British Autogenic Society
Annual General Meeting 2012
London, 28 April 2012

The Schultz and Luthe 2012 Memorial Lecture

Prof. Luis de Rivera, MD, PhD, FRCP (C)
WWW.PSICOTER.ES

JLG de Rivera
“Psychodynamic Therapists practicing autogenic training regularly on themselves make better interventions and obtain better results than those that do not”
ANXIETY TOLERANCE

• “If there are two persons in a room and one of them is very nervous, it is much better that the other one is very calm”

Hans Aufreitter
QUALITIES OF THE PSYCHOTHERAPIST

1. OBJECTIVE EMPATHY
2. DYNAMIC ACCEPTANCE
3. ANXIETY TOLERANCE
4. MENTAL OPENNESS
5. ESCHEW EMOTIONAL GRATIFICATION FROM PATIENT
6. CREATIVE MOTIVATION
THE CLINICAL SIGNIFICANCE OF VARIOUS FORMS OF AUTOGENIC ABREACTION

W. LUTHE, Montreal, Canada

Clinical and experimental observations gathered over the past 35 years have indicated that the physiologic changes occurring during Autogenic Exercises are of a highly complex and differentiated nature, involving autonomic functions which are co-ordinated by diencephalic mechanisms.

The physiologic changes which occur during the exercises coupled with the fact that the regular practice of Autogenic Training over long periods of time has a normalizing influence on a great variety of bodily and mental disorders led to the conclusion that Autogenic Training exerts a therapeutic action on certain mechanisms which are of pathofunctional relevance for many different types of bodily and mental disorders. In summarizing our experimental and clinical findings it was hypothesized (W. Luthe 1957, 1959) that the particular twitches, involuntary movements, spinning of head, pain in joints and various parts of the body, etc., were experienced. A number of patients who experienced disagreeable phenomena did not want to continue the exercises while others reported that their complaints seemed to bother them more than before; some burst out into crying spells during the exercises and others complained about bothersome nightmares or had a tendency to get so restless during the initial stages of the exercises that they felt they had to stop.

A comparison of this variety of phenomena as they occur during the autogenic state with the discharges observed in epileptic patients or obtained by direct stimulation of cortical areas, as reported by Penfield and Jasper (1954), revealed a striking similarity. This similarity and the clinical evidence that many
INTERNATIONAL CO-ORDINATION OF AUTOGENTIC TRAINING

W. LUTHE, Montreal, Canada

A PANEL DISCUSSION on the International Co-ordination of the Clinical Application and Teaching of Autogenic Training took place on June 5, 1961, as part of the programme of the Third World Congress of Psychiatry. For a three-hour period representatives of eight countries (Canada: W. Luthe; France: P. Geissmann; Great Britain: A. S. Paterson; East Germany: D. Müller-Hegemann; West Germany: D. Langen, P. Polzien; Holland: B. Stokvis; Poland: A. Jus; U.S.A.: M. H. Erickson) and members of the audience of about 150 persons discussed problems related to the International Co-ordination of Autogenic Training.

Training is considered an excellent tool for the treatment of patients with psychosomatic and somato-neurotic symptoms, psychosocial diseases (Halliday), organ-neurotic reactions, and conversion hysteria. As in other forms of psychotherapy the application of Autogenic Training is influenced by the personality structure of the patient and the therapist, the nature of the disorder, transference, countertransference, psychosocial, and other environmental factors. At the Centre psychoanalysis is considered the method par excellence to study the theoretical background of psychosomatic disorders. However, the best therapeutic results have been obtained with Autogenic Training as a basic form of therapy. Autogenic Training

JLG de Rivera
ICAT 1st. MEETING

Proceedings
Comptes Rendus
Sitzungsberichte
Las Actas

THE THIRD WORLD CONGRESS OF PSYCHIATRY
LE TROISIÈME CONGRÈS MONDIAL DE PSYCHIATRIE
DER Dritte WELTKONGRESS DER PSYCHIATRIE
EL TERCER CONGRESO MUNDIAL DE PSIQUIATRIA

Volume III
Montreal, Canada
4-10 June 1961

UNIVERSITY OF TORONTO PRESS
McGILL UNIVERSITY PRESS

JLG de Rivera
ICAT nomination

February 17, 1977

J.L.G. de Rivera, M.D.
Islas Filipinas, 52
Madrid-3
Spain

Dear Dr. de Rivera:

It is my privilege and pleasure to inform you that the results of a recent vote on suggestions for new ICAT members shows that ICAT voted unanimously for your membership.

The unanimous nature of the vote indicates that your work in the area of AT has been greatly appreciated by an international group of leading investigators in autogenic therapy.

In conveying the greetings of welcome from all ICAT members at large, I would like to take this opportunity and express my personal congratulations. I am convinced that your representation of Spain in ICAT will greatly contribute to a fruitful international exchange of scientific information and facilitate the coordination of clinical application and teaching of autogenic therapy at a national and international level.

Further information on ICAT matters will reach you periodically by separate mail.

With best regards,

Sincerely yours,

W. Lothe, M.D.
Secretary-General, ICAT

JLG de Rivera
Dear Colleagues,

Yuji Sasaki
(Tsukuba, Japan)

The reorganized meeting of ICAT was held in Vienna on 30 October 1994. This meeting was promoted by Dr. Ikemi, Dr. Wallesder and me. About twenty researchers of autogenic training (AT) from eight countries participated in the meeting. The participants were from Austria, France, Germany, Hungary, Italy, Japan, Spain, and United Kingdom.

At the ICAT meeting in Vienna, I was elected President. I feel profoundly privileged to have been elected President of ICAT and I look forward to serving as President.

I would like to take this opportunity to briefly look back on the development of ICAT as an international body. ICAT was founded in 1961 at the Third World Congress of Psychiatry in Montreal, by Dr. Wolfgang Luthe and nine other researchers from seven countries. These researchers included the honorary member J. H. Schultz (West Germany) and members W. Luthe (Canada), D. Müller-Hegemann (East Germany), R. Durand de Housingen, P. Geissmann (France), B. Stokvis (Holland), A. Jus (Poland), A. S. Paterson (United Kingdom), D. Langen, and P. Polizen (West Germany). At this congress, participants discussed problems of clinical application, as well as teaching and training standards of AT. Subsequently, twenty-two researchers from thirteen countries gathered for the ICAT meeting in 1970. Similar meetings were held in 1975 and 1977.

In my opinion, the important achievement of the ICAT has been the findings reported by Dr. Luthe. These findings concern the absolute and relative contra-indications and absolute and relative non-indications of AT are based on data collected by ICAT members.

Prior to his death, Dr. Luthe was personally responsible for all aspects of the administration of ICAT. At that time, ICAT was composed of thirty-nine members from eighteen countries. The countries were Argentina, Austria, Belgium, Brazil, Canada, East Germany, France, Hungary, Italy, Japan, Norway, Romania, Spain, Sweden, Switzerland, U.S.S.R., West Germany, and Yugoslavia. After Dr. Luthe's death in 1985, Dr. Yuji Ikemi was elected President and Dr. D. Müller-Hegemann was elected Vice-president of the European group. However, because there was neither a formal list or a network of members, we were unable to hold regular meetings.
Room 9  October 14, 2008

ICAT
International Committee for Autogenic Training

Meeting
Tuesday 12:00-13:15, Room 9

13:30-15:00
SYMPOSIUM
Culture, traditional Chinese medicine and psychotherapy in psycho-oncology
Co-Conveners
- Ruqiu Liu (China)
- Traditional Chinese medicine and psychology, PingPing Li (China)
- An interdisciplinary approach to the Study of cognitive issues in Women with breast cancer, Tim Akes (USA)
- Holistic wellness and meaning reconstruction: An Eastern integrative body-mind-spirit intervention model for people with cancer, Pamela Leung (Hong Kong, China)
- What has been done with the distress thermometer in cancer patients in China? The benefits and issues, Li Li Tsang (China)

15:30-17:00
SYMPOSIUM
Trauma related issues (I)
Coordinator
- Chengkai Liu (USA)
- Therapy of grief and loss in a Chinese context, Chengkai Liu (USA)
- Prevalence of PTSD in the Kerman schools students witnessing the Bam earthquake scenes on TV, Farshid Khorroopour (Iran) — Cancelled
- Review of the research on the victims’ resilience and psychological interventions, Hafsan Wei (China)
- The construction of the Coping Knowledge of Grief Guidance Inventory (CKGGI), Chang-Chiu Ho (Chinese Taipei)
Dear [Name],

I am truly looking forward to hear from you and your colleagues. I expect you first time "The Nourat" form, I'm sure there would be HK
deal.

For the ICIIT meeting you requested for the agenda would be greatly appreciated.

I am now in Vancouver - more comfortable - don't feel

With very best regards for this
to my good friends Mr. [Name] — Mr. [Name] — Mr. [Name]

For variable periods I will be either in Montreal or

W. Luthe, M.D.
Autogenic Therapy Information Center
3470 Carnarvon Avenue
North Vancouver, B.C., V7P 3K7
Canada

Tel: (604) 980 - 1905

In order to respond to your mail promptly, it would be very helpful if you would be so kind and send a copy of your letter to my office in Montreal.

W.L.
Sailing in Vancouver 1984
A TRAINING WORKSHOP FOR PROFESSIONALS:
INTRODUCTION TO THE METHODS OF
AUTOGENIC THERAPY

W. Luthe, M.D.
Montreal

Sponsored by
THE BIOFEEDBACK SOCIETY
OF AMERICA

MARCH 8, 9 and 10, 1977
ORLANDO, FLORIDA

JLG de Rivera
Lettres d’information sur les aspects neurofonctionnels et l’Education

PAR LE DR. W. LUTHE

TOME I

CENTRE DE DEVELOPPEMENT EN ENVIRONNEMENT SCOLAIRE

JLG de Rivera
BRITISH ASSOCIATION
FOR
AUTGENIC TRAINING
AND
THERAPY

FIRST INTERNATIONAL
CONFERENCE

Saturday and Sunday
24th and 25th September 1988

Institute of Psychiatry
De Crespigny Park, Denmark Hill,
London SE5

(Co-ordinated with Experiential and Teaching
Courses for Autogenic Trainers and Therapists)
Fig. 1 La collaboration interhémisphérique: concordance d'information. 45, 170, 227, 249, 255, 338, 340
Fig. 2 La collaboration interhémisphérique: discordance d'information (biais éducatif).
6.46 - discordance d'information (e.g., conflictuelle) avec résolution par 'suppression' (inhibition, désengagement, dissociation, 'déconnection') d'une source d'information (voir Fig. 1);

"Jaime ça, enseigner. Je suis toujours gentille et patiente."

"rassurant"  "pas rassurant"

gauche  droit
SPECIAL GUEST LECTURE
Tuesday 29th May 5pm Wolfson Lecture Theatre, Institute of Psychiatry,
Professor Luis Gonzalez de Rivera
Head of Department of Psychiatry, La Laguna University, Tenerife.

MULTIDIMENSIONAL PSYCHIATRY:
PSYCHOPHARMACOLOGY
AND PSYCHOTHERAPY

Based on his many years of psychiatric practice and research in both Canada and Spain, Prof. Gonzalez has developed clear guidelines for the most effective ways of combining standard psychopharmacological methods of treatment with a broad psychotherapeutic approach.
AT CONTROVERSIES

• PSYCHOTHERAPY vs. TECHNIQUE
• MEDITATION vs. HYPNOSIS
• DUAL FOCUS vs. SINGLE FOCUS
• RELAXATION vs. REALIZATION
• PURITY vs. ECLECTICISM
• ISOLATION vs. INTEGRATION
A.S.C.I. Therapies
(amplified states of consciousness induction)

- Autogenic Psychotherapy
- Yoga
- Vipasana
- Transcendental Meditación
- Mindfulness
STATES OF CONSCIOUSNESS

• AMPLIFIED STATES (ASC)
  – AUTOGENIC STATE
  – RELAXATION RESPONSE
  – MINDFULNESS

• FOCUSED STATES (F.S.C)
  – HYPNOSIS
  – VISUALIZATION
  – AUTOGENIC STATE (?)
LA EXPERIENCIA DE RELAJACIÓN: APLICACIÓN DEL CUESTIONARIO DE ESTADOS DE CONCIENCIA A SUJETOS EN ENTRENAMIENTO AUTÓGENO Y OTRAS FORMAS DE MEDITACIÓN

J. L. G. de Rivera y Mª R. García Trujillo

Resumen

Partiendo de una base teórica sobre técnicas de autoinducción de estados alterados de conciencia, y en un intento de aportar una metodología común de observación, codificación y medición de fenómenos subjetivos, los autores proponen un Cuestionario de Estados de Conciencia
AUTOGENIC STATE: SUBJECTIVE EXPERIENCE

1.- BASIC AFFECTIVE STATE
2.- INCREASED PERCEPTION
3.- AUTOGENIC DISCHARGES
AUTOGENIC PSYCHOTHERAPY

• PSYCHIC EDUCATION
  – RELAXATION RESPONSE
  – WIDENING OF CONCIOUSNESSNESS
  – FREE ASSOCIATION
• DECATEXIS
• NEUTRALIZATION
• RECONSTRUCTION
OBJECTIVES OF AT

- SELF PERCEPTION
- SELF ACCEPTANCE
- SELF INTEGRATION
- SELF REGULATION
- SELF ACTUALIZATION
- ENVIRONMENTAL FITTING
  - CREATIVITY
  - ADAPTATION
AUTOCGENIC METHODS

Basic exercises:
1 (heaviness)
2 (warmth)
3 (heart)
4 (respiration)
5 (solar plexus)
6 (forehead)

Autogenic Analysis

Autogenic Neutralization

Autogenic Abreaction

Autogenic Verbalization

Meditative exercises
1 (colors spontaneous)
2 (colors related)
3 (objects concrete)
4 (objects abstract)
5 (emotions selected)
6 (answers unconscious)

Autogenic Biofeedback

Autogenic Behavior Therapy

Specific Organ Formulas

Intentional Formulas

Autogenic Modification

Autogenic Reconstruction

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JLG de Rivera
THERAPY IN PSYCHOSOMATIC MEDICINE
Edited by W. Luthe and F. Antonelli

VOLUME 4
AUTOGENIC THERAPY

EDIZIONI L. POZZI - ROMA
PSICOTERAPIA AUTÓGENA
MANUAL TEÓRICO-PRÁCTICO
DE INICIACIÓN TERAPEUTICA

José L. González de Rivera
LE TRAINING AUTOGÈNE PROGRESSIF

Une relaxation psychothérapeutique
Los síndromes de estrés

Luis de Rivera
ÉTATS DE CONSCIENCE ET RELAXATION

LA SPÉCIALISATION HÉMISPHERIQUE ET LES ÉTATS DE CONSCIENCE

José Luis GONZALES DE RIVERA

L’Esprit du Temps
FONCTIONS DU T.A.  
(d´apres Yves Ranty)

1 CALMANTE
2 CONTENANTE
3 NARCISSIQUE
4 SPECULAIRE
5 ESTHESIQUE
6 SYMBOLIQUE

— Les métaphores corporelles
— Les rêves corporels
— Les métamorphoses
— Les Fantasmes Corporels

7 LEXITHYMIQUE
AUTOGENIC ANALYSIS

• 1. AUTOGENIC STATE
  – INHIBITION OF ANXIETY
  – INNER PERCEPTUAL OPENNESS

• 2. VERBALIZATION IN MODE 1
  – BRAIN DIRECTED
  – NON INTERFERENCE

• 3. POST ANALYSIS
  – HISTORICAL PERSONAL EVENTS
  – PERSONAL SYMBOLISM -
Autogenic analysis: the tool Freud was looking for

J.L.G. De Rivera

Autonomous University of Madrid, Avenida de Filipinas, 52–28003 Madrid, Spain, e-mail: psy@terra.es

Abstract  As implied by the paper’s title, I think that I have discovered a technical improvement that fits better into the roots of psychoanalysis than into any one of its many current branches. My first point is that the ‘abreactive phase’ of psychoanalysis was prematurely closed for lack of appropriate tools to investigate the stream of consciousness, or, we should rather say, the stream of unconsciousness. After abandoning hypnosis and experimenting with other suggestion techniques (such as the laying of hands), Freud finally settled for ‘free associations’ or the reporting of spontaneous mental contents during the waking state. My second point, based on both historical and personal data, is that free association is a rather clumsy technique, and that it could, and should, be greatly improved. Instructing the average patient, as Freud did, to ‘say everything that comes to mind, as it comes’, is something like asking an anxious person to keep calm. In both cases, the instructions are appropriate, but quite difficult to comply with. Stating the goal is not enough; we also need instrumental instructions, that is, we have to teach the patient how to achieve those goals. This leads us to my third point: we have to teach technical procedures for attention management that are adequate for analytic work, rather than relying on the analysand’s intuition to stumble upon some way to free associate.
FEELING MEDITATION

1. **DO NOTHING** feelings are automatic and appear by themselves. *Everything that we do are strategies for not feeling the feeling*

2. **ACCEPT THE FEELING.** *Nothing to do with resignation, tolerance, etc, but with loving it, as one part of oneself.*

3. **GIVE IT A NAME.** *It is not the most important part, so take it easy. Every feeling has a name, but if yours has not, make it up.*

4. **LET THE FEELING FOLLOW ITS LOGIC.** *Allow the fluctuations and asociacions of feelings to follow its curse, without interfering*

JLG de Rivera
TWO VERBAL MODES

• MODE 1.
  – Brain directed
  – Verbalization
  – Non interference

• MODE 2.
  – Trainee directed
  – Communication
  – Continuous adaptation on purpose
CONTENT OF A.A.
FORMAL HIERARCHY

• DYNAMICS
• THEMES
• EPISODES (SEQUENCES)
• ABREACTS
MONOTHEMATIC DYNAMICS

- ACCIDENTS & PHYSICAL
- INDOCTRINATION
- OBSESIVE PATIENTS
- DEPRESSIVE DYNAMICS
MULTITHEMATIC DYNAMICS

- THEMATIC ROTATION
- THEMATIC SHIFTS
- STRATIFUNCTIONAL
INITIAL PATTERNS OF A.A

- INTELLECTUAL
- SENSORY
- MOTOR
- VISCERAL
- VISUAL
- MIXED
INTELLECTUAL PATTERNS

• COMMUNICATION PRESSURE
• CURRENT DAILY EVENTS
• SIMPLE IDEATIONAL
• PROBLEM SOLVING
• HIGHLY SOPHISTICATED
SENSORY - MOTOR

- PHYSICAL INJURIES
- MOVEMENTS
- GYRATIONS
- PAIN RELATED DISCHARGES
PERIODS OF AUTOGENIC ABREACTION

PREPARATORY

ABREACTIVE

POSTABREACTIVE

INTERIM
PREPARATORY PERIOD

GENERAL DISCUSSION
THECNICAL DISCUSSION
THEMATIC MOVILIZATION
INMEDIATE PREABREACTIVE
ABREACTIVE PERIOD

INDUCTION PHASE

LATENT NON-VERBAL

INITIAL PHASE

CENTRAL PHASE

TERMINAL PHASE
PREINDUCTION MENTAL SET

1.- NEUTRAL AUTOGENIC STATE
2.- “CARTE BLANCHE”
3.- NON INTERFERENCE
4.- PRESSURE OF DISCHARGE
5.- TASK : DESCRIPTION
6.- PRESENCE W/O RELATION
7.- END OF COMMUNICATION
PRINCIPLE OF NON-INTERFERENCE

THERAPIST
PATIENT
ENVIRONMENT
RESISTENCE
INDUCTION PHASE

S. A. F. # I

PASSIVE ACCEPTANCE

“MEADOW” FORMULA
(optional)
<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITATES START</td>
<td>DISTRACTING</td>
</tr>
<tr>
<td>NEUTRAL (RELATIVELY)</td>
<td>RESISTENCE RISK</td>
</tr>
<tr>
<td>FUNCTION FLEXIBILITY</td>
<td>SESSIONFREQUENCY</td>
</tr>
</tbody>
</table>

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VISUAL DISCHARGES AA # 1
(N=180)

MEADOW FORMULA  65 %
STANDARD F. ONLY  58 %
DURATION OF LATENT PHASE AA # 1
(N=180)

<20 s.  <10 m.  <15 m.

Meadow F.  85%  15%  -

Standard F.  60%  25%  10%
DURATION OF LATENT PHASE AA # 10
(N=100)

<table>
<thead>
<tr>
<th></th>
<th>&lt;20 s.</th>
<th>&lt;1m.</th>
<th>&lt;5 m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meadow F.</td>
<td>93%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Standard F.</td>
<td>95%</td>
<td>5%</td>
<td>-</td>
</tr>
</tbody>
</table>
TERMINATION PHASE

A) STANDARD PROCEDURE
B) INDUCED TERMINATION
C) PREMATURE TERMINATION
D) TECHNICAL PREMATURE TERMINATION
E) DELAYED TERMINATION
SIGNS OF TERMINATION

DECREASE NEGATIVE ELEMENTS
INCREASE POSITIVE ELEMENTS
SLOWDOWN OF ELABORATIONS
PLEASANT FEELINGS
INDUCED TERMINATION

1. - WAIT END OF EPISODE
2. - NEGOTIATE
3. - FAREWELL
4. - DISENGAGEMENT
5. - BACK TO A & L - S.A.F. # 1
6. - T.W.Y.W.
INDUCED TERMINATION

• ADVANTAGES
  - TIME MANAGEMENT
  - TECHNICAL CONTROL
  - REDUCES DAYDREAMING

• INCONVENIENTS
  - PREMATURE TERMINATION
  - INSUFFICIENT DISCHARGE
  - INCREASED SESSION FREQUENCY

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