



AUTOGENIC THERAPY

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Autogenic training (AT) is a highly systematized technique designed to generate a state of psychophysiological relaxation—a state diametrically opposed to that elicited by stress. Through the generation of this state, termed the autogenic (self-generated) state, the recuperative and self-healing processes of the trainee are facilitated, presumably through effects on the autonomic nervous system. This technique forms the foundation for the more inclusive system known as autogenic therapy.

AT grew out of work in the late nineteenth century by O. Vogt and K. Brodmann of the Berlin Neuro-Biological Institute. In the course of their studies with sleep and hypnosis, they observed that patients were able to put themselves into a state similar to hypnosis—autohypnosis—and that this state had positive, recuperative effects. J. H. Schultz, psychiatrist and neurologist in Berlin, was stimulated by their work to investigate the therapeutic potential of hypnosis. He observed that there were certain experiences common to his hypnotized patients (e.g., heaviness and warmth in the extremities) and that those patients who were most successful in relaxing were those that assumed a casual (i.e., passive, non-striving) attitude. Based on these observations and on his desire to decrease the client's dependency on the therapist, Schultz developed autogenic training. In subsequent work, Schultz, along with W. Luthe and others, developed the adjunctive autogenic methods that, along with autogenic training, make up the techniques of AT.

Standard Exercises

Six standard exercises or orientations form the foundation of autogenic training. These exercises are taught in a structured fashion. Following the completion of a detailed medical/psychological history, the trainee is instructed in a specific training posture (intended to reduce to a minimum any distracting stimuli), the proper mode of terminating the exercises, and the phrases themselves (discussed below). The trainee then practices these techniques for several minutes at least three times a day and keeps a log of his or her experiences. The trainer/therapist monitors the trainee's progress and determines from observations of the trainee and his or her reports from the training sessions and from home practice (log entries) whether the trainee is ready to move on to the next exercise. When appropriate, the trainer offers suggestions to enhance the learning of passive attention and the autogenic shift (entry into the autogenic state) or suggests the use of an adjunctive technique. Hence, despite the structured approach, through the trainee-trainer interaction, AT allows for adaptation to the individual needs of the trainee.

Each exercise involves the use of a specified phrase intended to generate a particular physiological state. While practicing, the trainee is instructed to passively attend to a particular body part while mentally repeating one of the phrases. For example, the first exercise is concerned with the generation of heaviness in the extremities. The trainee begins by passively attending to his dominant arm and mentally repeating a number of times "my right (left) arm is heavy." Following the focus on the dominant arm, the trainee is encouraged to generalize the heaviness to all limbs (i.e., "my left (right) arm is heavy," "both arms are heavy," "my arms and legs are heavy") before moving on to the second exercise. Table 8.1 summarizes the six standard exercises.

Adjunctive Techniques

The four adjunctive techniques of AT are autogenic modification, autogenic neutralization, autogenic meditation, and interdisciplinary techniques.

1. *Autogenic modification* uses the autogenic state as a vehicle for effecting changes of a specific nature. This approach involves a phrase, used in addition to or in combination with the standard exercises, that focuses either on physiologic change (an organ-specific formula) or on attitudinal or behavioral change (an intentional formula). Using an organ-specific formula, a trainee with chronic constipation added the phrase "my lower abdomen is warm" to the standard exercises in order to stimulate peristalsis in the colon (Luthe, 1977). The use of "breath carries the words" by a stutterer (Rosa, 1976) and "I am satiated" by an obese individual (Luthe and Schultz, 1969, vol. 2) are examples of intentional formulas.

In the process of practicing AT, the trainee may experience again some of the

Table 8.1
Six Standard AT Exercises

<i>Standard Exercise</i>	<i>Physiological State</i>	<i>Phrase</i>
1	heaviness in the extremities	"my arms and legs are heavy"
2	warmth in the extremities	"my arms and legs are warm"
3	calm and regular function of the heart	"my heart is calm and regular"
4	calm and regular respiration	"my breath is calm and regular" or "it breathes me"
5	solar plexus warm	"my solar plexus is warm"
6	forehead cool	"my forehead is cool"

sensations associated with a past event (i.e., experience discharge of material that has nothing to do with the content of the standard exercises). For example, during the practice of the second AT exercise a twenty-eight-year-old male trainee experienced the image of his partially paralyzed, drooling grandmother as he let go of his habitually clenched jaw. He was confronted with his early decision to always hold his jaw tight, lest he be like his grandmother (Peper, 1976).

2. *Autogenic neutralization* allows the structured release of material in order to neutralize or reduce its disturbing effects. The trainee is encouraged to verbalize either material related to a theme (autogenic verbalization) or whatever comes to mind (autogenic abreaction). Of crucial importance in the practice of these techniques is the maintenance of an attitude of passive acceptance by both trainee and trainer – an attitude of neither suppressing nor enhancing the sensations, allowing the sensations to be while continuing AT. For example, when aggressive dynamics were found to underlie an obese individual's drive to overeat, autogenic verbalization around the theme of hostility was found to be useful (Luthe and Schultz, 1969, vol. 2).

3. *Autogenic meditation* consists of a series of seven exercises begun only after the trainee has developed the ability to maintain passive concentration for at least thirty minutes (usually after at least six months of AT practice). The focus of the exercises progresses from color, concrete objects and images, feelings, and persons to a state where the trainee directly poses questions to the unconscious.

4. *Interdisciplinary techniques* have been developed that integrate AT with other therapeutic techniques. These techniques include autogenic biofeedback,

autogenic behavior therapy, and graduated active hypnosis. For example, temperature biofeedback training has been used with modified autogenic phrases for the successful treatment of migraines (Sargent, Green, and Walters, 1973).

Precautions

Clinical experience suggests certain areas where caution should be exercised in the application of AT (Luthe, 1977). The International Committee on Autogenic Therapy states that "autogenic therapy is a psychophysiological form of medical treatment. The application of this therapy requires a medical evaluation of the prospective trainee, critical adaptation of the method, clinical guidance, and regular control of the patient's technique and progress by a qualified physician" (International Committee on Autogenic Therapy, 1961). It is important that any individual teaching AT be aware of cautionary areas; in fact, these precautions may apply equally well to other relaxation techniques, meditation practices, and biofeedback. Briefly, situations where the training is not recommended include those where (1) the trainee cannot or will not follow instructions (e.g., acute schizophrenics, children less than five years of age, and unmotivated individuals); (2) where differential diagnosis must be established in order to differentiate a discharge from a clinical symptom (e.g., a heart patient may have angina or a pain in the chest that is not angina as an autogenic discharge); (3) where pathology is present and its course cannot be monitored to indicate whether there is a worsening of the symptoms of the disease process (e.g., hypertension, diabetes, or glaucoma).

Conditions where the trainee should either omit or postpone a phrase include those where (1) the trainee reports the experience of an undesirable reaction (e.g., while repeating the phrase "my heart is calm and regular," the trainee experiences tachycardia or major vasodilation causing flushing of the face); (2) the formula focuses on an area of pathology or concern (e.g., with peptic ulcer, the trainee should skip "my solar plexus is warm" or with cardiac neurosis, the trainee should skip "my heart is calm and regular"); (3) a unique situation exists (e.g., omission of "my solar plexus is warm" by pregnant women).

Research and Theory

Although there has been little controlled research, the clinical evidence is suggestive that AT is efficacious, both as a primary and as a supportive technique, in promoting healing in a broad range of illnesses such as gastritis, hypertension, asthma, diabetes mellitus, arthritis, premature ejaculation, sinus tachycardia, anxiety reaction, and alcoholism. Autogenic therapy is not an instant cure; it requires practice over a long period (from two to six months) in most cases for the reversal of pathology. In addition to this remedial use, AT has application both in preventive and self-growth areas. Specifically, AT has been used in the areas of

education, industry, and sports where such variables as performance, ability to concentrate, endurance, and anxiety level have been explored (Luthe and Schultz, 1969, vols. 2 and 3).

Although on the surface AT appears to be mainly verbal formula and techniques, in fact it is an encompassing system with a broad philosophical foundation. Many of its beliefs, assumptions, and goals are common to other relaxation and meditative techniques. They include:

- The body has an innate capacity for self-healing and it is this capacity that is allowed to become operative in the autogenic state. Neither the trainer nor trainee has the wisdom necessary to direct the course of the self-balancing process; hence, the capacity is allowed to occur and not be directed.
- Homeostatic self-regulation is encouraged.
- Much of the learning is done by the trainee at home; hence, responsibility for the training lies primarily with the trainee.
- The trainer must be self-experienced in the practice.
- The attitude necessary for successful practice is one of passive attention; active striving and concern with results impedes the learning process. An attitude of acceptance is cultivated, letting be whatever comes up. This quality of attention is known as "mindfulness" in meditative traditions.

A major and unique contribution of AT has been the systematic investigation and follow-up of trainees. Out of this practice have come over 2,600 scientific publications discussing the procedures, efficacy, applications, and precautions of AT, most reported in Luthe and Schultz (1969). Both this vast literature and the highly systematic approach make AT a rich tool for the interested professional.

References

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- Luthe, W., and Schultz, J. H. *Autogenic Therapy* (Vols 1-6). New York: Grune and Stratton, 1969.
- Peper, E. Unpublished case study, 1976.
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ANNOTATED BIBLIOGRAPHY

Lindemann, Hannes. **Relieve Tension the Autogenic Way.** New York: Peter H. Wydon, 1974.

This is a guide and review of autogenic therapy for the lay reader with a number of suggestions for clinical applicability.

Luthe, Wolfgang. **A Training Workshop for Professionals: Introduction to the Methods of Autogenic Therapy.** Denver, Colo.: Biofeedback Society of America, 1977.

This provides a concise description and summary of autogenic therapy. It includes a detailed guide to errors in posture and provides samples of medical history forms and a summary of precautions. This workbook is an expanded version of "Autogenic Therapy," by W. Luthe and S. R. Blumberger in E. D. Wittkower and H. Warnes (Eds.), *Psychosomatic Medicine: Its Clinical Applications*. New York: Harper and Row, 1977.

Luthe, Wolfgang, and Schultz, J. H. **Autogenic Therapy** (Vols. 1-6). New York: Grune and Stratton, 1969.

These volumes are the basic and essential literature on autogenic therapy. Poorly written and often difficult to read, they nevertheless provide the most extensive compilation of methods, applications, effects, and precautions of the autogenic techniques.

Volume 1: *Autogenic Methods.* This summarizes the actual methods of autogenic therapy with emphasis on the standard exercises. It includes detailed case reports of trainees' subjective experiences.

Volume 2: *Medical Applications.* This volume covers the applications of autogenic therapy to medical disorders, organized in terms of functional systems. Evaluations of effectiveness are included.

Volume 3: *Applications to Psychotherapy.* The uses of autogenic therapy in psychotherapy are described, organized by illness category. The volume includes discussions of efficacy.

Volume 4: *Research and Theory.* This volume contains studies of psychophysiological changes concomitant with the practice of autogenic training.

Volume 5: *Dynamics of Autogenic Neutralization*. This is an exhaustive discussion of the process and dynamics of autogenic neutralizations, with extensive subjective reports of patients.

Volume 6: *Treatment with Autogenic Neutralization*. The use of autogenic neutralization in treatment is discussed with special focus on the resistance process.

Rosa, K. R. *You and AT*. New York: Saturday Review Press/E. P. Dutton, 1976.

A practical guide for the lay reader to the system of autogenic therapy, this book emphasizes the autonomy of the trainee.

Shealy, Norman. *Ninety Days to Self-Health*. New York: Dial, 1977.

A self-help guide that is based upon a greatly modified autogenic therapy structure. It includes many self-help exercises.

Information about Autogenic Therapy may be obtained from:

International Center for Autogenic Therapy
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5300 Cotes des Neiges, Room 550
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