Autogenic Training – a self-help technique for children with emotional and behavioural problems

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Abstract
Purpose – The purpose of this paper is to discuss Autogenic Training as an effective therapy for children with behavioural and emotional problems. The technique offers children in therapeutic communities strategies in dealing better with stress- and anxiety-related problems. The resulting increased body awareness and ability for self-reflection can also lead to a better engagement in other forms of therapy, decrease anxieties, reduce levels of frustration, increase self-esteem, decrease the fight-flight feeling and supports the work in therapeutic communities.

Design/methodology/approach – International literature and the author’s experience are reviewed to provide a better understanding of the technique and its potential in therapeutic communities. The paper explores creative ways of modifying the technique aiming to help children engage in the autogenic process.

Findings – The paper concludes that Autogenic Training is an effective therapy and self-help technique for children with emotional and behavioural problems in therapeutic communities.

Originality/value – Autogenic Training is well known in other European countries and often used as a first intervention in therapeutic settings for children and adults. There seems to be a clear lack of literature, papers and understanding of the technique in the UK. The paper addresses this deficit.

Keywords Children and young people, Anger management, Autogenic training, Behavioural problems and emotional problems, Self-help, Therapy

Paper type Conceptual paper

Introduction

Grown-ups never understand anything by themselves and it is rather tedious for children to have to explain things to them time and again (Saint-Exupéry, 1995, p. 11).

Therapeutic communities for children understand behavioural and emotional problems as a form of communication. Reflective practice, psychodynamic thinking and play are used to help the children understand some of their problems. Autogenic Training can add another component to the therapeutic work and offers clear self-help strategies. There seems to be a clear lack of structured self-help approaches for children.

Autogenic Training is one of the most effective techniques for dealing with stress-related problems. The self-help technique is designed to switch off the stressful fight-flight mechanism in the body and turns on the restorative rhythms associated with profound psychophysical relaxation. “Autogenic” means self-generating or generated from within. The physical and mental relaxation is generated from within oneself and is not dependent on external values, philosophies or other forms of therapies. Autogenic Training aims to help maintain a balance between the activities of the two hemispheres of the brain, as well as the sympathetic and the parasympathetic branches of the autonomic nervous system. The autogenic process helps...
to maintain a balance between the dominant and the non-dominant halves of the brain. This can lead to freer expression and information can be processed more creatively (Kermani, 1996).

Autogenic Training aims to increase self-awareness, self-control, self-reflection and the ability to engage in other forms of therapy. This process is very supportive of the work in therapeutic communities. Autogenic Training offers safe strategies aiming to express strong feelings, such as anger, anxiety, the need for movement and the need for crying. The technique can be described as a simple method of self-healing and offers a skill and resource for life. It also provides a very useful tool for anger management.

Autogenic Training is one of the oldest bio-behavioural stress management techniques and widely used all over Europe, Russia and Japan (Linden, 2007). In Germany, for example, Autogenic Training is very well known and often used as a first intervention in therapeutic settings for children and adults. Klott (2005) points out that German legislation demands the consideration of own resources and self-help techniques before other forms of therapy are considered. A higher emphasis on self-help can only be beneficial for children and parents.

This paper aims to explain the rationale of the technique and its potential in therapeutic communities for children.

Development of Autogenic Training

In the 1920s, Autogenic Training was developed by the German neurologist and psychiatrist Dr Johannes Heinrich Schultz. It is based on his and Oskar Vogt’s research on sleep and hypnosis. Vogt’s observations concluded that his patients were able to put themselves, for a self-determined period, into a state similar to a hypnotic state. Oskar Vogt noticed that his patients regularly reported an unfamiliar heaviness and a sensation of warmth during the auto-hypnotic exercises. Patients also reported a remarkable recuperative effect and reduced stressor effects, when practised several times during the day. Schultz used Vogt’s research and own observations and started to explore the therapeutic potential of hypnosis and various forms of suggestions. His aim was to develop a therapeutic approach which would reduce the passivity of the patient and the dependence on the therapist (Luthe, 2001a).

The Standard Exercises

Schultz made very similar observations to Vogt’s conclusions and started to induce a hypnotic state by asking the patient to think of heaviness in the limbs, followed by imagining a feeling of warmth in the limbs and concentration on the heartbeat and breathing. This was followed by thinking about warmth in the abdominal area and a cool feeling in the forehead (Luthe, 2001a). Schultz further developed the idea of formulas to reliably achieve deep relaxation and accompanying sensations in various parts of the body (Linden, 2007). Six physiologically oriented formulas are now the core of the Autogenic Training. Best results were observed by patients who assumed a casual and passive attitude during the concentration (Luthe, 2001a).

It is possible to add a personal formula to the practice routine. This aims to reinforce and support effects already induced by the standard exercises. They can be changed to enable the patient to work on specific problems (Luthe, 2001a). Personal formulas should be phrased positively (e.g. “My bed can stay dry at night” for children with Enuresis) (Biermann, 1996).

Intentional Off-Loading Exercises

Dr Wolfgang Luthe later developed the technique further and added Intentional Off-Loading Exercises to the Autogenic Training course.

Luthe was able to observe autogenic discharges, which can be described as sudden and unpredictable pent-up thoughts, sensory processes or muscular activity. He believed that some of the self-regulation may occur through short bursts of central nervous system activity. Luthe related some autogenic discharges to pain memories (Linden, 2007). Suppressed emotional material (e.g. childhood trauma or other life events) can also lead to autogenic discharges and can interfere with the relaxing nature of the standard exercises (Bird and Pinch, 2002). Intentional Off-Loading Exercises offer the opportunity to off-load strong feelings, such as anger, anxiety,
the need for movement and the need for crying. They are designed to complement and enhance the autogenic process and are taught gradually during the Autogenic Training sessions.

Ross (2010) suggests that Intentional Off-Loading Exercises allow us to off-load the negative feelings from a secure base in which we do not damage ourselves or anyone else. He states that some clients find the idea of the Off-Loading Exercises difficult and embarrassing. He suggests a playful approach (acting) to enable those clients to benefit from the exercises.

The playful approach seems very useful for children, as it helps children to engage in the process and makes the experience more enjoyable. Children can release angry feelings by acting like an angry animal.

**Autogenic Training for children**

Babies seek stimulation and develop strategies to have their needs met. They often focus their gaze on something (e.g. mother’s face). Very soon, they develop their sensory and motor skills. They use their eyes, mouths, hands and finally their whole bodies to discover objects. If the experiences are generally pleasurable, they continue to develop motility, coordination, language, perceptual skills, memory, ability to distinguish between reality and fantasy and social skills (Kohen and Olness, 2011). If the experiences are generally not pleasurable, they cannot develop healthily and may develop emotional and behavioural problems.

Children need to develop trust to accept boundaries. Trust develops when the child’s needs are met consistently. If the child’s needs are not met (e.g. in the case of child abuse or postnatal depression), the child will not develop healthy strategies to express feelings, such as anger, anxiety, sadness or the urge for movement. These needs can bottle up and may get expressed in destructive ways (e.g. aggression, psychosomatic disorders). Langensiepen (2010) points out that more and more children suffer from stress, anxiety, fear of failure, childhood depression and psychosomatic symptoms. She suggests that Autogenic Training offers a practical tool to help with stress-related problems and provides a break from constant bombardment through TV, DVDs, video games, iPod, mobile phones and aggressive marketing.

Babies and toddlers are generally allowed to cry, scream and show some form of anger. They show emotions immediately (e.g. after being stung by a bee), off-load the feeling and generally move on very quickly. However, increasing childhood conditioning will lead to a very controlled way of releasing emotions. Children get told not to cry, not to be angry and to sit still. The pressure can build up and lead to a variety of psychosomatic symptoms.

Autogenic Training can be very beneficial for children from the age of five. Bird and Pinch (2002) state that Autogenic Training should not be taught to children under the age of five and suggest a shortened course for young children. Biermann (1996) explains that very young children devote themselves to their fantasy world and are able to experience physical sensations without regards to reality.

Children are generally more able to enter a world of imagination. They can easily switch between being a dinosaur to a Pokémon in a matter of minutes. According to Kohen and Olness (2011), children use fantasy to modify unpleasant situations, to gratify unmet needs or to prepare for creative activities and new achievements.

Luthe (2001b) describes that difficulties can be encountered before the age of eight. He points out that Autogenic Training has been successfully applied to intelligent children at the age of six. This shows that it is necessary to modify the course to ensure that younger children can benefit from the technique and complications (e.g. refusal) are prevented.

Autogenic Training can be practised in different postures and almost anywhere and offers the opportunity to add a personal and motivational formula. This formula enables the child to think about personal areas of development and can target individual emotional and behavioural problems.

The most important concept in Autogenic Training is Passive Concentration. Passive Concentration is the attitude of the mind in which a person practises the exercises. Bird and Pinch (2002) point out that Passive Concentration is free of critical judgement and concern. There is no goal and no striving to achieve.
Children often get told that they have to work extremely hard to achieve happiness and good results. The concept of Passive Concentration can help children appreciate the present more and can decrease worries related to the future and the past.

Possible modifications for children

It is possible to modify the course to meet individual needs. Petermann (2001) suggests the combination of Autogenic Training and Captain Nemo Stories as a creative way of introducing Autogenic Training to children. Eberlein (1999) uses fairy tales as an introduction of Autogenic Training to children. She provides a number of fairy tales which include the autogenic formulas. Langensiepen (2010) has developed a six-week programme for the introduction of the autogenic formulas. She uses illustrations, visualisation exercises, creative stories and magic words to help children acquaint with the method and offers some useful creative exercises, warm-up activities and follow-up activities. They can help to explain the rationale of the different autogenic exercises to children.

The creative use of Autogenic Training can be useful for younger children. It enables children to gain some understanding of the technique. However, it cannot replace the complex medical and physiological content of the structured autogenic exercises.

Individual work vs group work

Autogenic Training can be taught individually, in groups, or together with a primary care giver. Biermann (1996) suggests including the primary care giver as a co-therapist. This enables the symbiotic child to receive a healing intervention from its mother, supports a healthy separation process and helps the child to feel more secure.

Other children might benefit from the socialisation aspect of group therapy or individual therapy. The group experience itself can be therapeutic and enables children to learn from other children. This can improve relationships with peers. Children with very extreme behaviours generally benefit from individual sessions, as it prevents group-related anxieties.

Autogenic Training at the Mulberry Bush Organisation

The Mulberry Bush School is a therapeutic residential school which provides care, treatment and education to primary-aged children with severe behavioural and emotional problems. The author of this paper is in the process of introducing Autogenic Training to the community. A summary of the concept aims to outline the potential of the technique and benefits for the work in therapeutic communities.

Psychodynamic thinking is underpinning the therapeutic work at the Mulberry Bush Organisation. Ward (2003) describes Winnicott’s focus on the development of relationships with the aim to help the child to move from absolute dependency towards becoming physically and emotionally independent. He points out that psychodynamic thinking explores the existence of the unconscious and the interplay between the conscious and the unconscious elements in communication. According to him, psychodynamic thinking focuses on the concept of a “holding environment”, which consists of suitable boundaries, expression of emotions and strong feelings, the appropriate containment of anxieties and clear communication.

Autogenic Training aims to support the process of self-reflection, increases self-awareness, equips the children with a self-help technique and provides a useful addition to the reflective practice. This process can help children develop higher levels of independency and can increase awareness of unconscious material. Autogenic Training can have a “holding” function for children and staff, as it offers opportunities to reflect on and off-load strong feelings. It provides clear strategies for children and staff, which can decrease levels of anxiety. This process supports the psychodynamic practice in therapeutic communities.

The residential part of the Mulberry Bush School consists of four houses, one assessment house for new children and three post-assessment houses. The concept aims to focus on the assessment house and suggests starting the training during the 12-week assessment stage.
Children can also ask for the training at a later stage of their placement. Focusing on the assessment house can help to set up a clear practice routine for the children.

The children are encouraged to practise three times per day. In all the houses, the daily routine has been adapted to accommodate three practice opportunities per day. The practice routine will be part of the daily routine, similar to other daily tasks such as washing and brushing teeth. One member of staff has undertaken the training and can support the children with their practice. This is very supportive for the weekly sessions with the qualified therapist and takes aspects of the therapy to the immediate environment of the child.

In the beginning, the children receive a folder for the session sheets, diary, pen and door sign. All the information, postures and autogenic formulas are summarised on the weekly session sheets and remain in the child's bedroom. The therapeutic care staff are encouraged to show interest in the progress of the training and can follow the progress on the weekly session sheets in the child's folder.

Some of the autogenic formulas can be used in everyday situations (e.g. in class). The children are encouraged to say these formulas silently to themselves. For example, the children can say “My forehead is cool and clear” if they want to be more able to concentrate in class. A blue dot on the child's desk can act as a reminder.

After completion of the course, the children are invited to join a follow-up group. This group aims to encourage the children to continue with their practice and offers on-going support and motivation. The children meet in the morning, go through the exercise, have breakfast together and have the opportunity to do some of the Off-Loading Exercises.

The work is clinically supervised by the school’s consultant child psychotherapist.

**Case example**

Luke (ten years) has been at the school for three years. During the first years of his placement, he struggled to form secure relationships with others. He suffers from Tourette syndrome. His body and facial tics can be very painful for Luke and seem to increase during stressful times. Mealtimes can be very anxiety provoking for him. His longstanding foster placement broke down during the course (not because of him), which caused significant distress. Luke occasionally has nightmares.

Luke engaged well in the Autogenic Training course and was able to complete it. In the beginning of the course, Luke struggled to lay down in a relaxed manner during the practice, because of his body and facial tics related to the Tourette syndrome. He also struggled to close his eyes during the exercises and generally struggled to relax. Luke found it hard to show certain emotions during the Intentional Off-Loading Exercises.

During the course, Luke was increasingly able to engage in the process and seemed more interested in the use of the technique. He struggled to practise independently and appreciated support from significant adults. Luke remembered to use the technique during distressing moments (e.g. after a nightmare). He also wanted to go through the exercise on the way to a new foster carer. Luke was very thoughtful about the use of the personal formula and wanted to relate the formula to his house target. At the time, he struggled to have good mealtimes. Later he changed the formula, aiming to develop more trust in his new foster placement.

Towards the end of the course, Luke’s Tourette symptoms decreased significantly, despite the increased stress caused by the breakdown of his foster placement. His body and facial tics are now hardly noticeable and not distressing for him anymore. He seems more mature and is more able to enjoy the social aspect of mealtimes. He generally seems to appreciate the present more without thinking too much about the next activity. Luke is able to use Autogenic Training as a self-help technique and appreciates the benefits of it. He has also spoken very positively about the technique, which helped other children and regularly attends the follow-up group.
Research and evaluation

Autogenic Training has been used successfully in the treatment of children with behavioural and emotional problems for many years. Biermann (1996) points out that almost all children with behavioural problems, psychosomatic problems and school phobias can benefit from the training.

Biermann and Mueller (1986) conducted research on the effectiveness of Autogenic Training in the treatment of children with a variety of problems. They concluded that 74 per cent of the children were able to improve their symptoms.

Goldbeck and Schmid (2003) present an investigative study of the effectiveness of Autogenic Training in a mildly disturbed outpatient population of children and adolescents (age 6 to 15) with mostly internalising symptoms, and/or some aggressive, impulsive or attention deficit symptoms. At the end of the intervention, 56 per cent of the children and 55 per cent of the parents reported partial goal attainment, 38 per cent of the children and 30 per cent of the parents reported complete goal attainment. Three months post-intervention, 71 per cent of the parents confirmed partial goal attainment. The study concludes that Autogenic Training is an effective therapeutic intervention for children with mild to moderate mental health problems. A high acceptance of the technique and low dropout rates were also observed by the researchers.

Evaluation is an important part of all therapeutic interventions. It is useful to set individual targets for the children in the beginning of the course. The children should be part of this process. The Hospital Anxiety and Depression Scale can be used in the beginning and at the end of the course. Goldbeck and Schmid (2003) used a multi-informant assessment approach and asked the parents and children to fill in the Child Behaviour Checklist (CBCL), the Giessen Subjective Complaint List (GBB-KJ) and the Childhood Stress and Coping Questionnaire (SSK).

Evaluation of the Autogenic Training course needs further exploration and needs to be relevant for the therapeutic setting.

Conclusion

This paper has been concerned with the exploration of the self-help technique Autogenic Training in therapeutic settings for children with emotional and behavioural problems. Experience and research show that Autogenic Training is an effective therapeutic intervention for children. Autogenic Training can be a very beneficial addition to the work in all therapeutic communities. The technique has been used successfully for many years and can be used creatively, depending on the age and ability of the children.

It is very important to find ways of motivating the children to go through the course, as it requires a lot of effort from the children to engage in the process and practise regularly. It helps to ensure that all staff members, carers and parents have an awareness of the technique and are able to support the children in their daily practice.

Psychodynamic theory is a very useful theoretical concept in therapeutic communities. Autogenic Training aims to increase self-awareness, self-control and self-reflection. It can also lower internal defences, enable children to be more in touch with pre-verbal material, decrease anxieties and impact on the fight/flight feeling. The technique offers some strategies in dealing better with strong feelings, such as anger and anxiety. Intentional Off-Loading Exercises enhance the course and can provide tools for anger management. Autogenic Training gives children clear strategies to engage in the therapeutic process, provides a skill for life and supports the psychodynamic practice in therapeutic communities.

References


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About the author

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