Contents

[VOLL. 3-4 / 2008]

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EUROPEAN JOURNAL OF AUTOGENIC AND BIONOMIC STUDIES

European Journal of Autogenic and Bionomic Studies

Edizioni FORMIST

European Journal
of Autogenic
and Bionomic Studies

European Journal of Autogenic and Bionomic Studies
Editor in Chief: Walter Orrù

Published by Formist
09124 Cagliari, Viale Regina Margherita 56, +39 070653060
formist@tiscali.it

Authorisation
of the Court of Law in Cagliari (Italy) N. 24/07 of 16/08/2007, delivery by bulk rate

Printing
Merella Arti Grafiche - Cagliari

Annual Subscription
Six-Monthly (2 numbers per year)
Italy: individual € 40,00 - Institutional € 60,00
Outside Italy: € 80,00
Contributing members: € 200,00
A single number: € 30,00

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EUROPEAN JOURNAL OF AUTOGENIC AND BIONOMIC STUDIES

2008, VOLL. 3-4

Editorial

On the research in bionomic-autogenic psychotherapy

Walter Orrù

In the light of the present development of bionomic-autogenic psychotherapy, some spontaneous questions are arising among the experts of this kind of psychotherapy. Where does bionomic-autogenic psychotherapy take its place in the present scientific outline of research development in psychotherapy? Which is the current state of bionomic-autogenic psychotherapy as for its scientific definition? How can the important and undeniable experimental evidences of autogenic training be integrated with the Schultzian bionomic theoretical corpus? In other words, how could we give to autogenic psychotherapy the already existing corpus of the researches into autogenic training? And can the results of the research into autogenic training be simply extended to bionomic-autogenic psychotherapy or is it necessary to reassess them together? And which can be the guidelines for the future research into bionomic-autogenic psychotherapy? On this point, we think it is fundamental to open a debate, which was already stimulated by Widmann at the conference organized by ICSAT (Italian Committee for the Study of Autogenic Psychotherapy) in Ravenna in 2002 on the "Theoretical and clinical foundations of autogenic psychotherapy" and by Fanzecco (2007) who, on the previous number of EJABS, aimed at identifying the general guidelines of the bionomic-autogenic research.

From a scientific point of view, the research into autogenic psychotherapy is part of the wider sector of the general research into psychotherapy and before talking about the issues that exist in the field of bionomic psychotherapy, we will schematically underline the main aspects of the current research into psychotherapy.

During the last years, the development of the research into psychotherapy considerably increased, both from a numerical point of view and as to the kind of studies. That is due to several reasons: on the one hand, the strong development of the "evidence-based" medicine lead the research into psychotherapies to a greater scientific objectivity; on the other, the recent

veritable boom in the use of psychotropic drugs not only gave cause of concern for the risks of social drug dependency but also made institutions and societies in general increase the interventions that are alternative to pharmacotherapy. Moreover, because of the increase in the requests for treatments and interventions in this sector and the contemporaneous reduction in the available resources, public managers and health experts had to make a careful choice of treatments for the general public. All that made it necessary to associate the assessment of the treatments effectiveness with the estimation of the costs for each intervention. These socio-medical requests have become so pressing that they also considerably involved a series of issues that already existed in the field of the psychotherapeutic research. The urgent request of health authorities in several European countries and of insurance companies in the United States thus led to an increasingly accurate assessment of the different kinds of treatments that are currently practiced (Roth et al., 1996).
The understandable need for the evaluation of psychotherapeutic treatments, however, is in conflict with other important needs, such as that of repressing the creativity of clinicians when proposing innovative psychotherapeutic methods. All that made Roth et al. (1996) state that research in psychotherapy *"..., and mainly the studies that aim at 'disassembling' the different components of the process, succeed in clarifying the extent to which an innovative technique can really represent a new form of psychotherapy or if it more properly falls within an already established group of therapies. However, a premature need for rigour could discourage clinical curiosity: when trying to satisfy the needs of each specific patient, in fact, clinicians often insert variations and innovations in their techniques. All that sometimes leads to a real innovation that can be generalized and some other times to applications that are suitable just for a specific case. The most important task consists in setting some systems that can not only distinguish between these two results, but also find a balance between clinical creativity and the need of demonstrable results ..."* (our translation). Starting from the basic consideration that the research into psychotherapy necessarily modifies the nature of the studied therapy (because quantification requires a compromise between the usual procedure of clinical practice and the needs of the scientific inference), the present research into psychotherapy proceeds by mainly taking into account methodological distinctions (Roth & Fonagy, 1996; Dazzi et al., 2006) that today represent some useful points of reference to successfully orient oneself in the field of research into psychotherapy.
The distinction between the effectiveness of a psychotherapy during a

routine clinical practice and the efficacy of a psychotherapy in the clinical experimentation (Roth & Fonagy, 1996; Dazzi, 2006) certainly was an important stage in this evolution; since clinical trials are subject to restrictions and influences to preserve the methodology and rigorousness in obtaining the study result, the most frequent criticism to this kind of studies is that they do not exactly appraise what happens in the real setting. That is why there is now the need for a more "naturalistic" research methodology that respects what really takes place in the clinical practice.
A further important methodological distinction in the present research is that between internal and external validity. A high level of internal validity in a clinical trial guarantees a high level of causal relation among the variables, which is a fundamental element to obtain clear statistical conclusions. As everybody knows, however, this implies the use of clinical methods that are often far from the ordinary context of clinical practice. All that is thus prejudicial to external validity, that is to the extent to which we can generalize the relation that exists among variables. Thus, the choice between these two extremes, that is satisfying both internal and external validity, is nearly always subject to compromises that negatively influence the possibility to extend the results of the research to the natural clinical practice (Roth & Fonagy, 1996).
Another aspect which is today discussed is whether to carry out researches addressed to the outcome of psychotherapy or researches addressed to the psychotherapeutic process. As we all know, researches on the psychotherapeutic outcome were first undertaken historically and mainly posed initial problems concerning the creation of control groups and the role of placebo (Kachele & Thoma, 1994; Shapiro & Emde, 1994). However, they showed the efficacy of psychotherapy, mainly thanks to some new tools of assessment, such as the meta-analysis. But, as Migone underlines in a short historical review (2006), despite some progress we did not succeed in demonstrating the technical superiority of a specific psychotherapy compared to another and researchers had to accept the "paradox of equivalence" among the different psychotherapies, with the implicit threat to the scientific legitimacy of the different schools, especially in italy and in a few other European countries, where they are legally recognized by the State. In other words, none of them was superior to another for some specific aspects and that vigorously underlined the importance of the study of the "specific" factors

of each psychotherapy compared to the non-specific (psychotherapeutic alliance, etc.), that are common to all psychotherapies. Researches addressed to the process succeeded in filling several of these gaps, in particular the consistency between a specific approach that was being studied experimentally and the theoretical and technical knowledge of the therapist. That was possible thanks to the development of handbooks on psychotherapy, which made the research addressed to the process make a significant improvement. This phase is now in progress towards an in-depth analysis of these process. These different kinds of researches, those based on the outcome and those based on the process, is the base of the existing difference between "Empirically Supported Treatments" (Nathan and Gorman, 1998) and "Empirically Supported Relationships" (Norcross, 2002): these are two ways of defining psychotherapeutic treatments for adult patients on the base of the specific methodological research procedure which proves its efficacy. The first kind of treatments, in fact, is based on researches into efficacy focusing on the treatment techniques, on the presence of precise inclusion and exclusion criteria, of blind evaluation, of random control groups, of very precise diagnostic methods, etc. The second kind of treatments, on the contrary, is methodologically based on the quality of the relationship and of the therapist's attitudes. Both modalities seem to be useful to highlight different kinds of efficacy, so we can say that it is not possible to study efficacy in terms of outcome of a psychotherapeutic method if we do not know also the specific process of that precise method.

Other elements discussed in the present research into psychotherapy are the extent of the follow-up, the drop-out and the problem of the spontaneous remission (Roth and Fonagy, 1996).

The state of the research in psychotherapy, with all its problems and present objectives, obviously has several repercussions also on the development of the research into the bionomic-autogenic field, starting from the first publications by Schultz and his pupils. His most famous work, "Das Autogene Training" (1932), certainly represents the most quoted publication in this sector and the one to which all authors make reference. Some other works that Schultz wrote alone (1951, 1955) or those collected in "Handbook on neurosis theory and psychotherapy", published together with Victor Frankl and Von Gebsattel in 1963, are considerably less quoted, or not quoted at all, since they include metapsychology. Starting from this short consideration

which represents the historical point of reference, we can state that in the international literature there are studies and researches that refer to "schools" or approaches founded by Schultz's pupils and that they can be divided into three methodological currents (Widmann, 2005). The first one follows Thomas (1976) and can be defined as an approach which is essentially oriented towards covering and including several suggestive and active interventions. According to Widmann (2005), even if it respects many contents of the most famous Schultzian techniques, this approach does not keep the most characteristic general lines of the method, such as the respect for autogeny, the exclusion of suggestion, the therapist abstinence, the non-interference of the Ego. The second current, also defined "autogenic therapy", follows Luthe (1969, 1970) and favours the psychophysiological components but excludes any analytical activity, the comprehension of the symbolic meanings and unconscious contents and thus the comprehension of the individual's experimental and existential sense (Widmann, 2005). Several works and publications in literature follow this approach: Ikemi and Sasaki, 1978; Lehrer et al., 1980; Kermani, 1996; Linden, 1990, 2007; Sadigh, 2001; Stetter & Kupper, 2002. The third current, often called autogenic psychotherapy, follows the analytical elaborations of some of his pupils, such as Durand de Bousingen (1968), Krapf (1973), Rosa (1975) e Wallnofer (1968). This approach is oriented towards the uncovering (expressive) and depth psychology, it keeps a manifest psychodynamic definition, radically rejects the use of suggestion and analytically develops some theoretical assumptions of the work by Schultz and that were highlighted by Wallnoefer (Wallnoefer, 1978, 2002); in this way, it mainly enhances the research of the sense and of the unconscious meanings and the symbolic perspective (Widmann, 2005).

In this international literary panorama, the bionomic or bionomic-autogenic psychotherapy develops in the third current, the one which is oriented towards depth psychology. Its main point of reference are the general lines of the Austrian School of Heinrich Wallnofer (1968, 1978, 2002), together with some methodological approaches that the most recent research has developed and is still developing in the field of psychotherapy (Cawley, 1977; Held, 1995; Johnson, 1996).

These methodological general lines can be summarized as follows: to be defined precisely, every psychotherapeutic approach must meet a series of

epistemological requirements that characterize and distinguish it from other approaches. an example of these requirements can be those of the psychotherapeutic activities by Cawley (1977), who distinguished between four non hierarchized levels of psychotherapeutic activities, according to the type and context of the call for help. Level 1 concerns calls for help from people who suffer and show their trouble to specialised operators, without any distortions in their communication. Level 2 concerns the practices of psychiatry, which include both the trouble manifestation and the call for help but transformed and distorted by a communication trouble. Level 3 is that of psychotherapies in the strict sense: at this level a structured psychotherapy appears to be characterized by a theory, a technique and a theory of the technique. Level 4 is an intervention which directly acts against the symptoms, that (in a behavioural perspective) are considered the disturbance (Cawley, 1977). More recently, another author (Barbara Held, 1995) reaffirmed the epistemiological requirements that are useful in defining scientifically a psychotherapeutic approach. This author proposed a basic generic classification that allows to define and distinguish between the different directions of psychotherapy according to three criteria: the existence of theories on the causes of the disturbances, of theories on the procedures and techniques and of typologies of problems and patients.

It seems now evident that all these contributions aim at supporting the assertion according to which a psychotherapy is defined by the presence of a theory of life and of mind; this theory shows which theoretical principles must be considered to explain how life and the individual work, what does mind mean, what is personality and which principles and procedures explain its mental processes; this model would also explain which are the different observational levels of these phenomena (biological, physical, relational, etc) and how they are characterized. Moreover, a scientifically valid psychotherapy still has to include a theory of pathology, which explains how we have to consider normality and pathology and the mechanisms which cause the pathology preservation. Finally, a psychotherapy should have a corpus of techniques (each one including explanation and examples of its functioning) that aim at resolving the pathology and each technique must include its own theory (its "instructions handbook") that explains how and why it works and which are the setting conditions that allow its implementation.

Going by these guidelines, we can say that bionomic-autogenic psychotherapy is characterized by a bionomic theory of life (Schultz, 1951; Wallnofer, 1968; Orrù, 2007b), a bionomic theory of personality and pathology (Schultz, 1955), a specific theory of the technique (Schultz, 1932; Hoffman, 1980; Wallnofer, 1968) and a consistent and specific corpus of techniques. (Schultz, 1932; Wallnofer, 1978, 2002; Widmann, 2005). These theoretical and technical aspects, they having been defined by Schultz first and then revised by Wallnoefer and his pupils, show a high level of internal and reciprocal consistency. An activity of review, renovation and updating of the work by Schultz and his pupils is now being carried out mainly at the School of Cagliari (Orrù, 2007b), both through the study of the authors who inspired his theoretical model and through the comparison with pieces of work by authors having an analytic and psychoanalytic approach; this comparison aims at "clearing" this theoretical model out of outdated concepts of the current scientific research or at verifying its present scientific authenticity. This model, constituted and updated like that, is today widely used and checked in the clinical practice.

However, even if in the usual outpatient practices authors agree with their implementation and efficacy, at an experimental level there is not any empirical and methodologically rigorous checks of both their efficacy and effectiveness. As far as we know, then, at an empirical level there are not any outcome studies nor any process studies certifying the efficacy or effectiveness of bionomic-autogenic psychotherapy. However, there are not any handbooks precisely and completely referring to the above-mentioned model: therefore, according to us, the present efforts in this sector should aim at writing up an handbook on bionomic-autogenic psychotherapy, consistent with the above-mentioned methodological evidences.

But also another aspect is now discussed in the research field on bionomic-autogenic psychotherapy. In the bionomic-autogenic field there are, in fact, very numerous outcome empirical researches on autogenic training and the autogenic therapy: these researches are often carried out rigorously from a methodological point of view and refer to the neuropsychophysiological approach of Luthe. Our question is how to place them as to the bionomic-autogenic psychotherapy and whether the results obtained up to now through the research on autogenic training can be simply extended to bionomic-autogenic psychotherapy.

We already stated elsewhere that autogenic training is a psychotherapeutic technique, even if sophisticated and complex (Orrù, 2007a); we also said that a psychotherapy includes not only some techniques but also a metapsychology supporting the use of these techniques thus distinguishing their use from that of other theoretical models. The above-mentioned researches were carried out through experimental methods, often methodologically corrected, which sometimes left the use of a well-defined reference metapsychology aside and some other times referred to the cognitive-behavioural psychology or to that by Schultz or Luthe.

Starting from this methodological introduction, we can understand that the use of autogenic training in the bionomic the oretical model is different from the use of autogenic training in the model by Luthe: in fact, even if the latter is quite similar to the bionomic theoretical model, from a research methodology point of view we cannot compare nor extend the results of these authors' outcome works to those of bionomic-autogenic authors since the theoretical-methodological prerequisites for the implementation of autogenic training are different. As we have already said, in fact, in bionomic-autogenic psychotherapy the subject uses autogenic training with an objective which is more expressive-uncovering than suggestive-supportive, more expressive than supportive. Even if these approaches are different from one another, in our opinion they share some common aspects and some works are useful for the authors of both approaches (for example Schredl & Doll, 1997; Krampen & Von Eye, 2006) at least for the general instructions that they can add to the bionomic-autogenic field. However, we reckon that the researchers of both approaches (the psychotherapeutic bionomic-autogenic by Wallnofer-Schultz and the therapeutic autogenic by Luthe-Schultz) should know the results obtained by the other approach.

Finally, the last aspect discussed in the research on bionomic-autogenic psychotherapy concerns the guidelines for the future of this research itself. According to us, they can be schematically summed up as follows: a) completion and adaptation of the knowledge, updating and in-depth study of all the aspects of the bionomic-autogenic theoretical model; b) writing up of a manual that is detailed from a methodological point of view and that properly and scientifically defines bionomic-autogenic psychotherapy in all its parts; c) assessment of the outcome and processes of bionomic-autogenic psychotherapy.

In conclusion, we tried to propose some points for the debate on the research into the bionomic-autogenic field: we hope that they can stimulate a discussion able to better identify the emerging needs and to have real repercussions in the routine clinical activity of this sector.

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Original article

Creating before and after the autogenic training

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Abstract
After a successful paper about the vegetative tension before and after ejaculation of semen with infertile couples employing the Lüscher test, it was natural to check the effects of Autogenic Training on the same subject. As drawing and painting pictures experienced during the advanced training are usual in this therapy, I let the patients draw with pencils using a choice of eight Lüscher colours before and after the advanced training and later also work before and after the advanced training with water colours and plasticene.
The results were so convincing that I was able to develop the method "Uncover by creating before and after the autogenic training" from these experiments.
Key Words: *autogenic training, creating before and after, analytic psychotherapy.*

The method
The test subject receives two sheets of A4 paper. He or she writes his name and the numbers 1 and 2 in the right upper corner. To guarantee an irritation free painting field, the sheets are turned, sheet one at the top. The drawing takes place in the horizontal format in order to derive comparable results.
The test subject has eight pencils in the Lüscher Colours ("Stabilo") to choose from in front of him/herself. Working with plasticine, the subject also has eight blocks of plasticine in the Lüscher Colours ("Stabilo") in front of him/herself. With the pencils usually many are employed, while with plasticine usually only one colour before and one after the training is used. Important is to make clear that the subject should draw or mould (give a shape to) absolutely freely, without inhibition, as far as this is possible. Marianne Martin has a very good expression for this setting: "Look at what your hands are doing!"

If the experiment is undertaken in groups, which is normally the case, it is important that each participant not see what the others are drawing or moulding. The conscious and unconscious influence of the other drawings and figures is too great. The subject has exactly five minutes (more or less according to the set test time) to let his/her hands do what they would like. Work is stopped after exactly five minutes in order to have comparable results. The subject commences his/her training. Again, after exactly thirty minutes, the training is ended and work is commenced with the second page. During the training works executed on the first page are collected again to prevent conscious and unconscious influences from arising. Ideally each subject is trained alone. After the drawing, painting,or moulding, collection starts again, again after exactly five minutes.

Interpreting the results

The group sits in a circle and each participant has the possibility to speak utilizing free association, as little top-heavy as possible, about his/her two pictures: Number 1 above, number 2 under it. Sometimes the author immediately knows the meaning of the work, in spite of the fact that it is not an intentional work, sometimes it remains hidden forever. Sometimes the meaning appears weeks or months later.

Examples

Patient 1 with psychosomatic problems draws, after several experimental strokes, first *(fig.1 - Before)* a vulva symbol as children are drawing it on walls (black arrow), then he continues making a ship, after that he puts a green mast with a yellow sail into the boat (interesting also in the sense of Lüscher: green: tension, yellow: loosening). There are also a fish and birds. In the right upper corner there is a square with an unidentifiable sketch. (cf.: Wallnöfer: Aufdecken durch Gestalten vor und nach dem AT).
After the training *(fig.1 - After)* the patient takes the brown pencil only and draws quickly and with impetus the following sketch. He is astonished about his ability to draw in this manner, because throughout his schooling he was considered incapable of drawing or painting. And now it is also clear what the sketch from the first drawing means: behind the curtain in the second picture is a representation of himself, who has never seen his wife naked. She is strongly educated in the catholic sense. He never had the possibility

of seeing her naked body nor in intercourse during the day. And if they are sleeping together everything is under the bedcover, the curtains are drawn and the light is out. Once in his life he would like to see his wife naked.
The second patient is a very nervous and anxious civil servant with sleeping disorders and many other problems. He uses only the black pencil - as he says - the black person came involuntarily out of his hand. And he knows very well who this person is: his father, a drunkard who beats his wife and the children, a very rough man *(fig.2 - Before)*. The second picture *(fig.2 - After)* shows what the young boy was ready to do with his father but never dared to.
Patient 3 is an anthropologist undergoing the advanced training out of interest. The first picture *(fig.3 - Before)* shows his state of mind before the training, No. 2 shows the calming effect of the exercise *(fig.3 - After)*.
Patient No. 4 is a young woman in a (transfer) love with the therapist. First *(fig.4 - Before and After)* she showed only very decent signs of her desires. But later when these attempts did not produce the desired effect she made her wishes clear. The therapist tried to make clear that falling in love with a therapist is a normal effect but of course it must remain a "Übertragungsliebe" (transfer love) and the therapist has to remain abstinent. She was superficially very reasonable, but during the next "Uncovering by Creating before and after the AT" she demonstrated her sorrow. Here again the Lüscher Colours are significant: The red (offering) body before and the brown girl in sorrow after the AT.

Interpreting the material

In working with the material the same rules are valid as the rules for the working with the material produced during the Advanced Analytic Autogenic Training (AAAT).
Therefore extensive carefulness, absolute respect for the experience of the patient (for the therapist, and up to a point, for the members of the group), interpretations should be infrequent and also made with extreme caution. Each patient first speaks without any interruption. After that the members of the group are free to say whatever they want.

The Questionnaire

For a better scientific approach and easier work with and interpretation of

the Lüscher Colours we earlier developed a questionnaire which is attached to this paper including instructions for use.

Questionaire Ruckseite Text

The pattern of the categories of pictures is a help for a first orientation and scientific work if you test the individual points of the first and second picture or plastizin models. Is the first picture according to your impression (or both pictures?) aggressive (point 4) or is the problem in the first picture not obvious but to suppose by the symbol (for example a snake)?
Points 44 to 47 are related to the Lüscher Colours.
After the discussion of the works we let choose a title for every picture. The question is then, how empathize able are title 1 and title 2.
The predominant use of 7/4 black-yellow are a warning against an unconsidered, a rash action. 6/2 brown-green is a sign for vegetative tension (Eggert, 1958) and 3/4/2 red, yellow and green are (in any order) a good sign for fitness for work.

Questionnaire for uncovering trough creativity before and after autogenic training

(Heinrich Wallnöfer, Wien, 2007)

Name .....
Date .....

Category	*Before I*	*After I*	*Before II*	*After II*
1 - People				
2 - Animals				
3 - Objects				
4 - Aggressive				
5 - Abstract				
6 - Naturalistic				
7 - Static				
8 - Dynamic				
9 - Fantastic				
10 - Realistic				
11 - Schematized				
12 - Monochrome				
13 - Polichrome				
14 - Angular				
15 - Round				
16 - Symbols				
17 - Open problem				
18 - Problem recognizable in the symbol				
19 - Space used				
20 - Plenty not used space				
21 - Demarcated				
22 - Without borders				
23 - Predominantly peaceful				
24 - Predominantly unrest				
25 - Predominantly cheerful				
26 - Predominantly low spirits				
27 - Closed				
28 - Splintered				

Category	*Before I*	*After I*	*Before II*	*After II*
29 - Relaxed				
30 - Inhibited				
31 - Same theme				
32 - Different theme				
33 - No recognisable theme				
34 - Complicated				
35 - Simple				
36 - Accomplished				
37 - Unfinished				
38 - Horizon				
39 - Basis				
40 - Death				
41 - More or less colours in 2. picture				
42 - Sex				
43 - Erotic				
44 - 7 4 (black - yellow)				
45 - 6 2 (brown - green; vegetative tension)				
46 - 3 4 2 (the activity group)				
47 - Predominant colour				
48 - Title 1 2 empathize able				

I = Experiment N° 1; II = Experiment N° 2

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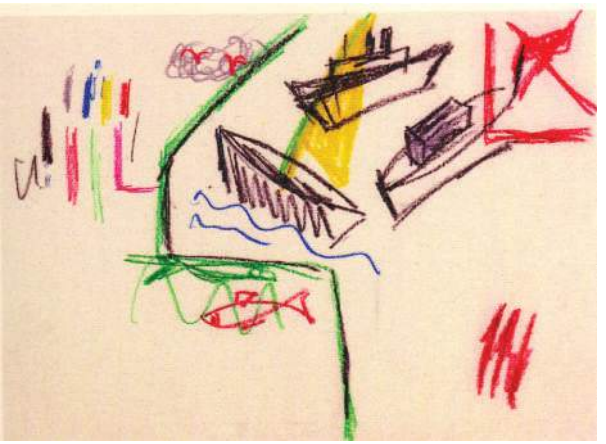

fig.1 - Before

fig.1 - After

fig.2 - After

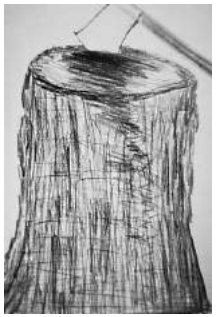

fig.2 - Before

fig.3 - Before

fig.3 - After

fig.4 - Before and After

Original article

Countertransference regarding to the clients' Creativity before and after the basic exercises of Autogenic Psychotherapy

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Summary
After some remarks about the concepts of countertransference that changed in the last years the author focuses on the countertransference feelings in the specific situation when working with the creative technique before and after the basic exercises of Autogenic Psychotherapy (developed by Heinrich Wallnöfer). The importance to become aware of and to control these feelings and reactions will be described.
Key words: *autogenic psychotherapy, countertransference, creative technique.*

Seen from a psychodynamic point of view, countertransference phenomena always have been influencing our psychotherapeutic work. It seems to be one of our professional tasks to become as much aware of them as possible. For this reason, it may be useful to look at the concepts of countertransference, first.

Concepts of countertransference: some remarks
Sigmund Freud used the word "Countertransference" (in German: "Gegenübertragung") for the first time in his lecture at the 2nd International Psychoanalytical Congress in Nürnberg/Germany, 30 and 31 March, 1910, published in the same year (Freud, 1910, p.126). The therapist was seen as a passive projection screen, the own feelings mirroring the client's inner psychic movements. The possible own involvements of the therapist, or the interactive processes between client and therapist seemed to be not reflected. The concepts of transference and countertransference were extended in the

last years. Transference is not seen any more only being a disturbed perception of reality caused by shifting, projection or other defence mechanisms. Now, transference is seen as the typical way the client lives and how he experiences himself, the people most important for him (relationship "objects"), and the relationship between himself and other people. Like van Tienhoven (1971) tells us, previously transference was primarily seen as a projection from the past. Now, it is more and more recognized as a universal psychological occurrence: a way of organizing experiences and constructing meanings. Inner schemes are going to be activated and not transferred (Fosshage, 1994). Transference is not seen any more as a pathological phenomenon but as being able to organize the experiences according to inner schemes: therefore, it seems to be helpful to survive.

This concept includes the therapist's subjectivity with his attitudes, his emotional and cognitive constructs in relation to the world. We should look to what extend a transference reaction could be a direct and often unconscious answer of the client to the actual therapist's interactive offers. The client's transference is not only caused by his childhood conflicts but it could be also an expression of the relationship to the fantasy about or the really perceived countertransference of the therapist (Racker, 2002).

With this new concept the countertransference seen as a disturbing factor in therapy for a long time became an important point of view: countertransference, seen as the total of the therapist's conscious and unconscious emotional, bodily and cognitive reactions to and fantasies about the client. Of course, this includes the therapist's reactions to the client's transference. "Countertransference ... is the result of the therapist's emotional reaction to the patient's imaginative or verbal symbols and is therefore ... neither only positive nor negative ... it is always ambivalent ..." (Hennig, 2007, p.140, translated by the author). The client may become aware of the countertransference by the therapist's words but also by the sound of the voice, silence, looking into the client's eyes or not, let him finish speaking or not, gestures and mimic, etc.

Countertransference regarding to the clients' Creativity: some experiences

Working with Autogenic Psychotherapy (ATP) for more than 25 years, from the beginning I offered the creative doing in my little groups with four to six participants: immediately before and after doing the exercises of the basic level of Autogenic Psychotherapy (Martin, 2000). I was grateful for being able to learn this technique by Heinrich Wallnöfer himself. Reflecting my countertransference regarding to the working with this technique, I try to put some experiences into words - without any thinking of being complete.

Preparing the technique

Joy and hope: While preparing the technique I feel joy and hope - it hopefully will be possible to help the clients to experience a new dimension of benefit of ATP. Not only their body but also their psychic life is participating in a positive way by doing the exercises of ATP. By this technique, there is no need to believe it because I told them - they may experience it as a fact. It is the feeling to offer a valuable gift. It may be the joy and hope of a good (enough) mother or a good teacher. The other side of this feeling may be a narcissistic touch to be willing to become more than "enough" good, with the risk to see the creative and insight outcome as my result instead of the result of the clients' exercising with ATP.

Curiosity: Honestly said, this is one of my personal traits with its pros and cons. In the situation with the clients' creative doing, this trait could facilitate my empathy. The people feel that I am interested in them and their products. The other side could be some nonverbally expressed pressure to bring good results by this technique.

During the creative doing

I leave the room when the clients begin with their creative doing before exercising ATP and I come back as soon as they finished their creative products after exercising ATP. Usually, I offer this creative technique in the sixth group session, so the clients are already used that I leave the room when they are exercising ATP. This leaving the room should minimize my influence to their doing.

Looking at the creative products

Who of the group members would like to do so, lays the creative products on the carpet into the middle of the group. First, the "artist" tells a word or a possible title to his/her first product and the atmosphere when looking at it now. The same procedure will follow with his second product, and then he/she will speak about possible differences between the first and second product. Afterwards - if accepted by the "artist" - the other group members

tell their own associations to the products. I just complete with asking some questions.

Impatience and Annoyance: when I think to check a possible meaning of a drawing or a sculpture and not allowing myself to tell it. Working with ATP, the meaning, the insight will have to be the work and the happiness of the client. Often, this really needs a strong part of self discipline but brings a good feeling of seeing the meaning and some insights told by the clients later - sometimes similar to my fantasies about the meaning. Like a supervisor said about himself: "It was good to hold the mouth."

The other side of this coin could be the feeling of "being a good girl" doing her homework in the right way and the wish to win some recognition for this good behaviour.

Fear to fail: that there will be no differences of the creative products before and after the ATP exercises. By the way, in reality this situation never happened. Maybe it is also the fear to loose some wished recognition.

Joy and gratitude: when someone did a drawing or a sculpture after the ATP exercise that shows an overcoming of an old behaviour pattern or thinking the client wanted to change. Regarding to the intensity of this feeling it is unimportant if this step would be small or big and if it could become conscious or not during the session. In these cases I feel grateful to be able to share this experience with the client, so sharing a growing development, like a gardener.

Discussing the creative process

Afterwards, I frankly tell the group my intention why having offered this technique: to show them that exercising the ATP will bring them very much for their life including the psychic area. Even if they would not become aware the benefit for the psychic level they will get it by each exercise. In the last group session I will repeat this fact reminding them to their experience, so strengthening their motivation to keep on exercising the ATP.

Comfortable: In this situation, I feel comfortable: adults are speaking about a powerful method and a technique to become aware of it.

To summarize

One of the psychodynamic questions is: What was before special feelings could become conscious, leading to a better understanding of the therapeutic interactions, relationship, and process? On the one hand my described feelings of countertransference may be caused by activation of my own inner

schemes: According to my life story I organised my experiences and constructed meanings. It will be important to control these feelings and whenever possible to utilise them, i.e. my curiosity for being interested and empathic.

On the other hand, these countertransference feelings may reflect the activation of inner schemes of the clients. Again, it will be important to become aware of and to control these feelings and reactions to clarify and reflect aspects of inner processes in the client so gaining a better understanding. Sometimes, maybe it will be necessary to do some dis-identification by recognising the own reactions. Our reactions could be comfortable and uncomfortable, and ambivalent. Like the other colleagues, I try to do my best to become aware of and utilize it.

Countertransference seems to be a phenomenon we cannot and should not eliminate.

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Original article

Existential values and bionomic-autogenic psychotherapeutic objectives

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Abstract
Existential values have a fundamental role in bionomic psychotherapy. Schultz underlined their important role several times and in different parts of his work. Schultz's scale of existential values supposes a self-realization path through several existential stages, each of which implies the satisfaction of the needs of each specific existential category. In the psychotherapeutic field, the bionomic-autogenic comprehension has a fundamental role in the growth of the patient in this individuation path. It is an autogenic process that the patient develops and that the psychotherapist neutrally carries out within the psychotherapeutic relation, which makes him expand his conscience field and thus identify his plan of life. The bionomic-autogenic comprehension includes two therapeutic phases: the first is called "autogenic", is characterized by the performance of autogenic exercises and includes two sub-phases, the one somatic (mainly characterized by the implementation of standard autogenic training) and the other psichic (mainly characterized by advanced autogenic training). The second phase is called "conversational" (characterized by the implementation of free association techniques amplification techniques analitically). Through the conscience expansion, this comprehension process makes the patient advance in the progressive realization of his existential values. If the bionomic-autogenic comprehension, realized through the autogenic and conversational stages, allows the subject's progression in the realization path of several categories of values, the objectives that characterize each stage have an important role: they help the therapist understand the path that the patient still has to cover to accomplish the bionomic-autogenic comprehension. This article presents and analyses these psychotherapeutic objectives for the accomplishment of the autogenic and conversational stages in bionomic-autogenic psychotherapy.
Key words: *Value, bionomic-autogenic, psychotherapy, psychosomatic.*

Introduction

My paper is about the role of the existential values in bionomic-autogenic psychotherapy and, in particular, it deals with the connection between the values and objectives we have with our patients in psychotherapy.

Existential values have a fundamental role in bionomic-autogenic psychotherapy: this role was repeatedly underlined by Schultz in his work. Also his scheme of the existential values categories, which is somehow similar to the more well-known "pyramid of needs" by Maslow (1953), frequently appears in *"Das autogene training"* (1932) as well as in *"Bionome Psychotherapie"* (1951) and in *"Die Seelische krankenbehandlung"* (1963); it is also repeated in a chapter of *"Handbuch der Neurosenlehre"* edited together with Frankl and Von Gebsattel in 1959.

In *"Bionome Psychotherapie"* (1951), Schultz states: *"... in a man, values are not given fortuitously in some moment of his evolution, but they have a deep foundation in his biological nature and cannot be separated from him"* and, in *"Handbuch der Neurosenlehre"* (1959) he also writes *"...in his own specificity, every living being represents a course that must be completed; the organization of this course shows the autosense of the living being. From a bionomic point of view, the autosense corresponds to the right distinctive value of every human being"*. And in *"Bionome Psychotherapie"*, following Hans Berger, who discovered the electroencephalogram, he writes again *"... We above recognized that the psychical processes have a value of energy: their value of energy must derive from other physical-chemical energies of the cerebral cortex living tissue. It can thus only be a transformation into a particular form of energy, which afterwards turns into a material form of energy, that then allows the development and transformation of the psycho-physical field..."*.

As we can understand already from these few assertions, the concept of psychological value in the Schultzian theory can thus be connected both to the concept of sense and to that of energy and, even if he does not provide any specific definition of it, according to Schultz this concept has a core role in the existential course. This position can be substantially placed on that by Jung who, in an essay written in 1928 on the *"Physical energetic"* states: *"...the energetic concept is essentially finalistic and it considers the event starting from the consequence to go back to the cause. In other words, at the base of the modifications, to which phenomena are subject, there is an energy which remains constant right during these modifications and, finally, entropically leads to a state of general balance..."*. And, further on in the same essay, Jung also states: *"[...] our psyche even has a finely developed evaluation system, that is the* system of psychological values. *Values are some energetic quantitative evaluations. [...] What is mainly important to us is the* subjective system of values, *the subjective evaluations of the individual."* And in *"Aion"* (1949), Jung better clarifies the function of the value and, in fact, he states: *"... The function of value, that is the feeling, is an integral part of the conscious orientation and thus cannot not to be in a more or less complete psychological judgment, since otherwise the model of real process that we want to build would be incomplete. The quality of the value (that is the "affective shade") is connected with every psychical process: it shows the extent to which the subject is «stimulated» by the process and the meaning it has for him (provided that the process reaches consciousness). It is through the «affection» that the subject is involved, attracted, thus getting to experience the load of reality..."*. And, at another point of the book, he specifies again: *"...The affective value, in other words, shows the intensity of an idea, a representation, and, for its part, intensity expresses the energetic tension, the degree of efficacy..."*.

Therefore, if these are the subjective values, according to Jung there exist *"...also the objective values, based on the general consent: the ethical, esthetical and religious values, that is the universally recognized ideals or the collective representations with an affective shade..."*. According to Jung, also the problems concerning the objective values have some practical implications from a psychotherapeutic point of view since their appearance in an oneiric context (even if without a subjective affective shade) can need to be restored in its archetypal context.

When elaborating a reference system of existential values, Schultz starts from his psychotherapeutic experiences in the treatment of neurotic patients. In this way he builds a scheme which is organized according to a hierarchy of values categories, that the subject must accomplish during his life course. Moreover, as we will see below, this scale also becomes a reference scheme to fulfill the psychotherapy objectives. The relation between therapeutic values and objectives is even more important since in the schultzian theory the existential values are strictly connected with the neurosis prognosis. In *"Die Seelische krankenbehandlung"* (1963), in fact, he states that the more the existential values consistent we the individual's personality are involved, the more the neurosis turns out to be serious. i verbatim quote: "...[This rule] *is valid especially if it is possible to recognize that neurosis represents an erroneous and failed attempt to attain or satisfy the authentic existential values that are consistent with the personality and life, and, sometimes, this attempt is even obtained through a double deception on life. therefore, if with an erroneous attitude one aims at false values, we clearly have to*

be always prepared to bitter fight against the patient..." (Schultz, 1963). Or, at another point of his work *(Bionome Psychotherapie,* 1951), he states more clearly and explicitly: *"...the existential values, as we want to consider them, are for men as fundamental as oxygen, water, nourishment etc.; they are necessary to life and, thus, the fact that they can be in danger or damaged is crucial for the development of neurosis or for its seriousness. If we consider the whole issue, the form of neurosis and the existential values also define the prognosis, even if, in this case, every single patient's life conditions cannot be left out"*. This connection between neurosis and existential values thus seems to have a specific role in defining the gravity of the neurosis prognosis. In other words, if the patient wants to be cured he must know the level of accomplishment of his existential values, right because the neurosis questions their realization. Therefore, as Schultz underlines in *"Das Autogene Training"* (1966), it follows that the therapeutic course of a patient must include some psychotherapeutic objectives that are not only *"the simple restoration of the modified functions and the search for the capacity to obtain some productive behaviours in the sense of libidinal satisfaction"*, but also the fulfilment of higher existential goals, that is *"the release of the individual's productive and spiritual capacities"*.

The above-mentioned distinction that Schultz makes between authentic and false existential values seems to be similar to the one that Jung (1943) makes between values and non values, or the one that Maslow (1954, 1962) makes between growth values and defensive values or, still, that by Karen Horney (1987) between positive values and defensive values. In *"Psychology of the inconscious"* (1943), in fact, not only does Jung precisely define the concept of value but he also makes a distinction between the conception of value and that of non value. By clarifying the theories, or better the hypothesis that explain which is the element that provokes a disorder, Jung writes (Jung, op.7, p.48): "...[These theories] *do not aim at attaining a man's values but a man's non values, that are perceivable when they provoke the disorder. A «value» is a possibility for energy to be released. But since a non value too is a possibility for energy to be released... it is a proper value as well, but a value that leads to useless and detrimental energy manifestations. Energy in itself, in fact, is neither good nor bad, neither useful nor detrimental: it is indifferent. All depends on it form: the energy quality is given buy its form. At the same time, however, the form in itself without the energy is indifferent... In neurosis, the psychic energy undoubtedly exists in an inferior form that cannot be enhanced*". For our presentation not only the distinction between values and non values seems to be very important but also the evolutionary aspect that exists between them. In other words, non values represent some less evolved and inferior entities compared to values, that, on the contrary, are superior and more evolved.

Ten years later, Maslow's distinction appears not to be different from that by Jung: in 1954, in fact, he distinguishes between growth values and defensive values, the first placed in a higher hierarchical position. Maslow's theory of values follows his well-known theory of needs, where the value is defined according to the needs. For Maslow, in fact, the value is constituted by the gratification of a need, therefore not only does a totally rewarded need make lose the importance of that value, but it also incites to satisfy higher values. Schultz's theory of values seems to follow that by Maslow even if, as we will see, it appears to be more complex and includes a greater number of vales categories. As we have already said, it hypotheses an evolution course of self-accomplishment through six categorical stages, each of which implies the satisfaction of the needs related to that specific existential category. In a sound individual this evolutionary course occurs during the whole life and one can also suppose, in parallel with Erikson's life cycle scheme (1982), the phase of life in which the satisfaction of each values category should be attained. Hereafter, we will analyse the Schultzian scheme.

The first level to be achieved is the satisfaction of the values of "Health". The accomplishment of these values depends on the existential function that schultz calls "Experience or vital physical sensation" *(körperliches Lebensgefülh)* (1951), that, by activating the perception of the physical sensations, realizes what the Latin proverb calls: "Mens sana in corpore sano". Here, the whole physical aspect is considered the starting point. However, there seems to be a connection between these values and those evoked by the physiological needs by Maslow (1954), although Schultz investigates more the holistic aspects of the needs satisfaction. According to Maslow, when the organism is dominated by the physiological needs satisfaction all the other needs can be cancelled or rejected.

The second level in the hierarchy proposed by Schultz gathers in a group the values whose objective is to realize "Happiness". Schultz calls the existential function that has to realize these values as "Individual practical logic or reason" *(individuelle praktische Vernunft)* (1951). The themes tackled in this category are enjoyment, pleasure and performance in the scope of the

subject's activities. In this category Schultz includes the problems that the classical psychoanalysis (mainly the Freudian and Adlerian) dealt with for a long time. In particular, the psychoanalysis practiced by Freud worked with the involvements and vicissitudes of the Eros instinct, with the corresponding difficulties in attaining enjoyment and pleasure in the affective scope. When treating patients, the classical psychotherapy thus proposed the accomplishment of values of happiness, and tried to restore the modified functions through the libidinal satisfaction of the affective behaviors. On the other hand, the principle of power, in which the Adlerian psychoanalysis was mainly interested, represented an instinct that was as strong as the other human behaviors. According to Adler, in fact, the heart of the matter was not the Eros, but the power of the Ego, and his theory of neurosis, that was mainly based on the principle of power, wanted the Ego to impose itself in all the circumstances. According to this theory, the values of happiness can thus be attained thanks to the imposition of the Ego in the different activities of the individual. Jung first and then Frankl and Schultz conceive of all that in a different way compared to Freud and Adler: as we will see, even if they accept these positions, they propose some theories that go well beyond the happiness category of values.

Starting from the analysis of the Freudian and Adlerian positions, Jung (1943) states: *"...In my opinion there is not any reason to think that the eros is genuine while the will of power is not. The will of power is certainly a demon as powerful as the eros and it is not less ancient and original..."*. He wants to understand which is the more correct among these two points of view (1943), and his conclusion is that the Freudian theory seems to meet an absolutely different aspect than that met by the Adlerian theory. In fact, according to the Swiss psychiatrist, in one case the supreme and crucial element is the Eros and its destiny towards the objects, while in Adler what seems to be more important is the power of the Ego and the subject that seeks security and superiority on the objects, whatever they are. In other words, Jung states *"there does not exist the only instinct of species preservation, but there is also the self-conservation instinct"*.

As we have already said, Jung's ideas are shared by Victor Frankl, who, both in *"The Will to Meaning"* (1969) and in *"Ärtzliche seelsorge"* (1982), underlines how the importance that the Freudian psychology gives to the principle of pleasure is similar to the importance that the Adlerian psychology gives to the achievement desire. By resuming the pivot concept of repression from

the Freudian psychoanalysis, the Viennese psychiatrist underlines how in this concept the conscious Ego is dominated by the unconscious instincts coming from the Id. In Frankl's opinion (1982), by indicating the way to eliminate the repressed contents, Freud showed how to understand the meaning of acts generated by instincts that operate under consciousness. Therefore, if the neurotic symptom threaten the Ego, for Freud the objective is suppressing this threat by pulling out of the unconscious these repressed contents and giving them back to the conscious Ego (Frankl, 1982). Frankl thus concludes saying that behind the conscious will there is an unconscious strength or constraint. It follows that the aim of our existence is, according to Freud, the attainment of a consciousness which is supported by unconscious and impulsive instincts: in other words, men are exclusively driven by instincts (Frankl, 1984). The Ego thus sets itself the only objectives that are necessary to fulfill the aims that form the Id and that are behind the Ego. All the spiritual manifestations are considered a sheer sublimation. The Freudian psychoanalysis, according to Frankl, does not go farther and completely omits the orientation towards the sense and search of values. In Frankl's critical essay, also the Adlerian analytic individual psychology seems not to go beyond the attainment of the values of happiness considered as the satisfaction of the will of power. It wants to make the neurotic responsible for his own symptoms, to include them in the field of his personal responsibility and to widen the sphere of the Ego to give it a greater consciousness of its duties towards society.

The third level of existential values in the Schultzian scale include values that concern themes like prestige, possession, marriage, family, profession and the community one belongs to. In other words, these are all values of "Security", that, according to Schultz, can be realized through a specific existential function, called "Collective practical logic or reason" *(kollective praktische vernunft)* (1951).

The fourth level of existential values of the Schultzian scale belongs to the field of values that Jung had already theorized and that Viktor Frankl called "attitude values". These values concern the problem of death imminence and certainty of a cosmic transcendental reality, that can allow the natural structuring of a "Weltanschauung" in an individual. According to Schultz, it is possible to face existential fights or crisis, ageing or themes like transitoriness of life by means of the existential function that he calls "cosmic

logic or reason" *(kosmische Vernunft)*, which allows a more or less complete realization of a world view (Weltanschauung). Only through the realization of a Weltanschauung it is possible to face and overcome these problems since it allows to explain these facts to the subject and thus find in it an adequate theoretical position.

The fifth level of the Schultzian scale of values envisages the realization of values of "Freedom" and "Autonomy". This is possible only if one has a clear self consciousness and by facing problems concerning the value and decision with regard to oneself. In this case, the "Self-control" *(Selbstbeherrscung)* is the existential function that allows to attain a veritable interior *autonomy* and *freedom*.

Finally, the last level, the final objective, envisage the "self-realization". This can be attained by means of a function called "Total Harmony" *(Totalharmonie)*, which allows to face the problem of being spiritually alive and productive. This problem can be faced only by means of the total harmony. According to Schultz, here is the highest limit allowed by psychotherapy (1966). In *"Das Autogene Training"*, he concludes the presentation of this scheme of values verbatim stating: *"...we want to explicitly underline that beyond this objective, beyond the free and spontaneous, spiritually productive and completely harmonious development of the personality left to our work field, there is nothing else..."* (1963).

As we already said, this scheme of existential values is for Schultz a scheme of reference for the psychotherapeutic course that the patient must complete. As everybody knows, the bionomic-autogenic comprehension has an important role in this individuative course. It is an autogenic process developed by the patient and neutrally led by the therapist within the therapeutic relationship; this leads the patient to the expansion of the consciousness field and, thus, to the detection of his own plan of life. The bionomic-autogenic comprehension envisages two therapeutic phases: the first is called "autogenic" and is characterized by the performance of autogenic exercises. It is divided into two sub phases: a somatic one (mainly distinguished by the implementation of standard autogenic training) and an psychic one (characterized by the implementation of advanced autogenic training). The second phase is called "conversational" and is characterized by an activity of verbal working out of the autogenic and non autogenic experiences that the patient carries to the session. This activity is also accomplished by the use of free association and amplification techniques. Thanks to the consciousness expansion, this comprehension process makes the patient mature and leads him to the progressive discovery and accomplishment of the existential values that are inherent in his plan of life. A self-realization attitude which is beyond the first category of values, Health values, implies progressively higher levels of normality and health, up to the maximum realization envisaged by the values of bionomic self-realization.

Therefore, the patientís psychotherapeutic course, at first aimed at attaining the values of "Health", starts from the bionomic-autogenic comprehension in the somatic phase; this phase is characterized by the predominant bionomic comprehension of the patients somatic experiences through the implementation of standard autogenic training (Schultz, 1966; Orrù, 2003; Widmann, 2005).

The objectives in this psychotherapeutic phase are:

1. somatization;
2. *Umshaltung*, that is the autogenic commutation;
3. the release from blocks and erroneous identifications related to the image of the body;
4. the release from false and primitive existential identifications.

The fulfillment of these objectives allows the patient to realize the values belonging to the first level (values of "Health") and partially to the second level of the scale of values by Schultz (values of "Happiness").

Therefore, the first objective is "somatization". As everybody knows, with the term somatization *(Somatisierung)* Schultz (1966) wants to turn to the body, to the perception of the physical experiences. In other words, this means to identify with ones physical sensations and, according to Schultz, this activity needs several elements: first of all turning from the "outside" to the "inside" and secondly having an interior objective. This interior objective cannot be looked for, desired, actively wished etc, but it must be proposed to ourselves in a pleasant and passive "perceptive" attitude (Schultz, 1951b). This is thus something similar to the Freudian "fluctuating attention" which, in Schultz's opinion, causes some productive developments in a psychotherapeutic sense. In *Das Autogene Training* (1966) he states: *"...relaxation is not only something that acts on the muscle system, but it also causes some global existential modifications on the nervous system, both as to the body scheme and the affective problem..."*. And, further on, he adds: *"...While proceeding in learning the starting base formulation, a veritable bio-psychical transformation is gradually attained. Later on, in chapter eight, we*

will come back to this sort of retrograde transformation which is similar to the psychoanalysts regression..." (Schultz, 1966).

According to Schultz, in fact, the sensory identification in corporeity provokes a transformation in terms of extension of the limits of the Ego (1951b). "*...Entire parts of consciousness are made accessible all over again, new perceptions are discovered and new interior conditions for corporeity fulfillment are created...*". Moreover, as Schultz underlines (1951b), the more the corporeity perception (Leiblichkeit) increases, the more the conscious perception of the Ego becomes faint, dark and less defined. Therefore, the sensory somatization provokes not only the so-called phenomenon of "body excitement" *(Beseelung)*, that we will see further on, but also the transformation of the conscious perception of the Ego. The limit Ego-Body expands a lot towards the physical aspect, and, as Schultz underlines, at the expanse of the conscious experience intensity and of the conscious faint of the Ego.

After the interior decision to "turn to one's physical inwardness" there is the "discovery of new perceptive experiences" together with the "transformation" of this perceptive experience. As Schultz states, "*...during the state of mental concentration consequent to the introspective orientation, the individual gradually becomes more detached from the external environment; therefore, the external incitements go completely unnoticed or, at least, they receive a very little and negligible attention. The interior life, on the contrary, becomes richer, more showy, we could say more «colored». As a consequence of that, the somatic experience undergoes some particular modifications...*" (Schultz, 1966).

As everybody knows, Schultz called *Umshaltung*, that is "autogenic commutation" (Schultz, 1966), this process of organismic transformation mainly caused by "somatization".

Therefore, the second objective of the somatic phase is attaining the autogenic commutation, which is possible, as we all know, by means of autogenic training. The autogenic commutation has some important consequences from a psychotherapeutic point of view: the most important is what Schultz calls "affective resonances attenuation", whose consequence is the emotional detachment that favors the detachment of the projective identification with the therapist and the detachment from the physical experience.

Simultaneously to the fulfillment of the first two objectives, the patient learns how to distinguish the conscious from the unconscious. This distinction is made because of the discovery of the difference between the state of wakefulness and the autogenic state.

The fulfillment of these first objectives allows new attainments, that is the release from blocks and erroneous identifications related to the image of the body and the release from false and primitive existential identifications. These de-identifications of the Ego favor the growth and maturation of the subject towards new post-Oedipus identifications through some processes of reconciliation with the emotions. According to Schultz "*...in this way the "world of images" opens and the reality of "another world" is marked out...*". This new world allows the subject to grow more free and realize the values of the categories of "Health" and "Happiness" and maybe that of "Security" as well.

In bionomic-autogenic psychotherapy, the realization of the values belonging to the following categories occurs my means of advanced autogenic training. The passage to the use of this technique represents the beginning of the psychic-imaginative phase of the bionomic-autogenic comprehension; in this phase the psychic-imaginative experience are mainly worked through. The objectives of this phase are to favor the growth and maturation of the individual both through the passage from projective identification mechanisms (typical of the somatic phase) to internalization mechanism, and through the integration of elements of the conscious with those of the unconscious. The last procedure allows to connect the parts that were fragmented by the analysis activity and that have become conscious, to get to a higher synthesis that allows us to recognize our position as to the following categories of values that are inherent in our plan of life. This work of synthesis mainly occurs during the second psychic-imaginative phase and thanks to the exercises of advanced autogenic training. Schultz verbatim states: "...We lead our subjects to the following phase of the advanced cycle exercises thanks to the various problems and to the existential values...". We can state that in the psychic-imaginative phase, two modalities are accomplished: one which is more analytical and the other which is more synthetic. The latter, the synthetic modality, is based on the activity of analysis previously carried out.

Therefore, the individual's further growth and development, which is accomplished through the realization of the values categories of "Weltanshauung", "Freedom" and "Autonomy", is allowed by the work carried out in the psychic-imaginative phase. According to Schultz, the exercises of advanced autogenic training have a fundamental role in helping discovering these values; the last in particular, the exercise of the questions to the

unconscious, seems to be structured more specifically for to that end. The questions asked, and I verbatim cite Schultz again, *"...aim at allowing an inner vision, at making us sense our personal positions in the first five categories of existential values..."*.
In conclusion, we can thus say that for Schultz making a continuous reference to the scale of existential values is fundamental and helps us understand the point at which the work of bionomic-autogenic comprehension done by the patient is found.

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"Bionomic-Autogenic Interviews"

Interviews with some authoritative authors in the field of bionomic-autogenic psychology and bionomic-autogenic psychotherapy

Interview to Iohann Heinrich Schultz

This interview was given by Iohann Heinrich Schultz to Heinrich Wallnöfer (Berlin, 1968), that we thank also for being willing and allowing to publish it.

H. Wallnöfer: Professor, before we speak about autogenic training as such, perhaps I may ask you to tell our listeners, what psychotherapeutics is, generally speaking.

I.H. Schultz: By the term psychotherapeutics, psyche or soul treatment is not meant, just as water treatment, is not meant by hydrotherapeutics. On the contrary, treatment with psychic measures is meant, which would be expressed today as psychological medical treatment. Therapy is always a medical affair. It is a matter of recovering health, or of preventing injury to health. Thus this work must always be placed in medical hands, without fail. Psychotherapeutics can be pursued on three lines: Firstly we have the very old tradition of hypnosis. That means a method, whose essential part lies in the commutation of one's inner disposition in a sleep-like condition. Hypnosis means sleep. On the other hand we have methods which adhere to consideration, understanding and recollection: rational methods. The hypnotic methods can be defined as organismal, because they aim for an adaptation of the organism, whilst psychoanalysis and other psychotherapeutic methods apply to the mind, to the mens and thus may be defined as mental, intellectual methods. Between these two flanking methods, there is a wide range of exercising methods, which are of great importance in practice and theory. We say that psychotherapeutics is the attempt to preserve health or to cure illness respectively through psychic work with the patient, which can take place firstly within the scope of hypnotically suggestive methods, then within the scope of the mental methods - psychoanalysis, psychosynthesis, psychagogics, and finally the wide range of exercising techniques.

H. Wallnöfer: Professor, autogenic training also belongs to the exercising techniques.

I.H. Schultz.: Autogenic training is an exercising technique, although its

real essence is the hypnotic process. Unfortunately in many walks of life, even today, hypnosis is associated with magical conceptions. In reality, it refers to the following: if we divert a person from the outside world and direct his attention inwardly, then his whole psychic behaviour changes. Please think of dreams.

Now, if you had already fallen asleep whilst listening to me due to my hypnotic influence, you would dream that you are sitting there and listening, but in a different world, situated in a world of pictures. Whereas if you now think of some town you know, and you know very well that you are sitting here, that these are only conceptions. Thus one my say, that if we address ourselves inwardly in a sleep-like condition, the processes become more intense. They grow from a faint notion into a vivid picture. Not only that. The pictures are clear and can move promiscuously at random, while the notions are plain and orderly. Thus in the picture world, it is possible to come to terms with the biggest contradictions, without it disturbing people in any way.

H. Wallnöfer: Hypnosis surely also presupposes certain dangers, if it is not carried out by an expert. I presume, this superstition, which incriminates hypnosis comes from the very fact that it is often carried out by non-experts, too.

I.H.Schultz: You are absolutely right. I may remind you that in 1923 I already compiled 100 cases of injuries to health after hypnosis. Particularly the very abominable hypnosis displays, which take place along with great excitement and are often carried out by very unsatisfactory laymen, have often led to bad health and mental disorders for many months. Furthermore, in hypnosis, it can be observed, apart from this path into enhanced inwardness, that in correctly executed hypnosis, we are in a position to influence organ functions, which will cannot equal: for example digestion, the period date, heartbeat or many other things. This is the point, which surprises the laymen and which is indeed, also particularly important for the medical use of hypnosis.

H. Wallnöfer: Professor, surely in medicine, one usually speaks about the voluntary and the involuntary muscular system. So to express it simply, about the arm muscles, which I can subject to my will, and perhaps about the intestine muscular system, which is not within reach for us Europeans, at least by direct means. However, I think that there are fluent transitions here.

I.H. Schultz: I do not think that there is a voluntary muscle system. No,

we can only move our limbs. We sit in our body as in a car and can set various gears in motion, for example raising an arm, lowering an arm, but he who does not pursue long years of training, cannot move a single muscle. The individual muscle is not voluntary, no, we only have command of the whole kinetic apparatus, when we turn the appropriate lever. A baby wriggles around aimlessly, and from this wriggling, a coordinated movement develops, perhaps due to food demand, which later seems voluntary to us.

H. Wallnöfer: And Professor, within psychotherapeutics, what position does autogenic training have now?

I.H. Schultz: Autogenic training has the same position as hypnosis. Thus it is a process, which relaxes, calms and influences organ functions, otherwise not accessible, and portrays a condition, which one could call sinking, in which the inner pictures then become alive and in which fundamental instructions and other adjustments are possible, which would pass by in daily life. Autogenic Training began in 1920. In those days theoretic experiments were done, the aim of which does not concern us now. For their realization, psychologically trained testees were hypnotized and the hypnosis was conducted so that during the whole hypnotisation, the testees could speak freely. They were then asked to describe exactly what the individual people experienced, when they underwent a hypnotisation. Thus, in this way, records were gained about what a person experiences when he is hypnotized. As one may expect, the records were different according to the individual, type and so on. However two statements were in every record. Hypnosis, no matter how it was brought about and avoiding every suggestion in this direction, hypnosis always goes along with a characteristic heaviness and warmth feeling. Heaviness develops if we do not tense, stimulate our limbs actively, but lay them down at ease, in a relaxed manner. They seem to be subjectively heavy, because they really are heavier, too, because they are no longer held by muscles. Blood vessels can expand, like the burning head for embarrassment.

If then, in such a psychological experiment, heaviness and warmth are registered, this is proof that every hypnosis is linked with a radical relaxation of the organism. And here, we have a particularly central problem of any hypnosis and also of autogenic training. As then, the question arose: can one not secure, through a free form of exercise, which the human being does himself, which he learns naturally with medical guidance, but can carry

out on his own later, that the human being gets into a position to secure the advantages of hypnosis on his own. Thus managing to make himself calm, to recuperate quickly, to control organs which will is deprived of and to secure the condition of sinking, outlined several times, with its advantages: That is the hour of birth of autogenic training, 1920.

H. Wallnöfer: Professor, which people are suitable for these relaxation exercises? Probably not everyone is suited, to carry out lets say this kind of self-hypnosis.

I.H. Schultz: The healthy, strong-willed person is always well suited for autogenic training as he is for hypnosis. The nervous person, who cannot concentrate well, naturally has the most difficulties, and the genuine mental patient is not suitable in the majority of the cases. If then, a patient is sent to us for hypnosis by a colleague, often thinking that he is too energetic and that it would not work, we reply to him, that there are three groups of people: normal - that always works, the nervous - that works with difficulty, and the mentally ill - that doesn't work at all. You can choose, to which group you belong. And then generally, the patients classify themselves as being in the normal group and cooperate sensibly.

H. Wallnöfer: With the nervous, it must be quite beneficial in general, if they can relax. So perhaps there is a certain hope, that the nervous person will become calmer through autogenic training?

I.H. Schultz: This is not only a hope. Today, this has been proved on very many testees. Through my american translator professor luthe, who has trained people in autogenics over many months and has observed them exactly with psychological experiments, we know that this calming factor, which has been conversant for many years, can be portrayed experimentally. And Luthe, too has worked out that at present 100.000 testees (underestimated) have been trained.

In Luthe's examination, it is important to point out that a person who trains on a regular basis, will inevitably become calm. We often see someone learning autogenic training due to asthma, migraine or some other disorders and informing us after half a year, in a surprised manner: "Doctor, I Don't seem to be able to get annoyed anymore!" For I really do get annoyed, as alfred adler said - and if i can switch off this "I - myself", annoyance stays away and an inner calmness comes about. My friend G.R. Heyer, the well known German psychiatrist said many years ago now: Whoever has learnt

to let himself go in autogenic training, will become calm. And indeed this is autogenic training's central theme of success.

H. Wallnöfer: Professor, you mentioned migraine and lung asthma, etc.: For which complaints, for which illnesses is autogenic training as such suitable?

I.H. Schultz: Autogenic training in a healing way is suitable for all functional disturbances, that is to say for such illnesses, where not the organ is damaged, but where the organs function wrongly for whatever reasons, in particular when they are tense. We know constipation, because the bowels are tense, we know increased blood pressure due to tense vessels. Asthma is tension of the respiratory organs. To put it briefly, this tension factor is a suitable specific mission for autogenic training. For incurable complaints, autogenic training, carried out correctly and consistently, offers a calm, fortunate attitude towards the inevitable and the irrevocable. In this way some very nice results have been attained in non-operable cancer cases, where exactly this calmness has been secured through autogenic training, which Heyer pointed out so nicely for the first time. Without a doubt, it brings a considerable advantage in incurable illnesses often not only emotionally, bu t which allows the patient to carry out a certain kind of cultivation and not sink into despair without a hope.

H. Wallnöfer: Professor, that must indeed be extremely vital for the healthy person: becoming calm. And thus autogenic training must also be a method, which is beneficial to every healthy person, also in illness prophylaxis.

I.H. Schultz: In 1932 already, in the first larger presentation of the technique, we recommended that every youth should be introduced to the technique. Unfortunately, this has not happened to this day, as autogenic training, seen from this point of view, belongs without doubt to the so-called emotional hygiene, the emotional preventive medicine, which my friend Meng in Basle supported as a university lecturer for the first time and which H. Hoff in Vienna has also supported with such success. It is without a doubt, that if a healthy person trains, that one day he will secure calmness and secondly will have the possibility to recuperate very quickly. An extraordinarily spectacular example for this has been supplied by our colleague, the young physician, Dr. Lindemann from Schleswig Holstein, who crossed the Atlantic in a mass produced collapsible boat in 72 days and nights. Every time the sea was calm, he gathered such a store of calmness through autogenic

training, that he was subsequently able to endure longer periods without sleep. It was also maintained - I cannot verify it - that both the Russian astronauts had done autogenic training. However I can only pass this on as a news item. For obvious reasons I am not in a position to investigate these things more closely.

H. Wallnöfer: Speaking of the East, there are without doubt also certain parallels with old Indian and Chinese methods. Professor, do you have any specific experience here?

I.H. Schultz: The old yoga traditions and the Japanese Zen are closely connected with our efforts in many respects. They just developed from completely different sources. For example the Yoga-respiration rules, which are used by many quacks today, form the basis of the idea that the whole human body is marbled with windpipes. This is the view which antiquity had, too. That's why the artery still has this name today, meaning windpipe. And thus this Indian breathing training, the pranajama - is based on completely wrong presuppositions, ...as it is very old empirical treasure. The first empirical accounts about hypnosis lie at the beginning of the second millennium before Christ in Rig-Veda of old Indian traditions.

H. Wallnöfer: The Japanese Professor Kishimoto gave an interesting lecture on the connections between Zen Buddhism and autogenic training. These parallels have also emerged very strongly. Professor, an extraordinary question, which let's say for women, - we have already spoken about individual types which are suitable for autogenic training - how do women fare then - how do men and women fare in their response to autogenic training?

I.H. Schultz: According to my observations, one can assess differently not so much according to man and woman but as to different types of women. Obviously, an effective sort of training can only be achieved if the testees or the female patient bring along the stamina and consistency necessary, to exercise really regularly. This already shows that certain types of women are not particularly suitable on this score. These are those very attractive and charming female personalities who act around in a sparkling, witty-lively manner, but are less suitable for consistent, ceaseless work. They are a credit to the saloon and the ball-room and often the stage as well, but who also spiritually object to doing such a stupid automatic activity regularly, which we can understand very well. For, no pains, no gains and that applies particularly to autogenic training.

On the whole we may tell you, I draw your attention to Frank Wedekind's expression "Only a man can be so narrow-minded"... that we says yes "reason" and "intelligence". Intelligence is often mistaken and thus in general men bring along more prejudices. First of all, men have to bend themselves somewhat into shape intellectually until they actually realize, that they are eligible for such a process, whilst women, and thus reason, - women reason - thus the word reason - what we want and adapt themselves much more quickly, naturally and freely here. Seen as a whole, the woman is on average more the person with feelings, imagination and with quick intuitive understanding, no matter whether ladies walk in trousers today and follow professions, or whether they still rush around in a skirt and show motherly airs or those of a lover. That has little to do with the inner essence of man and woman. I like to tell my patients: "If the husband is clever, then the wife is thick. "If the husband is clever, then the wife is thick: you must all know that, if adultery happens in a medium-sized place, the wife knows about it in advance. The husband is the last to believe, that his wife... etc. That is a small, but very clear example. And thus orderly, reasonable and consistent women with personal cultivation are extraordinarily good testees for the training.

You will also find in my large presentation of the process a whole series of precisely female patients who have trained away asthma and other complaints they had had for years - men naturally, too. But the issue can be roughly answered as follows. The question of the age of the woman: in general mid 20^{s} or older are most suitable - as then in general certain trials of life have arisen. The young girl does not really incline to our work, partly due to ambition, partly to other things in general, but this is naturally individually, extraordinarily different. In terms of figures, there is no difference between the sexes. In a mixed practice, one has as many men as women, and the difficulties are different from sex to sex, as outlined.

H. Wallnöfer: Professor, one last question: How do get on with the connections to this Read relaxation method? Can autogenic training bring alleviation during birth?

I.H. Schultz: My friend and colleague assistant medical director Dr. H.J. Prill in Würzburg, assistant medical director at the University Hospital for Women, has told of very extensive experience with autogenic delivery. Other gynaecologists, too - the Reed process has rather a purely gymnastic character.

So it is not a guide on self-hypnosis, but rather on gymnastic relaxation. And because of this it can also be undertaken by midwives and other non-doctors, without fear. Whereas it is strongly to be advised, that autogenic training should only be passed on by experienced and correctly trained doctors. Very unpleasant health disorders can arise: semi-conscious states, epileptic fits, fainting fits, posture faults. Two of my young staff members did heart exercises wrongly on purpose and both acquired such bad disorders on the record of the variations occurring during the contraction of the cardiac muscle, on the electrocardiogram, that colleagues, who only saw these curves, suspected a serious cardiac defect. So I cannot warn strongly enough against doing any experiments whatsoever on one's own body without medical supervision or letting any non-doctors carry out the process, unless they are trained psychologists, in a team, where joint medical observation always takes place, during the training itself at best.

H. Wallnöfer: Thank-you very much, Professor for the discourse.

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(French Psychotherapic Relaxation Society)

Conclusive Short Speech of the XI Colloquium of the Société Française de Relaxation Psychotherapeutique

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The 11th Colloquium of the Société Française de Relaxation Psychotherapeutique titled "Relaxation: A Psychotherapy for the Future - Going Beyond the Psychotherapic Dualisms" took place in Limoges, on 14th-15th March 2008. For two days the speakers from different places, France and other foreign countries (Hungary, Romania, Italy, Japan and the USA) have exchanged their views with regard to the psychotherapic relaxation and have examined what makes it a psychotherapy for the future. The topics discussed are varied: a) The Psychoterapic Relaxation Techniques: Evolutions and Disparities; b) The Indications of Psychotherapic Relaxation in 2008; c) Aspects of the Practice of Relaxation in 2008; d) The Training of the Personnel Practicing Relaxation; e) The Psychotherapic Relaxation, 20 years after, Representation, Scope, Drift and Passages. Finally two conferences have allowed for the enlargement of the debate to the Societies of Relaxation on the theme *"What Future for the Psychotherapic Relaxation"*: a) The Relationships between the S.F.R.P. and the other Societies of Psychotherapy; b) Relaxation in the world.

First Topic: The Psychotherapic Relaxation Techniques, Evolutions and Disparition

After a brief statement on the state of affairs by the organizers, the different types of relaxations were surveyed mostly by official representatives of scholarly societies that teach them: Autogenic Training (TA), Training Autogéne Progressif (TAP), Relaxation Statico Dynamique (RSD), Bionomic-

Autogenic Psychotherapy, Sophrologie, Hypnose Ericksonnienne, etc. Already in practice in the year 50, T.A. is most used in the world - though not in France- from it originate the others. Certain techniques are still in use thanks to the Scholarly Societies that endure and sometimes train the personnel practicing relaxation (with a low quantitative aspect, due maybe to their breaking apart): TAS, Ajuriaguerra, Bergés, RIV, RSD, Wintrebert, TAP. The Sophrologie follows a parallel course.

Many relaxation techniques have appeared, which list on the internet is impressive: "alternative" "parallel" "medicine", developed according to a social need without any "control". They are characterized by a lack of a validated, explanatory model. Equally, the practice of relaxation as part of care is in great progress: kinesitherapy, behavioral therapies, etc... (where it is the bodily relaxation that is sought, different from the person's relaxation). The issue of the evolution of the techniques follows the representation of the care as well as the representation of the term relaxation and sometimes we are very far from the concept (psycho)therapy.

The relaxation, in the sense that it underpins a reflection (psychotherapic relaxation) is probably the most complex of therapies, which takes into account the whole body-psyche. In the bionomic-autogenic psychotherapy of Schultz a course of auto-realization through many existential steps would lead the relaxed thanks to the relaxer to the individuation of his/her own plan of life.

In Sophrology, the states of sophronic conscience and the practices of dynamic relaxation can go as far as «agony-dances-therapy» during which the body and the psychic activity are relaxed. The objective is to allow the sophronized patient, to experience sensations, emotions, and images. The relaxation of systemic inspiration, and the Ericksonian hypnosis of which it took again elements, first looks for the utility of the disfunctioning. This utility is paradoxical, but fundamental and justifies the frequent resistances to therapeutic changes when this is wanted without taking into account the environment of life. The "recadrage" ("reframing") privileges more, compared with the other therapies, a taking into account of the future.

The biofeedback allows for the construction of courses of treatment of relaxation that embody "specifics of meanings" included in a course where the subjective step remains central and the therapeutic relationship essential, articulating a work between the bodily and the psyche, and adding a

dimension of objectivation.

As for the relationships between drug and psychotherapy, it has been shown that after many years of dogma from both sides, the discourse is changing and a useful association of these two different cares is being born to bring together the mechanism of the spirit and the mechanic of the behavior.

In a therapy of relaxation enter into play a number of collateral phenomena, at the same time are triggered more important processes: modification of the conscience, confrontation with the unconscious, complex regression, bodily symbolization, transferable projection, immersion in the imaginary. In these processes reside the clinical reasons for the practice of the relaxation therapy, the "why" of the relaxation. The strategies making it possible to operate on these phenomena constitute the "how" of the relaxation. The techniques do not send back to the indications, but to operations related to the strategies that a psychotherapy implements: speech or silence, detachment or contact, absence or presence, symbolic seduction or seducing gesture. The "how" lays out the identity of psychotherapy.

Second Topic: The Indications of the Psychotherapic Relaxation in 2008

Communications about the relaxation in conjunction with brief therapies, have shown how the relaxation of the relaxer in developing his qualities (empathy, authenticity, ethics) positively influences the way to receive the patient, particularly in the casualty department. The indications of the relaxation in emergency pathology were shown.

The biophysiopsychologic basis of the anxiety and the indication of the relaxation were dealt with. Yves Ranty underlined that a therapy that creates modified states of consciousness like the relaxation cannot be any other thing than biophysiopsychology.

Initially the work of a bodily response to stress in the application of oriental techniques, then psychotherapic reflection with privileged indications (psychosomatic complaints, etc.) the indications of TAS today concern all pathologies (including psychosis or obsessional neurosis). It is also used in emergency, in victimology, and in brief therapy.

One can notice that the relaxation said psychotherapic, with the reflection on its indications, is not well-known or well acknowledged. By contrast the relaxation said not psychotherapic would appear not to need actual indication, considered as a stimulant treatment more often of a few specificities, even external to cares proposals (yoga, etc.).

Unfortunately the two forms of relaxation are cheerfully taken one for the other without a redefinition of a status of therapy or care (by contrast to "parallel medicines"). The indication today acts more as a desire of the nurse (even of the patient), of a family doctor's prescription than a theoretical referencial, hence an effect of the most random.

This fact can be compared to an intensification of the bodily preoccupations (and symptoms) of our society more and more "operational", more and more "adolescent" that a multiplicity of proposals first bodily, without actual discernment (cult of the body) "magic" answers follows.

Third Topic : Practice of Relaxation in 2008, *Practice in group, With Many Therapists, Liberal Practice or Within an Institution, Practice in Association (Place of the Relaxers)*

The practice of relaxation is most of the time individual. However there exists a major interest in the dynamics particular to a group (Berges method, for instance): relationship challenges, elaboration and circulation of the thought, circulation of the references around the sensations.

The problem, tied to the techniques and indications, of the place of the relaxation within the institution was raised in these terms: what relaxation and what for? There is often not an acknowledgement of the status of therapist, of a psychotherapic dimension, of the place of the relaxer; the relaxation is often referred to as "activity". The participants also addressed the issue of relaxation in practice in hospitalization, at home, and elsewhere. The practice of relaxation as liberal activity poses the same question of the official status of the relaxer, because of the proposals to the multiple "consumptions" often far from the care ("alternative medicines").

Fourth Topic: The Training of the Therapists, Content and Form, Contracts and Organizations, Universities and Accreditation

In our mind, the training is to bring the nurse to become one day a therapist and mostly a psychotherapist. The question is to know how does one become a psychotherapist, a psychotherapist specialized in relaxation? As Michel Sapir put it, we train the nurse *for* and *by* the relaxation. The coach is responsible for all that work that has to take place during the training. There will necessarily be good and bad coaches. The good coach will be as much better as he himself would have had the possibility of being well trained. Thus there will be chains of good coaching and bad coaching. In the course of the training of the relaxer there will be on the one hand reference to a methodology well codified that is going to play an important role in the transmission, and on the other hand the reference to a way of thinking, acting, understanding, listening that is peculiar to the psychotherapist. The coach should be the guarantor of that double transmission.

Finally, one should not overlook the accreditation of our trainings for the non-medical nurses and non-psychologists. What about the law for the psychotherapists?

Fifth Topic : Representations, Scope, Drifts of the Psychotherapist Relaxation in 2008, *Links to the Other Bodily Therapies.*

The idea seems to be established today from a stressed society of which the relaxation constitutes one response (not a care). The understanding of somatic symptoms is made within a simplistic psychosomatic conception: there, for instance is no actual differentiation between conversions, somatisations, adaptative physiological reactions. Relaxation is an activity in fashion. Its scope includes today non-nursing spaces (often oriental methods or many derivatives, as for martial arts).The behavioral cares with bodily component, the psychotherapic relaxation and even certain practices of witchcraft make room for all kinds of abuses. The term relaxation like the term depression has lost today its meaning, its specificity.

The acknowledgement of a status for certain techniques (therapy) is necessary for the possibility of research either for a personal development (psychtherapic relaxation) or for the invention of a bodily language (relaxation) or for the calming of physical pressures (massage) leaving for everybody an actual choice, whether he/she is a nurse or a patient.

Finally an interest for the grouping of the specialists of Training Societies in a "telephone directory" was suggested.

Conference: "What Future for the Psychotherapic Relaxation?". The Relationships between the F.P.R.S. and the other Societies of Psychotherapic Relaxation.

The major scholarly societies took part in the debates through their representqatives :

APEPR (Association for the Teaching of the Psychotherapy of Relaxation)
AREFFS (Association of Research, Study, and Training for the Profession of Nurse)
ARTEA (Association of Therapic Relaxation among the Children and Adults)
IFERT (Inter-group of training and Study in Therapic Relaxation)

Conference: "What Future for the Psychotherapic Relaxation?" The Relaxation in the World

The relaxers from abroad enriched the debates with their respective experiences.
Claudio Widmann, Carmine Grimaldi, Walter Orrù (Italy);
Heinrich Wallnoefer (Austria);
Magda Szönyi (Hongrie); Johanna Hegyi (Romania);
Kazuyoshi Koike (Japan);
Paul Lehrer (USA)
Clinical Workshops
The expositions on clinical cases about the theme of the colloquium proved enriching: relaxation and psychosis, real obese, and alcoholism in general medicine.
Groups for Practical Experiences
The "training" sessions gave an opportunity for the participants to experience in practice different techniques of relaxation:
TAP (Progressive Autogenic Training)
RIV (Relaxation by Variable Inductions)
RSD (Statico-Dynamic Relaxation)
To conclude, this colloquium allowed us to pave the way for a renaissance of the relaxation. It is a psychotherapy for the future, based on the relevance of its outlook, the soundness of its hypotheses, the richness and the variety of its transmission, and the astonishing topicality of the researches that it commands with regard to the evolution of the society and its symptoms. The relaxation must take again its place in France in the mechanism of psychotherapy. Maybe the time has come for the gathering together of the societies of relaxation (already anticipated some few years ago by Yves Ranty and Jean Berges) to stand up for their place and value, for, paradoxically they run the risk of disappearing from todayís society that makes everything commonplace.

ACKNOWLEDGEMENT
to the Stering Committee
Docteur Philippe Nubukpo
Docteur Christophe Peugnet
Docteur Yves Ranty
to the Secretary of the Colloquium
Madame Isabelle Montet, of Service Hospitalo-Universitaire de Psychiatrie, whose devotion contributed a lot to the success of this event.
to the Director CH Esquirol of Limoges
Mister Antoine Pacheco and his team
to all the members of the Società Française de Relaxation Psychothérapique (S.F.R.P.)
to all the students of Diplôme Universitaire (DU) de Relaxation Psychotherapique de Limoges
to all the pharmaceutical labaratories participants
Lilly, Biocodex, Janssen, Bristol Myer Squibb, Therval Ardix Médical
to the Conseil Regional du Limousin
to the'imprimerie Atelier Graphique
to the Office du Tourisme
to the librairie Anecdotes (Limoges)
to all the participants
for the richness of the sessions as well as during the plenum, clinical and practical workshops that emphacize the quality of the oral or paced presentations (posters)

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Selection of abstracts from the international literature

Journal of Clinical Psychology, 62 (1):83 - 96, 2006

Treatment morives as predictors of acquisition and transfer on relaxation methods of relaxation methods to everyday life

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This article presents results from four studies of the significance of type and number of initial treatment motives for acquisition and transfer to everyday life of progressive relaxation (PR) and autogenic training (AT). On the basis of theories of treatment motivation and compliance, we hypothesize that motives for participation are determinants of learning and transfer. Results are reported from (1) two studies with 113 participants in introductory courses on AT and 94 participants in introductory courses on PR and (2) two replication studies with 94 (AT) and 101 participants (PR). Participants indicated their motives for participation Short-term indicators of treatment success include number of dropouts and subjective evaluations of relaxation exercises; long-term outcomes include transfer of relaxation exercises to everyday life and evaluations of exercise evaluations at follow-up 3 to 6 months after the end of course. Results suggest thatfor both AT and PR, dropout and subjective relaxation exercise evaluations can be predicted from participation motives. Long-term outcomes can be predicted only for AT. However, for both PR and AT it is shown that for up to four motives, the number of initial course motives is correlated with short-term and long-term predictors of course outcome. We conclude that motivation for participation is highly relevant to client-course matching and adaptive indication of relaxation therapies. Results lead to a threshold hypothesis about the relationship between the number of participation motives and short-term as well as long-term learning and transfer outcome.

Menopause. 2009 Jan-Feb;16(1):60-5.

Autogenic training to manage symptomology in women with chest pain and normal coronary arteries

Asbury EA, Kanji N, Ernst E, Barbir M, Collins P.
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OBJECTIVES: To explore autogenic training (AT) as a treatment for psychological morbidity, symptomology, and physiological markers of stress among women with chest pain, a positive exercise test for myocardial ischemia, and normal coronary arteries (cardiac syndrome X). DESIGN: Fifty-three women with cardiac syndrome X (mean +/- SD age, 57.1 +/- 8 years) were randomized to an 8-week AT program or symptom diary control. Symptom severity and frequency, Hospital Anxiety and Depression Scale, Spielberger State-Trait Anxiety Inventory, Cardiac Anxiety Questionnaire (CAQ), and Ferrans and Powers Quality of Life Index (QLI), blood pressure, heart rate, electrocardiogram, and plasma catecholamines were measured before and after intervention and at the 8-week follow-up. RESULTS: Women who underwent AT had improved symptom frequency (8.04 +/- 10.08 vs 1.66 +/- 2.19, P < 0.001) compared with control women and reduced symtom severity (2.08 +/- 1.03 vs 1.23 +/- 1.36, P = 0.02) and frequency (6.11 +/- 3.17 vs 1.66 +/- 2.19, P < G 0.001) post-AT compared with baseline within group. Within-group improvements among women who underwent AT include QLI health functioning (17.80 +/- 5.74 vs 19.41 +/- 5.19, P = 0.04) and CAQ fear (1.53 +/- 0.61 vs 1.35 +/- 0.56, P = 0.02) post-AT and QLI health functioning (17.80 +/- 5.74 vs 20.09 +/- 5.47, P = 0.01), CAQ fear (1.53 +/- 0.61 vs 1.30 +/- 0.67, P = 0.002), CAQ total (1.42 +/- 0.54 vs 1.29 +/- 0.475, P = 0.04), Spielberger State-Trait Anxiety Inventory trait anxiety (42.95 +/- 11.19 vs 38.68 +/- 11.47, P = 0.01), and QLI quality of life (20.67 +/- 5.37 vs 21.9 +/- 4.89, P = 0.02) at follow-up. CONCLUSION: An 8-week AT program improves symptom frequency, with near-significant improvements in symptom severity in women with cardiac syndrome X.

Japanese Journal of Psychosomatic Medicine, 44(3):217-224, 2004

Somatoform disorder with aerophagia: a report of a case of the borderline level - from autogenic training to psychoanalytic approach

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°Boshigaokamatanitibyoin Shinryonaika Rinshoshinri

This case report discusses the psychoanalytic meanings of autogenic training given to a patient with somatoform disorder with aerophagia, which later on considered as borderline level. The patient was a housekeeper in her thirties who came to a hospital because of aerophagia. As an initial treatment, autogenic training was performed by a clinical psychologist under the so-called A-T splitting (administrator-therapist) setting for eight weeks. During the course of treatment, the therapeutic approach was shifted from autogenic training to supportive psychotherapy by the psychologist. With a progress of therapy, the patient's somatic symptoms turned into interpersonal dissatisfaction toward medical staff. A histrionic personality trait of the patient gradually appeared, and the, the feature of borderline personality organization became manifest. These changes of symptoms are considered to be the result of influence from growing transference. Through the staff meetings, the initial psychologist decided to suspend the psychotherapy. Thereafter, psychoanalytic psychotherapy aiming at patient's self-understanding was performed by the doctor in charge for about 11 months. The authors suggest that psychoanalytically oriented autogenic training has
therapeutic potentials, transforming physical complaints to psychological conflicts during the treatment of somatoform disorder. It is necessary to keep aware the of therapeutic structure and psychoanalytic understanding in order to prepare for approaching severe psychopathology.

Autonomy Neuroscience, 145(1-2):99-103, 2009

Reduced heart rate variability and vagal tone in anxiety: trait versus state, and the effects of autogenic training.

Miu AC, Heilman RM, Miclea M.
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This study investigated heart rate variability (HRV) in healthy volunteers that were selected for extreme scores of trait anxiety (TA), during two opposite psychophysiological conditions of mental stress, and relaxation induced by autogenic training. R-R intervals, HF and LF powers, and LF/HF ratios were derived from short-term electrocardiographic recordings made during mental stress and relaxation by autogenic training, with respiratory rate and skin conductance being controlled for in all the analyses. The main finding was that high TA was associated with reduced R-R intervals and HF power across conditions. In comparison to mental stress, autogenic training increased HRV and facilitated the vagal control of the heart. There were no significant effects of TA or the psychophysiological conditions on LF power, or LF/HF ratio. These results support the view that TA, which is an important risk factor for anxiety disorders and predictor of cardiovascular morbidity and mortality, is associated with autonomic dysfunction that seems likely to play a pathogenetic role in the long term.

Scandinavian Psychoanalytic Review, 22:308-310, 1999

Autogen trening (autogenic training): Randolf Alnaes

Olli Seppäl
HøSyskole Forlaget, Oslo

Randolf Alnaes, Professor Emeritus of Psychiatry at the University of Oslo, is an internationally renowned researcher of psychiatry and psychotherapy, and has long served as a training psychoanalyst of the Norwegian Psychoanalytic Institute. Professor Alnaes received his early training in Tubingen and his psychoanalytic training in Stockolm. He is a member of the Swedish Psychoanalytical Society. In his works, Alnaes has studied the nature of psychotherapy as a holistic psychophysiological process and has also emphasized ideas from the early periods of psychoanalysis, where the ego was distinctly a body ego.
Autogen trening is an extensively modernized 2nd edition of a work originally published in 1964. Psychoanalysis emerged from Freud's and Breuer's research in hypnosis. Freud discovered the unconscious and transference and developed the psychoanalytic method. Psychoanalysis became the science of Understanding. Another offshoot of hypnosis was autohypnosis, the best...

European Psychologist, 4(1):11-18, 1999

Long-term evaluation of the effectiveness of additional autogenic training in the psychotherapy of depressive disorders

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This paper presents the results of a 3-year follow-up study on the effectiveness of additional autogenic training (AT: a psychophhysiological self-control method using self-inductions of physical and mental relaxation) in the psychotherapy of outpatients with depressive disorders. Subjects were 55 patients (aged 22-69 years) with depressive disorders diagnosed according to ICD-10. Subjects were randomized to one of three groups: Group A participated in 40 singlepsychotherapy sessions over a period of 20 weeks; Group B learned AT in the first 10 weeks andhad 20 single psychotherapy sessions as well as AT practice in the second 10 weeks; Group C was the waiting-list control group in the first 10 weeks and had 20 single psychotherapy sessions as weel as AT learning in the second 10 weeks. Tests for depressive symptoms (BDI) and psychosomatic complaints (ATSYM) were given before the start of treatment, after 10 weeks, after 20 weeks, as well as 8 months and 3 years after the end of treatment. In addition, as both follow-ups information where gathred on disease course, relapses, psychotherapy and medical treatments, as well as AT practice. Long-term follow-up shows that controlled and supervised use of AT before or in combination with psychotherapy has more positive effects than psychotherapy alone. Compared to psychotherapy without AT (Group A), combined psychotherapy and AT

(Groups B and C) resulted in significantly lower rates of relapse and treatment reentry as well as in significantly more stable positive treatment effects in the reduction of depression and psychosomatic symptoms at the second follow-up.

Japanese Journal of Clinical and Experimental Medicine,
76 (5):889-896, 1999

Erectyl dysfunction in the age of Viagra. Treatment of ED. First choice. Psychotherapy

Ishizu H., Yokota T., Naka K., Yoshida T.
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Of the titled disease (ED), psychotherapy (Ps) is the main method for psychogenic ED. Ps is a therapeutical method for working on the patients' psychological aspect through a psychological technique to obtain physiological and psychological effects. Ps is classified into general psychotherapy (I) and psychotherapy (II), more technical method. I is a method to receive and understand the patients' troubles, and to support and encourage them, and is applied to both organicand symptomatic ED. II is applied to psychogenic ED, and suggestive cure, behavior therapy andautogenic training are mainly adpted for actual psychogenic ED. For Amina profunda psychogenic ED, substantial psychotherapy such as psychoanalysis, transactional analysis, analytical psychotherapy, Morita therapy, introspective therapy and bioenergetics are used. This paper presents their concrete cases, explaning psychotherapy.

Perceptual and Motor Skills, 84:1305-1313, 1997

Autogenic training and dream recall

Schredl M. & Doll E.
Central Institute of Mental Health, Mannheim, Germany

The present study has investigated the relationship between autogenic training and dream recall for 112 participants in 16 beginning courses of 10 weeks. Analyses confirmed the hypothesis that learning and practicing this relaxation technique enhanced dream recall.

Journal of American Academy of Psychoanalysis and Dynamic Psychiatry,
18:152-166

The European Teachers of Dr. Frieda Fromm-Reichmann

Dionis Petratos B.

This brief analysis of the contributions of Dr. Frieda Fromm-Reichmann's European teachers to her work traces parallel developments in Europe and America that led Fromm-Reichmann and Harry Stack Sullivan to a similar understanding of the treatment of schizophrenia. Fromm-Reichmann was prepared by Kurt Goldstein's insights into the patient's security operations; Goldestein, Johannes H. Schultz, and Georg Groddeck's holistic views; Groddeck's focus on early mothering; the Frankfurt sociological school's stress on the influence of socioeconomic factors; and her own clinical experience to be receptive to Sullivan's interpersonal theories.

Instructions for authors

The European Journal of Autogenic and Bionomic Studies addresses operators of the educational and clinical fields and its purpose it to stimulate a scientific and cultural debate over bionomic-autogenic subjects and over related main themes that can be useful to improve the knowledge in this sector, so that we can have come-back on therapy, on functioning and on assistance to patients, on the improvement of the human performances and more in general on man's growth and evolution.

This is a six-monthly review (published in June and December) and it publishes original articles, clinical cases and reports on clinical and research activities, editorials, biographic records of influential figures of the bionomic approach or those related, abstracts of articles and books of the recent literature and reports of the scientific activities of the bionomic-autogenic psychotherapy societies.

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In the bibliography, citations will be in alphabetic order according to the family name of the first author. Examples of correct bibliographic citation:

1. Horowitz M.J., Wilner N., Kaltreider N., Alvarez W.: Signs and symptoms of posttraumatic stress disorder. Archives General Psychiatry 37:85-92, 1980.
2. Schultz J.H.: Bionome Psychotherapie, George Thieme, Stuttgart, 1951.
3. Lederberg M.: Psychological problems of staff and their management. In Holland J.C., Rowland J.H. (eds.): Handbook of Psychooncology, Oxford University Press, New York, 1989.

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