

AUTOGENIC TRAINING 1.

Autogenic training (AT):

Psychophysiological oriented biobehavioral psychotherapy,
based on *relaxation*

Widely practiced all over EU and popular in North America.

Most important authors:

- **J.H. Schultz, (neurologist)** Germany from the 1920s (Autogenic Training).

Come from own experiences with clinical hypnosis and O. Vogt's observations in brain researches and some information and experiences with the Indian culture (meditations, and yoga based practice).

-the actual self relaxation is a "switch" a point of change (placing the control of the hand of the patient)

- **W. Luthe,** Canada, from the 1960s (Autogenic Therapy)

Autogenic (autos...genos) (self-exercise, self-induced) training to make an active (self hypnotic)

connection between mind and body

self healing power of the body

reducing the excessive autonomic arousal but

useful to rising dysfunctionally low level of autonomic function

passive attentive concentration (from outer to inner on the body sensations)

AT 2.

Relaxation: somatic and psychic quietness, harmonious and optimal state of vegetative functions

Some features of relaxation:

- somatic: decreased tone of muscles, optimal function of vegetative organs
- psychic: quietness, peacefulness, rest

Stress and relaxation:

<i>Stressful stimulus</i>	→	<i>Relaxing stimulus</i>
stress response	-	relaxation response
tension	-	quietness
activity	-	rest, regeneration
catabolic metabolism	-	anabolic metabolism

Spontaneous relaxation: in the everyday life

Controlled relaxation

- *The vegetative-emotional reaction pattern* can be elicited by *anticipation* of an earlier *experience*.
- Since cognitive, vegetative and emotional components of an experience are stored somehow together in the memory, a cognitive *idea* of an experience recalls the *somatic-vegetative pattern* in the CNS that belongs to the experience and results in a *motor effect* on the periphery.

Mechanism:

IDEA → Associate memory → Motor effect of a relaxed state

AT3.

The response can be *conditioned and habituated* by repeated training (learning, conditioning) and can be recalled in optimal situations in order to *reduce emotional tension or functional symptoms* of excessive activity or anxiety.

The aim of the autogenic training is to influence the state of vegetative nervous system in order to reduce affective-vegetative resonance or to reach an optimal functioning of vegetative and emotional mechanisms by a self-controlled learning process (conditioning).

Utilized in normal (sport, nurse, airman, sleeping help, to elevate the creativity skills..)

Psychosomatic disorder and mental disorder except of schizophrenia and hysteria, deep depression and unmotivated antisocial subjects)

Setting of the AT

In group (mutual support system but cost-effective but reduce the compliance) or individually.

Problem the learning and developing in the practice relatively slow (4-5 months duration of a complete training course)

Conditions

- position of the body, usually lying, sometimes sitting position
- closed eyes,cushion, the words are telling slowly and deeply, softly.
- environmental conditions: comfortable room and resting place, without strong stimuli (noise, light)
- intrapsychic conditions: acceptance of the situation, positive attitudes, positive regard and acceptance of somatic and psychic experiences

AT6.

Therapeutic concepts of AT

1. Behavioral concept

Somatic-psycho calmness, free from tension, reduction of functional vegetative symptoms, decreasing of affective resonance, effective rest, etc.

2. Dynamic concept

Repressed experiences can be recalled and it makes possible the elaboration of those in the therapeutic process (at verbal level).

Standard exercises of AT

- Since conditioning of a response of the muscular system and vegetative functions would be too large to focus the attention on, a set of exercises were elaborated to practice each organ system.
- Brief formulas (ideas) are composed to each function to focus the attention and thoughts on.
- The patient passively concentrates on these ideas, following the instructions of the therapist and expecting the relevant peripheral response.

Standard exercises

1. Muscle system (subjective experience: heaviness in the limbs)
2. Circulation, distribution of blood (warmness in the body)
3. Breath
4. Heart
5. Abdomen
6. Head (cerebrovascular system)

AT 7.

Some psychic experience at the basic level of autogenic training

- experience of integrity
- depersonalisation
- regression
- changes of the body shape, dissolution of the borders of the body
- deliberated associations, active fantasy
- new ways of thinking
- insight, interpretation of psychic experiences

Autogenic training as a psychotherapy

Autogenic training is a basically behavioral psychotherapy, but it can be integrated with several theoretical approaches (dynamic, group etc.)

Autogenic training for healthy individuals: personal growth and development, more adequate knowledge on himself, more effective adjustment, prevention.

Application and indication

- all the functional vegetative dysfunctions
- functional components of organic disorders, pain
- psychosomatic and neurotic symptoms
- exaggerated reactions of fear or anxiety, or sensitivity etc.

AT 8.

Content of Sequences of Exercises

1. The heaviness experience (muscular relaxation).

“The right arm is very heavy (6) and like

“I am very quite” (1) (lower arm)

Tacking back: (bend and extend arm a few time, breathe in deeply, open the eyes and sit up)

2. Experience of warmth (vascular dilatation)

“Arms(legs) are very heavy.

“I am very quite”

“The right arm is very warm”

3. Regulation of the Heart

“The heart is beating quietly and strongly (regularly)”

4. Regulating of breathing

“It breathes me”

5. Regulation of visceral organs (“Sun Rays”)

“Sun rays are streaming quiet and warm”

6. Regulation of the head

“The forehead is cool”

Monitoring the progress and maximizing compliance

Having trainees keep a diary

Emphasizing regular timing of the home practice

Emphasizing the need for frequent practice

Examining reason for dropout

Highlighting success

Knowing the possible problems and potential solutions

AT 9.

Questions

x. The autogenic training therapy basically

- a. mobilizes inner intrapsychic conflicts
- b. regulates the heart functions
- c. diminishes attention to the inner physiological reactions
- d. activates the symbolic process and imagination

The indication domain of the autogenic training therapy

- a. in sport men after end of the competition
- b. in hard driving business man
- c. in anxious patients
- d. in psychosomatic disease patients

x. Content of exercise of autogenic training focus on

- a. Regulation of the Heart functions
- b. to regulate the function of “Sun Rays”
- c. to activate the relaxing effect of the sunlight
- d. Regulating of breathing

Hypnosis and hypnotherapy 1.

Characteristics of hypnotic state: (E. Hilgard, 1979.)

1. Increased suggestibility:

- The subjects seem much more open to suggestions from the hypnotist than they would be in a waking state

2. Enhanced Imagery and Imagination:

- The subjects are able to imagine vividly the sensory experiences suggested to them
- The subjects are able to retrieve images sometimes from childhood, with great clarity

3. Disinclination to Plan:

- The subject loses initiative and instead looks to the hypnotist as a source of direction
- The subjects become annoyed when asked to do some planning on their own

4. Reduction in Reality Testing:

- The subjects readily accept all kinds of perceptual distortions that they would not tolerate when awake
- The logic that operates during hypnosis, is allowing a person to perceive the word remarkably different from how he or she regards it when awake

Hypnosis and hypnotherapy 2.

Hypnotic susceptibility:

- 20 % people can enter a deep hypnosis (somnambulistic trance)
- 50 % of people are able to achieve some level (light or immediate) of trance
- The hypnotizability seems to be a relatively fixed trait of personality (Hilgard) but it depends from the personality and techniques of hypnotist too.
- Measurement of hypnotic susceptibility:
 - Stanford Hypnotic Susceptibility Scale (1959)
 - Harvard Group Test of Hypnotic Susceptibility (1962.)

Techniques of hypnotic introduction:

- Ferenczi: (1926) “Father hypnosis”: authoritarian
“Mother hypnosis”: soft, persuading
- Eye fixation, relaxation
- Active alert hypnosis (E. Banyai)
- Confusion techniques

Hypnosis and hypnotherapy 3.

Theories of Hypnosis:

Historical interpretations:

- F. A. Messmer (1720 – 1815.): “animal magnetism”
- J. Braid (1795 – 1860.): “hypnotic state”,
pain reduction (analgesia)
- J. M. Charcot (1825 – 1893.) “hypnotic amnesia”
treatment of hysteria
posthypnotic suggestions

Modern Theories:

“Many different theories have been proposed to explain hypnotic phenomena, no one of which is fully adequate”
(C. E. Walker)

- I. P. Pavlov (1923.): partial cortical inhibition
- Weitzenhoffer (1953.): altered state of consciousness
- Hilgard (1973.): Neodissociation theory
- Sarbin and Coe (1972.): goal – directed role – playing
- Gill and Brenman (1952.): regression
“archaic involvement”

*It may be that only multifactor theory (role – playing, trance and archaic involvement, hence regression will do adequate justice to the complex set of phenomena known as hypnosis (Shor 1982.)

Hypnosis and hypnotherapy 4.

Forms of Hypnotherapy:

- Behaviouristic approach:

- Desensitisation
- Overloading
- Abreactions

- Psychodynamically oriented therapies:

- Symboldrama method (Leuner):

Archaic symbols:

meadow, field, grass, sunshine

river, lake, sea

source

church

house

mountains

The free floating anxiety will appear, as disturbing symbols,
like wild animals, monsters, etc.

- Hypnoanalysis:

- Age regression (suppressed conflicts)