

Autogenic Abreaction and Psychoanalysis

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Autogenic abreaction and psychoanalytic therapy have at their very root a common concept: the pathogenicity of disturbing mental recordings. Despite the difference in techniques and approach, both methods share, to a certain extent, many other conceptual similarities. Although it is impossible in a short paper to review the fields of psychoanalysis and autogenic abreaction, I will try to elaborate on some of the common areas, and the possibility of cross-fertilization between the two disciplines.

The Abreactive Phase of Psychoanalysis

The concept of neuronal excitation in response to external and internal stimuli, and its subsequent need for discharge, is basic to the development of psychoanalysis⁴⁻¹⁰: The pathological potentiality of undischarged neuronal excitation is discussed by Breuer and Freud in their «*Studien über Hysterie*».

According to them, a traumatic event, that strongly aroused unpleasant emotions in the patient, may form the basis of the hysterical psychopathology. The mental representations related to the event became repressed and were thus deprived of direct means of expression. The affective component of the mental representations sought discharge by devious paths, and thus could result in hysterical symptoms or psychophysiological disturbances.

The cathartic method of therapy is the logical consequence of this theoretical formulation. If the repressed memories of the traumatic event could be brought back to consciousness, and the associated affect allowed to discharge, a therapeutic result should ensue.

The first difficulty, of course, was the resistance of the patient to re-experiencing what he had already decided was better not to experience at all. To overcome this emotional resistance, Freud and Breuer³ made use of a popular tool of their time, heterohypnosis. When encouraged to remember in a hypnotic state, the patient was often able to recall traumatic events, and to release by emotional expression the accompanying affect. Although a clinical improvement followed, it was often short-lived, and the hypnotic technique introduced problems of its own (see O. Vogt, 1899)¹³.

The Interpretative Phase of Psychoanalysis

Hypnosis promoted strong dependency on the therapist, often with erotic overtones, a situation that greatly interfered with the abreactive process. Rather than uncovering his unconscious memories, the patient would tell the doctor what he felt he wanted to hear, and improvements could result

not from the discharge of the repressed affects, but out of a desire to please the therapist. This led Freud to abandon the cathartic method, and also led to the discovery of the phenomenon of transference.

Although the «emotional» resistance could temporarily be overcome by hypnosis, the patient would again repress the uncovered memories after returning to his normal waking state, and the attached affect would recover its pathogenic potential. The unbearable mental representations not only aroused an unpleasant emotion, but also had the quality of being «incompatible with the dominant mass of ideas constituting the ego»³, and their logical incongruity, if not their unpleasant quality, would force them out of consciousness. This resistance to accept incompatible ideas is of a plastic nature, and is related to what Freud (1918) termed «psychic inertia», that is, the resistance of libidinal impulses to abandon their previous objects and modes of discharge, and, I may add, of the psychic structure to reorganize itself in order to include previously unacceptable mental contents.

The study and dissolution of resistance and transference became the basis of psychoanalytic technique, in the assumption that the unconscious memories would in this way come under the conscious control of the patient. However, resistance consisted not only of the suppression of unacceptable mental content, but also of distortion of what was expressed (Freud, 1904). When the repressed ideas finally reached consciousness, they did so in a disguised manner, and the analyst had to interpret the real meaning of those elaborations.

Many reports of «traumatic events» turned out to be such distortions and new recognition was given to the importance of unacceptable impulses and wishes, in contrast to the previously held view of real traumatic life events as sole determinants of psychopathology. The concept of psychic conflict was thus elaborated, together with the structural organization of the psychic apparatus.

The goals of psychoanalysis enlarged to include not only the mere abreaction of traumatic events, but also the resolution of intrapsychic conflicts and modifications of the personality of the patient, in particular of his defensive organization, by means of interpretations and other interventions.

Autogenic Training and Autogenic Neutralization

The therapeutic action of autogenic training has been attributed to an increase of the self-regulatory capacities of the organism, operating through functional modifications in the central nervous system¹². For a long time it was noted that many patients developed transient «training symptoms» during passive concentration on the autogenic formulae, but it was not until 1961 that Luthe elaborated on the therapeutic value of these «autogenic discharges».

The autogenic discharges consisted of short-lived motor, sensory or psychic manifestations, and were shown to correlate with the complaints, clinical course and traumatic history of the patient. They could be considered as homeostatic adjustment reactions of the most varied nature, permitting the elimination of undesirable neuronal excitation corresponding to memory engrams of traumatic events, both in the physical and psychological sense.

In order to employ to full advantage this phenomenon, Luthe¹² developed the technique of autogenic abreaction, which requires the continuous verbalization of all inner perceptions by the patient in the autogenic state. Before proceeding with further explanations on autogenic abreaction, the basic components of the technique, the autogenic state and continuous verbalization, require separate comment.

The Autogenic State

The autogenic state is a particular state of consciousness, self-induced by the practice of passive concentration on the autogenic formulae. The physiological concomitants of the autogenic state have been reviewed in detail by Luthe.

Psychologically, I prefer to distinguish two types of changes during the autogenic state, affective and cognitive. Affectively, the most important characteristic of the autogenic state is a thematic modification of subjective re-experience of anxiety during a state which in a general sense may be regarded as involving a shift to psychophysiologic relaxation. In the cognitive sphere, there is a marked increase in the awareness of internal and external stimuli. The autogenic state of psychophysiologic relaxation allows together with the attitude of passive acceptance the subject to be more open to all experience, and, in the therapeutic situation, to maintain the attitude of a descriptive observer of his internal processes. In psychoanalytic terminology, we could say that the ego, under conditions of reduced anxiety, increases its observing function, decreases its defenses, and allows the passage into consciousness of previously repressed ideas, memories and impulses.

The enhanced awareness of unconscious material and the increase in retrospective capacities, is not restricted to what we may call the psychodynamic unconscious, but also includes awareness of engrams related to physical traumas (i.e. accidents, intoxications), spatial relationship, and mnemonic material of nonverbal nature.

Verbalization of Inner Processes

Continuous verbalization of all sensations, thoughts and feelings during the autogenic state is a mandatory requirement of the method of autogenic abreaction¹². Freud (1915) considered that, to be conscious, an idea had to be connected with the linguistic system, or, stated in an other way, a conscious idea consists of the idea plus its verbal representation. Of course, this does not mean that only verbalized ideas can be conscious, but that the idea has to be verbalizable, that is, amenable to linguistic expression. This is exactly what happens during autogenic abreaction, when visual images, sensory and motor phenomena, and their accompanying affects, corresponding to stored neuronal information, become amenable to verbalization and thus (in the Freudian sense) 'enter the field of consciousness'.

In the light of current concepts on the implications of left and right cerebral specialization¹¹, we may say that during the autogenic state the symbolic and intuitive elaborations stored in the right hemisphere become amenable to the scrutiny of the analytical, verbal left hemisphere. Incidentally, this facilitation of interhemispheric communication is also invoked as the neurophysiological correlate of the increased creativity (presumably involving facilitated participation of right hemispheric functions) in individuals practicing autogenic training and related approaches.

Insight and Working Through

Insight is defined as the awareness of repressed ideas, and of their attached affect. The view that insight does not, in itself, neutralize psycho-physiologically disturbing neuronal engrams has been expressed by Luthe (1970) in the field of autogenic abreaction, and by Alexander (1930) in the psychoanalytic field. Freud considered that, once obtained, the initial insight had to be followed by a period of working-through, necessary to overcome the resistance of the psychic structure to make room for the previously unacceptable ideas. The process of working through was correlated by Freud (1914) with the freeing of small quantities of affect strangled by repression, and being in this way similar to repetitive «microabreactions».

Because of the special psychological characteristics of the autogenic state, insight is probably more easily achieved than in the normal waking state. The mental elaborations verbalized during autogenic abreaction are often of a diaphanous clarity as to the wishes, conflicts and impulses of the patient, so much so that interpretative activity, in the psychoanalytic sense, is reduced to a minimum. Of course, as in psychoanalytic therapy, there are in autogenic abreaction occasional resistances on the part of the patient to the free flow of his mental representations, and this requires identification and appropriate handling by the therapist.

Transference

A doctor-patient relationship always carries with it a set of attitudes and feelings in the patient that do not have to do with the objective perception of the therapist, but with preconceived ideas about projective figures. This set of fantasies and impulses related to an earlier important figure, that are now re-aroused is what is called «transference». Transference, considered by Freud in the beginning as an undesirable phenomenon and a form of resistance, later became an object of analysis, and therefore of potential therapeutic value. Because of the special characteristics of the psychoanalytic situation, mainly the inaccessibility of the analyst and his refusal to provide instinctual gratification, the transference aroused is of a much more complex nature than in other therapeutic contexts, and is based more on idiosyncratic fantasies of the patient than on real characteristics of the analyst.

In contrast to this, the therapist practicing autogenic abreaction appears to the patient as a mixture of good physician and teacher and the physician's personality comes across more easily than in the psychoanalytic context. These factors tend to minimize the patients projections onto the therapist. However, inasmuch as the therapist cannot fulfill every possible need of the patient, and has to impose on the patient the requirements for homework, avoidance of resistances, etc., he can also become the object of negative feelings.

Occasional links in autogenic abreactions are seen between sexual and aggressive impulses towards the therapist, and similar feelings directed towards parents or other important figures in the patient's past. Almost invariably, the therapist appears in the autogenic abreactions, and the feelings directed at him are of an intensity difficult to explain merely by the therapeutic relationship. Be it as it may, the whole issue of transference undergoes a process of self-regulatory deflation during autogenic abreaction. The therapist presents himself consistently as a guide and teacher of the method, and constant emphasis is shifted to the patient's own stored memories and experiences, and to his own self-regulatory, self-restorative capacities. Dependency is discouraged, and the role of the therapist is generally that of a technical advisor on the method of autogenic abreaction. Negative and positive transference, rather than interfering with and sabotaging the therapy, would appear in the abreactions, becoming in this way fully evident to both patient and therapist, and are automatically neutralized through thematic repetitions (i.e., the vehicle of autogenic neutralization during autogenic abreaction).

Dreams, Autogenic Abreaction and Free Association

Dreams were considered by Freud as the «royal road to the unconscious», presenting, in disguised form, the dreamer's forbidden wishes and repressed conflicts. Free association of ideas connected with the dream's manifest content permitted the uncovering of the dream, the real wishes, impulses and conflicts that were at the source of the dream, and that were transformed by the «dream work», into the actual dream (Freud, 1900).

The attitude recommended by Freud for the technique of free association is quite similar to the attitude of passive acceptance developed during the practice of passive concentration on the autogenic formulae. The verbal productions during autogenic neutralization (*), or «abreacts », are comparable to the patient's verbal description of, and to the linguistic components of free association. Although subjected to the same mechanisms of condensation, displacement, symbolization and projection, the verbal descriptions during AA are much less distorted than the description of dreams, and, unlike free association, have a character of immediacy, of description of something that is

* The author defines 'abreacts' as verbal descriptions of autogenic phenomena, while in the autogenic state. They have to be differentiated from «linguistic discharges», which are brain-directed verbal productions, usually consisting of short phonemes or isolated words.

present in the mind's eye, rather than the semiconscious character of remembering that free association often assumes.

Summary

Autogenic neutralization (AN) during autogenic abreaction (AA) and psychoanalytic therapy have similar theoretical backgrounds, but followed a different technical development, particularly in the use made of interpretations. The verbal productions obtained during AA may be, of a primary nature, and thus similar to sensor--motor discharges, or of secondary nature, corresponding to description of internal imagery and body perceptions. Certain modalities of thematic repetitions during AA lead to emotional release; typing, commenting on, and discussing the tape recorded transcript contribute to cognitive acceptance and dissolution of repressed conflicts and traumatic memories.

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