

Autogenic Therapy for the Hypnotherapist

By Marion C Brion

“ Why do you want to do Autogenic Therapy when you already have NLP and self hypnosis?” This is the question I was asked when I went to my first Autogenic Therapist for the basic nine session AT course. It is worth exploring here because AT is a fully worked out system for emotional self-management and can be used as part of a course of therapy or on its own. It is best taught in groups, increasing the effectiveness and scope of the therapist. In this article I will look at the main benefits which AT brings, its characteristics, the comparison with hypnotherapy and the differences and similarities in the type of client it attracts.

Benefits of AT for those who practice it

We can look at the benefits first of all in terms of what Autogenic Training (the basic nine session course) does for those who practice it.

Autogenic Therapy starts from the principle of self-healing and personal development, autogenic meaning “generated from within”. Often called simply AT, it has links with both self-hypnosis and meditation and in fact hypnotherapy was one of the influences on its development. But that’s not the whole story.

Autogenic Training consists of a series of simple, easily learned mental exercises which link mind and body together. The client learns how to enter a state of deep relaxation and

self-healing, reliably, 2-3 times a day and the exercises also stimulate personal development.

Its primary value is to empower the client to manage their own emotions, promote self balancing and self healing. It has numerous psychological applications - *anxiety states, insomnia, depression, unresolved grief reactions, post-traumatic stress disorder etc. ... and medical applications - skin problems, asthma, hypertension, colitis, arthritis, migraine, irritable bowel, pain-tension syndromes etc. ...*(See Linden (1990), Kanji (2000)).

Informed readers may notice that there is a great deal of overlap here with hypnosis and self hypnosis so it is useful to summarise the benefits of adding AT to a hypnotherapy practice before examining its characteristics and similarities to and differences from hypnotherapy.

Benefits of adding AT to a hypnotherapy practice.

- Attracts a different kind of client
- Provides an additional option for present clients
- Is a good method of self care for the therapist
- Time limited (9 session course), fits well with current consumer interests in positive psychology and empowering the client.
- Provides an opportunity for group work, including small groups.

- The structure and method of AT helps to create safety in group work.

Characteristics of Autogenic Training

AT is taught by Autogenic Therapists after careful assessment of the client and consists of five main components. These are the standard exercises; the ‘cancel’ or ‘close’; intentional offloading exercises; motivational formulas and the keeping of a training diary by the client. All are based on the practice of passive observation and repetition.

Historical note

Devised by Johannes Schultz, a professor of psychiatry, in the 1930s as a ‘psychophysiological’ method, AT has stood the test of time and much research. Currently neuro-scientific research is beginning to illustrate how AT works and outcomes research is beginning to reach ‘gold standard’ (Kanji 2004, Hilderly 2004, Holttum and Brion 2007).

Passive observation

Is the cornerstone of AT. It is a relaxed, non striving attitude characteristic of meditation. A Health Services Manager said to me “I have only been able to do AT because I’m not being expected to meet targets.” So many clients come to us with huge feelings of failure and a pattern of trying very hard without reward that this ‘non striving’ is a major step forward for them. As a recent professional trainee said ‘it’s so relaxing knowing that no-one is going to blame you for getting it wrong. My friend is learning meditation and is very concerned that she is not able to practice to the demanding standards set’.

The standard exercises are the core of AT and were partly derived from Schultz’s early observations of the



effects of deep relaxation. For example, people commonly report feelings of heaviness and warmth in the arms and legs. "Schultz used this as the foundation for what became Autogenic Training, and heaviness became the first of his six standard autogenic exercises" (Bird and Pinch, 2002, p.42).

The Standard Exercises are practised daily, three times a day during the training period, taking about 10 minutes or so at a time. For many clients finding time for the standard exercises is the major challenge of AT – simply finding time for themselves and finding a bit of peace during everyday life can enormously increase well-being, as well as beginning to re-instate the Basic Rest Activity Cycle (Rossi 1991).

The 'cancel' or 'close' is a specific movement used at the end of every standard exercise, its purpose is two-fold. The first is to alert the body-mind system to the ending of an exercise – AT can be so effective in promoting relaxation that practitioners are advised not to undertake heavy physical work until 20 minutes after an exercise. What other method of relaxation sees the need for this safety measure?

Secondly the 'cancel' or 'close' helps to mark out the Autogenic state for the learner. The AT standard exercise starts with the opening statement 'my right arm is heavy', and ends with the 'close'. Learners are advised that if visualisations start to develop they should close. So the autogenic state is behaviourally marked out as a safe state to go into under certain basic conditions. If these conditions are not present (e.g. practitioner is standing, walking or driving or liable to interruptions), there are partial exercises available to bring in some of the benefits of AT. Once learnt, most of us find we can use AT on London Underground, for example – the close will swiftly return us to an alert state if needed.

Recently, a client of mine (presenting originally with panic attacks and IBS), was stuck in an Underground train below ground on one of the hottest days of the year, and was able to use AT to keep herself calm and able to walk down the train and along the track when the time came for release.

The diary is kept during training and can be a simple log of exercises done, effects noticed and anything else which seems relevant. More extensive 'journal' type entries can be added if client wishes. The therapist reads the diary, but does not comment on it directly if training in a group. The diary is an important source of safety and development for the client, enabling the therapist to identify any extra help or clarification they may need.


The intentional exercises

Intentional exercises are used to enable "off loading", "discharge" of emotions which have been locked in the body. This is based on the belief

common to Autogenic therapists and many other therapists, especially body therapists, that emotion which is experienced but not expressed often becomes locked in the body.

Luthe designed the intentional exercises to provide clients with a safe method of expressing these emotions verbally and so off loading them from the body.

Much current writing and training about emotional intelligence ignores this issue. For example, people are told to "just notice the feeling and let it go" when that is exactly what they can't do, and therefore get frustrated and feel that they are "failing". The intentional exercises are taught carefully, paying particular attention to issues of intention and safety for the client and others, parallel with the teaching of the standard exercises and within that framework. They help many clients to begin to overcome the acquired 'English disease' of dislike and fear of strong emotion. Other therapists sometimes find them too simplistic but they



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work and help to create an approach which people who would flee from “therapy” can use. And clients can add other resources for working with the emotions after initial training.

Comparison of AT and Hypnotherapy

Similarities and differences

Schultz was inspired to develop AT by his observations and experience of hypnotherapy, but was very keen to distinguish between the two. He wanted to devise something which could be used by the client on an everyday basis. (Luthe & Schultz 1969). Schultz used other sources in addition to hypnosis – yoga, eastern philosophy and psychophysiological research.

AT is designed for the client to use themselves and methods of teaching

aim to reduce hetero-hypnosis effects as much as possible. There is a clear distinction therefore between AT and hypnosis as commonly understood.

There are some similarities between AT and self hypnosis as well as differences – summarised in Figure 1.

However, AT rests with one clearly defined protocol which is taught in a defined way in order to maximise safety for clients. It is clear that AT uses an “altered state of consciousness” but so does meditation. AT is therefore not the *same thing* as hetero hypnosis – bearing out Schultz’s statement that AT and hypnosis are not identical. AT is also *more than* self hypnosis.

As we have seen, in AT the “cancel” is used to terminate the exercise if any visualisations occur and persist. So the autogenic state is defined as one in which visualisations do not occur. On the other hand the flexibility of

involuntary movement – twitches, spasms or even convulsive movement – is specifically allowed for and can prove therapeutically important for some clients.

Neither ‘hypnotic ability’ nor the capacity to visualise (which Hilgard (1984) holds as essential for self hypnosis), are essential for AT, widening the potential client range.

What is essential is motivation, the desire to ‘paddle my own canoe’. Figure One summaries some similarities and differences.

A different kind of client?

Some clients come to AT because they want self-development and are attracted by a non-hypnotic method. They would not seek hypnotherapy for reasons (and often misunderstandings) of their own. Others might approach a hypnotherapist, but reluctantly. Have you ever encountered

Figure one

Autogenic Therapy	Hypnotherapy and Self Hypnosis
Holistic thinking based on awareness of mind/body (spirit) interactions.	Based on awareness of mind/body interactions. May be dualistic or holistic.
A clear well defined protocol and method for training therapists are used in all ICATT and BAS recognised work. [Some small differences in different countries.]	A very broad term. Controversies over definition. Lots of different versions. No standardisation yet in the way practitioners are trained.
Based on activity by the client.	Self hypnosis sometimes taught. Tasks may be given.
Passive observation a cornerstone of all autogenic approaches.	
Therapist takes a supportive, facilitative role, does not “interfere”.	Usually a very active role for Therapist. Therapist may be authoritarian or facilitative.
High priority to safety.	Safety depends on the practitioner.
Therapists use finely developed skills of non verbal and verbal communication.	
Defined protocol aids the development of statistically viable research.	
Builds in emotional self management including “off loading exercises”.	Does not in itself build in “offloading”.
Autogenic State is a defined state, differentiated from all other types of altered state by behavioral conditioning.	
Ability to visualise is not necessary.	Many hypnotherapy techniques use visualisation.

a client who asks for hypnosis but has very strong reservations about “losing control”? Their demands for resolution of long term issues may be very pressing but there is always “second channel interference”. Of course experienced hypnotherapists develop effective ways of working with such clients and one way can be to suggest Autogenic Training either in the early stages or later on in a course of training. Shifting, or referring to an autogenic approach can save a lot of time and energy and be more satisfactory in the long term.

The key characteristic of clients who may be ready for AT is a strong desire for their own autonomy – to “paddle my own canoe”. In addition many are tired of therapists “interpreting” them.

For some clients the clearly defined nature of AT is an attraction. For example a teacher, J was referred by a homeopath to do AT for long-standing anxiety problems. She did not want open-ended therapy and was happy with the idea of a clearly defined and time limited AT course. She did a standard AT course which included some attention to her relationship problems as well as anxiety. She successfully learnt and used Standard Exercises and the Intentional Exercises and felt that this was quite sufficient to enable her to get on with her own life. J, was thus typical of thousands of people who can benefit from a basic AT course without further intervention.

At the other extreme AT can benefit clients who have had considerable therapy but feel that more development is needed. In one group I recently found one client who had been in psychodynamic psychotherapy for 9 years and one who had been in such therapy for 13 years. Each of them did have major deprivation and trauma in their early years and both of them completed a basic AT course and benefited from it.

Some clients entirely new to therapy find AT a ‘user friendly’ approach. One such was a computer engineer, initially very cautious even in practising AT. He found that AT not only provided him with greater calmness in dealing with customers but also began to illustrate how therapy can work. On finishing the basic AT course he wanted to do some time limited NLP work and identified and resolved a long standing relationship issue, considerably benefiting his marriage.

Using AT as well as hypnotherapy and NLP.

When I first learnt AT, I thought that it would be useful for longer term clients who wanted to move out of therapy and this proved to be true.

For example, P, a highly stressed sales manager of 34, married for four years to a man younger than herself, knew that she was affected by early trauma and was also concerned that she had not been able to have a baby despite IVF. She worked very well with NLP and EMDR resolving a number of traumas (including an abortion at age 17) and relationship issues, reaching a point where she felt she needed to move on, although we knew that the very earliest trauma was not resolved. She felt that an AT course would give her the stability and calmness she needed and became a very helpful member of one of my first groups, leaving therapy on its completion. During the AT course she experienced and resolved a memory from the earliest trauma, supportive group discussion being very helpful to her. This story has a happy ending as a year or so later I received a card announcing the birth of their first baby (conceived without the help of IVF).

Paradoxically some clients who

initially benefit from AT also get more understanding of ‘altered states of consciousness’ and become better motivated for hypnotherapy. One such was a librarian (major trauma, 10 years on hard drugs) whose initial statement to me was “Psychotherapy is crap”. He wanted AT and after a few initial NLP sessions began to learn AT. After his second session he reported a ‘sense of phoney well being’ experienced during an exercise. (See Yurdakul, Holtum & Bowden, 2006 for other examples of pleasant feelings experienced in AT). He completed the course, concluding that ‘AT works’ and went on to request hypnotherapy for a specific development which he wanted.

Hypnotherapy / self hypnosis and Autogenic Therapy are not the same thing. Maybe they are best seen as close relatives.

So clients may be ready for AT at the beginning of a course of therapy, during or towards the end as a way of helping them move out of therapy. Originally when I trained for AT this was the main way in which I intended to use it. Now I offer it at an earlier stage to all clients who have the motivation because it has such a beneficial effect and enables clients to reach their outcomes more easily.

In this article I have concentrated on the first basic 9 session course, often called *Autogenic Training*. In a later article I hope to focus on *Autogenic Neutralisation* which is the Autogenic form of depth psychotherapy and very effective in trauma resolution. It provides one of the options I can offer for clients who have benefited from AT and need to move on to some more in depth work.

Research evidence

Early research in AT was often flawed in methodology (Kanji & Ernest 2000); more recently properly constructed and controlled studies have been

indicating positive results for AT.

A meta analysis by Stetter & Kupper in 2002 found positive effects for AT in a range of conditions. More recently Kanji White & Ernst (2004) found that anxiety reduced in patients recovering from heart surgery when given AT as well as standard care, compared to standard care only. An interesting recent study (Hilderley and Holt 2004) reported substantially significant reduction in anxiety and depression in women with early breast cancer who were taught AT compared with a control group.

These findings are further supported by clinical audit, for example Bowden (2002) found clients of group AT reporting increased confidence and control of their anxiety/panic. Qualitative methodology (Yurdakal, Holtum and Bowden, paper in preparation) has identified “core experiences” associated with the practice of the standard exercises, such as focusing inward, switching off or detachment and a sense of mental and physical calm and other changes occurring over time, such as a renewed sense of well-being and greater optimism.

Neuro-scientific and psychobiological research is increasingly casting light on how AT works. For example, Rossi (1991, 1996 pages 162-167, 212-216) and Panksepp (1998) have highlighted the importance of periods of rest *distributed throughout the day* during which psychobiological processes of ‘housekeeping’, repair and self healing can take place. Because AT offers a choice of exercises and can be used in any workplace it enables clients to re-establish this natural rhythm which, as Rossi shows, has considerable health benefits in itself. Schore (1994 and 1996) has highlighted the role of a central regulating system in the brain. Ross (2003) has mapped some of the ways in which AT works with the autonomic nervous system to improve the ‘self righting’, homeostatic capability which has always been at the heart of

AT. Rossi (2006) has identified how mirror neurones can help therapeutic effects in group situations, supporting the AT preference for group learning.

Time for a change?

Hypnotherapy/self hypnosis and Autogenic Therapy are not the same thing. Maybe they are best seen as close relatives. Like some relatives they have had periods of not communicating with each other but in the current climate isn't it time for that to end?

Hypnotherapists who want to help the widest range of people, are interested in learning more and have a personal reason for doing AT can do the basic AT course and experience the benefits for themselves. In time, if they want to take it further they can do a fast-track one year diploma to qualify as Autogenic Therapists. (See British Autogenic Society website, information below).

For others, the main benefit of knowing about or experiencing AT may be in broadening their understanding of the uses of altered states of consciousness and knowing how to refer suitable clients.

In the current stage of development of both hypnotherapy and autogenic therapy maybe both can benefit by understanding more about the other.

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