

AUTOGENIC TRAINING

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LONDON
VICTOR GOLLANCZ LTD
1976

To the memory of my teacher
Professor Dr J. H. Schultz

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ABOUT THIS BOOK

WHAT IS AUTOGENIC training?

This book will tell you about it in detail. Autogenic training, an exact, clearly defined method of self-hypnosis, is the art of self-discovery and the means to a new, relaxed enjoyment of one's physical existence.

The purpose of this book is to inform you about the nature of autogenic training. More and more doctors are advising patients who suffer from functional disorders to take up autogenic training and in all these cases where previous check-ups have revealed no organic illness, this is excellent advice—that is, if the symptoms indicate a functional disorder, autogenic training is a suitable form of treatment.

The AT (autogenic training) method is well established. Schultz himself, the father of the method, wrote a comprehensive instruction manual which is indispensable reading for all those teaching it or learning to teach it.

Today more than ever it is essential to present the original AT method clearly and without distortion. The author of this book, himself one of Schultz's pupils, can speak from decades of experience with AT. The results of his work, presented here, summarise the insights he has gained both as an instructor and in individual case work. He confronts us here with people who have learned through AT to experience themselves and who are relaxed because they have learned to accept themselves.

No one can learn AT reliably all by themselves. But anyone who is prepared to master the technique with the help

of an instructor will never regret it. AT requires this much trust.

The reader will, hopefully, find in this book both information and encouragement to learn a tested therapeutic method which is by no means intended only for those who are seriously disturbed. No one has yet been harmed by AT properly learned and practised—quite the reverse.

And finally this book is an invitation to the reader to become a trainee.

P R E F A C E

Find thyself a teacher!

Pirke Abot (Sayings of the Fathers) I, 6

THE IMPORTANCE OF the role of the instructor in AT has been recognised ever since J. H. Schultz's original presentation of the method.

I am here more concerned with the positive content of the relationship between the instructor and the trainee. My intention in this book is primarily to anticipate and to answer specific questions about AT in an understandable way, to awaken interest in the method and to indicate to those already interested some of its possible applications. I will limit myself to direct oral instruction, the most preferable form. An intensive course in AT must be seen as an exchange of thoughts and experiences between the experienced instructor and the less experienced trainee. During the period of instruction, which can take four months but which should not take more than six at the very most, this discrepancy of experience is diminished: instructor and trainee come to exchange thoughts and experiences as equals.

In line with this combination of methodical instruction and personal exchange is my stipulation—and experience confirms its value—that the trainee make detailed notes of his perceptions while practising and bring these to his next session. The trainee has thus all the details at his fingertips with which to enrich his talks with the instructor who can then, drawing on his experiences with other trainees as well, interpret the notes with him and help him to understand the

results of his exercises. I find that these notes, which should not be too elaborate, more a sort of minutes recording the essentials, reinforce the instruction and encourage the trainee to play an active role in the session, thus ensuring a genuine dialogue.

Like every learnable technique, AT has its own fundamental rules which cannot be disregarded without jeopardising its success. One of the most fundamental is frequent regular repetition. For this reason it has been customary ever since the 1920s to recommend two brief practice sessions a day. As we know from the findings of research into the psychology of learning, two short sessions at different times of the day are vastly preferable to one lengthy session and certainly to any sort of determined marathon training. The psychology of learning has established that frequent repetition of small amounts of material is more conducive to retention than a time-consuming prolonged struggle with a large amount of material. A second fundamental rule of learning is the thorough assimilation of what has already been learned before proceeding further. And the whole structure of AT ties in with this as, at each new step, the previous steps must always been gone through. For example, when learning, say, the fourth standard exercise, the mood formula and standard exercises one to three must be gone through before the new material can be added. And this must also be the case in every practice session. The new material is then allowed to occupy the bulk of the practice time at that particular session.

Assigning the individual practice sessions to regular times of day and if possible linking them with other regularly recurring actions allows the trainee to create a pattern, which aids the learning process and also forms a permanent bond between the material learned and other thoughts unconnected with it.

The usual advice, to practise AT as often as possible, is by itself not efficient enough. Like any other skill AT has a method which must be mastered and, as such, the psychology of learning is relevant to it; abiding by the general rules of

the psychology of learning will ensure an effective mastering of AT.

Before I attempt, in the main part of this book, to explain what AT is and what it offers, here is a brief sketch of AT as a whole as presented in the training pamphlet by J. H. Schultz.

The basic stage of AT consists of a series of standard exercises, which could also be called 'orientations', and a preliminary formula, called the mood formula, which can be seen as a sort of motto for the whole of AT.

I prefer the word 'orientation' to 'exercise'; 'training' has established itself as the name of the process as a whole. The terms 'exercise' and 'training' have become so devalued in our achievement-orientated society that they could easily give a wrong impression of AT. And this is why I prefer the expressions 'formula', or 'orientation' to 'exercise'. But all of these expressions can be generally understood here as synonymous.

The structure of AT step by step :

A. The mood formula : "I am at peace"

- B.1. "Right arm very heavy" (for left-handed people, "left arm")
2. "Right (left) hand warm"
 3. "Pulse calm and strong"
 4. "Breath calm and even"
 5. "Solar plexus glowing warm"
 6. "Forehead pleasantly cool"

Anyone taking part in an AT course will soon realise that these formulations are sometimes varied within prescribed limits. An experienced teacher can also vary the sequence of the formulae at his discretion, usually to suit the health and the symptoms of the trainee. This is his responsibility and his alone. The trainee should not tie himself to the phrases given here or in an exercise pamphlet : he should use those phrases which his instructor has used with him and in exactly the same sequence.

INTRODUCTION

by Arthur Spencer Paterson

MANY DOCTORS AND members of the public in Britain, Canada, the USA and elsewhere will welcome this translation by Dr H. Tuschling of Dr Rosa's book on Autogenic Training because AT, as it is generally called, has long been the most widely used form of treatment in Germany for functional nervous disorders. The primary aim of this introduction is to explain briefly how AT is related to hypnosis and autohypnosis, the nature of which is better understood on this side of the English Channel than AT is.

The development of hypnosis in England and the more scientific AT in Germany constitutes a fascinating story, and this introduction will mention a few historical facts about the three very gifted men who successively pioneered the "Way of Autogenic Training", as a book by Professor D. Langen is called. The story of hypnosis in England is one of the growing recognition that it is a genuine phenomenon which can be studied scientifically, especially through the use of the conditioned reflex technique and of the laboratory methods of neurophysiology. With regard to the experimental study of AT, this is likely to be considerably advanced by the foundation of the Oskar Vogt Institute at Kyushu University, Fukuoka, Japan, where Professor W. Luthe is collaborating, I believe, with Professor Ikemi, President of an international congress on hypnosis in 1969.

What is hypnosis?

Hypnosis is a modification of consciousness. Other

modifications are dreamless sleep, dream sleep, day-dreaming and also, in the other direction, paying attention, and lastly deep concentration. One characteristic of hypnosis is that the individual's field of consciousness is restricted, often to the extent of blocking all in-coming sensations except the hypnotiser's voice, and he may mistake the images created in his mind by the hypnotiser's voice for images coming from the real world. Thus, around 1950, a stage hypnotist such as Ralph Slater or Peter Casson might have handed a member of the audience a poker and tongs, telling the subject that the pair of tongs was a violin and the poker a bow, and the audience would laugh to see the subject thinking that he was playing the violin. This was, however, a gross misuse of a valuable therapeutic faculty of the human mind, which rather surprisingly even the general public was quick to grasp; for there were many letters in the Press asking why such an apparently powerful mode of influencing people's behaviour was not more used by doctors to cure their patients.

Subsequently a committee of the British Medical Association reported favourably in 1954 on hypnosis, stating that it was the treatment of choice in some cases and that more research should be carried out on it, and confirmed a much fuller report already made by a BMA Committee in 1892.

The effect of Autogenic Training and autohypnosis on the nervous system

Since AT employs a form of hypnosis induced by the trainee himself, it is convenient to describe first the effect of hypnosis on the autonomic nervous system (ANS) which supplies the internal organs of the body. First of all the nervous system is divided into two parts, the Central Nervous System, which is under the control of the will and which influences the contractions of the voluntary muscles (but less so the tone of the muscles), and secondly the Autonomic Nervous System, which is not under the control of the will. Its branches supply various organs of the body such as the heart, stomach, liver and so on; but one cannot make one's heart beat faster or

slower at will in the ordinary course of events. The ANS in its turn is also divided into two parts: one, the mainly sympathetic system, comes into action if one is working hard and even more strongly if one is in danger; while the other system, the parasympathetic system, comes into play when one is feeling secure and relaxed and one wants to build up one's strength. Its action is generally accompanied by a feeling of well-being.

The changes which occur during the dominance of the sympathetic system enable one to meet danger more successfully and the changes are those which we associate with fear. You tremble with fear because your muscles must be tense to be ready for a fight or for flight. The heart races with fear to pump oxygen and sugar to the muscles. Vision and hearing become more acute. The breathing becomes quicker to get as much oxygen into the blood as possible. The three reservoirs of the body may be emptied to enable primitive man to climb a tree faster or run faster.

It is clear then that primitive man experienced a rhythm in his life in which the danger reaction alternated with the security reaction so that once back in a safe place he would rest, sleep, eat or relax.

The reason for this digression on the ANS is to emphasise its importance in relation to the hypnotic state. The ANS is closely associated with the successful reaction to extreme stress and therefore crucial to athletes. Initially the student of AT, or the patient who "switches over" to the "hypnoid" or hypnotic state which occurs in AT, finds himself in the calm, pleasant, relaxed state which is characteristic of the parasympathetic or security reaction. In many cases the individual, before treatment, had been in a tense anxious state and so he welcomes the change to a condition of calm. This is the state also in which the trainee changes from directing his attention outwards to his material surroundings, and now turns his attention inwards to his subjective experiences, often of a dream-like nature, in which he sees various colours and shapes. This last experience is commoner in the advanced

stage when he may have strange or mystical experiences in which he feels that he is floating (levitation).

Scientific investigation has shown further that in the hypnotic state there is some degree of blocking of sensory input from the environment which may be almost complete. The individual, therefore, can experience hallucinations and other dream-like symptoms which are characteristic of the so-called sensory deprivation. Such sensory deprivation occurs either in patients who have to lie motionless for a period in solitary surroundings or in persons, (for instance an Arctic explorer) who must remain for a period in perpetual darkness, silence and solitude. It is also of course one of the perils which beset astronauts.

In the case, however, of the trainee the condition is beneficial, for the psychotherapist finds the analysis of his thoughts in this dream-like state possibly easier and more revealing than the Freudian analysis of dreams.

The most significant benefit which the trainee acquires from being in the hypnotic state is that he gradually gains some measure of control over autonomic functions, a control which has not been possible in the waking state. This acquisition of control over bodily functions during hypnosis, which is not possible in the waking state, has been the subject for some research in England.

The confirmation that in the hypnotic state one can learn to control autonomic nervous functions has given doctors more confidence in employing hypnosis, as given in Auto-genic Training or otherwise. Types of malfunction of the nervous system which have been successfully treated have been disorders of the digestive system such as loss of appetite, or its opposite, nibbling between meals. Irregular beating of the heart or high blood pressure has also yielded to treatment. The patient tends to lose his anxiety and feelings of tension. Asthma and migraine are common complaints which have been the objects of hypnosis research recently in England. Hypnosis is used as an adjunct in the treatment of stammer. The same applies to those who have found that

addiction to drugs or drink has become a problem. Bed wetting in adults can yield quickly to the treatment, but conditioning is usually the treatment of choice with children. As hypnosis inhibits incoming sensations, AT is successful in many cases, either totally inhibiting pain while the individual is in a trance-like state, or merely accelerating the natural tendency in a calm individual, for any pain to be finally inhibited. A world congress on pain held at Rottach-Egern in Bavaria in 1969 concluded that conservative psychological treatment including some form of hypnosis should always be carried out, if possible, before surgical intervention.*

Motives for starting on a treatment by AT

There are two main groups who launch out on such a project. One group is highly motivated because of some functional disorder or because of some floating anxiety, while the second group is interested only in psychology and the workings of the human mind. Even the latter are not put off by the necessity for constant repetition of formulae, because the exercises take a shorter and shorter period to repeat in order to pass into the desired state of mind.

As described in this book, AT consists of the basic training which is a course complete in itself; but there is also the advanced course which is undertaken only by a much smaller number of trainees. Its study is limited to those who have mastered the basic course.

In this advanced treatment, induction of the desired state is brought about by the ocular fixation method whereby the trainee gazes at an object a few feet from his eyes. The subject matter consists to a greater extent of psychological material. There is a similarity between the hypnoidal state and that of dream sleep, so that the therapist can employ psychoanalytic techniques to probe the trainee's deeper motivations which lie beneath the surface. The student here may undergo strange experiences of a religious or mystical

* See *Pain*, English Edition, 1972, editors J. P. Payne and R. A. P. Burt, Churchill Livingstone, London.

character, some of which may reveal to the therapist and himself aspects of his personality of which he was not aware.

AT and stress

One remarkable outcome of the advanced course, already mentioned, has been for the trainee to be able to endure great stress and danger, and also to experience a total loss of the sense of his own individuality and to feel one with a part of the universe, an experience described by practitioners of some Oriental types of meditation. Dr Hannes Lindemann* has written about his own experiences in crossing the Atlantic alone in an open boat which he believed would have failed if he had not previously subjected himself to an extremely rigorous course of AT. When under great stress he experienced symptoms described by some Oriental meditators who temporarily lost their sense of personal identity and felt a sort of mystical union with a part of nature—in his case the ocean.

Recent developments in AT

The World Psychiatric Association Congress at Montreal in 1961 included a section devoted to a discussion of AT as well as of similar treatments. AT was chiefly described by Dr W. Luthe who wrote several volumes on it in collaboration with Professor J. H. Schultz. Luthe taught and practised AT for many years in Montreal before taking up his position in Japan. Dr D. Langen, now Professor at Mainz in West Germany, who has written widely in favour of AT, gave a description of a modification which he called graduated active hypnosis (GAH) and which can achieve results in less time and is more suitable for some types of case. Dr Rosa in this book remarks that Schultz had the greatest difficulty in retaining his celebrated self-composure when a junior colleague suggested modifications of AT. This was chiefly

* *Relieve Tension the Autogenic Way* by H. Lindemann, M.D. Peter H. Wyden, Inc., New York, 1973.

because uniformity of technique made it easier to plan experiments and clinical trials and so add to scientific knowledge. However both Schultz and Dr Rosa have paid generous tributes to the good results obtained by similar methods even though they themselves strongly preferred the orthodox AT. In this they showed that AT is a science and not a cult. If it were the latter, strong words would have been used against those who "betrayed the cause". Dr Langen's form of autohypnosis uses only the first two standard formulae. He also provides more formulae which are directed specifically to the patient's symptoms. He has further written widely on the subject of orthodox AT which he still uses a great deal. This German form of autohypnosis (GAH) has more in common with AT than the form usually employed in Britain.

How AT was developed so that the rational part of man can control his instinctual impulses through the "hypnoid" state

Throughout history perhaps the chief aim of psychologists has been to enable men to control irrational impulses which can lead to dangerous aggression. Such a tremendous task required some very rare concatenation of events to make it possible. This came about first, because there was in Switzerland and Germany a succession of three extremely gifted doctors all of whom recognised the fact that the "hypnoidal" state enabled an individual to gain a control over not only his body but also over his emotions as well. Secondly, the first two were world famous experts in the anatomy of the brain and of the rest of the nervous system while the third one, Schultz, was also a neurologist and at one time was working in the same hospital as Hans Berger who discovered brain waves and the science of electroencephalography, from which no doubt Schultz derived considerable inspiration.

The first of the three men who contributed to the creation of AT was August Forel (1845-1931), Professor of Psychiatry at Zurich. He was primarily preoccupied with the structure of the brain and he was joint discoverer of the neuron (nerve

cell) which is the unit of the brain and nervous system. He also wrote a textbook on hypnosis (1889) which went into twelve editions. He taught a young genius called Oskar Vogt, to whom I have already alluded, both hypnosis and the pathology of the brain. Vogt became the chief European expert on the brain. He discovered the method of inducing a hypnotic state by having the patient concentrate on heaviness and warmth, a finding greatly developed by J. H. Schultz who elaborated the system of AT on the basis of Vogt's work. Schultz further appreciated that the hypnoidal state also occurred during some Oriental rituals of yoga and meditation especially of Vedic origin.

Schultz tried to obtain the benefits of age-old practices of Oriental yoga and meditation while interpreting their phenomena in the light of Western science. It is a measure of his success that, according to Dr Klaus Thomas, a number of Indian psychiatrists are now using AT.

Another field where AT has made its influence felt is in space travel. Theoretically astronauts could train themselves to pass into a state of autohypnosis and remain in it for a fairly prolonged period before returning to normal. The astronaut may perhaps be trained to pass into a state of controlled catalepsy in which he could lower his basic metabolic rate to a minimum so that food and oxygen could go further. In this state he could inhibit hunger, thirst, pain and discomfort and, at least for a time, distress from heat or cold. He could retain the contents of the bladder and rectum for long periods.

It is of interest then that Dr Klaus Thomas, a pupil and close friend of the late Professor Schultz, should have visited the National Aeronautics and Space Administration (NASA) of the U.S.A. around 1972—no doubt to discuss such problems.

Schultz must have been proud of the remarkable enthusiasm shown by so many of his pupils, such as Dr Rosa, who have carried on his work. However, an incident in the life of Professor Schultz which will ever remain in my own memory

occurred at the World Congress of Psychiatry in Madrid, 1966, when several young psychiatrists read promising papers on AT. "Ah," he said, "I have lived to listen to an account of the work of my spiritual grandchildren."

Note on AT and hypnosis in Great Britain

The British Society for Medical and Dental Hypnosis fully discussed an excellent paper on AT in 1962. However, in succeeding years there was more interest shown in developing hypno-analysis (which has something in common with the advanced course of AT); and latterly autohypnosis has been another chief object of study. Papers on the treatment of asthma and of migraine were published in the *American Journal of Clinical and Experimental Hypnosis* and many papers were also published in London on the physiology of the hypnotic state during which voluntary control of autonomic nervous functions could be achieved. These studies will be published as a chapter entitled "Voluntary Control of Autonomic Nervous Functions by Conditioning and Hypnosis" in *Hypnosis and Behavior*, Editor, E. Dengrove, M.D., C. C. Thomas, Springfield, Ill., U.S.A. (in the press).

Some useful information

U.K. Medlars Service

MEDLARS stands for Medical Literature Analysis and Retrieval System. It is a computer retrieval service which can carry out literature searches, from January 1964 onwards, equivalent to "Index Medicus", "Index to Dental Literature", and "International Nursing Index". For further information, readers are referred to :

Dr A. J. Harley,
National Lending Library for Science and Technology,
Boston Spa, Wetherby,
Yorkshire, LS23 7BQ.

or the librarian of their medical library.

In the U.S. there are 14 regional MEDLARS centres to

which potential users will be referred by their medical librarians. At the time of going to press, searches for medical workers in the U.S.A. are free. Charges are made for U.K. searches.

In North America the Society for Clinical and Experimental Hypnosis provides information about treatment through the Administrative Secretary :

Mrs Marion Kenn,
205 West End Avenue,
New York,
NY 10023, U.S.A.

There is also the American Society of Clinical Hypnosis :

800 Washington Avenue,
Southeast,
Minneapolis,
Minnesota 55414, U.S.A.

In Great Britain the address of the secretary of The British Society for Medical and Dental Hypnosis is 10 Chillerton Road, London, S.W.17.

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AUTOGENIC TRAINING—WHAT IS IT?

How autogenic training was developed

"AT was developed in direct connection with my experiences with hypnosis." This unambiguous statement (in 1929) in one of J. H. Schultz's many publications, clearly indicated the derivation and nature of AT. The source of the technique in hypnosis can only be shown in relation to a coherent picture of hypnosis itself. This is necessary because widespread misuse has given hypnosis its traditionally bad reputation. Medical hypnosis is not a new technique; it can be traced back to antiquity. In modern times, Mesmer is well known as an innovator in suggestive and hypnotic treatment, although his 'magnetism' is not a purely hypnotic technique as this is understood today. Towards the end of the nineteenth century, Braid used hypnotic techniques based on theories still valid today. Of greater importance was the work of the French school of Nancy with which, as is well known, Freud had close connections. Around the turn of the century the technique of hypnosis was already extremely well developed. One of the leading figures in this field was Oscar Vogt, the teacher of J. H. Schultz. In the first decade of this century his gifted pupil adopted Vogt's technique of fractionated hypnosis and developed it further.

Medical hypnosis is essentially a method of 'putting to sleep' by means of which the patient, lying outstretched, is brought to a state of total physical relaxation and immobility. The various means of putting to sleep are themselves of roughly equal merit. The patient does not really fall into a sleeping state but rather into a drowsiness with diminished

consciousness of the external world and the greatest possible apathy. With the help of verbal suggestions which encourage a state of pleasant, untroubled relaxation, the patient becomes completely passive at the commencement of the hypnotic state. His concentration is focused on the hypnotist and his words. His interest turns gradually to an exclusive concentration on those inner experiences which the hypnotist has conjured up for him. It must be stressed that a properly hypnotised person is not reduced to a passive will-less subject. His passivity means a relinquishing of spontaneous, directed activity in favour of an increased ability to experience, an openness towards experiences, the content and quality of which are indicated by the hypnotist. In this state of passively experiencing oneself, the patient enjoys the beneficial effect of complete muscular relaxation and a regulating of the sympathetic nervous system. With this inner experience as a foundation, he is able to risk a confrontation with traumatic events from his past life or with present conflicts. With the help of the hypnotist, who guides him and who provides this vivid density of experience, psychological transferences and dissolutions can come about, and here lies the real therapeutic nature of this treatment. Like the beginning, the end of every hypnotic session follows a prescribed pattern. This guarantees a process that is free of any disturbing side or after effects. Of course, such a technique must be learned and thoroughly mastered by every hypnotist. A dilettante playing around with this process could cause uncontrollable misdirections in the organism of the patient, which could have serious after effects.

As with all medical treatment, medical hypnosis has its indications, i.e. symptoms which recommend its use. Hypnosis is indicated by the presence of certain immediate psychic conflicts that have the nature of a spiritual trauma. It is also indicated by long-term psycho-physiological illnesses and maladjustments the origins of which are either obscure or forgotten. Hypnosis can reveal the causal connections and, by means of a conscious re-creation of the forgotten conflict

and a rigorous confrontation with it, bring about a cure. Where it is indicated, hypnosis has had excellent success as a treatment with no negative side effects. The only disadvantage of hypnosis is the long-term dependence of the patient on the hypnotist, at least for the period of treatment.

At the turn of the century attempts were already being made to release the person being treated by hypnosis from this frequently bothersome dependence and, so to speak, set him on his own feet : to prescribe a hypnosis which he could carry on by himself after an initial treatment. The question was whether or not a methodical and reliable self-hypnosis were feasible. If it were, what were its technical possibilities and what its limitations?

Now, the techniques of hypnosis cannot be used as they stand in self-hypnosis. The entry into and the return from the hypnotic state—in heterohypnosis a matter of the consummate technical mastery of the hypnotist—had to be modified for autonomous attempts. In comparison with others who, in the first two decades of this century, researched and published in this field, J. H. Schultz, who was then working as a hospital doctor, was much more thorough. He made an intensive study of the psychological processes involved in learning, and also of the physiological basis of what happens in hypnosis. The result of this comprehensive research was autogenic training, unquestionably the best and, moreover, a harmless method of autohypnotic exercises—provided the trainee learns the method exactly and masters it in depth through continuous practise.

The method of autogenic training

The goal of an AT session is a hypnotic state of trance. In this respect AT must be considered as an autohypnotic method. Various other techniques available—no matter how successful they might be in some cases—are based on a relaxation of the organism which, however, need not show any sign of a trance-like state. This trance, a state of shallow

hypnosis, is characterised by the seeking, attaining and remaining in an experiential level of diminished consciousness. It follows that, with the lowering of consciousness, all the organic processes including self-awareness take place on a different basis than when fully conscious or when asleep.

The diminished consciousness of the trance state gives the subject the experiential field that is necessary if he is to reach the goal of the exercise, as well as the specific quality of experience at this level of consciousness and also the specific mode of relaxation. This latter is not to be confused with sleep-like drowsiness or vacant dozing. It is the particular attentiveness to the physical processes involved and to the emotional content that accompanies them which gives the trance its unmistakable quality.

The physical signs of the trance are as follows : the skeletal muscles, the antagonistic pairs as they are called, are relaxed. We speak of a loss of 'tone' and by this mean a reduction of the permanent muscular tension that is essential for an active organism. The blood vessels, particularly in the extremities, are dilated and carry more blood. The distribution of blood is more even throughout the body, all parts of the body are suffused with blood and this finds its subjective expression in a pleasant feeling of warmth. The rhythmical biological activities, namely respiration and heartbeat, find their own unforced pace and work at a reduced intensity but with optimum efficiency. This is experienced subjectively as pleasantly restful and harmonious. The whole abdominal cavity, as a result of this vegetative relaxation, functions smoothly and spontaneously. Subjectively, this has the surprising effect that an area of the body of which we are generally unaware draws our attention to itself in various little ways and gives rise to a feeling of pleasant well-being. The head does not participate in these vegetative adjustments. Schultz coined the telling phrase "a cool, de-concentrated head" which should be taken to mean that the experience as a whole is not a 'mindless' one. Those activities of the brain which are manifested in thinking and imagining

are, however, reduced if not eliminated. In the place of concentrated thought there is a calm observation of the body's own self-awareness. Spontaneous ideas vanish. The subject, in the AT state, is aware of himself in all his senses but does not reflect on himself. The will as a complex activity of the personality with regard to the self is not eliminated but rather optimally concerned with attaining and retaining this pleasant state of being. And it is the will that both sets the goal and gives the impulse for the return from the AT state. The well devised technique for the return allows the subject to decide of his own free will to end the session in spite of its pleasantness and to take the necessary steps.

AT is the first viable alternative to those popular and invariably useless attempts to overcome physical or psychological states of malaise through 'self-control' or similar intense expenditure of will power. Control is not the way to overcome a deficiency or to put the brakes on exaggerated, misdirected activity. The essential feature of self-determination through AT is that the free will of the subject has sufficient room to extend the limits of its possibilities and to improve the quality of its psychological-physiological capabilities. One indication of the effectiveness of AT is that better athletic performances can be achieved through using it than through determined, intensive physical training.

AT, which is still unsurpassed, is the oldest method to make use of the healing powers of a shallow trance frequently, daily, and independently of external circumstances. He who has mastered AT has at his fingertips, so to speak, a means of coming to grips with himself which is unrivalled in the sphere of coping with illness and also as regards coping with daily life both inwardly and outwardly.

Yoga is often cited as a comparable or even a superior technique. Yoga is different from AT where basic questions of method are concerned as well as in concrete details. One important difference is clear from the fact that these two methods have arisen in totally different cultures with widely

divergent aims. A more detailed comparison of the two methods can be found in a later chapter.

In the early years following the original publication of AT not only those doctors already familiar with the method but also their first pupils in their turn, impressed by the universal experience of beneficial relaxation and the experiences of weight and warmth, raised a plea that as many people as possible should be made acquainted with AT. Schultz conducted his first series of comprehensive experiments in a Berlin school. When it became known that almost every person who had the interest and the perseverance to learn AT was within a short time able to report positive results, the use of AT quickly spread. This trend has not yet been reversed. Adult education establishments, rest homes, sanatoria and similar institutions in Germany and elsewhere offer introductory courses in AT. And these lead interested people to work on it further themselves. In many places in Germany, Switzerland, Austria, the German Democratic Republic and in some other Western countries, doctors and psychologists who have mastered the technique are engaged in teaching it, mainly to groups.

Since this is the case, it is, I think, worth while taking a close look at the teaching methods used in AT.

There are a number of well defined medical indications for the use of AT. And we also know of a few contraindications which suggest that it would be inadvisable to use AT. And finally there is one serious indication complex which totally precludes the use of AT, namely acute psychotic states. There are also limitations to the use of AT in the case of a few serious illnesses but, apart from this, most people are able to learn AT and these, whether or not they are ill in any way, can with the help of AT permanently influence their various psycho-physical states and bring them into harmony.

Any instruction in AT must take these facts into account. It makes a great difference whether the inmates of a sanatorium are introduced to the benefits of a basic course in AT

during the course of their stay or whether an individual or a carefully selected group of people with similar needs, medical or generally psycho-hygienic, are to be consciously brought to a thorough mastery of AT. Thus it is not possible to prescribe a uniform teaching method for all. Let us have a look at various teaching methods in use. An AT course in an adult education establishment, for example, must make allowance for the fact that a widely known method, and the hopes it has raised with regard to stabilising and harmonising one's state of being, must be accommodated to a standardised learning process. But fundamentally everyone can learn AT and thus it is teachable if the teacher takes into account the number and composition of the group as well as the needs and expectations of those who wish to learn it. In a general course the instructor can limit himself to explaining the nature of the method briefly and then introduce the trainees at once to their own first experiences of AT. Obviously it would be outside the scope of such a course to expound the method in great detail and thus overburden the participants with too much information. So for a general introductory course—such as an adult education class—it would be sufficient and to the purpose if the course members were presented with the essentials in capsule form and were then given sufficient opportunity to experience the relaxation and to become aware of themselves in the experiences of weight and warmth. Group instruction profits from the well-known group law of mutual intensification. Each participant is stimulated and confirmed by the reports of the others. One common hazard, however, must be reduced or eliminated. In every group there are individuals who are timid and sceptical of their abilities, who find themselves all too easily confronted with an experience of failure. An AT instructor must be aware of this and from the very beginning try to keep these usually very keen and co-operative members of the group from being pushed to the fringe. We can presuppose that an AT instructor who is working with groups has some knowledge of group theory. Although the instruction

primarily consists in the communication of facts, every learning group is at the same time experiencing itself as a group and its members are acting as a group. This is just as true of an AT group as it is of any other. That member who is lagging behind the group in the results of his efforts must be given support and the achievements which he himself doubts must be confirmed to him if he is not to drop out of the group completely.

How AT is taught

Pressure to achieve and effort to achieve play an important role in individual as well as in group instruction. It is one of the specific contents of AT and one of its corrective features that trainees should free themselves as far as possible from all concepts of achievement. The danger of falling into the usual sort of comparisons and standardisations is, of course, greater in a group than in individual instruction. The shielding of the trainee from his own drive to achieve or from an external drive to achieve is more difficult in an introductory course with many members than in a small homogeneous group. This problem hardly arises in individual instruction.

Group AT, with a doctor as instructor, within the context of sanatorium treatment is, quite apart from the particular aims of AT itself, an excellent method of combating the negative effects of in-patient treatment on the activity of the inmates. AT does not suffer in any way through being used as a group activity or even a group distraction along with other group activities. The inclusion of AT in general therapy is probably only found in sanatoria. For example, in one sanatorium for heart and circulatory complaints, AT is regarded as one of the indispensable therapeutic methods. An AT course in a sanatorium will, of course, be centred on the main illness of the inmates and on the key symptoms which AT is to be used to treat. So it is obvious that such a course will be quite

different from one in an institute for adult education. A course in a sanatorium can go even further in omitting the theoretical instruction and proceed directly to the pathological problem as its starting point. And, in a sanatorium course, that step in the sequence of standard exercises or orientations which is of relevance to the treatment of the illness must be deferred till the end of the sequence. It is necessary to inform the reader about these variations because it does sometimes happen that a person who has taken part in an AT course in a sanatorium joins a group or an advanced course on his release and becomes confused at the difference. The instructor both in the sanatorium and in the subsequent course can deal with such justifiable modifications, either in anticipation or retrospectively.

What is true of sanatorium groups is of even greater relevance with regard to groups in hospital, where sometimes acute illnesses are being treated simultaneously with a general clinical treatment. As an AT instructor of groups or individuals in hospital, I would point out to the patients before their departure the need for further AT and also the form in which it should be pursued. Co-operation between the doctor who conducted the original course and the subsequent instructor should be a matter of course. Professional etiquette would demand it.

One delicate question must be raised with regard to instruction. No matter how far the method has been reduced to a clear step-by-step procedure it is unavoidable that each doctor teaches AT with his own personal accent. If a person who has already begun doing AT transfers to another doctor, then that doctor should inform himself in detail as to how AT has been done up to now. This is not simply a matter of that solidarity among colleagues which would forbid one to call another's methods in question, but of insight into the variability of the process, which can assimilate many special instructions and aids without detriment. Only if the second teacher is well informed about what has actually been taught up to now can he make use of the foundations already

laid to help the trainee himself. It is not enough for someone to report laconically that they have already learned AT. If the trainee or patient does not know that the doctor needs more information, then the doctor must question him as far as is necessary. Too many instructors still ignore the need for a case history. If in the first course of instruction the trainee kept notes, they should be continued even if the keeping of notes is not the method of the present doctor. On the other hand the doctor can, if he is continuing the instruction begun by another, ask for notes to be kept without in any way discrediting their absence from the first course. These remarks are the result of many years' thorough questioning of pupils and patients which has allowed me to clear up misunderstandings and extend the possibilities of AT.

Individual instruction in AT offers possibilities that cannot be exploited in a group and certainly not in a course that has a large number of participants. Individual instruction allows matters to be discussed casually and informally and this can give an experienced doctor insight into the personality structure of the trainee. How much use he makes of this in the instruction or therapy depends on the sort of treatment his discretion indicates.

No instruction should fail to impress on the trainee at the very beginning the need for continuity of work on AT. A simple comparison makes this clearer than a lengthy explanation.

Just as cycling or swimming are abilities of a psycho-physiological nature which can only be maintained through continuous effort and which must be kept up by practice, so too is AT a psycho-physiological ability to experience and to structure one's experience. A course that is limited to a stay in a sanatorium and learned as a way of passing the time must remain fragmentary. It is well known that many people, in the course of other treatment, tell their doctors that they once did AT. Such reports indicate that the person in question only picked up a smattering of AT and was thus not really able to make use of it.

How AT is done

A person beginning AT should be told at the outset that the basic premise of AT is that he practise it on his own. 'Autogenic' does not only refer here to the particular effectiveness of AT in distinction to heterohypnosis. The acquisition of the method is autogenic too. The AT instructor can only indicate the framework, pass on the necessary tools and direct the course—guiding, correcting, helping. The mastery of the method to the point of virtuosity is the result of continual persistent and patient work on the part of the trainee himself.

The AT trainee must, from the outset, realise that it is he himself who acquires the method and develops it until it is *his* training. Of course, he does not develop his own method, he adopts a method for his own private use; he interiorises the experiences that he gains, deepens them in persistent detailed work, and brings everything into a firm relationship with his personality as a whole.

The success of this can be seen concretely in the fact that the trainee very soon develops his own emphases which distinguish him from others using the same method. Each of the six standard exercises can become the main focus of someone's training. Everyone has his own favourite formula.

While learning, and certainly later while practising, the trainee notices that one exercise succeeds for him better than another. Depending on the strength of his achievement drive, this might perhaps irritate him at first and lead him to conclude that he has failed or not done well enough with one or other of the exercises. This subjective judgement can be quite wrong objectively. It is the duty of the instructor here to give support and explanations, and the trainee should mention such experiences and reactions at once so that they can be discussed. Only harm can be done to the further learning process if he tries to hide such difficulties in the hope of 'muddling through'.

The trainee's realisation that he is doing something of great personal relevance needs to be tactfully supported by the

instructor, who should draw the trainee's attention to this at every possible opportunity. Accommodating oneself to the learning process so that the daily short practice sessions have their secure place in one's everyday routine is of tremendous importance for the success of the course and for fruitful further work on AT over the years—of greater importance than many other factors.

This firm place in one's outward life must correspond to an 'inner place' within the trainee: a genuine unforced willingness to proceed further; a desire for the customary training time, twice a day or more frequently; these are the unmistakable signs of that inner readiness which must accompany the conscious decision. And over and above all else the trainee must be willing to let it happen. What is 'it'? Each of the standard formulae or orientations of the basic course is like a friendly invitation to an organism that is prepared to relax. It should be understood that every 'must', every command, even an indirect imperative, constitutes a bar to complete relaxation. To every phrase can be added the extended notion that allows for the unexpected: if, to start with, the formula reads "I am completely relaxed", then the added anticipation could be phrased as "If I imagine that I am completely relaxed, what happens then?" and the trainee, self-absorbed in contemplation, expecting relaxation, finds both relaxation and tension, distinct from each other, alternating with each other; he experiences the coming of peace gradually. If he does not demand an abrupt change but simply allows that to happen that shall happen, then, in the course of a few minutes, he can experience a gradual relaxation, a transition from non-rest, even in particular parts of the body, to rest. It comes, not because it was forced, but because he could wait until it came.

Not a few trainees feel they have to conceal their training from their families or other people. In such cases, it seems to me, the right basic attitude has not been established at the outset. AT done on the sly cannot succeed in the end.

The trainee must stand by his training. Negative judgements about the method are rooted in ignorance, as we are not dealing here with some untested fashionable novelty. No AT trainee need let himself be confused by anyone's remarks, not even by that professor of psychiatry, a psychotherapist himself, who is said to have claimed that AT is a matter for the massage parlours. I myself have often heard from patients that their GP has scornfully or sceptically asked, "What, you're doing AT with so-and-so? Don't tell me you believe that nonsense!?" In my courses we do not polemicise against the ignorant, we just get on with the work. Would that others followed this example!

The demythologising of AT

This heading leads one to expect that there are some myths connected with AT, vague ideas about just what AT is, what it can achieve, and the nature of the highest expectations that can be brought to bear on it.

There are two main aspects of the mythologising of AT, one connected with the medical profession, the other with the general public. In spite of many publications in medical journals, and in complete disregard of the effectiveness of courses held regularly all over the country, most doctors still choose to ignore this tried and tested therapy. It took a long time before AT was recognised as a treatment by the Ministry of Health. And there is still no general acceptance of AT as a specifically medical treatment. A birth, a transfusion, putting a splint on a broken bone, pulling a tooth are generally understood to be medical services. Why is this not the case with AT?

Is AT some sort of hocus-pocus? Some doctors seem to regard it as such. Others treat the method uncritically as merely a sort of relaxation exercise which they then mistakenly group together with physiotherapy. And they pay no further attention to it.

Owing to the particular qualifications of its founder and

his first pupils, AT was for a long time the reserve of neurologists and specialists in internal medicine. Then many general practitioners followed; gynaecologists began to take a keen interest in it; it has still, however, not been integrated into general medical practice. Most medical schools still have no firm place for it in their syllabus.

The mythologising of AT among the general public flows from two sources. That favourite topic of conversation, one's health, may bring a person who will have had some experience of AT into contact with another who, though ill and dissatisfied with the results of conventional therapy, has never heard of it. Oral tradition, that eternal source of the wildest myths, arouses great expectations in the ignorant. One hears the other mention positive results. Will AT be able to help him too? With his particular ailment? Immediately he fears he will not be able to live up to the demands AT makes. But his need for help is stronger. And the conversation usually ends with the passing on of a name and address. And then—it either works or it doesn't, and that's an end of it. This book will attempt to show that, while it is simple and sensible, nonetheless for many it is hard to master.

Another source of confusion about AT is that bubbling catch-all of waste paper that we call the mass media. Some good and some even better articles do inform the reader about AT. But he is helped least of all by what these writers seem to think the most important: long catalogues of sufferings, in the struggle with which AT has revealed its blessings. The only benefit from all this, as from popular broadcasts on radio and television, is that people are referred to the German Society for Medical Hypnosis and Autogenic Training.* This society and I myself can supply anyone who is interested with the names and addresses of AT instructors near them, if a stamped addressed envelope is enclosed.

What could be better, then?—why so much fuss about mythologising, mythical muddling? There are, alas, all too

* 65 Mainz, Langenbeckstrasse 1 (Prof. Dr D. Langen).

few critical people who, after their first accidental bit of information, actually take the initiative and seek out an AT instructor. All over Germany there are institutes, individuals etc. who, misappropriating the original name and the name of its founder, offer obscure sorts of 'total relaxation' or similar techniques. The medical society referred to above does investigate some individual cases of this nature but only a few provable cases of charlatanism can be halted by the present laws.

Now for a brief résumé of the method :

AT as developed by Prof. J. H. Schultz is a clearly structured and purposefully used method of self-hypnosis. It derives from medical hypnosis. It should, strictly speaking, only be taught by a doctor. Every course of instruction should be preceded by a physical check-up (perhaps by a different doctor). AT is a differentiated treatment involving the vegetative processes of the body, malfunctions of which can be alleviated by a bringing into harmony of the regulative functions (sympathetic and parasympathetic). This adjustment, together with a general relaxation and improved economy of function, is achieved by psycho-pedagogic means. The use of autosuggestion brings about a shallow trance with diminished consciousness and a turning of the attention inwards. Its structure, attainment and further development are grounded in the general truths of the psychology of learning. The instructor plays the part of a senior companion in the same field. The means he uses are the mutual exchange of ideas in discussion, advice from his own experience and from the experiences of others that he knows of, and a detailed attention to the individuality and the personal needs of the trainee. He exceeds his brief if he forces upon the trainee methodically rigid images at variance with the latter's own personality. Should he do this, he would be abusing AT for the sake of mastery over another person and would be moving dangerously close to the sphere of shamans and warlocks.

THREE PREREQUISITES

EXPERIMENTS IN THE applied physiology of the sympathetic nervous system, which AT can be understood to be, call for optimal experimental conditions. The choice of time and place, the finding of a suitable position and the initial stages of a largely conscious, deliberate relaxation are essential requirements. It is also necessary to end the sessions always with the same routine.

The time and place for practice

Let me begin by saying that, for group instruction in AT, the room chosen must meet certain conditions. A suitable room for group exercises should be large enough for all the participants to lie outstretched on the floor without crowding each other or getting in each other's way. In many groups the participants sit in armchairs or lie in reclining chairs which are supplied. Every AT instructor will draw on his own experience in this respect and use what he has found to be most helpful. I myself leave it to each individual in the group whether he prefers to sit or to lie down if he has already had some AT instruction before. But I make a point of having beginners lie down. The reasons for this seem simple to me: a supine person has the least difficulty in relaxing completely. In individual instruction I proceed as follows: in the first session I give introductory information about AT and then let the trainee demonstrate his usual lying position and the position he finds most conducive to relaxation. Starting from this position I lead him to a relaxed

supine position which he can maintain for a short period even though he would normally prefer a different position, for example on his side with arms and legs uncrossed and his back slightly curved (the foetus position). The relaxed supine position has the legs slightly separated, toes falling outwards, elbows flexed with the arms beside the body, and the head, with or without a pillow, centred on the axis of symmetry. This is the position of a person lying relaxed and as if ready for sleep. In my experience, anyone can do AT for a few minutes in this position. But I do know of a few exceptional cases. Some women show a need to let their toes fall inwards rather than outwards. They describe this as taking a strain off the inside of the thighs. In such cases, I fall in with any reasonable wish provided there is a noticeable improvement in the degree of relaxation they attain. But by far the most common variation is the foetus position described above.

Apart from being sufficiently large, the room should also be comparatively quiet. Rooms at the back of a building, away from the street, or cellar rooms if available, are the most suitable. Further, the room should be screened from glaring sunlight and have its own indirect lighting. These conditions are not always easy to find in group instruction. But in any case it is essential that there should be no direct disturbance from outside. It has been proved that a loud noise outside on the street is less of a disturbance than the unexpected presence of potential intruders immediately outside the door of the room. It is a good idea for people practising at home to put a note on their door. They are advised to arrange with their families which room they will be using and thus prevent being disturbed. Then a trainee need only say that he is now going to do his training, or to put a prearranged sign on the door. It is very hard to cope with a really unavoidable disturbance, such as the ringing of the telephone, if the trainee knows that no one except himself is there to answer it. He is advised in the first session calmly to conclude his training session as soon as the telephone begins to ring and then to answer it. It should not

take him longer than three or four rings to get to it. He must maintain a calm self-confidence towards the telephone and regard it as an external object rather than internalise it as a device that disturbs him by interrupting his exercises. Finally, the room itself should not be warmer than is normally found comfortable. Overheated rooms are not suitable for AT. Ill ventilated, smoky rooms are also unsuitable, as are those that are too cold. In individual sessions of a few minutes duration a cool, well ventilated room can be used, provided the trainee has a light blanket to throw over his feet and legs. His arms should remain outside the blanket.

The question of time has been given a lot of attention in individual as well as in group instruction. There is no general rule for the times for AT, but it is important that each person should establish some sort of routine which he can maintain and which will facilitate regular practice over the weeks and months. Everyone must find a niche in his routine for two brief sessions daily.

From the point of view of the psychology of learning the integration of these practice sessions into one's normal daily routine is of inestimable help to the actual process of learning AT.

For those in full-time work, it is advisable to find a spot in their morning getting-up ritual for the first of the daily sessions. In most cases it is a good idea to do this after rising and dressing, using the now cool bed for the purpose. However, the training can be done in a different room on a suitable couch or, in fact, in any otherwise convenient room on the carpet. But it is then important that the lower half of the body should be covered by a light blanket. A person beginning AT needs the help of the instructor in choosing the best time in his morning routine. A detailed discussion of the personal habits of the trainee is essential for this.

For the prescribed second session, which the beginner and also the advanced trainee should make every effort to observe, a time should be chosen during the late afternoon

or early evening which fits easily into the rhythm of his working day. Here one must take into account at what time the person leaves work and how much time, including the time for the evening meal, he has at his disposal between leaving work and the beginning of his evening leisure time. It is best to fit the AT session into this period, though one must remember that a session should not be scheduled for the period of extreme fatigue immediately after reaching home. I would recommend in most cases that the person rest for ten minutes first, then do something reasonably distracting like opening post, reading the papers or a magazine. Then he should go to his usual place for his exercises and have his session before supper. If trainees complain that they are very hungry when they get home, obviously this must be taken into consideration. But a snack is quite enough to alleviate the hunger feeling. It is not advisable to have one's session when one is feeling full. A full stomach has no room for AT. Similarly, a session while very hungry or thirsty is not to be recommended. But I will come back later to the disturbances that can arise from constitutional factors.

Once established, these practice times must not be seen as rigid necessities. The trainee must realise that the observance of set times is a great help. But, depending on the circumstances, it can be an even greater help not to insist on one's routine but to adapt oneself to one's surroundings. This can be the case if the person is not at home, is travelling, or visiting someone where he can vary his routine and adapt it to the circumstances he finds.

For particular professional groups, the time factor must be treated quite differently. For example, housewives will find it more convenient not to include their AT session in their early morning ritual, which is always a bit of a rush, but to wait until the family has left the house. When their husbands are at the office and the children gone to school, many women take the time to complete their morning toilette or to organise their day's work, having then time at their disposal together with peace in the house to attend to their own affairs, and

they can enjoy a longer training session completely undisturbed. Similarly with the afternoon or early evening session : it can be most conveniently fitted in before husband and children arrive home, while the woman still has the time to herself since normally, after the return of the family, the housewife is completely taken up with her housewifely duties.

Other times present themselves in the case of persons with an irregular daily or weekly schedule. General rules are hard to formulate here. The guiding principle common to all of them should be to make a virtue of necessity, i.e. to turn the accidental and irregular features into an essential characteristic of the training. To take an example : a travelling salesman, for instance, who covers several hundred kilometres a day in his car and spends every night in a different place, in different hotels, could most suitably devise his own opportunities before his morning departure and after returning in the evenings, arranging himself for a training session, with the help of a blanket which travels with him, lying on the carpet in any room. First he will arrange the room suitably, shutting windows against noise, turning down the lights and ensuring that no one will come in. When he has done this, he can use the same routine for his sessions every day, quite independently of the varying rooms, and thus train just as regularly and just as successfully as a person in his own home. The precondition is the establishing of a voluntary attitude characterised by pleasurable feelings. And here indeed is the point at which one can tell whether a person regards AT as a burden that has been put upon him or whether he is freely taking advantage of a possibility that is open to him.

Still on the subject of time, there is one thing that should be said about sessions in unfavourable circumstances, in the presence or proximity of third parties. I can refer only briefly to this problem here, because sessions carried out under extremely adverse conditions presuppose the complete mastery of the technique in a sitting position. I am thinking here of those who cannot choose the times for their sessions and, in

their professional lives, find themselves caught in a dilemma unless they are very quick to take advantage of every opportunity to make time for a session. The classical example for such difficult circumstances is the manager, tired from conferences, or the wage earning worker bound to strictly observed working hours. Here I advise trainees to make a habit of an additional or replacement session, to retreat for a 'quickie'; this is possible for all people under all circumstances: in the lavatory. A visit to the toilet is accepted uncritically by everyone. And anyone can count on a secure three to five minutes without being disturbed. With mastery of the training in a sitting position—and the lid of the closed toilet makes an eminently suitable seat—he can carry out his training without fear of interruption. Managers and others whose lives are hectic, their working days plagued with incidental occurrences, can here, by taking advantage of an unobtrusive, non-accountable (so to speak) use of time for their own purposes, ensure for themselves tremendous regeneration through AT.

One final word on the question of time and place: everyone should learn at the beginning of a course to approach the instructor with details of his own experiences and observations in such matters just as soon as problems arise or when difficulties that have been ignored threaten to gain the upper hand. In no case should anyone try to struggle on in the face of present difficulties or obstacles. AT does not succeed through this kind of conscious desire or by battling against the odds.

The optimal position for training

The best position for training is the one that best suits the individual. It is helpful for the instructor and for the learning of AT that most people are able to lie in a relaxed position with legs outstretched and slightly parted, the feet falling loosely outwards, arms flexed beside the body and a pillow under the head, and to practise the training in this position.

A few do feel extremely uncomfortable and it would be misguided to force them to adopt this position. It is quite irrelevant to the learning of AT that a few prefer a different position, such as the foetus position. One can learn it equally well in that position, just as most people are able to learn it lying on their backs. A patient and tolerant understanding in the case of such individual wishes relieves the learner of much difficulty and effort. The needless tormenting of persons in a group situation, where sometimes the exercises are done in the rows of a cinema or in the unsuitable chairs of a lecture theatre, is not to be encouraged. Whether the trainee sits or lies is, from the point of view of the teacher, quite immaterial to the actual acquisition of the method. The trainee might find his first attempts in AT succeed more readily if he is able to take up a comfortable position without difficulty. The majority of people have no difficulty in familiarising themselves with their first training experiences lying flat on their backs.

In both individual and group sessions I regularly proceed by asking the person or persons to demonstrate how they themselves lie most comfortably. I then lead them to a questioning self-criticism, correcting uncomfortable positions which I bring to their attention by suggesting they play around with other positions. It will not do, for example, to try to correct a favourite arm position by direct instruction, still less by admonishment, and especially not one which looks as if it has been prompted by self-consciousness or embarrassment. In response to this first invitation many people lie on their backs with their arms folded under their heads. This position should not, however, be criticised, as most people will defend it as being extremely comfortable. It is preferable to ask them to experiment, just for the fun of it, and try to find other positions that are just as comfortable. Almost automatically they discover that to have the arms at their sides, slightly flexed, is much more relaxing. And now the first explanation can be offered. The instructor shows him, or them, that by raising his arms above his head and folding

them behind his head the shoulders are drawn up, the upper chest constricted and respiration made more difficult. It is equally simple to convince beginners that folding one's hands across the chest is by no means a relaxing position. But in this case, too, it is not advisable to try to change the position by criticising it and rejecting it; a sympathetic invitation to try another position is more successful. For explanation can only be accepted as helpful after the person has discovered for himself that having his arms loosely at his sides provides a feeling of well-being across the whole of the chest because he can now breathe more freely. Everyone simply has to admit, after such an experiment, that to have the hands folded on the chest, with a tendency to drag towards the elbows on either side, means that there is a weight pressing on the rib cage. The result of this position is that tension is needed in the hands themselves in order to maintain it. And the fact that the hands and forearms, through their weight on the rib cage, are an obstacle to relaxed breathing and exert an uncomfortable pressure in the region of the heart is something that the beginner must experience for himself.

Once the right position has been found it is a simple matter to interest the new trainee in the fact that he has discovered this position only after overcoming certain inner resistances. It is helpful here to begin at the head. He is asked to maintain his position but to let his head roll gently from side to side like a ball and to observe the state of his neck muscles. Many tensions become noticeable. Some of them can penetrate to awareness before the start of AT proper and these can be allayed by conscious relaxation techniques. Next come the shoulders, which as a rule are drawn up without the person being aware of it. In order to draw his attention to this, he is asked to draw up his shoulders still further and I suggest that he try to draw them all the way up to his ears (which of course is impossible). Once he has reached a stable position with his arms stiff and his shoulders drawn up as far as possible, I instruct him

to let them down quickly, to let them drop to his feet. The result is surprising. He reaches a more relaxed position than he had at the beginning of the exercise, and he experiences a relaxation of which he would not have been aware without this invoking of the extremes. In the same way, the beginner is asked to become aware of his arms, the contact of his back with the floor, his hips; to gyrate his pelvis to find out whether or not it is at right angles to the horizontal axis of his body. When he has this awareness of his arms and trunk, he is asked to visualise his legs as hanging loosely from the pelvis and, as athletes do, to loosen them up further by shaking them a little, and then to lie still.

These preliminary exercises at the beginning of AT enable the trainee to learn to draw on aids that, of themselves, do not belong to AT. The gymnastic loosening up which everyone is familiar with either from athletics or elsewhere should be regarded as a preliminary aid to accessibility and should be presented with the aim of creating the necessary pre-conditions for AT. People from Southern Germany can easily be helped at this point by reminding them of their own saying that the plank should be drilled through the thinnest spot. This saying puts in a nutshell the way in which AT is geared to optimal external conditions.

And now the actual training can begin. The trainee is urged to remember, during the first week, while he is practising alone until the next session, that such preparatory gymnastic exercises prove their worth in the first two weeks of training.

The perfect return

“Zurücknahme”—“return”—is of Schultz’s own coinage. It denotes the deliberate termination of the AT session, and is of particular importance to the beginner because one cannot tell from his appearance to what extent he has already intuitively reached, even in his first days of practising, a very deep experience of relaxation from which he must, like the

more experienced, find his way back to a normal 'ready for action' state of muscle tone and nervous system. And he does this with the aid of a special technique. "Return" means a return to the normal ready availability of all one's limbs. It is very important if one is to avoid having some residual uncertainty or weakness impede one's actions or one's more complicated muscular movements.

Goethe's "Sorcerer's Apprentice" teaches us that a technique, once learned, must be countered by an equally effective technique if things are to return to normal—though of course in the case of AT we are not dealing with magic, even if as a technique it does bring about remarkable changes.

The return is described in J. H. Schultz's teaching pamphlet as follows :

"The return should always be carried out in the following way :

1. the arm is stretched and flexed a couple of times energetically, with a sort of military jerk;
2. a deep breath is taken and then exhaled;
3. the eyes are opened.

Or in the form of a formula :

1. Arms firm.
2. Deep breath.
3. Eyes open."

Experience has shown that these return formulae lead many people to perform a very strenuous and even quite violent gymnastic exercise, which in this form cannot really be advisable. Anyone who has watched people perform their return with violent jerks and tremendous muscular effort, stretching their arms and legs, breathing strenuously and tearing themselves with a mighty jump out of a state of complete limpness and pleasant relaxation, must fear the worst. One other modification, the so-called Bavarian return, which involves a pleasurable stretching like that of a person who, after a deep sleep, is having trouble finding his way

back to reality, does not pay due heed to the physiological demands which the return must satisfy. However, I will not pass judgement, as I have seen such trainees reach very good results with their training. On the other hand, I see no reason why I should teach such modifications of what are really simple instructions.

The form I recommend for the return is based on the fact that the totally relaxed, limp, neuro-muscular apparatus should, with a little help, revert pleasantly refreshed to its original state, feeling calm and full of inner strength. To achieve this it is necessary, as with the entry into the AT state, that the hands and arms, as parts of the whole with their preferential function as the representatives of the ego in the cerebrum, should take the lead. In detail it is as follows:

The still completely relaxed, supine, peaceful trainee closes both hands to form fists without any discernible further muscular activity, and clenches them so tightly that he himself is aware of how tightly they are clenched and an observer or the instructor can tell by the whiteness of the knuckles whether or not the fist is clenched as tightly as possible. These clenched fists, which usually lie nails down, knuckles up, beside the body, are then rotated outwards from an overhand to an underhand position. Keeping them parallel, the trainee then draws his forearms slowly and forcefully upwards, becoming pleasantly aware of the flexing of his biceps. When he has drawn up his forearms completely in this pleasurable energetic way, he rotates his fists again so that they now face outwards, thumbs in. He then stretches both arms slowly and forcefully. The result of this is that the chest expands involuntarily. Once the arms have reached their original position at the side of the body, he automatically feels a need to exhale forcefully and with pleasurable relief. He should then relax the tension in both arms, preferably while still exhaling. If he finds it necessary, he may then do pedalling exercises with both legs. Finally, he opens both eyes and then, in a leisurely and not over-hasty manner, he sits up

and remains for a few moments in a sitting position. The whole procedure falls into three operations :

First, the body regains control of the voluntary musculature, as exemplified by the arms. The arms are our tools, and here they represent the recovery of our command of the whole of the voluntary musculature.

Secondly, with the conscious regaining of the vigorous use of both arms, the trainee becomes aware in a very elementary way of his return to a strong, healthy, no longer tensed up or harassed corporeality. The regenerative effect of AT is evident in this attainment of a conscious feeling of strength.

The circulation is now switched over to a state of activity. Hence, thirdly, the unhurried sitting up and brief remaining in a sitting position before the trainee stands up.

The upshot of all this, even for the inexperienced, is the realisation that lavish movements without the actual expenditure of strength, and seizure-like efforts accompanied by violent jumping up cannot provide the qualitatively beautiful experience of taking control of oneself, nor can they lead to the regulated circulation that is desired (adaptation effect). A return involving a sensible expenditure of strength over a small distance, under the constant control of one's own awareness of the growing strength in one's fists, forearms (in the rotating of the fists), and in the upper arms brings a new bodily awareness which, through the contrast with the bodily awareness of complete relaxation in AT, offers a real step forward as far as elementary self-awareness is concerned.

Every trainee should have his instructor, who has mastered and is teaching this technique, demonstrate it in detail.

THE COMPLETE BASIC TRAINING

THE SO-CALLED BASIC stage of AT is the original, the 'real' AT. The name basic stage was coined only after J. H. Schultz had developed what is called the advanced stage, which is dealt with separately in a later chapter. I have already, in other publications, taken exception to the rather unfortunate distinction between the basic and the advanced stages, since this must provoke value judgements which are quite out of place in any consideration of these two complementary methods. The basic stage of AT is a complete and independent practicable method. Whether or not, why, and under what circumstances a trainee should augment it with the advanced stage is a completely different matter.

In the course of the presentation of the so-called basic stage that follows, let us not, then, lose sight of the fact that this method is complete in itself and forms a unity, even though for practical purposes individual parts of it must be discussed separately and independently. The individual parts of the basic stage are usually called 'standard exercises'. J. H. Schultz preferred to call them "*Einstellungen*" and I too prefer this word—orientations.

Setting the mood for peace

Structurally AT starts with a concrete goal the suggestive power of which cannot be overestimated and which can furthermore be considered objectively in any evaluation of

the method itself. The trainee is invited to assume the position he finds most comfortable, sitting or lying down, and to check his relaxation with a few quasi-gymnastic trial exercises. He is then instructed to concentrate on the thought, "I am at peace". This is where the first problems arise for many beginners, problems which I think are unnecessary and easily avoidable. Proper presentation and a helpful introduction should ensure that those who are very ambitious and achievement-orientated do not see this instruction as an imperative calling for an immediate increase of effort. The mood formula "I am at peace", which is also referred to as the peace formula, is nothing more than an invitation to surrender oneself unreservedly to this thought. Anyone who is used to letting his thoughts run as his fancy leads them, or to turning his imagination to a freely chosen object or topic, will find here simply a new content for his imagination. Those, however, who suffer from an inability to concentrate must of course expect to have their usual difficulty here. To this extent, the beginning of AT is a plunging in at the core of the problem, i.e. the inability to concentrate on a chosen theme at any given time. Hence the eminently suitable description of AT as 'concentrative relaxation'.

Beginning AT should not cause the trainee to have to struggle against himself. This unfortunately does happen in the case of unsatisfactory instruction in AT, and it can often present an insuperable difficulty when people make inadequate and appropriate attempts to learn the method autodidactically.

I point out again and again that the peace formula is a motto for the whole undertaking. It makes good sense to put the goal at the beginning, usually in connection with the possibilities which can be derived from the content of the goal. The motionless supine or sitting person can have no more appropriate thought than that his cerebral activity is relaxed as well and that his concentration is, for the moment, focused on nothing further than this state of peace.

Admittedly this procedure harbours a paradox which none can overlook who have seriously and successfully tried to master AT. And the resolution of this paradox is the immediate goal of the first two weeks of training.

If the beginner, during his twice daily short sessions, concerns himself exclusively with the fact that he is outwardly relaxed and inwardly at peace, this limited goal enables him to distance himself from all mundane matters and to gain a certain intimacy with himself. To experience that a peaceful posture results in a state of peace is the 'homework' for the first week, or the first two weeks. In the discussion during the first session, the length of which depends on the circumstances and the particular needs of the trainee, one can talk about practical matters such as the three conditions. At the second session a discussion of the experience of the trainee can begin. The instructor can take these as his starting point and so broaden and deepen what he has to say and also give the trainee the confirmation he needs that his first independent experiences already constitute a good achievement.

I cannot say too often that the communication of the peace formula "I am at peace" is not a command and not an attempt at deception. The peace formula does not preclude the fact that the beginner may well feel anything but peaceful. Everyone at some time or other has his mood disturbed by external or internal unrest. The success of the whole endeavour does not suffer because of this. But it would be greatly to the detriment of AT if the trainee, either at the beginning or later, were to get bogged down over the frustrating experience that peace is never in actual fact as beautiful as he can imagine it. The goal still remains the same. His actual concrete experiences are not going to be measured against some absolute norm of peace, but are to be focused anew each time on the same constant goal. When the beginner is dismissed after the first session with these instructions and with recommendations for his own practice

sessions at home he is like someone who is learning to swim. The first thing demanded of him is that he entrust himself to the water which up to now has not carried him. The swimmer must first learn that water does carry—the trainee must experience that peace does come if peace has been outwardly established and inwardly conjured up.

Keeping notes on one's own first attempts as requested by the instructor is very important and can subsequently be very fruitful. Since, to my mind, the introduction to the peace formula is closely linked with a reassuring and explicitly encouraging promise that concentrating on "I am at peace" will set up a resonance within the trainee, he does indeed let it happen and then writes down what he himself has experienced. All my case material from the past fifteen years bears witness to regularly occurring peace experiments, of varying intensity and number, as recorded in the notes of the first weeks. There are of course also reports that peace was not to be found. The risk of concentrating on peace even when disturbance or distracting thoughts force themselves upon you is unavoidable. But these risks are also responsible for the first successes, which are to be valued the more highly because they arise from the trainee's experience of himself.

I think it is necessary to mention here one particular disturbance that may occur at the beginning. I am thinking here not so much of actual physical disturbance as of thoughts of various kinds, banal or irrelevant ideas. To try and steel oneself against these and banish them by an exercise of willpower would contradict the whole intention of AT. These unbidden, irrelevant thoughts that the beginner is subject to need not be fought, merely calmly put aside or, even better, saved up for later. A helpful formula here is the friendly attitude "fine, but not now, later; it's AT now". The trainee can then repeat the peace formula mentally and attempt to resume his practice. He soon finds that irritating or distracting thoughts stop of their own accord and later no longer occur.

My tool arm

The first two of the six standard exercises or orientations of AT are concerned with the realisation of physical experiences in the periphery, particularly in the limbs—the arms and legs. The experience of heaviness and the experience of warmth are located in the limbs, but they do not manifest themselves in all the limbs simultaneously at the beginning, although this is in fact the immediate goal of these particular exercises. For reasons deriving from the psychology of learning on the one hand and, on the other, from the neuro-physiological structure of the human body, work on the experience of heaviness and warmth is introduced in the first instance using that hand and arm which the trainee normally uses. Right-handed persons practise with the right hand and left-handed persons with the left. There are very good reasons for this. The human hand and arm are particularly well developed organs and they are correspondingly well represented as to size and structural detail in the cerebral cortex. Man, unlike the higher mammals, has special large cortical areas both for motor activities and for sensory experience. He has a large motor and sensory speech centre, and a similarly large cortical centre, in another part of the cortex, for his working arm. AT is based on the anatomical-physiological fact that when alterations in muscle tone (heaviness) and alterations in vascular tone (warmth) are induced in the particularly large area of the cerebral cortex that corresponds to the trainee's preferred arm, the effects automatically spread to neighbouring regions of the cortex and thus lead to the phenomenon which J. H. Schultz introduced into the theory of AT as "the generalisation of the experience of heaviness and warmth". The practice of AT takes advantage of these simple facts. The trainee practises heaviness and warmth in the right (or left) hand and arm. He then waits for the generalisation effect. There are preferred pathways along one side of the body, and other forms of extension which tend rather to a symmetrical effect in the other side of the body.

These basic facts of anatomy and physiology decree that

heaviness and warmth must be practised strictly with the dominant arm. The trainee should wait until generalisation occurs—and no one can predict whether he is going to generalise along one side or symmetrically.

In group work this can be mentioned and explained as far as necessary and the members of the group can thus be prepared to discover their own generalisation effect. One method which must be condemned as showing a disregard for this simple matter of nerve structure is that of having trainees practise right and left arm and leg successively. This kind of AT is really a step backwards into a heterosuggestive quartering of the trainee and thus robs itself of one of its own best possibilities. For, once the trainee has had his own first experiences of heaviness and warmth, it should be his very personal further experience that the generalisation springs from within himself, autonomically; and through it he should come to a deeper awareness of himself.

Not surprisingly, such a method as AT must reckon with the possibility that in response to the formula "right arm heavy" occasionally the inner response of the trainee will be an experience of heaviness in the left arm, or even in both legs. It is one of the great advantages of AT that such an occurrence, if spontaneously communicated, can be taken up and integrated into the course. This example, heaviness in left arm in response to a formula for the right, can sometimes reveal an unsuspected left-handedness. It is then advisable to change the formula and to allow the trainee to give all his exercises a left-hand orientation. As for the example of heaviness in both legs as the first spontaneous reaction to the formula "right arm heavy", there are many possible causes for this, but we can leave them undiscussed for the moment. The instructor should assure the trainee in question that his response is not wrong by any means but, on the contrary, that it is very good indeed, and that he should continue to practise with the formula as originally given in the expectation that heaviness will manifest itself throughout his body, including his right arm. Such premature generalisations or

jumping to other parts of the body are entirely harmless as long as the instructor is able to deal with the understandable anxiety and bewilderment of the trainee. In all cases, however, the exercises should begin on that side of the body where the dominant arm is.

Discovering heaviness and warmth

With a good initial experience of peace as a foundation, the experience of heaviness is normally localised in the right forearm, confirming the formula quoted above, "right arm very heavy". This centring of the experience of heaviness in the right forearm is in keeping with our anatomical-physiological make-up, which we can draw on as a basis for understanding how this subjective experience of heaviness in the body or limbs comes about. Each limb, and the trunk to an even greater degree, is, even when relaxed and at rest, still to a certain degree in the state of muscular tension necessary to maintain the standing, sitting or reclining posture it has taken up. Under the influence of progressive relaxation in the trance state of AT, when the muscle tone is decreased still further and causes a loosening of the joints, the receptive centres of the sensory organs register a state of yielding, sinking or lying more heavily on the respective surface. Translated into terms of naive experience this results in a sensation of heaviness.

Thus the experience of heaviness is 'real'. When a person is relaxed, this relaxation does not necessarily penetrate the consciousness. Only through the inward repetition of the formula and through the AT process as a whole and the trance state that it induces can it be made available to consciousness. The heaviness conjured up before the mind's eye is already present, but is only now actually experienced as heaviness. This is why I use the expression 'the discovery of heaviness'. Popular notions of relaxation exercises in general and of AT in particular suffer from the misconception that an experience such as heaviness is one which the

subject is talked into or which he talks himself into. This notion is partly to blame for the failure of various techniques and is an obstacle to good success with AT.

Heaviness can, as I have said, first manifest itself in other parts of the body; it is not tied to the invoked right (or left) forearm. Normally one would assume that heaviness would first become apparent in that part of the body which offers the best conditions. This can in individual cases have the effect that a part of the body which is already relaxed to a very great degree—affected by the autogenic trance—will be the first to signal heaviness and will thus seem to be an island of heaviness within the body.

From time to time trainees report sensations of heaviness which later reveal themselves to have been quite different feelings. For instance it is not a sensation of heaviness if, during a session, the position of the head is registered as being uncomfortable. True, the head is heavy and it presses against whatever it is lying on; but the trainee is not supposed to become aware of his head as heavy. And what he does feel, in such cases, is local pressure on the skin at the back of the head. Such perceptions which lead to mistaken impression can easily be removed by cushioning the head or by raising it a bit with the help of a pillow. There is a similar difference between a true sensation of heaviness and reports of legs 'heavy as lead' at the beginning of AT. I know from experience that such early reports usually indicate poor circulation, sluggish veins or other purely physiological troubles in connection with the legs. Heaviness is essentially a pleasant feeling and is linked with remarks about similarly pleasurable feelings of tiredness.

Ever since the early days of AT trainees have been offered helpful hints to improve their results with this formula. These are not really necessary, but they can have a supportive function for some trainees. Here, however, we must distinguish between aids of a visual nature with a strongly heterosuggestive character which force upon the trainee an image that he himself might never have hit upon, and those

which let themselves be easily assimilated into his own ideational and experiential world. Two examples will serve to explain what I mean. Images of an arm heavy as lead or of an arm in a plaster cast seem to me unsuitable. The use of inorganic, body-alien imagery makes it more difficult to come to an experience of oneself. If a trainee, however, seizes upon such an image spontaneously one can consider letting him use it if it obviously improves the result. The image of an arm carrying a heavy shopping basket could, for example, be helpful to a housewife in discovering her heaviness. But on the whole this image is not to be wholeheartedly recommended as there are many people who have no first-hand experience of carrying burdens with their arms bent. These examples show the need for much intuition on the part of the instructor and for an intuitive response on the part of the trainee if AT is to be really productive. The imaginary aids to the realisation of heaviness in the forearm and later to the generalisation of heaviness throughout the body sometimes arise, much to the surprise of the instructor, from completely different spheres. I would like here to mention, as an example, a painter and decorator who took up AT because he stuttered, and who was able to overcome this handicap completely through being able to free himself from the overpowering strict influences on his childhood and youth. It was a striking feature of this case that the patient's results with the warmth formula improved greatly with the unbidden image of an invisible hand in a railway carriage that switched the heater from cold to hot. This patient had obviously been able to transfer the effect of powerful and invisible authority figures to a positive experience of beneficial warmth. This strikes me as being a remarkable instance of sublimation through inversion.

And thus we have come to speak of warmth and must, right at the beginning, concern ourselves with one fundamental difference between this and the heaviness formula. Heaviness is, in essence, quantifiable and could be increased up to a theoretical maximum degree. Warmth is different.

An unhindered increase of warmth leads physically to something which is no longer felt subjectively as warm but as hot. And here it becomes a question of quality rather than quantity. Warmth as a sensation is beneficial, it is sought, it revives, it protects. Heat is avoided, it is felt as unpleasant and it is dangerous to life. The same is true of its physical opposite. Cold is dangerous, life-destroying, unpleasant in contrast with coolness—which refreshes, enlivens and has pleasant emotional connotations.

This must be seen as the basis for the experience of warmth. A second precondition is inferred from its more subtle manifestation. Heaviness was exemplified in the whole arm because the three joints, the shoulder, the elbow and the wrist, provide through their varying angles a sensation of heaviness by means of the specific sensory awareness of depth. We were thus quite justified in using the whole arm to gain access to heaviness, which then later spread to the rest of the body. But warmth is of a more subtle sensory quality. It must be focused on a smaller area. In addition in everyday experience, the arm is normally covered by a sleeve while the hand is forced to endure the temperature contrasts of the air for much longer periods. A third factor is that the warmth sensors are much closer together in the hand than in the upper part of the arm, to say nothing of the rest of the body. Taken all together, we can see why it is sensible to begin the practice of the warmth formula with “right (left) hand warm”. It should once again be noted that the unquantifiability of warmth and its representation, which is associated with comfort only within narrow limits, forbids the inclusion of the word ‘very’. Schultz drew attention to the delicate interplay of vascular regulation from the very beginning and always warned against overdoing the introduction to the experience of warmth. This further supports the reduction of the formula to the above cited three words.

The discovery of warmth in the right hand is often accompanied by other physical sensations and by the occurrence of certain spatial experiences. The warm hand is felt to be

enlarged or swollen. Not infrequently the experience of warmth is preceded by concomitant secondary experiences, from the physiology of which can be seen, again and again, that the experience of warmth is not imaginary but is the very real effect of greatly improved blood circulation in that part of the body. Seen in this way the sensations of tickling, prickling, pins and needles in the finger tips and a swelling of the hand are not surprising. The experience of warmth in the hand is a subjective awareness of better circulation, and this is the goal of our efforts at this stage of AT. Better peripheral circulation and an increase in warmth induce a feeling of comfort and at the same time actually improve one's physical state. And the means to this goal is suggesting, in the first instance, the subjective accompanying phenomenon, warmth, and thus opening the way for a further dilation of the capillaries.

With warmth, too, as with heaviness it often happens that it is not the limb mentioned in the formula but some quite different part of the body that first signals success in the exercise. And what we said about a discussion between the trainee and the instructor concerning heaviness is equally valid here. Once warmth has been discovered and can be found regularly after one or two weeks of regular practice, heaviness and warmth can, in the course of a normal session, be practised with an eye to a complete generalisation of both. But the experienced instructor does not insist on this inflexible scheme. He takes up suggestions from the trainee with regard to other physical sensations which I will discuss systematically in the next section. I myself have had great success with the principle that the organism and the personality of the trainee must be taken seriously as a guide to the course of the training. If individual variations in practising do not actually contradict the fundamentals of AT theory I give them preference over any rigid plan of instruction.

Warmth often manifests itself in parts of the body where it does not arouse pleasurable sensations. This is regularly true of warmth in the upper part of the neck and the face.

The beginner must be helped here, for only so will he be able to cope with an uncomfortable surge of warmth to his neck and face. One step is always correct here : to break off the session as soon as unpleasant responses are registered and try again later. Among the unpleasant and unexpected reactions to the first attempts with the warmth formula are contrast experiences; instead of the hands feeling warm, as intended, the feet may feel cool or even cold, frequently colder than before and sometimes as cold as they were before the start of the session. It is well known that many people suffer from cold feet, sometimes from cold hands as well. And it is obvious that AT, which can be so beneficial in precisely these areas, must not be allowed to fail because of this difficulty. As long as the distracting contrast experiences occur before successful generalisation, there is a well-trying, flexible routine that can be used to anticipate spontaneous generalisation by means of a strictly focused orientation to various parts of the body successively. Only in this one case and at this point at the beginning of a course do I depart from my principle of waiting for spontaneous generalisation. Without the deliberate introduction of practising on all four extremities one after the other, which I criticised above, I do permit a careful practising on hand and feet alternately, but stress that the tool hand must be focused on with preference and should, if possible, always be the location of the first warmth experience.

Aids to discovering warmth are perhaps even more popular than those for heaviness. Various authors mention again and again the helpful effect of a warm bathing of the hand or arm before the beginning of a session. And we have the anecdote of how Schultz used to introduce a cat which sat on the forearm of the trainee and, purring loudly, transmitted its warmth to the arm. I have never used such props myself, but sometimes I find it helps to mention casually that the trainee should imagine he is lying out of doors in such a way that the sun is shining on the limb in question, in this case on the right hand. To improve results as a whole and to

prevent an unnecessary further cooling out, I insist that the trainee cover his feet and legs with a light blanket up to his waist. Those who begin a session with cold feet should in any case remove their shoes and tuck a blanket round their feet so that the improved circulation that results from this cosy wrapping with no constricting footwear can warm them up.

Although heaviness and warmth are presented in this order, it often happens with the heaviness formula that an experience of warmth is registered first and that the heaviness does not manifest itself until later. This is of no importance to the success of the course as a whole. Anxious trainees who fear they have done something wrong can be reassured by being told they have not.

Finally, one most effective aid must be mentioned which is closely connected with the physiological basis explained above. If the warmth formula proves difficult, the formula can be extended to read "right hand pleasantly warm". There is one further modification of the formula which may be necessary in rare cases when, on the formula "right hand warm" there is a massive, an oppressive or unpleasant warmth response, or even surges of warmth. In such cases we can either retain the Schultz method of repeating this formula three times only or we can choose to phrase it as "right hand slightly warm". Later the formula can be reduced to its original form, or it can remain as it is for this particular trainee and only for him, and become his standard formula for all his training.

Generalisation

The generalisation of the experiences of heaviness and warmth that were first attempted with the dominant arm is the goal of the first third of AT and is the foundation for a superior sort of total generalisation known as the organismic shift. Every well devised course of instruction should be geared to this goal. In the previous section, in the discussion of experiences of heaviness and warmth, the question of

generalisation had to be touched on. Now we can regard these manifestations as a whole and once again stress the more important instructional aids.

With the experience of heaviness there occurs a partial generalisation-effect with the establishing of symmetrical heaviness in the arms and legs. But this by itself is not the generalisation that we are aiming for. The trunk as a whole and, most perceptibly, the back and the lumbar region, must participate in the generalisation. This must always remain the individual experience of the trainee and it cannot be systematically advanced by any further formula. I have learned from experience that there is no point in introducing special aids for the back at this early stage of AT. According to the standard method of J. H. Schultz no formulae are intended here. In the chapter about intentional formulae I will discuss those cases in which the particular circumstances of the trainee, for example damage to the spine (slipped disc) or gynaecological troubles, necessitate the use of additional formulae which are used as intentional formulae. The back, the lumbar region, the chest and the pelvic region participate in the generalisation by themselves. The responses of the trainee follow shortly and usually sound like this: "I feel broad and heavy... weighing on the bed, sofa, floor etc... my body is sinking further and further into the mattress... as if I were being pressed into the sofa."

Sensitive guidance in AT by a responsible instructor forbids anticipating this total experience heterosuggestively. The reason for this, as I see it, is that with any given trainee such a massive, obtrusive interpretation of the state he is supposed to be in could very easily be introduced at an inappropriate time, or too early, so that he is overwhelmed by it and might even feel that he is being pressed down from above. This could hardly occur without causing feelings of anxiety; in any case, experiences of the self similar to that described above will be reached in the normal course of AT sessions and, if the trainee has discovered them for himself, will be characterised by a feeling of happiness and palpable success.

Heaviness, when generalised, intensifies the experience of peace, the peacefulness in turn influences the experience of heaviness. And thus the first major unity of physical well-being is attained.

Sometimes, instead of feeling heavy there is an inversion at the beginning: the trainee feels that he is floating, raised up from the mattress and incredibly light and unburdened. Should this be the case, the trainee should be told that he has not done anything wrong and that nothing has gone wrong either. The sensation of being raised up or of being euphorically light is only verbally in contrast to heaviness. As far as muscular relaxation and the lessening of muscle tone are concerned, as is obviously the case here, the trainee has achieved complete success; it is just that the translation of this into subjective experience has somehow produced a contrasting image. This must not be allowed to confuse the trainee, and so it is important to realise that the signals for total relaxation of the muscles and joints can sometimes be those of pleasant floating sensations.

Asymmetrical responses at the generalisation stage are always of short duration and do not impede the further course of the training. If such experiences crop up in notes or are reported during a session the instructor should explore with that individual why one side of the body or the upper or lower half is preferentially experienced as heavy. A clarification of this question can sometimes bring into consciousness interesting details from the experiential world of the trainee. Heaviness, and occasionally lightness instead of it, do not, in my experience, remain long as alternatives. Every trainee quite quickly finds his own stable and easily reached total experience of heaviness.

The generalisation of warmth can only be sensitively observed and improved by supportive explanations on the part of the instructor. But when both hands and, from the hands upwards, the arms up to the shoulders and finally the whole upper part of the body is felt to be warm

whereas the legs and especially the feet remain cool or cold, specific aids are called for.

J. H. Schultz told his pupils to help such persons to "send the warmth down into their feet". The individual instructor must turn this recommendation into a practicable aid. It seems necessary here to avoid the most obvious formula, "both feet warm" and instead to proceed as follows: the trainee continues to use the formula "right hand warm" and waits for the generalisation in the upper half of his body. He then repeats "right hand warm", tries to imagine warmth as such and directs his gaze towards his feet without altering his position. Without changing the standard formula the feet are thus included as part of the body. The 'looking towards one's own feet' integrates them better into the general awareness of one's body and thus draws them into the experience of warmth. If a satisfactory warming of the feet is still not achieved, I usually just go on with the course because, when dealing with the body formula, "my solar plexus is warm", there is a further opportunity for the extension of the warmth experience. Using the solar plexus formula together with the idea of feet into which warmth is visualised as flowing from the pelvic area, along the thighs and calves, the effect of warmth in the feet never remains absent for long.

It also aids the generalisation of warmth to combine it with the vascular regulation about which I shall speak in a moment. Warmth is the subjective experience of improved circulation. So it follows that with the help of a successful standard exercise for the circulation the warming of the periphery should improve. In stubborn cases we have one further possibility besides the standard formulae, which in my opinion should only be used when all the aids I have mentioned up to now and the combinations of various formulae within the first phase have still not led to the desired result.

Even at the beginning of a course of training an undesirable spreading of warmth to the neck and head sometimes occurs. At the stage of the warmth and heaviness formulae the only really effective means of combating this is a prompt

return. It follows from the structure of AT that a reliable shielding of the neck and head area is only possible after the sixth standard formula has been learned. This sixth formula, coolness of the forehead, also effectively encourages a better warming up of the feet because, with the polarisation of the awareness of temperature in the contrast between the cool forehead and the warm feet, a further experiential effect takes place. But I will return to this question in greater detail when I come to the section on the cool forehead.

Peace, heaviness and warmth—the latter reliably and speedily generalised—are the core of AT. Many trainees find in these fundamental exercises sufficient help for their symptoms or their particular difficulties. A training that unites the periphery and the trunk in equilibrium and awareness of temperature with a generalised deep experience of peace can be effectively used in treating certain disorders of the sympathetic nervous system. I think it a very good arrangement for this immediate goal to be proposed for general courses and for the sessions to be arranged so that the trainees direct their efforts towards it and attain it. A further course can be added at any time and AT completed—once such an effective, if limited, grounding has been achieved.

The inner rhythms of life

The formulae that now follow in the basic training, those for circulation and respiration, are quite different from the fundamental training in peace, heaviness and warmth which we have been discussing; they bring the trainee into a new relationship with himself. But before I discuss these two formulae in detail one at a time, there are a few questions common to them both which should first be raised.

A well structured preliminary training which can call at will upon a feeling of peace and a generalised awareness of warmth and heaviness serves as the basis for the observation of one's heartbeat or pulse and the awareness of one's

breathing which lead to an experiencing of rhythmical processes within one's own body. The outwardly de-concentrated person, relating only to himself in undisturbed peacefulness with the pleasant sensations of warmth and heaviness, manages as if automatically to hearken inwardly and to become aware of his own vital rhythms. The normal progress of AT provides an array of evidence that the trainee, even before he is acquainted with the formulae that are now to follow, has already had sporadic or even regular sensations of his pulse and is aware of his breathing as peaceful. The occurrence of the experience of pulse and breath in anticipation of what is to come is a good criterion for the depth and quality of the training up to this point.

Everyone knows from his own experience that, given peace and quiet outwardly and inwardly, one can hear the ticking of a watch. Other even less obtrusive sounds can make themselves heard which had previously been drowned out. It is not really any different with the awareness of one's own pulse and breath rhythms in the state of relaxation that exists after the progress from peace through heaviness to warmth. Both these formulae concerned with the body's vital rhythms intensify the experience of peace. The breath experience adds, during exhalation, to an intensification of heaviness. The awareness of one's pulse in the periphery, particularly in the fingers and toes, improves the degree of warmth in that moment when the pulsation becomes noticeable. These particular effects of the experiences of pulse and respiration shall now be discussed in detail.

Pulse—experienced circulation

Schultz formulates the third formula as "pulse calm and strong". Even in later editions of his book there is an illustration of a trainee with his right hand laid over his heart (i.e. on the left side of his chest) so as to feel his heartbeat. After many discussions of this means of reaching an experience of one's heartbeat, and as a result of my own experience

with patients, I have arrived at the modification that one should not become aware of the heart in isolation. Schultz himself reports difficulties among people with functional heart disorders, particularly coronary cardiac damage. My practice is to explain to my trainees the connection between heart, arteries, capillaries and veins and to define the pulse as a heartbeat which is propagated into the most extreme periphery. After such instruction I leave it to the trainee to find their own experience of their circulation. It is completely up to them in which part of the body an individual is to have his own experience of the pulse. The equal value of all pulse experiences must, of course, be assumed. And we must realise that the heartbeat or pulse is different in different individuals and that it is always felt in that place which is particularly disposed to it—either positively or because of some disturbance. For instance, nervous patients may report that a heartbeat which at first was strong and forceful calms down in the course of a session. Others report a pulse experience in the large arteries near the surface, for example in the neck, the temples, the elbow or the knee. Still others notice their pulse first as a fine pulsation in their fingertips. Not a few report that they feel a sort of beating in their body, which is quickly explained as the pulsation of the aorta, the main artery. No matter where the pulse manifests itself, it should be registered according to the formula as calm, at the very most as strong. It is never permissible to include an indication in the formula with regard to the frequency of the heartbeat. This is important for many people because, although a rapid pulse is an expression of their hypersensitivity and nervousness, they can find it upsetting and take it to be a serious symptom of illness. Naturally a doctor could convince a sensible person that the pulse frequency is determined by a complex inner regulatory system and that the pulse is always adjusted so as to guarantee an adequate supply of blood to every part of the body, including the internal organs. But, as is usual in psychotherapeutic matters, purely rational understanding and the explanations geared

to it, are not in and by themselves effective. In AT the trainee should learn and experience, but not be instructed or told, what is healthy, harmonious and thus 'good'. Through incorrect instruction or also through a sloppy learning of AT it sometimes happens that the word 'slowly' creeps into the formula. A directive for a slow pulse is not only not contained in the teachings of J. H. Schultz, it contradicts the structure and the goal of the method.

A suggested deceleration of the pulse can, in certain circumstances, endanger one's life and must never be attempted! The heart is a self-regulating organ which adjusts its volume per minute and its pace according to the impulses it receives from a complicated system of signals concerning the amounts and proportions of oxygen and carbon dioxide in the bloodstream. A double safety mechanism and regulatory system ensures this autonomic heart action and it must not be interfered with.

If an AT trainee in a state of generalised heaviness and warmth still has no sensation of his pulse, this third formula is a suggestive aid to discovering his pulse experience. The goal of the organismic shift and the deep relaxation in AT does not presuppose any other qualities for the pulse experience than harmonious peace and a regular heartbeat. This crucially important section in the discussion of AT perhaps makes it clear that the responsible teaching of AT and the therapeutic use of it should be in the hands of an experienced doctor. I believe that the practice of the cardiac-circulatory experience in this basic stage proceeds best from the spontaneous suggestions that the trainee has already made during his experiences of heaviness and warmth or which he made when first using the pulse formula, when he first registered a pulsation or quite specifically a heartbeat resonating against the front wall of the chest. From this point on, practice can be carried out with the intention of feeling one's pulse in other parts of the body where one has not yet been aware of it. This is a seeking of the pulse without any particular intention. If the experience

of warmth has proved to be unsatisfactory or if it sometimes seems to weaken and ebb, the pulse experience, now that it has been learned, can be directed to the hands and fingers or feet. This leads automatically to an improvement of the warmth experience through the improved circulation.

Schultz introduced a control method which went as follows: a trainee let the heaviness of his arm be tested in the presence of the instructor—which doubtless intensified for him the experience that his arm was heavy—when, on being let go by the instructor, it fell back on to the bed. These control measures, borrowed from hypnosis and most supportive in their suggestive effect, are something which I soon realised were dispensable. The conscientious taking of notes on one's own experiences offers better possibilities for making convincingly clear the very real effect on the regulation of the body. Simply through the weight of the arm itself, the hand laid on the heart can, in many cases, cause feelings of pressure and even anxiety. I have been convinced by my own trainees that the autonomous experience of the heart beating in peace and regularly, or the experience of the pulse in various parts of the body, gives a much more powerful insight into the regulability of the autonomic functions. To recapitulate for the sake of clarity: I do not think that experiments with the relaxed and heavy arm and other similar control measures are wrong, but that they are unnecessary.

The standard formula, "pulse (heartbeat) peaceful and strong", can in some cases be varied as follows: Some trainees report that they experience their pulse or heartbeat as uncomfortably strong and are thus distracted from the rest of the AT experience. Such an exaggerated concentration on the circulation, possibly coupled with feelings of anxiety or vague restlessness, must of course be counteracted. Usually dropping the word 'strong' from the formula is enough and, for a further intensification of the experience of peace and a totally effective manifestation of harmony, using the word 'regular' instead. I would like to say that, roughly, people

with poor circulation, dizzy spells and a tendency to low blood pressure can use the standard formula as it is. But more active types, people with high blood pressure and people who tense up easily in anticipation should use the modified formula with the word 'regular'.

From the general check-up which I insist upon before a trainee begins a course of AT, I know his blood pressure and I can check it during the course of the training. Serious disturbances do not need to be gone into in detail here as I am speaking on the assumption that AT really ought to be taught by a doctor and can in fact be supervised only by a doctor. He will know what conclusions to draw from any unexpected occurrences and will adapt his further AT instruction and his professional behaviour accordingly.

Breath—not breathing exercises

This fourth standard exercise or orientation is a special case. Whereas the previously attained experiences of heaviness, warmth and pulsation are without any real rivals, the AT trainee, in learning the breath experience, is not seldom confronted by obstacles that must first be cleared out of the way. There are so many different kinds of breathing exercises that one cannot keep track of them all. The value or lack of value of each method can only be decided from case to case. If the AT trainee does not accept unconditionally from the very beginning that the formula "breath peaceful and regular" is not a breathing exercise and does not refrain from trying to do something about his breathing, to influence it deliberately, he will prevent his own access to the experience of breath. This breath experience occurs spontaneously in AT at the very latest when the relaxed, supine trainee, in a state of generalised heaviness and warmth and in possession of his pulse, repeats to himself the formula "breath peaceful and regular".

This may sound facile to the sceptic. The simple explanation is that the trainee, through his state of inward absorption

and considerable relaxation, has, in the course of his bodily experiences, begun to breathe peacefully and regularly long since, but without becoming aware of it. In AT one's breathing only becomes consciously peaceful and regular when one turns one's awareness to it and permits this self-experience of breath. Through the first weeks and months this self-awareness is intensified by means of the auto-suggestive qualities of the breath formula. And with days and weeks of breath experiences behind him the experienced trainee can recall his breath.

Nothing occurs when practising the breath formula that has not occurred in the case of the previous formulae: the trainee's relaxed, inward-orientated attention finds his breath, which reveals itself to be as the formula had stated. Should he at that time be insufficiently relaxed, the suggestive power of the formula will enable him to relax. After a period of discovering this awareness of self which intensifies his relaxation through the breath formula, he is able to find access to this extremely beneficial experience regularly and without difficulty.

J. H. Schultz has characterised the state of the trainee who has found the experience of breath in the now famous complementary or substitute formula, "it breathes me". This statement is more a kind of confirmatory, concluding definition. Dilettantes, both with and without instructors, have been forced to realise how misguided it is to take this formula and make it the goal that is to be attained by their efforts. "It breathes me" cannot be used as the suggestive formula necessary at the beginning of the breath experience, since compared to the standard formula "breath calm and regular", it is non-visual. Those who have not yet discovered their calm and regular breath cannot summon it with the formula "it breathes me". For the inexperienced the 'it' is conceptually and contentually too vague. Experienced trainees can use the 'it' formula if they like, in place of the standard formula. Very experienced trainees who are far advanced in AT do not need rigid formulae at all, but rather

accompany their training sessions, which begin and end almost autonomously, with brief cues: peace—heaviness—warmth—pulse—breath. For, finally, the experienced trainee proceeds with his training intuitively, without conscious thought and, as a result of his having mastered the process in a strictly schematic way at the beginning, he finds all the experiences automatically in the sequence that bears the stamp of his own identity.

Only at first, then, does one need to reckon with any difficulties, particularly if the trainee has had disturbing previous experiences with other breathing exercises which attempted to regulate his natural breathing either through his own will-power or in response to another, either from within or without.

In AT the breath is not influenced. Its harmonious rise and fall, physiologically the result of its even regulation by the respiratory centre of the cerebral cortex and controlled in detail by the chemo-receptors at the fork of the carotid arteries, is merely experienced in the state of relaxation that has by then been achieved. In the course of training, breathing that is possibly not quite regular can become more so with the help of the autosuggestive “breath peaceful and regular” and then be subjectively experienced as such. It is precisely this transition from the less peaceful to the completely peaceful, regular breathing which often provides the trainee with an illuminating experience of entering the AT state, intensifying the relaxation throughout his body.

It is the task of the instructor to help remove difficulties wherever they occur and to offer, indirectly, help to those who need it. If a trainee has not been able to reach a contemplative, naive experience of his respiration it is better to guide him towards other related and harmonious concepts than to fixate him additionally on his breath, where his voluntary efforts are causing a blockage. Although in general I do not use many directly visual aids, I would recommend to the beginner who is struggling with difficulties that, while

monotonously repeating to himself the standard breath formula, he should imagine treetops swaying gently in the breeze, or try to recollect pleasant hours, spent lying in the bottom of a boat and rocking gently with it, feeling the light swell of the waves and hearing the regular sound pattern of the waves against the shore.

Attentive trainees who keep careful notes and wish to intensify their training have repeatedly confronted me with a question which I would like to discuss in the context of this section.

Anyone who remains in the breath experience with perceptible feelings of comfort observes after a while that his breath has become slower, and that the inhalations have become shallower. Then suddenly there is a great need to draw a deep breath. Those who have mastered AT give in to this inner urge only to notice a great deepening of the experience of heaviness and then they immediately fall back into their previous breath rhythm, which continues to bear them along. More timid souls suspect an irregularity and want to know the cause.

Peaceful and regular respiration is the result of a long period of breathing at approximately the same tempo. The respiratory centre maintains this rhythm until the chemoreceptors signal a deficiency or over-saturation in the gaseous composition of the blood. A reduction in oxygen and an increase in carbon dioxide cause, so to speak, a correcting of the respiratory clock. After this correction, which is subjectively felt as a need to take a deep breath—which includes both a more vigorous inspiration and a relaxed, pleasantly passive expiration—the breathing rhythm continues with the same regularity as before.

The 'little training'

Following this description which I have given of the basic stage I would like to mention briefly a few of the possibilities of AT which are not connected with the supine position.

The trainee does not have a couch or carpet at his disposal everywhere and at all times.

AT is sometimes taught in a sitting position. Those who practise lying down should also familiarise themselves with AT in a sitting position and sometimes use it. I have left these questions of method and technique until now because a trainee who has mastered the first four orientations, assuming he has learnt them lying down, can learn the new positions more quickly. He will, however, also notice that training while seated (or standing, in some situations) is not just a variation or a second or third best compared with the supine position, but can greatly extend his training and the use he makes of it.

Sitting

There are two sitting positions which must be distinguished: leaning back in an easy chair with a high back and a headrest, and sitting on a stool. AT can be done in either position.

Grandad's wing chair

Today there are high-backed chairs to suit every taste. Our fathers enjoyed the comfort of a well upholstered chair with a high back and winged headrest for their midday nap or for the peaceful days of their retirement. This apotheosis of relaxation *à la* Spitzweg still survives in railway carriages, where, against the monotonous sound of the wheels, one can practise AT extremely well.

Any chair, provided it is not too soft and not too long in the seat in relation to one's thighs, can serve the purpose: AT in a sitting position needs a comfortable seat with firm springs—one should not sink into it—arms that do not wobble, and a backrest. Backless seats, if they are otherwise suitable, can simply be placed against the wall. Cushions for head, neck, arms and back can be added at will. It is obvious that AT in an easy chair is not so very different

from AT on a couch. The body is bent at an angle of roughly ninety degrees to the thighs, the lower legs bent downwards at approximately the same angle. Supporting the legs with a leg-rest usually makes no great difference, though in some cases it can vary the position considerably.

In his transition from practising AT only when supine to occasionally practising in a suitable position in a chair, the trainee will notice a fairly clear shift in the tenor of his experience and he can make great use of this through his notes and through talking with his instructor. Among the most common changes reported to me are those concerned primarily with the experience of heaviness. The arms are now noticeable hanging from the shoulder joints and the underarms resting heavily on the armrests. The heaviness of the legs can benefit from this new position too. In the experience of warmth it is now often easier to channel a disturbing flow of warmth away from the face. The experience of heaviness in the trunk does not change so much quantitatively as qualitatively, which is easily understandable.

Intensification through alternation

According to the basic physiological law by which sensory images are most clear when they are either beginning or ending and less discernible in a state of constant stimulus, a systematic and deliberate change in the position used for practice can bring about a marked intensification of the subjective experience and ultimately of the objective results—not just in the initial phases but for the whole course of the training. I have received sporadic information about this but have not yet studied it systematically myself.

The cabby slump

Even people who do not know very much about AT are familiar—mainly from illustrations,—with the dozing cabby. This exactly describes the position for AT on a seat without a backrest. Unfortunately, not all who practise AT in this position are successful. ‘The dozing cabby’ should convey a

relaxed position which older people know well from the days of horse-drawn vehicles and Hansom cabs. The cabby, waiting for a customer, sits slumped forward, sleeping or dozing on his box—which of course has neither a backrest nor viable arm-rests on either side. J. H. Schultz recognised in this unsupported sitting position the spontaneous regulation of equilibrium—possible even on a moving vehicle!—of a person in a state of dozing absent-mindedness, light sleep or even intoxication, whose external stimuli were comparatively negligible and increasingly monotonous. Schultz made use of this astute observation for the technique of AT.

Indifferent equilibrium on a stool

No one today is able to learn AT in a sitting position simply from being told he should sit like a cabby, because this has become meaningless today. For this reason I myself prefer not to use this description in teaching. I would rather help my trainees to become aware of the gradations in their search for equilibrium on a suitable stool. This is why I do not introduce the bench position until the fourth orientation at the earliest, so that the trainee need not have his first experience of heaviness under adverse conditions (compared with the optimal supine position). His own experience of the heaviness of his arms, once mastered lying down, is then integrated into the practice session in sitting. A well balanced sitting on a bench is something that people must see demonstrated. The essential thing is that the centre of gravity of the whole body is located in the pelvic region. This cannot be achieved by a mere bending forward of the upper part of the body, which leads only to a further constricting of the body and a disadvantageous passive resting of the arms on the thighs. One particular opportunity of practising AT in the 'cabby slump' is available to everyone—on the lavatory.

Many years ago Schultz recommended an undisturbed session in this private place to all those who find no other opportunity in the course of their working day. Since then I

have advised all trainees who need a short break at school, office or factory to carry out a short session on the toilet.

Standing

An abbreviated training with selective relaxation of the neck and shoulders region goes back to J. H. Schultz too. For this it is necessary to stand with the legs slightly apart and to just be able to touch the wall behind you. The merest brushing of the shoulders against the wall is enough. The eyes should be shut only if the trainee is absolutely free from vertigo. The arms hang relaxed at the sides. The formula is: "I am at peace—breath peaceful and regular". A return is necessary if the hands and arms are not to remain limp, and therefore, particularly after this form of training, firm fist and a strong slow flexing of the arms is better than any violent arm exercises.

The exercise in standing, which should only be done for brief periods, is very useful in any case of tiresome waiting. I myself do it when I have a short break, as tension almost always first makes itself felt in the shoulder region. But it is also pleasant to be able to recall one's accustomed training session by means of this partial experience in the middle of the working day. Recall means here, of course, recall physically.

Fin fun—up and down

One other brief training is particularly enjoyable: the swimmer, floating on his back in the water, preferably the warm water of a heated pool, anchors himself with his toes to the rung of a ladder on the side of the pool and holds himself steady with minimal movements of his hands, like fish when they stand against the current. The experiences of heaviness and breath combine very well with each other here. When he exhales the swimmer sinks slightly deeper in the water, when he inhales he rises again—the breath rhythm can be concretely experienced in the rising and falling. In the section

on the breath I mentioned the bobbing boat as an aid to regular breathing. Here the bobbing can be actualised through one's regular breathing. The experience of warmth is sometimes universalised for the first time in this water exercise, where the head, being out of water, remains unaffected by the generalisation. I know of no experience of the pulse in this rather playful AT variation; probably the breath rhythm is so dominant that in comparison the other biological rhythms are obscured by it.

The 'little training' is obviously a matter for unusual situations and is of course of interest mainly to those who have already reached the fourth orientation.

The abdomen

In the passive concentration of AT the abdomen and its organs play an important role in the harmonisation of the vegetative system. The abdomen is focused on as a part of the body and, through AT, takes its place in the scheme of one's somatic awareness and becomes experienced pleasantly, whereas on the whole we tend to ignore it unless it draws our attention to itself through pain, cramp, colic or a vague disease.

What is the abdomen?

Autonomically speaking, it is the largest of the three body cavities—the others being the cavities of the skull and the chest—and has a few particular features which are of importance for the further course of AT.

In contrast to the other body cavities, the abdomen is only partially surrounded by bone (ribs, pelvis, vertebrae). The diaphragm and the floor of the pelvis as its upper and lower muscular limits contain respectively its entrance and exit. The front wall of the abdomen is made up of connected muscles; their participation in the external act of respiration affects the internal organs; like a sort of press apparatus it

effects the voiding of body wastes and the expulsion of the offspring at birth.

Within the abdomen are many organs differing in structure and function which are regulated as a whole through their regional autonomic centres from a sort of central signal box; this is called the solar plexus. AT for the human being as a totality demands the inclusion of the abdomen in the training. The abdomen in all its complexity of morphological and functional detail becomes the focus of a dynamic experience of warmth in AT by means of an orientation to the solar plexus.

"Solar plexus warm"

It is not difficult to manage this formula successfully, but it does demand more insight into the physical construction of the organism than was necessary in the case of the mastering of warmth and heaviness in the limbs.

First of all, the trainee must have some idea of just where his solar plexus is. But since others besides doctors and nurses have learned AT including the solar plexus formula, it obviously does not require any detailed knowledge of anatomy to be able to focus on the correct part of the body when practising this formula. General aids to orientation ("... two fingers above the navel, behind the stomach...") have proved less useful than a simple directive to the trainee to find the centre of his body, which, though not outwardly marked, can be experienced from within. It is coincidence that the solar plexus does lie more or less at the centre of the body, where the three geometrical axes intersect.

Those who want to know in more detail can turn to an anatomical atlas. There they will find that the solar plexus, together with a network of other plexuses, lies in front of or beside the aorta and thus in front of the projecting upper lumbar vertebra—all in all an impressive complex of nerves and ganglia. The solar plexus is only visible after most of the intestines have been removed. The transfer of this visual impression into the self-awareness in a

state of progressive training can cause some difficulties. Sometimes the trainee gets the depth wrong and focuses too far back, or he underestimates the distance and gets stuck in an attempt to realise an experience of warmth directly beneath the belly wall. The correct focus is achieved without conscious thought, from within, "there where my middle is, deep within me—solar plexus warm".

The formula

Anatomy and physiology teach us that the solar plexus governs the activity of all of the abdominal organs directly or indirectly. It was, then, a simple and inspired deduction that led J. H. Schultz to revitalise the abdomen through the solar plexus by directing warmth to it. Subjective warmth is, objectively, an improved flow of blood: this is the converse of our experience with peripheral warmth in the limbs.

The formula "solar plexus warm" evokes more than just one response from the organism. A subjective, very pleasant feeling of warmth in the middle of one's body is the direct response. This can but need not occur. Indirect responses in great number frequently occur before the feeling of warmth. They arise through the successful innervation of the organs through the solar plexus. The abdominal organs respond in their own way, thus announcing their very existence for the first time. Hitherto unrecognised pain, spasms, sluggishness, constipation and unhealthy bloatedness can come to consciousness for the trainee. In the process of relaxation one becomes aware of existing tensions.

The formula "solar plexus warm" expresses with the utmost succinctness everything that can be postulated as an intention and experientially achieved with regard to the harmonious dynamics of the abdomen. As a result of the organismic shift, the various organs interpret for themselves those effects of the general regulation which are needed to bring their function into harmony. The most frequent response is probably a noticeable intensification of intestinal activity, tangibly and audibly for the trainee as well as for

the others present : tummy rumbling and gut gurgling confirm unmistakably that the plexus formula has 'taken'.

Next in line are involuntary, imperative responses to the invocation of the solar plexus, such as the need to empty the bladder or rectum, occasionally reported sexual arousal, erections and even orgasms with involuntary ejaculation in the case of men.

A confident, prompt and, in serious cases, patiently persevering session with the plexus formula helps intestinal colic, gall bladder colic and ailments of the urinary tract. A mastery of AT, focused on the solar plexus, is of good use in childbirth. Women who have learned AT have a shorter labour than others. There are many publications dealing with these uses and effects of AT in its classic form.

The abdomen as an enclosed space

The abdomen as space comes to consciousness through its borders, which in the main are voluntary muscles. And thus the rediscovered vitality of this part of the body finds its expression in the flexibility of its walls. Next to the experienced mobility of the diaphragm, most important is the awareness of the pelvic floor. For women this brings deeply personal experiences of the body in connection with menstruation, pregnancy and childbirth. Men should focus their awareness on the exit from the pelvic cavity. Both sexes need a firm centre for their awareness—not least in view of the many functional disturbances that are linked with sex.

Whether one has a lean belly or the ample curves of a fat belly, from the point of view of the solar plexus the belly walls are not rigid and are capable of being felt on the inside, especially when a peristalsis—a wave of contractions—passes along close to them.

Only an intensified familiarity with the plexus formula can bring about an experience of the self in one's inner and outer physical structure as a cavity with depths and borders. Together with the experience of breath, the body experience of the abdomen provides an inner knowledge of the dia-

phragm, extending to the barely definable evidence of a feeling that one is present in one's own body. In contrast to our knowledge that man breathes through mouth, nose and windpipe, we are filled with an apparently paradoxical awareness of 'exhaling into the belly cavity'. Here the limits of the explainable become visible, and the irrational nature of the ultimate inner experiences man has of himself—in a state of autohypnosis be it said—remains unanswerable.

The head

The sixth formula completes the basic stage and the trainee is here seen as a whole in a state of autosuggestive trance. Without the plexus formula and without the 'cool forehead' formula AT would still be a useful relaxation exercise centred on the arms and legs, accentuated in the pulse rhythm, lulled in the breath rhythm—but it would be nothing more than this.

What about the head?

Cerebral activity, the effectivity of reason and will-power, were suggested away at the beginning of the training, with the peace formula. This temporary omission of the head helps the trainee to gain access to AT; only in this way can he learn to concentrate on circumscribed parts of his limbs and thus secure a reduction of muscle tone and a general vascular relaxation through the generalisation effect. This generalisation extends to the torso. The experiences of the vital rhythms of pulse and breath focus the self-awareness; they open the way to the abdomen where the pulse felt in the abdomen and participation in one's breathing allow the trainee to find the centre of his vitality.

AT must not remain mindless; but the rational mind, the reflective brain, continue to remain uninvolved. A head that does not think but is aware of itself as present can be drawn into the deep relaxation. And this is effected by the formula "forehead agreeably cool". Schultz spoke of a "cool,

deconcentrated head", and gave his students and patients this image to visualise : lofty, sub-tropical, snowy peaks, like Kilimanjaro and Fujiyama, enthroned above lush warm regions of rich vegetation.

Cool, not cold

In all the warnings, both written and verbal, that J. H. Schultz repeated with unflagging patience against exaggerated or wrong use of particular formulae, he was mostly concerned about the proper intention and dosage of the cool forehead. Cold imagined on the forehead can have very unpleasant consequences for the trainee. My experience with trainees and patients who use this formula carelessly or irresponsibly confirms in every case the importance of thorough instruction. The forehead as part of the head, its representative and at the same time the ideal practice ground for a subtle vascular exercise, can and should only be imagined as cool. Headaches, even migraine in predisposed persons, are often the result of improper experiments.

Sunshine and shade

As a support in cases of difficulty with warmth in the hands I have always recommended to trainees to imagine their relaxed hands as being in the sunshine. When trainees going over their notes tell me that in the case of "forehead cool" they had no response, I make a similar suggestion. I confront the trainee, who is fully conscious during the conversation, with the image of himself, in summer at noon, walking southward with the sun in his face until he notices that the other side of the road is shady. He crosses the street and, stepping into the shade, experiences that which is intended by the formula. This transition from warm to cool is elementary, close to his own experience, comprehensible, and one to which he is immediately able to respond sympathetically. At this level of existential experience the head becomes a passive, receptive part of the body. The head does not think, the forehead feels.

*"Kopf kühl, Füße warm
macht den besten Doktor arm."*

(Cool head, warm feet—that makes the best doctor poor)

As soon as the cool forehead has been achieved it can be used to improve the warmth in the feet. When all six orientations have been mastered they can be practised in pairs by turns for mutual intensification. In this use of contrasts and in the establishing of polarities the trainee brings about that ideal of healthy well-being which the German proverb so aptly expresses.

Synthesis of the complete exercise

If the training has been followed through successfully, the whole is more than the sum of its parts. At this stage at the latest the trainee actually experiences what he was told at the beginning—or should have been told. It is not superfluous to tell the trainee forcefully at the outset that none of the individual orientations is learned for its own sake. Quite concretely this means that neither body weight nor any other organic experience in AT can be, by itself, an adequate goal for the training.

Every orientation should be so thoroughly mastered in the analytic-synthetic learning process that the response comes as soon as it is prompted. The immediate re-activation of each partial exercise by means of a brief recalling of the formula or even the imagining of its content in the programmed and subsequently retained order can lead to a falling into trance within seconds. The trainee is now 'in training' and appears to an observer to be a person in a state of incomparable, totally convincing peace.

"The participant," wrote Schultz in his instruction booklet, "must be able, by means of a brief act of inner concentration, to bring about the specific shift at once, so that the body is experienced as a heavy, warm mass at rest, with a regular pulse and smoothly flowing breath, and experienced,

one might say, separately from the cool, de-concentrated head." To this should be added that the central experience of the self is physical—that is, that it is centred in the body. The "cool, de-concentrated head" is perhaps no longer the thinking head dominating one's naive physical experience, but essentially it is still present. Its presence, directly invoked through the mastery of the formula "fore-head cool", is experienced through a usually pronounced facial heaviness which subjectively feels like a pleasant tiredness and objectively looks like a totally relaxed, rather stupid-looking face. The lower jaw drops, thanks to the muscular relaxation which extends to the jaw muscles, and for this reason the mouth is usually slightly open.

The organismic shift

This expression, coined by Schultz, indicates that the organism as a whole, in a state of optimal muscular relaxation and peripheral regulation of the body temperature, is functioning as a biological unity, in a well balanced harmony, and is subjectively experienced in this way, as trainees again and again independently confirm. Almost identical reports from many trainees make one realise that, quite independent of the individual concerned, it is not private experiences of an ecstatic nature which take place, but, on the contrary, typically human inner experiences common to all men (and which were originally part of the experiential capital of the human race but are veiled in the active conscious state) which are brought into consciousness. Because it uncovers these inner experiences and makes them accessible to immediate consciousness, AT is, strictly speaking, a process of discovery, a laying bare, even though it differs in method and goals from psychoanalysis. The "organismic shift" raises AT—of course only for those who have truly mastered it—to the level of a therapeutic treatment that provides the ego with an experience of self in its bodily identity.

The scientific basis

The organismic shift manifests itself in a number of measurable processes, events and states. The relaxed person is unchanged in his personal identity, indeed he forms a more tightly knit entity. The removal of neurotic traits and the regaining of equilibrium in the autonomic nervous system which had previously been disturbed evoke subjective feelings of well-being and health. And everything which the trainee experiences in himself as a neutralising of the unnatural and unhealthy is accessible to clinical physiological examination and has been verified in countless scholarly articles.

The practical synthesis

After the 'spelling out' of AT in its standard formulae—heaviness—warmth—pulse—breath—plexus—cool forehead—the trainee and master now 'reads' AT as a context. When the trainee has achieved a prompt response to all of the formulae, he is easily able, once he is in the autogenic state, to use the various recalled and accentuated orientations to intensify the training and to prolong it at will.

I teach my trainees to do the exercises up to the autogenic shift as a routine, for example in the mornings, when there is little time available, as part of the ritual from getting up to leaving the house. Routine is necessary for a permanent mastery of any accomplishment. And only if one keeps in form is AT available at all times to dispel restlessness and for the necessary regenerative pause in the course of the day.

Apart from the daily session in the morning to preserve one's virtuosity there should be a training session in the late afternoon or early evening. This should be somewhat longer. During it, weak points can be worked on, favourite orientations indulged and the complete AT further extended. During the relaxation in a full AT session it is both important and helpful to combine various orientations with each other, either for mutual intensification or for the sake of an effective contrast. In both cases the training gains in depth and the risk of floating off into a doze is diminished.

Intensification through combination: four models

The following combinations with intensifying effects are both possible and well established. Heaviness and breath, a few times in alternation, has already been discussed as an intensifier for the experience of heaviness. In exhaling—the letting go of air that is seeking a way out—heaviness increases subjectively and this can lead to the feeling, previously unknown, that one is lying deeply embedded in the couch. An experience of heaviness induced in this way has nothing in common with the feeling that a heavy weight is pressing upon the body. On the contrary this heaviness has the quality of a soft unresisting sinking into the depths of one's own weight.

Peripheral warmth and pulse are an ideal combination. The connection between peripheral circulation and the experience of warmth is obvious and lends itself to visual representation. The flowing of blood into the fingers and toes implies warmth. The opposite finds its expression in a cramp-like effect.

Central warmth flowing from the solar plexus and peripheral warmth, together or alternately, intensify the experience of warmth and give the feeling of unassailable security which is frequently connected with it.

The experience of breath and the plexus formula in combination evoke a universal experience of the body which is related to an experience of vast space. The torso as a whole becomes an impressive, vast, integrated entity; arms and legs are sometimes temporarily lost from view—which is of no importance as they can easily be brought back to consciousness. If, during this total torso experience, one recalls one's back, heaviness and warmth can manifest themselves there. The back, that least sensitive region, a *terra incognita* for many people, is a part of the whole and in a complete training should become accessible.

Biological north-south contrast

Warmth in the feet, together with and alternating with a cool forehead, intensifies both sensations. By this means, a

barely perceptible sensation in the forehead can be made stronger and clearer, and at the same time the quality of the flow of blood to the feet can be improved. How beneficial this polarisation is can be further seen in the fact that, in the case of certain diseases, from fever to serious post-operative or post-apoplexic states, an artificial re-creation of this healthy polarisation must be carried out by means of hot water bottles and ice-packs.

Foundation to build on

In the organismic shift the trainee learns how to remain long enough in AT without floating into an indifferently pleasurable state, falling asleep or being distracted. Those who want to go further in AT and to use the method to suit their own personal needs must keep up their training. It has often been said to me that on such and such a day the training session went so well that the person felt no desire to stop: "I would have liked to go on indefinitely." All very well—but with a little critical scepticism the trainee must surely say to himself that remaining in such a 'nirvana' is ultimately unproductive. Not for nothing did J. H. Schultz accept this nirvana experience and recommend the working towards this state of diminished responsiveness as a goal only as the minimal result for certain cases which proved less amenable to AT.

Since AT is an allowing rather than a doing, and at the same time a productive experience of the self, the autogenic shift as an intermediate goal allows one to integrate the so-called intentional formulae and, finally, the continuation of the training in the meditative projections of the advanced stage. I shall speak of both in the next two chapters but first I would like to mention briefly one factor of experience that I myself count as part of the basic stage.

Addendum: the skin—conclusions from an experiment

In the chapter on the 'little training' I described a short

form of AT floating on one's back in the water. When I do this myself I experience a definite relationship with my skin, that organ of body which, as the outer wrapping, is present all round me and which, like the abdomen, tends to be ignored under the usual conditions of conscious life.

Victor von Weizsäcker was the first, as far as I know, to realise the expressive value of the popular saying "*ich fühle mich wohl in meiner Haut*" for psychosomatic medicine. In functional relaxation (cf. final chapter) the development of this specific experience of one's skin in the sense of 'feeling well in one's skin' plays an important role.

Like the dermatologists, we are seriously aware of the skin as an organ and are mindful of the fact that the skin has a psychosomatic language of great variety and expressiveness. The physiological function of the skin all over the body is to be a border between within and without, between the self and the world with which it comes into direct physical contact. The further functions of guarding against infection, regulation of warmth with the help of the peripheral (capillary) vascular innervation, the secretion of sweat and the integration of the various sensory functions of the skin can be left aside for the moment.

The frontier experience inside/outside in the usual medium, the air, is complicated by the problem of clothing and is hard to induce. In the medium of water where the naked skin, adjusted to a constant temperature, can provide a continuous sensation of contact with the non-self, I became aware of my skin as my 'hide'. During training on one's back in the water the combination of heaviness—breath regular, simultaneously and alternatively, provides a basic experience. The extension of the 'little training' is a matter of an involuntary barely definable total sensation that I can only describe as "I feel myself represented in my hide". This is a good feeling, it gives a sense of security and is—though not always—connected with a tendency to orientate oneself in space.

However, the transfer of these experiences to training

under more usual conditions, in a warm room and naked, was not at first very satisfactory. Only with the introduction of a (seventh) formula, "exterior warm, my borders quiet" could I achieve a similar sensation.

I have had as yet no opportunity of testing this clinically. Candidates for such an experiment would all have to be masters of the basic training and be free of skin disease. Only then could one set about the task of choosing a group suffering from chronic skin allergies, teach them AT up to mastery of the basic training and then, on this basis, work with the intentionally modified formula "borders quiet, exterior pleasantly cool".

The invocation of coolness in cases of itching areas of skin has been known and used since the days of J. H. Schultz. What is here in question is an additional orientation, worked out according to the symptoms presented, in the manner of the intentional formulae or the organ formulae.

The working out of a general skin experience within the framework of the basic training could be a matter for discussion following the results of these experiments.

4

INTENTIONAL FORMULAE

SINCE THE COMPLETE basic training, *qua* self-hypnosis, brings about a controlled, terminable, unusual (non-normal) psychological state, namely a trance, other factors introduced into this state must be checked for their relevance to the trance.

One extension and contentual enrichment of a correctly conducted course of AT is provided by the intentional formulae. These play the same role in AT as post-hypnotic suggestion does in hypnosis.

In both auto- and hetero-hypnosis consciously directed instructions are incorporated with the intention that they should become effective when needed after the hypnotic session is over. In a state of diminished consciousness the psyche is receptive to suggestive instructions. In hypnosis, the hypnotist makes post-hypnotic suggestions and, before the session is concluded, he instructs the patient to forget that they have been made to him; but he also manages to suggest that these instructions will automatically be followed at the appropriate time.

The self-hypnosis of AT, if it is to deserve its name, works self-critically in proximity with even minimal hetero-hypnotic influences. It must not be underestimated that the AT instructor, no matter how carefully he controls his words and actions, or how little he attempts to direct the trainee, is still a source of heterosuggestive impulses. The problem with suggestive additional formulae for 'afterwards', for the treatment of everyday symptoms, or for work on the inner person-

ality structure and the behaviour patterns of the trainee, lies in keeping the heterosuggestive element to a minimum.

Klaus Thomas is very comprehensive in his presentation of carefully verbalised intentional formulae. Among them are many tried and tested formulae that originated with Schultz. Out of a total of a thousand intentional formulae, Thomas offers some four hundred taken from notes, which, because of their good results, could serve as examples for other trainees. According to Thomas the formulae should preferably be brief, if possible well sounding, positive, rhythmical, slogan-like and possibly rhyming or alliterative. On the question whether the intentional formulae should in all cases be positive, Thomas agrees with Schultz in opposing any totally rigid adherence to this rule and comes to the conclusion that the formulae should be verbalised positively if possible, with the exception of those with categorical negatives. Thomas here refers to a fine differentiation among negative statements raised by Adolf Busemann. Busemann distinguishes confirmatory, resigned and categorical or imperative negations. I share his views on the basis of my experience with patients and trainees, but would like to leave a fuller discussion of this until later.

Preparation

Many years ago Schultz once told a group of his students the following anecdote, which at the time deeply impressed me. I have had much the same experience with my own students and patients. Schultz was asked, "Now that I've mastered AT, what should I do with it?" He told us his answer, which was startlingly brief and to the point: "What's your problem?"

Those who learn AT without the pressure of troublesome symptoms, and only because their interest has been drawn to a well established method through which they hope to be able to achieve self-mastery, are indeed confronted at the end of the basic training course with the question "Now what?"

The general benefit of AT consists doubtless in the physical economy of effective organic functioning accompanied by a marked relaxation of previously apparent tensions. And this benefit is there for anyone who masters the technique and keeps it up regularly. Even 'healthy' people whose vegetative systems are in equilibrium and whose normal behaviour is a model of harmony can improve their unflappability. Persons who had previously felt the lack of this physical and psychological composure profit even more from being able to rely on their mastery of the basic exercises. Most physical symptoms respond to that particular formula of the basic AT which affects either the organ in question or the function which is in a state of imbalance. In the combination of all the formulae, harmony is improved even in those areas where symptoms have previously been suppressed or negligible. Psychological composure, which the trainee himself does not, perhaps, even notice at first, develops gradually in the course of regular training even when no direct attempt has been made to influence his irritability, restlessness or excitability via the standard formulae. The organismic shift, by itself, has a stabilising and harmonising effect in many areas. And disturbances or insufficiencies that then remain are quite suddenly seen as faults, personal failings which one would like to remove but which one had not really been aware of before. Thus there are many more trainees and patients who do not ask "what should I use AT for?" but who rather, after the alleviation of the main symptom, discover that there is something else : "I didn't realise it before. Can I deal with that through AT as well?"

But who among teachers of AT does not know those rightly dissatisfied trainees—and the trainees know them too—who, for all their general success and noticeable improvement in their symptoms, cannot rest until they see them completely taken care of? Everyone, the happy masters of AT, the eager discoverers of new areas of application, and the partially satisfied, all need the extension of AT. They can all put the intentional formulae to good use.

Six times Schultz, one times Jones

The preparation of trainees or patients for this new section of their training or therapy begins with a brief but striking piece of instruction. The mastery of the complete basic training must be presented as a foundation which will bring about the autogenic shift in all who are willing to learn it regardless of their individual goals and symptoms; it does this through a standardisation which itself is the result of a physiological understanding of AT. The learning, or better the practising, of the five orientations of the basic training are the ABC, the introduction so to speak. My trainees are now told that the time has come to make AT *their* training by adding to the standard formulae (six times Schultz) their own personal formula. And Mr Jones now understands that he will go on doing his Schultzes but will round things off with a bit of Jonesing.

The intentional formula is autogenic too

My further instructions are limited to encouraging my trainees, in discussion, to describe their individual needs as regards an extension of the method already mastered. Then together—not at such length with everyone—we discuss what is needed, what could be improved, and what, in the context of his whole life, might be approached with an eye to change, regulation or harmonisation. After such considerations the trainee is invited to think it over until next time, to have a look at himself and let something suitable occur to him—preferably with the concentrated brevity of a formula.

‘Commencement’

I prefer trainees who become increasingly independent. Our basic concept, conscientiously maintained, is autohypnosis and not heterohypnosis. And for me it would be self-contradictory to present the basic training as ‘autogenic’ and then to issue intentional formulae as undisguised post-hypnotic instructions. Thus my trainees learn—with some help, of course—to find their own intentional formulae. At the

second meeting of the extensional training in intentional formulae the trainee presents his own ideas, plus a certain amount of his own experience, and we discuss this. As no one has ever yet been praised too much but many discouraged, I give him as much confirmation, recognition, corroboration as I can in the light of the circumstances and my own knowledge—quite extensive by this time—of him as an individual. Additional formulae thought up by the trainees, their ‘Joneses’, are rarely usable without some alteration or other. But these spontaneous formulae often provide the right starting point without which the proper, fitting, final formula for this particular person would have been very difficult to formulate.

Whatever is offered by the trainee, strange as it may be, is analysed for its suitability according to both contentual and formal criteria. In this way I avoid deluging trainees with recommendations as to brevity, memorability, positive content and rhythm suitable to a good formula before their interest and personal commitment have had a chance to express themselves or before they have had a chance to think about themselves. At the same time I have been careful not to offer them, or even force upon them, a formula from my superior position as a teacher. I doubt whether it is sensible to offer a trainee or patient a formula categorically and tell him, “take that one, it fits”.

While discussing his suggested formula we also come to speak casually of the important prerequisites which a ‘made to measure’ formula must meet—this is a matter of experience. We soon reach agreement about explicit or implicit negation—Busemann’s distinctions between negations do not bother us because the concrete requirements of the case in hand will allow us to determine any real necessity for a categorical negation in keeping with the personality of this particular trainee. I normally verbalise our formula—the one we have worked out together—presenting it positively rather than offering it sceptically as a matter for further discussion, and suggest that he now use this formula for as long as it

remains satisfactory and is not supplanted by any other better idea that may occur to him. I leave it to him to plane it down and even encourage this: the formula is still on the workbench.

Individual formulae—made to measure

The intentional formula, once it has been articulated and accepted as practicable, should formally correspond to the standard formulae and the introductory peace formula, the brevity and suggestive quality of which should be guidelines for the final wording.

But since the individual formula should reflect the personal needs of the individual who should play a part in formulating it, the call for brevity and pithiness can be nothing more than a recommendation which it would be helpful to observe.

Many intentional formulae prove extremely effective even though they are longer and do not sound very impressive on a first hearing. They reveal the personal commitment of the trainee and mirror his continuing inner dialogue with himself. In them the dynamic thought processes of an individual reveal themselves. And this is more important and more effective than the hammering home of a resounding slogan which the person might be subconsciously rejecting. All those formulae which are likely to be acceptable keep to the formal criteria as described by Schultz and Thomas and at the same time hit the nail on the head as far as the problems of the individual trainee are concerned, and thus they keep the training dynamic. I remember one example from my days as a pupil of Schultz's which demonstrates this ideal combination.

When J. H. Schultz was asked by a very talkative lady who habitually contradicted everyone what she should now use AT for, she replied to his counter-question "What's bothering you?" that she felt isolated and avoided by people. After a brief period of thought as to the cause of this isolation Schultz gave her the formula, "I hear myself". This can

hardly be matched for brevity and memorability. It confronts the person constantly with herself and articulates her own self-criticism. A woman, accustomed to talking, remembers in trance "I hear . . ."; programmed as it were for extravert behaviour, talking to others, she simultaneously remembers, in a state receptive to suggestive instructions, the corrective reflexive attitude : "... myself".

Off the peg

The first intentional formula is intended to deal with an obvious disorder, a distressing problem in one's relationship to oneself or a conflict rooted in either one's circumstances or inter-personal relationships. Together with the instructor, the trainee works out a suitable formula and works with it. This can go on for weeks successfully and then one day the trainee realises that, with the help of this formula, he has made recognisable progress.

Depending on the degree to which the trainee has integrated his intentional formula into his regular training sessions, an inner distance is achieved in relation to whatever it was that caused the trouble. Objectively the trouble itself can still persist; but the individual's attitude to it has changed. A stutterer, for example, to give a specific instance for clarity's sake, may not have completely overcome his difficulty in articulating words clearly and may not be able to command his flow of speech. But what has changed through the use of such a formula as "breath carries the words" is the patient's apperception. As an integral part of the regular training sessions, a way of speaking has developed which is no longer subject to the constant stress of worried self-control and the concomitant self-imposed 'will-power', but which is, rather, 'discovered' with an increasingly frequent experience of success. The stutterer gains a store of experience which registers in the memory as "it's working—it's all right". However, at this point an uncritical euphoria threatens to undo the success should all-too-human illusion

lead the subject, unawares, to persuade himself into thinking that from now on it *must* be all right. He then leaves the sphere of AT and falls back into the area of ambivalence between hope and disappointment—and thus also into the auto-aggressive behaviour patterns of the imperative ‘must’, when confronted with the obvious fact of his inability or partial ability.

A whole quiver full of intentional formulae

Let us keep to the above example and follow developments. At that point where the amazed discovery of effortless speaking turns all the stutterer’s previous experience on its head, the formula used till now “breath carries the words”, is no longer sufficient. This formula does not encompass the whole syndrome of inhibition stuttering—especially as its causes are different from one person to another and the combination of factors differs according to the personality—quantitatively, qualitatively and also as regards predominance. Even before he has reached this critical juncture the patient, under the guidance of the instructor, can be brought to analyse the position he has reached with the help of this formula. By himself, or better with the assistance of his instructor, the stutterer accepts that, in spite of the generally constructive effect of the formula, ‘slips’ still occur if particular letters or whole words have to be pronounced which somehow seem to tie up with his inhibition. Now, in the example we are following, the addition of a further formula could pave the way to more fluent speech. “Addressing people goes smoothly too” or “breath can even carry . . .” (insert the word most closely linked with the inhibition). The trainee can, after a while, draw on a few intentional formulae which he may use alternately or in combination. In this store of intentional formulae he has a repertoire of which he himself is in charge and he, together with the instructor, controls its composition and the appropriateness of its individual elements.

The best known intentional formulae are those for giving up

drinking or smoking. Those formulae that trivialise the problem and do not pay due account to the importance of these habits will not suffice. Anyone who cannot stop drinking or smoking is—however you may wish to understand the phrase—dependent in a way which deserves to be taken seriously. “Smoking doesn’t matter”, a much praised formula, might be effective in some cases. In those cases where it does help, smoking was not a deeply ingrained habit, it didn’t ‘count’. A categorically negative formula with strong powers of suggestion must be worked out by the smoker or drinker together with the instructor if the habit really is to be broken.

A word of caution

The task in hand can only be coped with if the necessary trance state is permanently at the subject’s disposal—something he can call on at any time. Those needing treatment for drinking or smoking problems will only very rarely have the persistence to master AT within three or four months. The most popular form of treatment is hypnosis. The heterosuggestive basis established by means of a deep or moderate trance is open to post-hypnotic suggestions of the necessary strength and quality. The continuation and further reinforcing of the abstinence can be managed extremely well with AT, which is then learned with suitable intentional formulae. Depending on the personality of the subject and his attitude to his addiction problem the required prohibition formula can incorporate explicit warning phrases which draw his attention to the consequences of his habit. The doctor must be able to judge to what extent he may justifiably fixate the patient, by means of posthypnotic suggestions and intentional formulae, on his existential fears—especially with regard to his responsibilities towards his family.

Not everyone who wants to use AT to break the smoking or drinking habit—which he sees as a blot on his self-image—is an addict or an alcoholic. On the whole, the majority are merely people who are inclined that way or who have

weaknesses which they cannot accept as part of themselves. Thus one can count nibbling along with smoking and drinking, and also unbridled pleasurable eating which is then followed by feelings of guilt. It is significant that, among those people who react ambivalently to the struggle between pleasure and subsequent discomfort, those too come to the clinic who have a masturbation problem, because subjectively they see the problem as an addiction, as a 'not being able to stop', whereas this problem is objectively much further removed from addiction and has quite different psychological determinants.

With an adequate number of intentional formulae—as few as possible but as many as are needed—more serious disturbances of concentration and of psychophysical effectivity can be treated. Concentrative relaxation is a descriptive definition of AT. Trainees find that, in the routine recapitulation of the basic formulae, once they have been mastered, most concentration problems dissolve. A prime example from daily life is supplied by candidates for examinations in all fields. The standard formulae and intentional formulae on the lines of "the exam proves that I have worked" free the candidate from the pressure to achieve which he has developed either spontaneously from his own ideals, or in response to the influence of others and to uncritical comparisons. Because, as experience teaches us, the intentional formulae lose their edge and 'wear out' more quickly than the standard formulae of the basic training, which express collectively human states of physical being and are thus able to remain ineradicably present, a whole sheaf of formulae is to be recommended for work on character-related behaviour patterns that need correcting. The experienced and still practising trainee calls on this supply for possibilities of improving his condition. Popular offerings in the style of pamphlets like "How to be energetic" or "The Way to Success" can now be seen from the right perspective. A person in a state of psychophysical harmony, in a critical equilibrium between desire and ability,

will find that what is appropriate for him succeeds spontaneously, autogenically, from within and also autotropically—with reference to his own self. Such a person has learned, and continues to learn through practice, just what his possibilities and limitations are. As the practised art of a relaxed letting-be, AT is also in its essence a school of tolerance. To the oft quoted words of Schultz, “only he who lets himself be can be himself” we can add “he who tolerates himself is tolerant”.

Independent verbalisation ad lib

Already in the course of his training the trainee has been encouraged to construct his own intentional formulae according to need. During this time he has had the chance to scrutinise his formulations with his instructor and to polish them. One should keep up AT all one's life. There is no intelligent reason not to, unless of course the instruction was mediocre, the motivation weak and the whole course geared with unnecessary rigidity to one solitary symptom. But no one remains fixated on his AT instructor all his life. And in any case, with respect for the autonomy of the personality, it is not desirable for the teacher-pupil relationship to be prolonged. The less the detail laid down in the oral or written instruction, the greater the latitude that the trainee has both during the course and afterwards, when he finds himself confronted with the question: “a new problem, a disturbance—what do I do about that autogenically?”

The need to take up AT again after the passage of time is only to be expected. No matter what the original reason was for learning AT, in the course of one's further life new reasons will present themselves. This should be mentioned as part of the instruction. Ever since my own experience of individual patients who came back years later, unable to cope with a new situation and without having had the idea of applying AT to it on their own, I have incorporated this into the basic training.

First regenerate the standard formulae

All abilities fall into disuse; even AT can become completely silted up—but it can never be forgotten. Anyone who has any reason to freshen up his AT, which he has not been practising regularly and which has perhaps degenerated, should spend one or two weeks on a concentrated re-learning of all the standard formulae. Even if, in spite of relaxation, individual 'basic stage' experiences stand out like islands, the regeneration of the training should proceed systematically and it should be recalled step by step. Spontaneous organic experiences, generalisation and other still retained bits of the training can be incorporated. At the end of the second week at the latest, with relaxed but regular repetition, the whole of AT should once again be at one's fingertips.

The buried talent

Intentional formulae that were of good use earlier and which might be applicable to the new situation form the matrix for further work beyond the basic stage. Very valuable in this respect are the organ formulae which improve unsatisfactory responses in the autogenic shift. The playing around with combinations of formulae for mutual intensification, as described earlier in this book, completes the refresher course in AT.

New situation—new formula

In such a situation the former instructor, should he be available, can help one further. How does the proficient trainee help himself when he is alone and has no one to turn to? Summarised below are a few basic recommendations which will enable the more experienced to construct their own formulae independently as the need arises :

The basic form

simple statement

A simple statement modelled on the formulae of the basic training achieves the following goals: the complaint is approached positively,

content
apodictically certain

one's interest in it is expressed positively and has no overtones—neither offensive, with an eye to eradicating it, nor defensive, with an eye to repressing it. Model: “pulse calm and regular”.

The intentional formula must be true as far as its content goes. Facts are looked honestly in the eye. The situation is seen mercilessly point-blank but with absolute tolerance. Model: “my desk is chaotic”.

tense and mood
present indicative

Every intentional formula must be in the present indicative. In AT nothing ‘becomes’, it ‘is’. The future tense means postponement, the present allows one to experience the actual.

negation
if in doubt, no

Negation goes deep and hits the ego at its most vulnerable point. Categorical negations can be justified as particular exceptions. The autodidact can easily run into danger. The affirmative, confirmatory form of speech is basically a reassurance of the ego. Even formulae which have the intention of removing a disturbing factor can, with a little skill, be formulated positively.

*imperative—the voice
of the super-age*
allow it, do not
force it

The intentional formula is not a ‘good intention’ in the morally imperative mode. It is rather the formation of an intention (which

can take root in the trance state), the idea of that which, seen functionally, would be right in the place of what has previously been wrong. Thus: not want, should, must; but expect, allow.

memorability
'by heart'

Brevity and succinctness, together with the rhythm of the intentional formula, make it a piece of oneself. To recognise oneself in the formula means to be concerned with oneself in the functional disturbance and to visualise the desired normal functioning as attainable; the rejected aspects of one's personality structure are to be judged realistically, and realisable concepts of the self are to be entertained. Model: "I see myself".

testing stage
the courage to
re-formulate

There is no point in clinging to a formula if it does not 'work'. Filing and polishing on the formula is not always enough. Sometimes matters improve only when a completely new formula is introduced.

complex formulae
narrowing the focus

The somatic disturbance being dealt with and the desired behavioural change can sometimes elude a direct approach by means of intentional formulae. In such cases it is necessary to proceed step by step, narrowing things down and at the same time becoming increasingly stringent. Examples:
"pulse calm and regular"
(in basic training)

"pulse regular in public speaking too"

"pulse regular in discussion"

"pulse always regular"

and :

"redheads are human too"

"I observe redheads, I notice them"

"Erica has red hair"

"Erica's hair is her hair"

A reflexive formula
AT as intentional
formula

Those who have chronic difficulties in persevering with AT and do not want to become lax about it should ideally make use of :

"My AT"

"AT good—I'm sticking with it".

THE ADVANCED STAGE

THE STORY OF the origin of the advanced stage* can be read in full in an early publication of J. H. Schultz. This impressive account is contained in the Report on the Proceedings of the IVth General Medicinal Congress for Psychotherapy in Bad Nauheim, April 1929 and the title is "Gehobene Aufgabenstufen im AT" (applications of AT at more advanced levels). This article has been reprinted in *Der Weg des Autogenen Trainings* (page 73 ff). Schultz gives an introductory survey of the possibilities of a further differentiation of AT and indicates in what directions and to what results these differentiations lead. After speaking of the psychical representation of organic experiences such as I have described in this detailed presentation of the basic training drawn from the experience both of the author and of his whole school, Schultz discusses the discovery of the particular "animation of the body", by which he does not mean merely the appropriation to selfawareness of otherwise autonomous

* The term 'advanced stage' (*Oberstufe* in the words of J. H. Schultz has been used since the 1930s to describe a specific technique which builds on autogenic training but which is distinct from it. In the opinion of the author, this term is misleading as the words 'basic' and 'advanced' imply a distinction between an inferior and a superior form of the method which is simply not applicable. In the chapter which follows the author gives his own views on the specific nature of the 'advanced' stage. A more detailed discussion of this question can be found in the recent monograph by the same author, *Das ist die Oberstufe des Autogenes Training* (Kindler, Munich, 1975. W. Luthe uses the term 'Meditative Training' for the advanced stage and this is an apt description of one, but only one, aspect of this technique.

physical control mechanisms, but rather recognises that, from a general point of view, the person is able to deepen his experience of his physical identity. Schultz also interprets the ability of the trainee to create external sensory experiences by means of intensive self-absorption. Here he most likely means a particular interiorising of external experiences with the effect that they are more deeply anchored in the experiential capital of the person. Even habitual actions are more deeply ingrained and integrated: in this way they become 'personal property'. Finally the author presents heightened self-contemplation as the highest level of differentiated AT.

"A further point of this particular work is concerned with the autonomy of the interior structure. In this state of absorption—de-concentrated, focusing on the interior experiences without distraction and turning more and more to the dream-like depths, the subject increasingly manifests his essential self in the nature of his experiences. The form and organisation of the material presented—its richness, liveliness and luxuriance on the one hand, and on the other aridity and poverty; colourful concrete manifestations in all areas of sense-perception, or schematic, abstract reactions, a confusion of petty detail, or a stark structure; chaos or rhythm, tending backwards or forwards—all these characteristics indicate apparently typologically elementary phenomena and are here able to develop and reveal themselves." (Schultz, p.82)

In this connection Schultz arrives at the concept of autopscho-catharsis, a sort of autopschoanalysis which can reach astounding depths. Although in this particular work the term 'advanced stage' does not appear, it is clear that the origins of this technique are as plainly indicated here as the particular potential of the intentional formulae was previously.

In his AT teaching manual, Schultz introduced his chapter on "The Technique and Achievements of the Advanced Stage" with sentences of such importance that I would like to quote them verbatim :

“To reach the advanced level in our technique it is a prerequisite that there be a sure, complete and prompt mastery of the general technique of the basic training. Trainees must be able, by means of a very brief act of inner concentration, to bring about the specific shift immediately so that the body is experienced as a heavy, warm, resting mass with regular pulse and tranquil breath, somehow separate from the cool, de-concentrated head. This state is so remarkable and so characteristic that trainees who have had no contact with each other find remarkably often the identical words to describe it.” (*Autogenes Training*, p. 228).

I devise my advanced courses starting from the same basis whether I am dealing with individuals or groups and make use of the spontaneous anticipatory experiences of the trainees. It is just as true for the advanced level as it was for the basic course that autonomously determined inner experiences of the trainees assert themselves and—often in anticipation of the course material—give rise to unplanned instruction. Some people think that, in AT, to say anything that is not directly connected with what is being taught is either wrong or irrelevant. Thus such utterances are mostly either kept to oneself or they lead to anxious questioning of the instructor. Only through the keeping of regular notes, which I have insisted upon for the past ten years, have body experiences that have taken place even in the basic training come to light. More rare are reports of colour experiences, which most trainees seem to find distracting and which are for this reason repressed. Thomas estimates that about two to three per cent of a large number of individual and group trainees report such colour experiences unprompted. When notes are insisted upon the percentage increases somewhat, and my own most recent experiences have led me to differentiate in the interpretation of thought content and purely visual imaginings even in the early sessions of a course. Thoughts that are merely distracting should by all means be pushed aside, but the visual experiences should be accepted neutrally and carried along during the exercise.

Work on the advanced stage of AT is, then, a spontaneous meditative absorption on the foundation of the trance achieved in the basic training. All spontaneous experiences of this nature are characterised by an undirected and unsought absorption which we cannot value highly enough as an anticipation on the part of the trainee. Before coming to speak of the technique of the advanced exercises, some ideas about meditation in general and the relationship between advanced level meditation and other psychophysical matters should be clarified.

General remarks about meditation

The word comes from Latin. *Meditari* means to reflect, meditation is a reflection on something, a thoughtful contemplation. It does not mean a concentrated thinking about something. Meditation is essentially a collecting, a gathering-in, whereas thinking, cogitation, is a sending out of thoughts in prescribed directions. The opposite and contradictory natures of the two should thus be clear.

Meditation as a collecting always needs a certain amount of physical reinforcement. All meditative techniques and situations have one thing in common: the establishing of a specific, preparatory posture which induces and supports the course of the meditation. The meditative postures of the far east are generally known, especially the meditative sitting position (the lotus position). The meditation of prayer, too, uses the more or less standardised postures of the standing, kneeling, or prostrate worshipper. The meditative techniques of the advanced stage of AT follow from the already existing relaxation of the basic stage and have no need of a further posture. Externally, therefore, one cannot tell from the appearance of a trainee how far he has advanced in his exercises.

Meditation is a reflecting on a particular content, whether we are thinking of philosophical, religious or other psychophysical meditations of profound absorption. The contents

are determined by the expectations under which the respective meditation was embarked upon. All absorbed contemplations of visualised objects should be reckoned as meditative exercises, among them the inner relationship to spiritual contents, especially those mystically religious or generally ethical in nature. There is a great deal of relevant literature about meditation in general and the countless individual forms of meditation in particular. Many people, in the course of their lives, have been introduced to certain habits of meditation, either through their own interest, through education or through contact with other people. Not a few of them have thereby found a great enrichment of their own inner lives.

The advanced stage as self-contemplation

If Schultz, in the early work of 1929 from which I have quoted, indicated self-contemplation as the third and highest of the differentiated further developments of AT, it remained to his pupils, right up to the present day, to work this out methodically. In the space available to me here, the advanced stage will be presented above all as an intensification of the capacity for experience and the ability to direct the images that arise.

Advanced training, under proper guidance, literally opens windows through which perceptions crowd in which are for the most part completely new and qualitatively either positive or negative. Autodidactic attempts at advanced AT on the basis of the available literature are even more problematic than the attempt to master the basic training on one's own. Unaided first attempts at experiences proper to the advanced stage either lead to fatigue and the dissipation of the experience accompanied by a growing resistance to the occurrence of images, or the autodidact becomes confused and worried by the profusion and incomprehensibility of the images. The task of the instructor in the advanced stage is a very responsible one and is essentially more delicate since the formulae for

the advanced stage, as well as the organisation of and procedure in the advanced sessions are not as standardised as they were in the basic training. The individuality of every participant in an advanced course needs much more support and care than was the case in the comparatively clear-cut basic stage.

The first experiences in the advanced stage strike the trainee as vague, unclear, not infrequently upsetting. Even if the experiences themselves are pleasant, they are at first alien and puzzling. Development in the advanced stage is not nearly so straightforward as in the basic stage. The danger is much greater that some participants in the course, the less proficient, could come to see themselves as failures in comparison with others who present their own more highly differentiated experiences for general discussion. The continually repeated support for all participants focuses mainly on the confirmation that every image produced in the advanced training is important in itself and cannot be measured, qualitatively or quantitatively, against any evaluative norm.

What does the trainee see in the advanced course? According to the directions given, but not necessarily following any given instructions—that is, allowing for anticipation as well as for ‘catching up—he sees colours, shapes, landscapes, actions, persons and perhaps himself. These inner experiences of self-contemplation cannot be arranged according to any schemata but must be seen in their relationship to the person experiencing them. Note-taking thus becomes even more important and is comparable with the noting down of dreams or the writing down of thoughts in a diary or a letter. The general discussion (carefully steered by the instructor) during the course and the psychotherapeutic discussion in individual instruction both demand that the instructor, should he take up or freely interpret what has been offered by the trainee at that moment, must present his attitudes or reactions carefully and responsibly; and in either case these should not go beyond what the trainee has offered. The individual self-

contemplation of every trainee in the advanced course defines the limits of that which may or may not be taken up by the instructor both contentually and in view of the further possibilities for association. Hence the first commandment for both the instructor and for the other participants in the course is the greatest possible respect for any self-revelations either in spontaneous imagery or in advanced AT meditation. In a well conducted course this causes difficulty only extremely rarely. The inner solidarity and the common goal of all those taking part create an atmosphere of mutual respect which at the same time serves as a basis for a mutual unquestioning awareness and appreciation of each other. The advanced course, usually numbering ten to at the most fifteen participants, creates an atmosphere of intimacy and fellowship among those bound together in an undertaking the innate privacy of which demands tactful discretion within the group.

Advanced training in a group is teamwork in the true sense of the word. Mutual support is the motive for the sensitive communication that takes place. The usual quickness of action and reaction that one otherwise meets in psycho-therapeutically orientated groups, particularly in verbal encounter groups, is minimal in advanced AT groups. The training session carried out together with subsequent group reporting and questioning arises out of a state of freshly experienced depth contemplation in a condition of complete physical and psychical relaxation. Hence the aggressive potential is lacking which is usually necessary, and usually found, in most types of group therapy. The presence of the instructor, himself a master of the method, is a guarantee for the unity of the group and is also a guarantee for a high degree of critical self-revelation. As soon as a trainee, his own inner goal achieved, has 'returned' from his training, he remains a while in the afterglow of the experience and observes the others, some of them still in their training, others like himself sitting or lying in quiet reflection. Only when all have 'returned' do the —unprompted—individual communications occur. Being silent and retaining one's experience for

oneself, should any have such a need, is accepted both by the instructor and by the other participants.

The self-contemplation of trainees in the advanced course arises out of the organismic shift and it can restrict itself to a few solitary colour experiences or other simple representations of the inner vision. Others have more dynamic, more varied experiences. Once again, we must remember that in the advanced level it is not a question of particular quantities or qualities of experience, but solely of the individual here and now. Thus the self-reflective state that ensues is only partially communicable. If a participant wishes to communicate, he offers his own interior experiences to the others present for them to relive. Similarly each takes part in the presentation of other forms and other contents of self-contemplation, not infrequently with an obvious empathy and sympathetic agreement with what has been uttered.

Self-contemplation in the advanced stage means recognition of one's own depths. Communication of one's own self-contemplation, and receptivity towards what others reveal as their experiences of themselves, leads to a fundamental group experience which, by its nature and especially at the advanced level, has the effect of intensification within the group. Here too a general group law is valid: the individual experiences himself in the group through the group itself. What is therapeutically special here is the combination of group intensification with the greatest possible group cohesion. Advanced training in groups is thus group therapy of a very special sort.

Individual instruction at the advanced level must do without such group intensification. But to make up for that it gains, through the one-to-one relationship of therapist and patient or trainee, an enrichment of understanding through more interpretative work and more richly varied exploration of associations. Advanced level AT has long been valued, by those who know and have mastered it, as a therapeutic technique of depth psychology. It ranks as a much shortened depth-psychological therapy compared with the greater

investment of time which conventional psychoanalysis demands. And with this observation no value judgements are intended with regard to the effectivity of any given method in any individual case.

Advanced level—free association—dream

The advanced level of AT is, then, a meditative practice of a particular sort. Its most important feature is that, according to my own understanding of its original premise, its use is not linked to any particular ends, and that—apart from having an ordered structure moving from the simple to the complex—it gives no direct instructions to the meditating individual. In contrast to other hypnotic techniques, it merely enables the trainee to open himself to images that arise spontaneously.

I think this introduction has been necessary. As will be shown in the next section, that on the technique, many doctors and instructors deal with the advanced training without taking this basic premise into account, whereby in my view they reduce the advanced level quite clearly to a heterogenic technique. Here again I can only fall back on the teachings of Schultz which he retained right through to the last edition of his teaching manual. He has the following to say concerning the basic concept of the advanced level :

“Just as with experiences of night-dreams, in a good example of autogenic contemplation—and I have often stressed this—the psychological constitution of the subject is relaxed to such a degree that, apart from a few exceptional cases, we can always reach the stage of optical experiences, a literal ‘looking within’ experience in pictures. W. Luthe has made a special study of visual experiences in the autogenic state (*Correlationes Psychosomaticae*, 1965, p.171). He distinguishes colour motifs, shapes and dynamic motifs which sometimes tend more toward reality, sometimes toward the unreal world, and is quite right in stressing the importance of a ‘*carte blanche*’ attitude—the importance of his being

completely unprejudiced—if a person does wish to look within. This phenomenon is, one might say, our raw material. At the beginning of the advanced level course we give the following first assignment: we ask the subject in a state of deep absorption to let a field of any one colour appear before his inner eye. This and his subsequent efforts demand that he remain in this state of absorption for half an hour to an hour. This is something which one can only ask of trainees if they have been doing AT regularly for at least six months, and preferably for a whole year or more, and are at home, as it were, in the state of absorption. Even this first exercise, the evoking of a field of any uniform, homogeneous colour, can tell us many interesting things. In the terms of our technique, we speak of the ‘discovery of one’s own colour.’” (Schultz, *Das Autogene Training*, p. 231)

The raw material referred to here, vivid imaginings of a largely visual nature, must remind anyone who has had contact with such things, either in his own personal experience or through his patients if he is a psychoanalyst, of the visual representations that are produced in dreams and free association. The images that arise in the advanced level are immanent, they are memories and thus the personal property of the trainee, which rise from the unconscious and present themselves, fragmented in such a puzzling way. The direct parallel between advanced level, dream images, and free association has, of course, been noticed by many advanced level instructors. Thus it is all the more astonishing that a cautious approach, modelled on that of analytical associative and interpretative work does not prevail, and that strictly controlled practising of a set course of exercises in the advanced level is what sometimes takes place.

W. Luthe wrote about this in the summary of an article:

“The fragmentary and primitive visionary phenomena which occur during conventional basic AT exercises tend to a greater differentiation and to logical sequences in those cases where the trainee, well versed in AT, performs a mental shift of function from the formula-orientated passive concen-

tration to a formula-free passive acceptance (*'carte blanche'*), and the therapist, in keeping with the basic premises of AT, maintains a respectful, non-interfering attitude toward the products of the mental mechanisms of the patient. (*Correlationes Psychosomaticae*, 1965, p.189) Here we have, in the words of a strictly scientifically minded researcher among the pioneers of AT, a rejection of a relapsing into heterosuggestion and hetero-hypnosis quite as clear as that expressed by another pupil of the first generation, Schaetzing. At the congress "*Arzt und Seelsorger*" (Doctor and Pastor) at Schloss Elmau in 1972 he stated pointedly: "The whole of AT is and remains a purely medical concern, and is thus our concern; whereas the standard training has a mainly somatopsychic application; in the advanced level, psychosomatic self-knowledge comparable to that attained through psychoanalysis blossoms forth."

To sum up my own opinions, drawing on my own experiences, both personally and through my patients and trainees: I have long been aware that the images of the advanced level arise from the same depths of the subject's unconscious as the contents of dreams and the free associations these give rise to in psychoanalytic treatment. But it is useful to distinguish between them, and it deepens one's understanding of their relationship to do so. All the notes from advanced courses that I have at my disposal establish that the images from advanced AT are clearer, more vividly coloured, and in general more lasting than dream images, even than those of particularly impressive dreams which one remembers for life. The advanced level images come unbidden, stay, change, give way suddenly to new, totally different images, and disappear as they came. They cannot be deliberately called back; but by a deliberate act of memory they can be recalled.

This raw material, as J. H. Schultz calls it, is indeed a harvest of immeasurable wealth for those who, afterwards, associate further from this basis and then fuse these images with each other, with the free associations and with the

dreams of the same period to form one complex of meaning, one externalisation of their inner life.

The products of day-dreams must be strictly distinguished from those of the advanced level—and here, too, the parallel dream/day-dream is evident. In day-dreams the wool-gathering person produces 'favourite' images, usually of an ego-reinforcing nature, and this not freely but very much bound to associations that give the greatly enhanced pleasure of intensified self-assertion via illusion. In contrast, the images of the advanced level, dreams and free associations are only in part at the service of a regressive, illusionary self-aggrandisement. The majority by far of these latter images spring from unconscious levels, often fear-ridden, often in baffling disguise, and always with a 'poetic' compression of content that is concentrated where the axes of the various determinants intersect. To unravel this calls for systematic analytical work, even within the limits of the advanced course. Any further instruction and the practice of the advanced level must, however, be a matter for an actual AT course and cannot be dealt with within the confines of this book.

The method

The methodical procedure in advanced level work has been presented with many elucidatory examples in the relevant chapter of J. H. Schultz's instruction manual. Briefly, there are five steps:

1. The experience of colour. The finding of a colour and the development of this exercise to the discovery and retention of the so called "personal colour". The goal is a mastery of these initial colour experiences—an ability to repeat this experience at will.
2. The assignment is to have particular objects appear before one's inner eye. "Here the subject frequently leaves the realm of the allegorical and crosses to that of the symbolic. He experiences these images three-dimensionally.

He can walk around them and is himself overwhelmed by the unusualness and the wealth of his experiences. And it is here that our work, strictly speaking, begins to be productive, as many subjects are not only showered with beautiful inner experiences but also enriched for their further lives.” (Schultz, p.240)

3. The trainee seeks for his self-contemplation some experience or other that is the expression or the epitome of the most intense and most desired emotional state. (Schultz suggests, analogous to the first exercise with the “personal colour”, that we here speak of the “personal feeling”).

4. After the experience that has now been gained of one’s inner life, the next assignment is, in a state of deep absorption, to visualise quite concretely a particular other person, and to let oneself react to this.

5. Questioning attitudes are directed to the absorbed state itself and the inner experiences that arise *quasi* as answers from the unconscious are noted down.

With regard to this fifth exercise, Schultz remarks that this technique can be used either by the instructor or by the trainee himself. I wish to draw attention to this because, although I am strictly opposed to any heterogenic subversion of AT, in the case of this fifth exercise I myself like to see the lead taken by the instructor, with the proviso that this must be in the form of half-questioning, half-deliberating invitations on the part of the instructor which are free of any suggestive bias.

Luthe speaks of the structure of the advanced stage as having seven steps. In his presentation the actual external differences are only slight but the inner development is treated more concretely :

“Seven phases can be distinguished with regard to the visual phenomena which range from the simple to highly complex configurations which may or may not be derived from experience :

1. static uniform colours

2. dynamic polymorphic colours
3. chromatic patterns and simple forms
4. static objects
5. the transformation of objects and the progressive differentiation of images
6. prolongation of continuity with self-involvement (film-strip)
7. multichromatic cinerama effect with active self-involvement

(*Correlationes Psychosomaticae*, 1964, p.189)

Luthe's interpretation of the processes of the advanced stage, which is strongly orientated towards neurophysiology, provides an interesting approach from a second point of view as well, and one which does not really conflict with the teachings of Schultz or with my own presentation.

Klaus Thomas, an early pupil of Schultz's, conducts a course of seven two-hour periods for the advanced stage. Up to the fourth step he follows, in essentials, the structure of his teacher. But even as early as the experience of colour, he formulates the instructions in such a strongly hetero-suggestive way that one quotation will serve to illustrate his unorthodox interpretation and teaching of the advanced stage: "A colour develops in front of my eyes; it is my personal colour." He has those words repeated about five times, and follows up with: "The colour is getting clearer and clearer." Finally comes the instruction: "I can see the colour quite plainly."

It is beyond doubt that by this means colour experiences can be produced with great rapidity in the majority of trainees. It remains to be asked whether this result is in fact autogenic and whether it has as its content the things that the trainee is really concerned with during the exercise. Thomas also allows the colour to fade gradually by means of similar formulae, and to disappear on suggestion.

The fifth two-hour period in Thomas's course is called "the way to the bottom of the sea". Here Thomas is drawing

on the experiments and experiences of Berta (Montevideo), Desoille and Leuner. The idea of sending the trainee, suggestively, to the bottom of the sea has its source in an underlying notion of giving him a vertical concept of direction. Thomas himself writes: "The patient is instructed, without further (sic!) influence, to betake himself downwards—to the depths of the sea—and later upwards—to the top of a high mountain" (*Praxis der Selbsthypnose*, p.57). The way to the mountain peak, the sixth period, is thus defined as the contrary vertical direction. The seventh period is used for free and guided image-experiences with specific goals.

My own dislike of giving trainees and patients unnecessary guidance instructions makes it impossible for me to work along the lines of Thomas's method. I teach the advanced stage according to Luthe, as I find it convincing in its logical structure and it allows me to integrate the experiences reported to me in private instruction and in group courses into the scheme of the course, as if into a diagram. Didactically I proceed much like Schultz. In my fifteen years of experience with AT, mainly in intensive individual instruction, I have carried over to my procedure in AT courses the free-floating alertness that I maintain in my work as an analytical psychotherapist. Hereby I have come to the following realisations:

The trainee in the advanced stage usually produces, first, discrepant and often discordant individual images, and hesitates for a time in the choice between individual colours. Notes indicate that, in time, one colour begins to predominate. Only when this has happened do I introduce the expression "personal colour". Once this stage has been reached in the co-operative interpretation of the colour experiences so far it is in some cases possible to attempt, very cautiously, some verbal interpretation, or at least to ask a few questions. At the point at which the trainee ceases to react with attentiveness, dismay or a visible 'aha!', I break off the questions. Of course, at this stage, the trainee normally has already had experiences—quite spontaneously—of static shapes and sometimes even of dynamic, moving

objects. He will then, without a rigid scheme of exercises, be directed towards a contemplation of these advanced level images. At this stage I lay great value on a differentiation, which my own experience demands, between unmistakably genuine advanced level images and those images remembered from recent experiences, which can occur along with them. It strikes me as important to draw a line between spontaneous, freely arising, advanced level images and mere memories. The latter are usually an indication that the trainee is rising to the surface of his state of absorption and has begun to incorporate fragments from his daily life into his images. I encourage my trainees at this point to return to the basic training and to deepen their trance. The day's odds and ends and memories that have cropped up are, for the rest, not given any further attention, neither as regards content nor in general, and I avoid letting them appear to have been a 'mistake' or failure. To those trainees who would respond to the interpretation, I present these fragmentary memories of real experiences as similar to the tag-ends of our night-dreams that we remember during the day. Any other interpretation must come from the trainee himself, and from him alone, and I then take up whatever it is that he presents. Such digressions do not disturb the course of the training-discussion in the least. We are aware that we have gone off at a tangent temporarily, and then we return to a consideration of the advanced level material proper.

The experiences of the advanced level, increasingly more vivid and more dynamic, offer, in the course of the advanced training, a wealth of opportunity for interpretation in depth. And since I have reached this point with all of my trainees, I have never seen any necessity to send them to the mountain peak or to the bottom of the sea. Experiences of vertical dimension occur without prompting in various guises; they are neither didactically planned, nor do they need to be called by name in the interpretation. On the contrary, the trainee who has had such experiences of being abandoned in the depths, or of the laborious and liberating path to the

mountain top has such a multitude of related associations as cannot all be gone into, and which perhaps do not need to be interpreted fully.

In individual instruction I arrange my timetable according to the amount of material available. It is not the daily routine, which is so indispensable in the basic training, that needs to be controlled in the sessions, but the advanced level exercises, which are linked with a great deal of basic level work. Even those who practise regularly do advanced level work on their own only sporadically. As soon as they want to proceed further we meet to discuss their notes and so that I can guide them in their further exercises.

I see new advanced level groups again after a week, then after two or three weeks. From then on, we decide the intervals together and on average they are from three to five weeks. During group sessions we all practise the advanced level exercises together; in individual instruction we simply discuss the results so far. Advanced level work is particularly intensified when done in the form of retreats, or in the course of thematically related congresses. I once arranged a course so that for an hour every morning the group did advanced level exercises together. The ten participants wrote their notes of their image-experiences privately in the afternoon, and most of them did a further session alone. At the next meeting these results were looked at and discussed. Since one's involvement with AT never really stops, even now, trainees from earlier years look me up from time to time and freshen up their AT, particularly the advanced level.

Demarcation lines

One is tempted to compare AT in general and the advanced level in particular with the many well known relaxation and meditation techniques. Lengthy discussions of their differences can be marred by prejudice, which tends to exalt one's own method as the better one, or as the only true one. I have never been able to understand this attitude. In this book I

have been writing about AT, but this does not prevent my having a high opinion of other relaxation exercises or meditative techniques. My aim, as a psychotherapist, is to present the method under discussion as clearly as possible, and not to confuse it with others—especially not with those most similar to it.

The detailed monograph by B. Stockvis and E. Wiesenhütter, which has appeared in many editions, offers a detailed discussion, from a critical point of view, of all serious methods of therapeutic relaxation and their techniques. Thus I can, here, restrict myself to referring the interested reader to their book, and the more so as in it there is an excellent discussion of AT as a method.

There are two techniques I would like to mention in particular. One of them is ancient and known throughout the world: Yoga. The other method has been developed in the past twenty years by Marianne Fuchs and has been taught regularly for about fifteen years at the Lindau Therapy Congress and demonstrated there. It is called functional relaxation.

Yoga

With regard to yoga, two remarks must be made at the outset, because this oriental method of meditation linked with an influencing of the body is, as a method, close to AT. Yoga developed in a cultural environment which is alien to most Europeans and Americans. This must be borne in mind and cannot be talked out of existence. It is not merely the very limited space available to this discussion that makes it impossible to present the sum of what yoga has to offer and to compare it with AT. Since I myself do not practise yoga, I am not an authority on it. But, like most AT instructors, I am often asked what I think of yoga, or whether AT is not something similar to yoga. To these questions I always reply in a way I would like to describe briefly as follows: these two methods, as far as their beneficial effects are concerned, are

so similar that they cannot really compete with each other. Anyone who has learned yoga does not need AT. Those who have not learned it and who, in their own spiritual orientation, find oriental attitudes totally alien, should, if they have the choice, learn AT and not yoga. Anyone who has already had some experience of yoga but who, for the sake of interest, would like to learn AT as well because at different adult education establishments courses in both techniques are being offered, should decide at just whose table he wishes to dine. One must distinguish between being interested in techniques and wanting to obtain information about them, and wanting to learn particular relaxation and meditation techniques in order to live with them. The latter motivation should be grounds enough for anyone, in the interests of his own economy of effort and the integration of his inner self, to decide for one or the other of the methods, and then to learn that one thoroughly and for keeps.

Functional relaxation

Under this general name, Marianne Fuchs has developed a technique which has sprung from treatment of psychosomatically disturbed people, particularly from the treatment of asthma. She has also publicised this treatment under the name "*Atemrhythmisierende Entspannungstherapie*" (relaxation therapy through breath rhythm). Interested readers are referred to the collection of articles edited by Wiesenhütter which contains many striking passages that give an excellent introduction to the field of functional relaxation. The particular article to which I refer is called "*Atemrhythmisierende Entspannungstherapie bei psychosomatischen Störungen*" by Marianne Fuchs. The method of functional relaxation, in contrast to AT, works neither with set suggestive formulae nor with the goal of unfolding inner experiences in a state of trance. Functional relaxation is thus of great interest to the theory and practice of AT because—coming as it does to the same goal by a different means—it does not call the validity

of AT in question and it can enrich it with important insights. Schultz himself knew Mrs Fuchs personally and for many years took a sympathetically critical interest in her work. Both attempted to define the border areas between AT and functional relaxation and to exhaust the therapeutic possibilities of each method independently. According to my own knowledge of the method of functional relaxation, which I would like to describe briefly here as experience of the body and the self (thus far much like AT) but without resorting to the induction and maintaining of a trance, this still largely unknown therapeutic method offers a most interesting counterpart to AT for further research and clinical practice.

CONCLUSION

IN THIS BOOK I have attempted to present AT without writing a textbook, to give information about AT and the complexity of the method, to describe it in such a way that the reader will wish to master it. As I have stressed many times, AT can only be reliably learned with the help of an instructor.

But this was not the only intention of the book. It is the hope of the author that those who are already familiar with AT will read it as well and, while turning the pages, find much that they know already but also discover new things that widen their horizon and deepen their insight.

Finally this book is directed to those colleagues who teach AT and can compare their methods and experiences with those of the author. And seen from this point of view it is a contribution to the discussion of questions of method and to the correlation of experiences.

I present a method here and communicate my personal experiences in order to make clear my own deep concern and my desire to reach a wider public after having established clearly viable formulations in my talks with individual trainees and in the intimacy of small groups.

Anyone who writes about AT must be aware that he is contributing to the propagation and interpretation of a work whose author is now world famous. AT has survived numerous modifications, of which there were many at the beginning. The great doctor, J. H. Schultz, who, in AT, developed an easily mastered technique of self-composure, left his pupils with the memory of his own unshakeable calm when

confronted with various falsifications and simplifications of his method. His stubbornness and inability to compromise were only evident when the basic principles of the method were being threatened to the detriment of the trainee. And though he spoke of detrimental effects that could be caused by an improper communication of the method, he remained calm about the effects of dilettante or inappropriate instruction, as these so-called effects tend to be conspicuous by their absence. At present we are experiencing a broad popularisation of AT which even includes unethical commercial exploitation. The ones who suffer from this are those interested but uninformed people who, on their own, cannot distinguish whether the many courses offered really are AT or some diluted relaxation technique that has no deeper effect. And thus there is reason enough to recall, as I have done here, the true basis of the AT method and its proper interpretation.

APPENDIX AND BIBLIOGRAPHY

APPENDIX:

EXTRACTS FROM NOTES

TO MAKE THE self-experience in AT more vivid to the reader I present below, mixed according to sex, age, occupation and complaint, a selection of notes from twenty-eight of my pupils or patients and one complete set of notes from 1968 to 1970. The numbers in brackets serve to identify the note-taker. The notes themselves are arranged according to the formulae and orientations of AT.

The participants

1. teacher, F, 27, wishes to become less unsure of herself
2. white collar worker, M, 28, referred by clinic as out-patient for treatment of anxiety neurosis
3. medical student, M, 20, anxiety, impotence problems, general awkwardness with women, parents divorced in youth, lives with mother
4. architecture student, F, 20, fear of blushing, sluggish bowels
5. invoicing clerk, F, 38, divorced with twelve-year-old son, circulation problems and cramps in the back (note occupation!)
6. professor of theology, M, 47, learning AT to be able to concentrate better at work and speak more freely, old complaint in right auditory canal
7. teacher, F, 49, circulation problems
8. student of paedagogics, M, 23, generally inhibited, fear of superiors
9. painter and decorator, M, 27, stutter

10. teacher at school of commerce, M, 34, inhibited, varying vegetative disturbances, tendency to inhibition stutter
11. nursery teacher, F, 25, depression, nervousness, menstrual problems
12. theologian, teaches in 'home', M, 25, learning AT without symptoms to improve his situation as a whole *vis-à-vis* difficult social work
13. trainee nurse, F, 23, fear of blushing
14. law student, M, 21, stutter
15. housewife, F, 29, anxiety states and heart complaint
16. student of theology, M, 26, trouble in concentrating
17. electrical engineer, M, 42 anxiety states, referred to AT after several examinations diagnosing no organic cause for complaint
18. pastor, M, 39, inability to concentrate or organise work economically
19. law student, M, 24, stutter
20. teacher, F, 26, bronchitic attacks under emotional stress
21. installations consultant, M, 31, stress, memory problems
22. manufacturer, M, 44, speech inhibition, awkwardness in discussion with partners
23. housewife, former secretary, F, 40, hyperactivity, nervous rash, moody
24. physicist, M, 57, overworked professionally
25. university lecturer (biology), M, 34, disturbed sleep
26. housewife, F, 30, circulation problems
27. engineer, M, 43, stress, disorganised, harassed man
28. trainee in psychogogics, F, 24, general nervousness, lack of concentration

"I am at peace"

Feeling that I am on the surface of a great depth. When I breathe out often the twitching, or the beginnings of it. Sometimes a sinking out of the world into darkness. Feeling of weightlessness, with the sensation of a gentle, uncontroll-

able turning which disappears as soon as I focus my thoughts on it. (19)

First my body relaxed, then an inner distance to myself, tingling. Surroundings are far away. No sense of time. Joyful mood. (28)

I am aware of my borders. There is a pulsation in my extremities, I know where I stop. (1)

Head still heavy, eyelids pulsating. Suddenly I had the feeling I was lying in a hammock swinging back and forth. Had to laugh, told myself I could laugh later, did the exercise again, and a third time. After about five minutes I had to laugh again and returned. (11)

In front of my eyes and nose, deep down, a feeling of heaviness which at the word "completely" led to a sensation of expansion from narrowness to wideness. (this trainee drew in his notes a wave with the words "I" and "completely" on the crests and "am" and "relaxed" in the troughs). (6)

It took quite a while before I felt really relaxed. At first, for some time, a funny trembling between my closed eyes and my forehead, about the middle. Then I had a feeling in the fingers of my right hand that reminded me at first of heaviness and was then as if the fingers no longer belonged to me. As soon as I noticed it, the feeling vanished but then it came back in waves about three times more. Once I felt the same thing in my left hand, but not so strongly. My legs seemed to twitch a few times at first and then they just lay there as if they weren't a part of me. My breath became quiet and regular. However, it did bother me that I had to swallow twice in the first third of the session. Towards the end my right eye opened three times without me wanting it to. (12)

My hands ended up like under a veil. Arms and hands seemed to be far away, for some moments as if they were asleep. (18)

Relaxation of the tongue muscles. Body heavy. Pleasant feeling of relaxation. (22)

“Right arm very heavy”

Experienced heaviness in right arm but had hoped for a more distinct sensation. Afterwards very relaxed. AT only partially successful with the experience of heaviness but very helpful in relaxing at an exhausting conference. (24)

After the preliminaries, heaviness came at once and grew stronger during the session and was the strongest sensation so far. It spread to the rest of the body, particularly in the right arm a strong impression that the arm was lying firmly on the floor. (14)

A lasting sensation of sinking, leaden arm. Gradual relaxation of the shoulder muscles, waves of warmth in the arm, heaviness in the right arm. (21)

I was reflecting on whether I had any response. In the middle of this the exercise came back into my mind—and suddenly I felt for the first time a positive heaviness and relaxation in my legs which up to now I had only ever had in the arms. So I stopped the session there, feeling very satisfied. (25)

Experience of heaviness particularly strong in the right leg. Then a disintegration of the heaviness from the fingertips up to the shoulder. Heaviness in the right leg comes automatically and a stronger feeling of warmth in the right side of the body. (22)

Arms heavy—again the feeling that I am submerging under some sort of covering. (18)

Heaviness at intervals in the right arm, and then calves and left arm heavy. (7)

Reached relaxation quickly and without interruption. I am not really clearly conscious of the right arm as heavy. What is

stronger is the feeling of contrast with my left arm, which is lighter and 'higher'. (6)

The inner quieting down of my body goes faster now. After a few exercises my right arm felt heavy. Right arm and hand seem to be longer and thicker. This feeling extends to the right side of my chest. The whole of the upper half of my body on that side seems malformed. The whole body, especially arms and legs, is heavier. Now the whole exercise seems to do me good. Afterwards my whole body is quieter and more relaxed. (2)

Found peace quickly. My arms felt very heavy. Imagined I was Götz von Berlichingen—not just with an iron hand but with an arm that was pressing right through the couch. (11)

“Right hand warm”

Almost immediately a general relaxation and then feelings of heaviness and warmth in my left arm and leg. Left hand warm. Tickling and twitching. The latter in right and left arms. No sensation of warmth but an indeterminate awareness of temperature, like when you touch a very cold piece of metal and cannot tell whether it is cold or hot. Slight tingling in the skin and the hand. (19)

Realised what it means to let go. Together with heaviness my inner relaxation increased. Hand warm fairly quickly and with it heaviness seemed to be flowing in waves through the arm and hand. (28)

The feeling of warmth in the skin in the exercise “right hand very warm” remains even in a cold room. (10)

The formula “right hand warm” brought about a strong, pulsating feeling of pressure in gigantic hands. For the first time had the feeling that I was experiencing something very beautiful. Right hand warm caused an intensive but still pleasant feeling of pressure, especially in the fingers, but

without their size increasing—as if they were about to burst. (25)

With the warmth formula first a feeling (especially in the hand) that everything is expanding and getting wider. My arm feels stronger. The feeling of heaviness increases, but not really warmth. After further practice even stronger effects, particularly in both forearms and calves. (14)

Warmth in both hands perceptible very soon, spreading only slowly to other parts of the body. Only weakly in the legs, but instead a peculiar feeling in the thighs and arms. (4)

I don't really feel that my hands are warm, but I am aware that they are. My own formula : right hand nice and warm. (6)

Feeling of warmth in the right hand, the rest of the body heavy. Simultaneously with the warmth in the hand I can feel the blood pounding in my fingers. (7)

Very relaxed, strong feeling of heaviness and a perceptible feeling of warmth. (25)

Warmth and heaviness in the whole body, somewhat dry mouth, tummy rumbling. (3)

“Pulse calm and strong”

Heaviness and warmth both achieved promptly. Perhaps I don't notice the onset of the feeling of heaviness very well because it is there from the very beginning. I can always feel the width of my back and the relaxed resting of my body on the bed. Pulse has the best onset : at once and throughout the body. (19)

Towards the end of the session I can feel a clear hammering in my fingers. Although peace and heaviness come quickly I still feel very light. Again at the end a brief hammering in my head, especially at the temples. The hammering in the

fingers seems to be stronger. Now that I have changed the order of the exercises putting breath earlier, I am more aware of my heartbeat. Right over to the right side of my chest. Now I feel the heartbeat more clearly in my head and my hands too. This and the previous exercise seem very similar to me. My body becomes more tranquil in this exercise. I feel particularly relaxed and light, so that the heaviness that came at the beginning of the session is hardly perceptible any more. (2)

“Heart and pulse calm and strong” makes me feel as if I were sitting up to my neck in a tub of comfortably warm water and it was making me feel good. (10)

Heaviness and warmth promptly, then pulse in the belly. (26)

Heaviness and warmth promptly. Pulse first in the fingertips, then around the feet and ankles. Later in the temples and finally around the stomach. (21)

A calm beating of the heart. (14)

A strong pulsation, I can feel my skin from within. Later pulsation at the back of the neck. (1)

Pulsebeat in my right hand, a slight feeling of pressure from the couch against my arm. (16)

Heaviness and warmth good. Blood beating in hands and feet. Heartbeat clearly discernible. (7)

Pulse calm and easily noticeable in fingertips, right wrist and also in the throat and the back of the head. (23)

What is really noticeable is the calming down of my heartbeat from the beginning to the end of the exercise. (6)

“Breath calm and regular”

Good relaxation, much warmth and regular deep breathing. (23)

Movement of diaphragm very clear, noticeable belly breathing, and with it increased feeling of warmth in the legs. (7)

Did the session very peacefully. Very relaxing even after the negotiations. The association that my head is rising a bit on the word "breath" and is sinking back on "completely calm" is very helpful. (24)

Immediately calm breath, swelling of the calves, a bit of pressure in my head, but then relaxed again and a feeling of warmth throughout my body. (11)

Breathing in intervals, like those with the formula "right hand very heavy". I fall into this rhythm automatically. (10)

With the breath orientation I often feel an intensification of the other orientations. (8)

Stayed a long time on breath. I have the impression that my observation won't interfere with the sessions any more. (25)

On breathing out a feeling that air was streaming into my abdomen. (5)

"Solar plexus glowing warm"

Everything there. Warmth from the middle of the body outwards and back again. Like a great bowl. (1)

Solar plexus: slight growling in my stomach, a feeling as if my belly were collapsed like a deflated balloon. (14)

At first pressure on my stomach again, then my hands turned into paws and combine with the belly to form a great unit. This reminds me of pictures by Botero. (18)

With the plexus formula my belly grew very lively. Surface sensations on the belly, not reported in detail (when questioned: a clear apprehension of the contact of the skin of the belly with the clothing). (17)

At the plexus formula a surprising but very pleasant tickling

in the thighs. Warmth flowing to the feet and back. Head slightly perceptible. Afterwards easy and relaxed. Legs loosened and circulation in the legs good. (13)

Pulse concentrated on the stomach area. I can feel the pulse going deeper and deeper, oddly enough like a chemical reaction with gas bubbles rising slowly to the surface. For a short while I felt around the kidneys as if there were two broad bands, but I can't describe the feeling. They run like parabolas, rising towards the shoulders, and stop before they reach the spine. Deep relaxation. (19)

At "plexus glowing warm" I can feel warmth behind the wall of the stomach, it seems to be good for the digestion. Rumbling in my stomach. (10)

Feeling as if the belly wall were being tickled on the inside. A variety of experiences within the belly: a veritable concert! Good session. (22)

Feel a pleasant warmth in the belly and in the thighs. Stomach growling. (23)

"Forehead pleasantly cool"

Forehead felt cool from time to time, but I do not really know whether this was not a draught, although there could not have been any in the room. (19)

Formula "forehead pleasantly cool" led to warmth streaming into the feet. After this, a perception of a slight breath of air. By see-sawing between the formulae "feet warm, forehead pleasantly cool" the warmth was comfortably increased. The reaction comes almost instantaneously with the focusing. (25)

Forehead pleasantly cool, feet warm, very relaxed, warmth everywhere. (15)

My face shrinks, the ears are drawn down, pressure escapes, my head grows clearer. (13)

Forehead cool, a feeling of empty space in my forehead. Feet and hands very warm. (18)

With the focusing on forehead cool, the pulse that had previously been beating so clearly in my head disappeared. (12)

Summing up (organismic shift)

The individual exercises go like a charm, responses are prompt. Afterwards I spend a longer time with heaviness and breath. It's as if the breath wanted to dissolve the heaviness. The pulse this time integrated into the breath. (20)

I find the exercises so calming and so beneficial that I would like to stay in this relaxed state for much much longer. (2)

The combination of various exercises was again very helpful. I was amazed that I could take the whole training through in six or seven minutes when I usually need ten to fifteen minutes. And still I had the feeling today that it took particularly long. (24)

Completely relaxed, I feel well. I haven't known such total relaxation for weeks. (5)

Heaviness and warmth quickly achieved, later an increase in the sensations until I felt that I was completely relaxed, I was hardly aware of my arms and legs. Even heaviness was not really perceptible as such. And my face was relaxed, and my forehead. Warmth in the solar plexus, tummy rumbling and other events that I cannot interpret medically. Once a mild twinge in the lower abdomen, perhaps the urethra? When I got up after the session I had a pleasant feeling of harmony and gentleness in my whole body. A feeling of physical identity. (14)

I've only come to notice through the training how tired or

exhausted I used to be, without even being aware of it. (28)

I did my exercises four times, with great success. I felt wonderfully fresh for hours afterwards. (23)

After AT a decrease in tiredness. Afterwards I can concentrate better, I'm calmer. I feel really well, and this feeling lasts for a long time. (10)

Very tired before starting the session. During it suddenly I had a strange alteration of all my sensations, accompanied by a slight shudder. Images rose before my eyes without the training being disturbed in the least—and then I knew, I was asleep. After a while I decided to wake up, and this didn't affect the training either. Feel unusually refreshed when I finally end the session. This session, by the way, did not take longer than usual. (25)

Unclassifiable (27)

This patient kept scrupulous notes and at two week intervals made short summaries which I here present. Their individual character deserves it :

For training lying down I do need a pillow every time. I am sleeping better.

I'm driving more slowly.

I held a short impromptu speech. Was calmer than before and sure enough of myself to be able to observe. The speech went down well. The applause was spontaneous.

Sessions go best just before sleep.

Just lying down, without any formulae, is a sinking into a pleasant state that includes the goals of all the formulae. I still take the formulae through. The final state comes automatically too. The revision of my self-knowledge has begun, it is not particularly pleasant.

I think I am experiencing the beginnings of self-perception. My inner turmoil has not dissolved, but at the moment it is

no longer so virulent. A new standpoint seems to be in preparation.

Examples of intentional formulae

With the concept "speech doesn't matter" I am almost always overcome by the feeling that I shall manage everything effortlessly and that formerly I used to get much too upset. (9)

With the formula "I know who I am" the feeling of rest grows stronger and things harmonise. I have a stronger feeling of security. (10)

Pulse and heaviness immediately. Warmth at the appropriate exercise. At every formula I now speak inwardly while breathing out. Pulse is concentrated the whole time mainly on the diaphragm. Plexus formula going well. Intentional formula: "I speak with the flow". At once a much greater expulsion of breath. The intervals between breathing in and out become correspondingly greater. With this, waves of warmth through my whole body. (19)

"Courage and self-confidence are increasing." "I am calm in every activity." Relaxation particularly good with these personal formulae, which I fit in between the standard formulae. (8)

I got up today and went to the Kindergarten without any feelings of anxiety or nervousness. I have been practising splendidly with the formula "This is my working day". (11)

Consecutive notes

Teacher, F, 25, sexual anxiety, aversion to corpulent fiancé

12.9 Stifled feeling. Cramped inward listening. Pounding of the belly artery. Then a feeling of warmth, rising from the fingertips to the elbow.

- 13.9 No inner peace—pressure in head and throat.
- 14.9 Pulsating body, pounding in the right thigh—body heavy.
- 15.9 Belly wall drawn downwards. Droning in head.
- 16.9 Warmth rising from the toes to the knees.
- 17.9 Pounding in head and warmth rising from the feet to the knees and from the fingertips to the elbows. Feeling as if I were turning.
- 21.9 Yesterday's good mood lets me find inner peace. (Note: patient visited her fiancé.) Cardiac twinges, numbness in head—tickling in the hands, warmth rising in my back.
- 22.9 No real concentration. Pressure in the throat. A sort of strangled feeling.
- 24.9 The right side of the upper part of the body is heavier than the left. Right arm is heavy. Rushing sound. Left arm doesn't exist. Tickling on the backs of the hands, moves into the forearm and up to the elbow.
- 25.9 No physical equilibrium.
- 28.9 Hunger makes my belly wall contract. Tickling feelings in both arms. I have the feeling in my right arm: the cold arm is slowly warming up. At the same time it is as heavy as lead.
- 30.9 I am aware of the length of my legs. I can feel the whole extent of my body. Tickling feelings in the right arm.
- 1.10 Feel the extent of my body; right arm and right leg heavy as lead.
- 2.10 Again this feeling of the surface of my body.
- 5.10 Right arm almost without feeling. Warmth spreads through the whole body.
- 8.10 Heaviness in the right arm quickly achieved. Warmth creeps into arms and legs and then throughout the body. Light arm causes feeling of weightlessness.
- 9.10 Right arm heavy and warm. Body heavy as lead.
- 10.10 Through "breath calm and regular" the opposite, gasping for breath.

- 12.10 Concentration quickly achieved. Breath goes better without formula.
- 13.10 Faltering breath. All parts of the body that are touching the couch are warm.
- 15.10 Paralysing tickling in both arms. Back of my head, touching the couch, is painfully heavy. (Note : patient discovered that she had some awkwardly positioned hairpins in her bun.)
- 17.10 Body quickly warm.
- 19.10 Regular, calm breath, rhythmical pulsation on the surface of the body.
- 20.10 Warmth comes immediately after lying down.
- 21.10 Floating feeling in both feet.
- 22.10 Rhythmical pulsation in face and hands.
- 23.10 Feeling that my hands are floating.
- 24.10 A delightful feeling of warmth fills my whole body.
- 25.10 Body quickly warm.
- 26.10 Calm breath. Muscles relax. Body becomes heavy.
- 27.10 Rhythmical pulsation in face, then on the backs of the hands, then in the arms.
- 28.10 Warmth comes promptly.
- 29.10 Overslept my usual session. At lunch break tried to make up for it but found no inner peace.
- 2.11 Warm body. Muscles limp. Body heavy as lead. Feeling as if my right hand were swollen.
- 4.11 Warmth comes promptly. Blockage of warmth in the knees. Tickling in head. Skin of forehead tense.
- 5.11 Arms and head warm, feel cold, body pulsating.
- 6.11 Warm, heavy, pulsating body.
- 8.11 Pulsating body. Icy cold hands get warm during the session.
- 9.11 Warm body, cold hands get warmer. A tingling in my whole body.
- 11.11 Stomach rumbling. Belly artery pulsating. Belly wall presses. (Note : the patient means here a pressing of the belly wall on the intestines.)

- 12.11 Stomach gurgling. Belly enclosed in the warmth of the body.
- 13.11 Warm body. Belly wall falls into the belly. Belly artery pulsates. Feeling of warmth extends to the whole abdomen.
- 14.11 Belly wall is heavy—gets gradually lighter. Belly artery pulsates. Warmth focuses on the sex organs.
- 16.11 Warm body, cool forehead, pulsating abdomen; clothes, stockings, etc., no longer exist; I am surrounded by a warm skin.
- 18.11 Beating, relaxed abdomen, cool forehead, tingling body. For the first time practised intentional formula : “Fat people are attractive too.” (Note : the patient chose this formula herself and it was given to her to try out.)
- 21.11 Warm heavy body; pulsing belly artery. Intentional formula : “Plump cheeks don’t bother me.”
- 23.11 Belly wall tense, pulsing belly artery. Heavy body.
- 25.11 Heavy, tired body, warm abdomen. Intentional formula.
- 28.11 Pulsing of the aorta. “Fat people are attractive too, plump cheeks don’t bother me.”
 - 1.12 Cold hands warm up. Tingling arms, pulsing aorta, relaxed belly wall.
 - 4.12 Warm body, relaxed belly wall. Intentional formula : “Face pleasing”. (Note : The patient practised less along these lines over Christmas, and then again very regularly in January of the following year, and made notes much like the above. On 20 January she noted down : warm body, scrape on leg, painful during circulation, relaxed belly wall.)
- 23.1 Tingling body. New intentional formula : “Eric’s fatness is irrelevant, the body widens.”

(Note : For the months from February to April, inclusive, the patient gives two separate summaries for practice sessions sitting and lying down.)

Lying : Feet and hands, especially the palms, get

warm quickly. Warmth rises up to the shoulders. Warmth concentrated on the knees and shoulder blades. Hiccoughs disappear. Head attains very strong heaviness. I continue to practise with various intentional formulae, sometimes: "Eric is like that" other times: "Eric is good, his appearance is part of him." With this training I can reach complete relaxation.

Sitting: Cramped sitting position, cramped posture, tense neck. Aches in back and neck. Hand and feet get warm. Back and neck become less tense, I notice this especially during evening sessions. Training in this position is easier. Hands, feet, whole body becomes warm. Tingling feeling in hands, feet and legs. Heavy head falls forwards. Training in this position does not lead to complete relaxation, but it does go more quickly. Concentration does not last so long because of the accompanying physical symptoms.

(Note: One further last summarising note for the months May to July.)

Warmth creeps throughout my body, clearly observable in the toes and fingertips. Arms, hands and feet 'expand'. Body is heavy as lead, especially the calves. All parts that touch the couch form a unity with it. Feet no longer feel the presence of my shoes. Organs in the belly are heavy. Pulsation in head and body which then diminishes. Palms begin to tingle even before I begin the session. Since recently I can do AT even in the company of quiet people. Final intentional formula, in which I focus directly on my fiancé: "Eric is fine, just as he is."

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The following titles, referred to in the text, are recommended for further reading, but no attempt has been made to provide a complete list of the wealth of material available on the subject. English readers should note that the two works by Luthe and Schultze & Luthe were originally written in English.

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