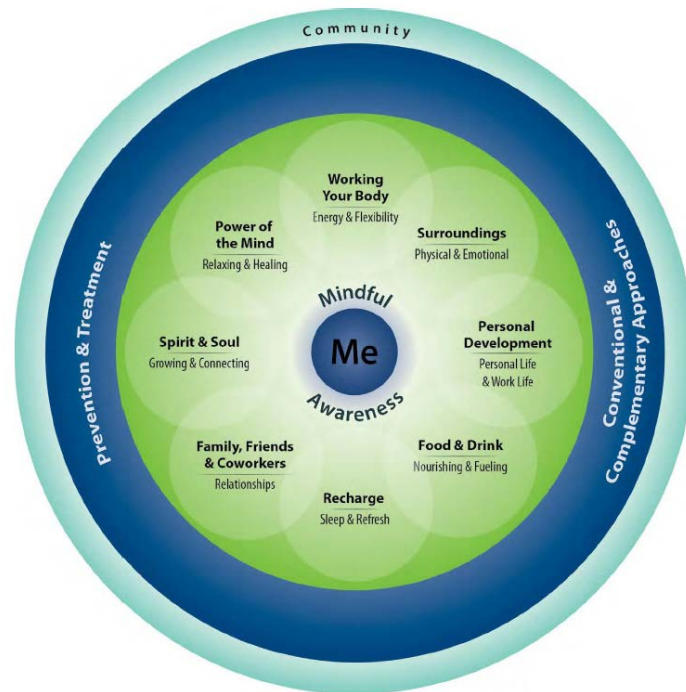


WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of
Personalized, Proactive, Patient-Driven Care

Autogenic Training Clinical Tool



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

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Overview

Autogenic training (AT) is a relaxation technique developed by German psychiatrist Johannes Heinrich Schultz and was first published in 1932. Since that time, it has been widely used in clinical practice and research to foster the mind's ability to produce relaxation in the body. Autogenic means self-generating, or produced from within. This reflects the ability to self-produce a relaxed feeling of warmth and heaviness throughout the body by saying various verbal phrases aimed at encouraging a state of physical relaxation and emotional calm. It is considered a form of self-hypnosis and is used to increase relaxation and restore balance in the body.

What It Is

AT involves learning specific phrases that are repeated several times as silent thoughts to oneself. These phrases are performed in a detached way to encourage the body to produce a relaxed feeling of warmth, heaviness, and emotional calm. The core of AT is standard exercises that focus on six physical manifestations of relaxation in the body:

1. Heaviness in the musculoskeletal system
2. Warmth in the circulatory system
3. Awareness of the heartbeat
4. Slowing down the breath
5. Relaxing the abdomen
6. Cooling the forehead

Exercises are built up weekly, in sequential order, starting with relaxing the peripheral extremities, then later adding practice with regulating the heart and circulatory system. Relaxing the respiratory system comes next and is followed by a focus on the visceral organs (the solar plexus area), and then, cooling the forehead. There is a final phase of feeling overall peace in the mind and body.

How It Is Taught

AT can be taught in individual sessions, and it is frequently used in group treatment. Training is best done while sitting or lying in a comfortable position, as it allows the mind and body to switch off the sympathetic fight/flight/freeze stress response and restore the parasympathetic rest, recuperation, and recovery response. It is recommended that a person learn AT with a licensed professional. They can help explore positive relaxation responses experienced with AT, process any possible negative initial relaxation responses, and examine ways to enhance motivation for practice. It typically takes several training sessions to master AT, and without regular practice, it is not likely to have an effect. Success with AT requires motivation and commitment to practice regularly.

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Research

There is a large body of empirical data related to the psycho-physiological model of change in AT. A meta-analysis of 60 studies was conducted by Stetter and Kupper, who found significant positive effects of AT treatment when compared to the control for clinical outcomes related to a number of diagnoses, including tension headache, migraine, mild to moderate essential hypertension, coronary heart disease, bronchial asthma, somatoform pain disorder, and Raynaud's disease. Research has also been done on AT and treatment of anxiety, mild to moderate depression, and functional sleep disorders.¹ Krampen found that patients receiving both AT and cognitive therapy for treatment of moderate depression showed the best outcome at follow-up.²

Considerations

AT should not be considered as an alternative to cognitive-behavioral treatment or psychopharmacological treatment for the disorders it is used to treat. AT is contraindicated for people with psychotic disorders.

Autogenic Training Exercise

To help develop relaxation during the AT time, please make yourself comfortable so that you can relax and feel supported. Take precautions to ensure that you will not be disturbed during this training, so that you can concentrate on your experience. It is recommended that you keep your eyes closed and wear loose clothing. Repeat each phrase listed below four times, as a general rule, saying it slowly and silently to yourself. Try and maintain passive concentration and a relaxed pace. Take about five seconds to make the self-statement. Then, pause for three seconds before beginning the next statement. If you have any problems with completing this activity, please talk with a health care professional.

Some individuals find that it is helpful to tape record the autogenic sequence, and others practice each set one at a time until they have memorized the entire sequence. You may also create your own autogenic phrases. Practice at least once a day. It can be helpful to practice at bedtime. You may find that by using some of the last few sets you can achieve a pleasant and calm autogenic state under any circumstances.

Use a breathing warm-up before every AT practice session. You can do this by starting with a few minutes of deep breathing. Breathe in deeply and try to lengthen the outbreath to be longer than the inbreath. Find and maintain a rhythmic breathing pattern that feels comfortable to you. Do this for several minutes before transitioning to the autogenic phrases.

If you say the phrase and don't actually feel the results of what you are saying, take the time to repeat the phrase. It may take some time before the effects begin to manifest.

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Set 1: Heavy

My right arm is heavy
My left arm is heavy
Both of my arms are heavy
My right leg is heavy
My left leg is heavy
Both of my legs are heavy
My arms and my legs are heavy

Set 3: A Calm Heart

My arms are heavy and warm
My legs are heavy and warm
My arms and legs are heavy and warm
I feel calm
My heart feels warm and pleasant
My heartbeat is calm and regular

Set 5: Stomach

My arms are heavy and warm
My legs are heavy and warm
My arms and legs are heavy and warm
I feel calm
My heart feels calm and regular
My breathing breathes me
My stomach is soft and warm

Formula for calming the mind

I am calm and relaxed
I feel quite quiet
I feel quiet, relaxed and comfortable
My mind is quiet
I am at peace
I feel an inward quietness
I am at ease
My mind is serene and still

Set 2: Warmth

My right arm is warm
My left arm is warm
Both of my arms are warm
My right leg is warm
My left leg is warm
Both of my legs are warm
My arms and my legs are warm

Set 4: Breathing

My arms are heavy and warm
My legs are heavy and warm
My arms and legs are heavy and warm
I feel calm
My heartbeat is calm and regular
My breathing breathes me

Set 6: Cool Forehead

My arms are heavy and warm
My legs are heavy and warm
My arms and legs are heavy and warm
I feel calm
My heartbeat is calm and regular
My breathing breathes me
My stomach is soft and warm
My forehead is cool

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

<http://projects.hsl.wisc.edu/SERVICE/index.php>

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Clinical Tool: Autogenic Training

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2. Krampen G. Long-Term Evaluation of the Effectiveness of Additional Autogenic Training in the Psychotherapy of Depressive Disorders. *Eur Psychol*. 1999;4(1):11-18.