

Using Autogenic Therapy

Losing your sight, to whatever degree, is a distressing and shocking experience. Is the emotional impact any worse in adolescence than at other times of life? Jean Cavanagh believes it may be, but that Autogenic Therapy can help.

Adolescence is a time when greater independence is expected, individuality is strengthening and peer groups take on much greater significance. The onset of a severe visual loss at this time will completely alter this development process. Of course all young people will respond differently, but in my role as a QTVI working with teenagers I see the emotional effects of a vision loss all too often manifesting in a lack of confidence, low self-esteem, feelings of loss, anxiety, anger, or frustration, feelings of failure, problems sleeping, poor concentration or the belief that the future may be bleak.

After experiencing Autogenic Therapy (AT) on a personal level I believed that it could provide an important and invaluable life skill for students experiencing these emotional difficulties. The therapy can provide a tool to be used throughout the students' lives as well as enabling them to improve their work efficiency and academic achievements.

So what is Autogenic Therapy?

AT is a method of quick and easy mental exercises which bring about a state of deep relaxation. The exercises are specific phrases used as silent repetitious thoughts, linking mind and body together in a relaxed state. The approach uses easy postures to reduce reactions to outside stimuli. The body-mind system can then switch off the 'fight-flight'

mechanism of distress, and enter a state of passive concentration.

People who have learnt AT commonly report that many types of emotional difficulties are significantly improved by using the technique.

What does the therapy involve?

AT is learnt with a qualified therapist teaching on a one to one or in a small group. The therapy course consists of

- an initial assessment/questionnaire
- eight consecutive one hour sessions on a weekly basis
- a follow up session, six to eight weeks after the final session

Students are given exercises to practise for a few minutes three times a day, and they are asked to keep a brief diary.

Using Autogenic Therapy with Michelle and David

I began working one to one with two adolescents, Michelle and David, both of whom had experienced deterioration with their vision.

The students were experiencing a whole gamut of emotional and physical responses, which included anxiety, anger, fear, tension in their shoulder muscles and chest, poor sleep patterns, an inability to relax, a lack of

confidence and self-esteem, vivid dreams, stress, becoming argumentative, feeling out of control and frustration. Their deteriorating vision had precipitated these responses as they underwent a process of adjustment. Neither wanted to be reduced to a stereotype of passivity and dependence, or to be defined in terms of their visual impairment alone. Adolescence added a further complication as they were feeling an increasing desire for independence.

I needed to present David and Michelle with weekly written exercise sheets. Michelle was in the process of learning braille and feeling very negative about it, resenting having to learn another new skill. So using braille for the exercise sheet was not an option. David needed materials in font size 40 (he was also in the process of learning braille) and reading and scanning such an enlarged font would be both time-consuming and tiring. I made the decision therefore to record the exercises on tape to encourage both students to take responsibility for their autogenic therapy practise.

As the students did not want to be 'different' they tended to practise their exercises when no-one was around. The number of times they practised fluctuated, but the maximum tended to be twice a day. The most favoured exercise was the one in bed at the end of the day. This exercise improved irregular sleep patterns and enabled Michelle to comment 'I can't think of anything else, there is nothing in my head' which would suggest that she had achieved a state of passive concentration. Both students were able to relax during the weekly sessions with me and described many physical characteristics of passive

concentration which included: 'feeling good', unaware of any sounds (there were many), the colour white, tingling, and a feeling of relaxation.



Once the practicalities had been resolved, both students attended regularly and were always keen. At the outset of any exercise (known as the 'Body scan'), both students visibly relaxed. Finger and hand movements are often an indicator of levels of tension in an individual with a visual impairment. Michelle would generally twist her fingers together, but as she became more relaxed the finger movements stopped.

The students did not experience any difficulties with any of the exercises. Eventually, they started to use their exercises in a variety of settings, these included travelling on the tube, before going into a lesson that they were anxious about and a journey to an ophthalmology appointment.

Two thirds of the way through the course, Michelle described two significant dreams that she had experienced which helped her

in coming to terms with her visual loss. Using her own insight, Michelle told me that the first dream represented the 'old me' when she had some sight. The second dream which involved a 'gorgeous blond lady' was the new person without sight, and 'although she was different she was the same person'. The dreams enabled Michelle to see the future in a more positive light.

Student responses

When the course came to an end both students said that they wanted it to continue as it had provided an opportunity to talk about their feelings in a safe and non-judgemental setting. Michelle commented that since starting the course she was generally 'happier, not stressed' and that she had noticed an increase in her ability to just walk away or make an assertive comment if necessary, rather than respond in an angry manner. She felt less stressed and angry about her visual loss and was more aware that her world had not ended and that there were people having experiences that were far worse than hers.

Although she had not fully accepted her visual loss she was beginning to adjust. She was now keen to use any tools offered (which initially had been rejected), that would enable her to live an independent and successful life, including braille and long cane training. She also commented how pleased she was that she was an effective touch typist and that she now understood why I had always encouraged her in this area. Her final comments were that she would recommend Autogenic Therapy to others as it had helped her to 'find herself'.

David was equally positive and described how the tension he had experienced had

mostly dissipated and he was generally more relaxed about all areas of his life. He felt more in control and was now keen to become a long cane user after being resistant for many years.



Final thoughts

Access to Autogenic Therapy provided an opportunity for two students with significant visual impairment to begin to adjust to their sight loss. The students had to be motivated to learn AT or the process would not have worked. The skills learnt are enabling them to start to come to terms with their limitations. They are learning to accept things as they are. This process of adjustment may take a little time but I believe that Autogenic Therapy is a powerful tool to enable them to live as effectively as possible and to accept that although they have a visual impairment they have the potential to live a successful and fulfilling life.

As peripatetic teachers we are preparing our students for a life after education. I believe that AT is a skill for life as it will enable the students to maintain their physiological wellbeing no matter what happens to them in the future.

Future developments

My aim in the future is to offer refresher group sessions. Initially I worked with the students on a one to one basis. Now that the students have experience of Autogenic Therapy I believe they'll be better placed to share their feelings within a refresher group session.

I am in the process of establishing a group for parent/carers to enable them to cope with the challenges they face in their caring role, to gain invaluable peer support and to become more resilient. If you'd like to find out more please contact me.

Jean Cavanagh

Greenwich Vision Impairment Service

jeancavanagh@willowdeneschool.co.uk

British Autogenic Society

www.autogenic-therapy.org.uk

Further reading

Bird J, & Pinch C (2002) *Autogenic Therapy*, Gill & Macmillan Ltd.

Cholden Louis S (1958) *A Psychiatrist Works With Blindness*, AFB

Dodds A G (1989) *Motivation Reconsidered: The Importance of Self-Efficacy in Rehabilitation* BJVI, Vol vii No 1. Spring

Schulz PJ (1980) *How Does It Feel To Be Blind?* Muse-Ed Company