Ruth recalls: A client reported that she prayed in a somewhat agitated state of mind every night to be a positive influence in other people's lives. After 10 weeks of AT practice, she began to recognise that beneath this prayer was an underlying, persistent, shameful and self-denying assumption that she was automatically, and by her very nature, a negative influence. While rehearsing her chain of thinking out loud, she decided to modify this core defectiveness schema by using the affirmation process. At this turning, she created her own positive personal motivational formula: 'I am a good influence in other people's lives'.

To actually help clients get to the self-statement that is right for them at the time, autogenic therapists use a variety of tools: discussing any physical symptoms which may have stress related components (like IBS, headache and joint pains); identifying their automatic thoughts; challenging their dysfunctional ways of thinking; countering their negative beliefs; focusing on positive outcomes, and so on.

Reframe Diarising helps many clients reframe their personal narratives, and right from the start, clients are asked to keep a daily diary of their autogenic journey. Dr Schultz asked his AT clients to keep extensive diaries, and autogenic therapists do the same. Each client's AT diary starts with practice-specific data and information along with responses to exercises, and may also include notes on quality of life, attitudes, emotions and behaviours. Clients bring this diary to each training session, and if they have only focused on practice specifics, which is most often the case, therapists also probe about life issues. This allows for supporting a client's own reframing efforts, identifying and discussing autogenic discharges, ensuring standard exercises are understood and carried out effectively, giving indication of which intentional Exercises to introduce and when to introduce them, developing personal motivational formulae, tracking progress, celebrating successes, and so on. Often a meaningful narrative emerges quickly, one which is key to resolving today's problems, and one which is elaborated and classified by clients quite spontaneously. At times, clients relate the action of a specific standard exercise formula directly to liberation not only from uncomfortable physical symptoms but also from a hitherto compelling negative personal narrative. This release is accompanied by engagement in more healthy alternatives. Because diary keeping and narrative discussion are such powerful tools,[8] after the ten weeks of training concludes, clients are encouraged to continue with their diaries on their own. One client spontaneously reframed his narrative himself in a way that reminds us of recent findings reported in *Headache: The Journal of Head and Face Pain*[9] where after one to three months of AT practice, there were significant reductions in headaches (migraine, tension,

and mixed-type) and in use of analgesics and, after long term practice, the frequency and intensity of migraines were significantly reduced.

COMMENT 4

Reframe: Narrative autogenic journey

Ruth: A man concerned about recent panics spoke and wrote about fears of sharing his much loved parent's fate – unexpected death from a brain tumour after years of headache complaints. After adding standard exercise 6 – my forehead is cool – to his practice, he reported a week of unexpected bouts of sneezing (autogenic discharges) which he directly related to his own profound relief from this specific fear. At the same time, he experienced a shift toward a more fulfilling, meaning-making narrative for home and work relationships.

Jan: Some clients see keeping an AT diary as an unnecessary chore. Some fear committing anything very personal to paper, some fear criticism of their writing and spelling, while others complain that nothing much happens while they are doing AT, so there is nothing to write. Therefore, it is worthwhile from the outset explaining the value of keeping a diary, not simply for their therapist but most importantly for themselves. Recording the doing of an exercise is incentive to do it and this also helps clients become more aware of the nuances of their own process. Obviously, for willing clients the diary can evolve into a much more powerful therapeutic tool but even in its simplest form it is a useful starting point for self-reflection.

The way forward for autogenics

We hope that these accounts of our personal and clinical experiences add to readers' understanding of how a fully integrated course of autogenic therapy works. We suggest that autogenic therapy offers a non-threatening, readily accessible broad spectrum approach for jump-starting successful engagement in primary interventions and for enabling people to quickly and firmly take charge of their own recovery.

The six standard exercises which are at the heart of autogenic therapy are easy to learn at almost any age. Cowings and her colleagues have trained NASA pilots to use the exercises in combination with biofeedback to improve their performance in high stress flying situations and to eliminate air sickness.[10] At the other end of the spectrum, frail nursing home clients with psychiatric diagnoses find their quality of life improves with exercise practice as long as they do not have cognitive impairment.[11] Cancer patients in a pilot study report significant reduction in anxiety and increases in 'fighting spirit' after learning AT, and they report an improved sense of coping and along with improved sleep.[12] Children as young as six and their families randomly assigned to learn AT were helped with managing behavioural and emotional problems by practicing the exercises.[13] And a recent pilot study reports that the vigour and energy levels and the physical ability to carry out their roles in life are significantly improved for multiple sclerosis patients randomly assigned to learn AT practice.[14] Along other lines, in two randomised control trials, AT exercise practice helped reduce anxiety for nursing students and for patients undergoing coronary angioplasty.[15] All of these people learned AT in group training settings.

Luthe and Schultz reported that up to 70% of their patients with anxiety had noticeable relief within a few weeks of standard exercise practice. They found this to be especially true where there was 'severe, longstanding anxiety reaction'. Careful explanation and handling of clients' somatosensory phenomena (autogenic discharges), along with wise use of personal and motivational formulae and diaries helped in-patients normalise without additional therapies, and some could even be taken off waiting lists for further talking therapy.[16] Along these lines, in 2000 Farnè & Gnugnoli reported that 47 people on a waiting list for treatment had significantly less amelioration of emotional distress than the 87 people who learnt and practiced AT.[17] In the same year, Farnè & Jimenez-Mũnoz reported that 60 people with mild emotional problems who were taught AT in a clinical setting and then practiced AT for eight months at home 'induced psychotherapeutic personality changes' along with significant decreases in 'emotional distress signs and anxiety'. These changes were accompanied by significant increases in personality traits that reduce people's overall stress responses,[18] and Bühler reports likewise in 2005 for 65 outpatient mental health clients who had significant harmonisation of mood and feeling resulting from AT practice.[19]

Günter Krampen recently reported that at one year follow-up people who were randomly allocated to learn autogenic training along with cognitively focused psychotherapy had similar outcomes to those who had been allocated to psychotherapy only. But there were dramatic differences at three year follow-up. Patients practicing AT at home had significantly more reduction in depressive symptoms, and in relapse and treatment re-entry, and they had more positive treatment benefits than those who had not learned AT.[20] In light of Lord Layards's cost-benefit analysis[21] and the possibility that a 20% increase in treatment cost has significant long-term return on investment potential, further development of this contemporary evidence base is overdue. This research should have the clear aim of developing innovative models for delivering AT cost effectively where it will be most beneficial.

Acknowledgements

Following Dr Luthe's visit to England in 1983, the British Association for Autogenic Teaching and Training (BAFATT) was set up to train Autogenic Therapists and Autogenic Psychotherapists to the highest European standards. In 2001, BAFATT changed its name to British Autogenic Society (BAS). Both authors would like to express their thanks to the society for all they have learnt under its auspices.

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