The evolution of Schultz’s autogenic training in France

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Summary
In France, in the sixties, Schultz’s Autogenic Training gave rise to a large number of modifications essentially from psychoanalysts interested in relaxation.
All of them thought the course of treatment was too short, that it looked too much suggestive and they criticized the too little importance granted to the relationship between the patient and his therapist. But these French authors did not read the Schultz’s works after 1950.
The fancy for psychoanalysis, in the sixties, has diverted many psychiatrists from the autogenic training; the latter was then considered by them as a sort of minor relaxation, mainly intended for general practitioners. But they have also turned away from psychoanalytic relaxations, for the use of the body seemed to them to be in contradiction with the psychoanalytic theory.
Now, Schultz was a psychoanalyst and according to him, the Autogenic Training has always been a part of the group of psychotherapies. The author, who himself has reorganized the methodology, again puts the emphasis on the importance of the corporal psychotherapy for a certain numbers of patients. The Schultz's discover, mental concentration on the feelings and images with standard formulations is a fundamental discover. Silence, autogenic state and short suggestive speech are going to generate emotional experiences - which very often are archaic- mental pictures, ideas and fantasies that will be used again for a psychical working out, allowing then a better mental functioning and therefore permitting to give all its psychotherapeutic meaning to the Autogenic Training.

Key-Words: Autogenic Training - Silence - Autogenic state - Short suggestive speech - Relationship patient-therapist - Psychical working out - Psychotherapy - Psychoanalysis
Introduction

Autogenic training was introduced in France in the 1950's. It quickly interested a certain number of psychiatrists and psychoanalysts who wished to be trained either directly by Schultz himself or by his students. The first French doctors to be trained in autogenic training were: Aimé-Jacques Burger, Michel Sapir, François Reverchon, René Philibert, Robert Durand de Bousingen and Yves Becker. In Saint Anne’s Hospital (Paris), Professor Delay’s team also took an interest in autogenic training, especially with De Ajuriaguerra. In fact, among these doctors, Durand de Bousingen was the only one to spread autogenic training throughout France and always remained, until the end of his life, loyal to this methodology. All the other psychiatrists, most of whom were actually psychoanalysts, altered, very early on, autogenic training into a much more psychoanalytic and psychotherapeutic view and this led to its decline. This decline in France was also due to the strong diffusion of the sophrological movement, which interested a lot of people, doctors or not. It is actually important to mention that Caycedo himself was greatly inspired by Schultz’s work, particularly with regards the altered states of consciousness. Another movement which took part in the decline of autogenic training in France was the one for yoga. Disguised as gentle gymnastics, relaxing, stress-relieving, many anxious people were tempted by yoga groups thus instead of psychiatrist. The yoga teacher, pseudotherapist, became the accomplice to the denial or repression of a personal problem. If you add to that the growing influence of relaxation physiotherapy by various methods, you can understand that general practitioners and patients should be taken in by multiple choices where autogenic training now only has a minute place. It was time for it to be restored to favour in France and to continue to train young psychiatrists for this method of relaxation which will always remain for all therapists, the fundamental method.

I - The arrival of the Schultz method in France

The 50's were to represent in France, for certain medical teams, a genuine cultural event: the arrival of relaxation through the Schultz method. As Professor Kammerer (Strasbourg) says in his article on "Schultz’s penetration in France", the first French doctor to have been trained by Schultz was, apparently, Aimé-Jacques Burger, assistant to A. Lambling’s gastro-enterology de-
partment in Bichat Hospital (Paris). He spent three months in Berlin in 1952. When he got back, he introduced autogenic training in several French departments, in Lambling’s, but also in Delay’s in Sainte-Anne (Paris), Sivadon’s in La Verrière Clinic and lastly in Henry EY’s in Bonneval Hospital. At Henry EY’s request, Burger wrote, in 1957, the first article for the Medico-Surgical Encyclopedia on: “The psychotherapy of relaxation”. In the same year, he published in the Psychiatric Evolution: “Relaxation, psychotherapy and the problem of neurosis in the work of J.H. Schultz”. It was in 1953 that De Ajuriaguerra got to know autogenic training. He was very interested in this method because, already for a long time, he had been doing research on the relationship existing between emotion and tonus. Already, in 1948, he had written an article entitled: “Emotion and paroxystic tonic disorders”. His research led him to dealing with writer’s cramp and, in 1956, he wrote an article in collaboration entitled: “Treatment of writer’s cramp through relaxation”. Then in 1959, he published with J. Garcia-Badaracoc and Michel Cahen, an important article: “Psychophysiological training through relaxation”.

Continuing his research on emotion and tonus, in 1960 he gave a very important lecture at the first French Language Congress of Psychosomatic Medicine on: “Bodily tonus and relaxation with others. The tonic experience during relaxation”.

Then, he was the first in France to have published an overall view of the different techniques of relaxation. This article was written in 1963, in collaboration with Garcia-Badaracco and published in the Medical Press under the title: “Relaxation therapy in psychosomatic medicine”. In it the authors explained Jacobson’s method, Schultz’s autogenic training and Kretschmer’s divided active hypnosis.

Finally, in 1961, De Ajuraguerra presented a report in front of the Swiss Medical Society of Psychotherapy on: “The body as a relation”.

At the same time in 1953, the date when De Ajuraguerra came to know about autogenic training, Schultz had held a seminar in Bale where he trained F. Labhardt, P. Kielholtz’s assistant in the University Psychiatric Clinic. Labhardt spent a two-year study period in Paris and it was in Rothschild Hospital, in 1954-1955, that he trained Michel Sapir and two colleagues, R. Philibert and F. Reverchon.

One could say that among the leaders in relaxation in France, it was Michel
Sapir and his two colleagues who were the first ones trained, in Schultz’s Autogenic Training.

Then, in March 1956, Professor Kammerer (Strasbourg) who had also read Schultz’s works, asked two of his students, Robert Durand de Bousingen and Yves Becker, to go and be trained by Schultz during a seminar that he was leading in Hamburg. This was done, the two students coming back greatly affected by this course and this teaching.

In 1957, Schultz came to Strasbourg to give two conferences, one for the psychiatrists, the other for the hospital medical profession. Then, he went to Paris where he also gave a conference and met Lambling, Delay and Henry Ey.

In 1958, his adaptation of his book “Das Autogene Training” appeared, translated by R. Durand de Bousingen and Y. Becker then revised and enlarged later on by P. Geismann.

But, the people from Strasbourg, as well as doing the translating work, spread through the intermediary of Durand de Bousingen, autogenic training in France.

He provided training sessions in several French towns: Lille, Bordeaux, Limoges, Toulouse, Montpellier, Grenoble and allowed a lot of doctors to train themselves in relaxation and, later, to think about a practical experience of psychotherapy of relaxation. It is in this training context that, I myself, was able to be trained by Durand de Bousingen in Toulouse.

II - The changes to Schultz’s autogenic training by Sapir and De Ajuriaguerra

Michel Sapir, like De Ajuriaguerra, did not train his students in Schultz’s autogenic training because he quickly changed the method. Yet, Schultz had written this: “It is for that and not for petty reasons that we make sure in the patient’s interest, as in that of the doctor’s, that we are not tempted to improve the method after a short use and without the instruction of a genuine specialist in the subject”. This is also what Durand de Bousingen was saying throughout his training courses.

Schultz was no doubt right but the technique that he had developed was so rich that it necessitated much reflection.

In actual fact, these changes to autogenic training led to fruitful exchanges, debates, controversies, and little by little, one saw the techniques “matu-
ring” and having a real specificity. If De Ajuriaguerra was inspired by Wallon to carry out his research on relaxation, we could say that Sapir, himself, was affected by Balint. He wrote in the collective work, “Relaxation, its Psychoanalytical Approach”: “very early on, the meeting with Balint is going to affect us. From 1961 onwards, the first group instead of breaking up, once the teaching is finished, decides to carry on in the form of a Balint group”. Balint especially stressed the notion of the counter-transference of the person treating in relation to the person being treated, just like Ferenczi in fact. Sapir and his colleagues were also greatly affected by Lacan’s thoughts. It must be said moreover that Jacques Lacan treated Schultz’s autogenic training with a great deal of mockery. Sapir was equally influenced by Winnicot’s work and often referred to him in his written work. In his last work “Variable inductions relaxation”, Michel Sapir writes: “We were considered by some people as being impure or even suspect. We were just this, partly by our belonging to the Ferenczi-Balint-Winnicot tradition and partly by our partial adhesion to certain lacanian concepts”. The most important change Sapir brought to Schultz’s autogenic training, was the introduction of the relaxer’s speech as an inductor of pictures, memories, fantasies. This method was initially, called, “Psychologised Autogenic Training”. The functions of the classic autogenic training were respected in their sequences except for those of the coolness of the forehead, but the inductions were longer compared with Schultz’s short, repetitive orders. But above all, the inductions could still be reproduced like those of Schultz. Then the Sapir method, of Psychologised Autogenic Training, went on to variable induction relaxation where the induction could no longer be reproduced from one person to another and essentially depended on what the therapist experienced from the transference and counter-transference relationship of his patient and on what he could say about it. The inductive speech immediately became an authentic one for the patient in a given moment.

De Ajuriaguerra himself, as we have said, started from Henri Wallon’s work on tonico-emotional relations. In his work: “From action to thought”, Wallon made the relationship of the child with his family circle, the imitation of others, the identification in the mirror of another person, play a fundamental role; this communication of the child with others is firstly based on motor functions, on this “tonic dialogue” which expresses emotions, then on the language which completely restructures and considerably enriches
this communication. For there to be interiorized thought, there needs to be that identification of oneself with another. In his article: “Bodily tonus and relations with others”, De Ajuriaguerra and Michel Cahen remind us that the tonic state is a form of relation, of hypertonia of appeal and hypotonia of relief, release and satisfaction, that the first satisfactions and the first refusals go band in hand with tonic attitudes and, that it is thus difficult to separate these tonic experiences from the whole of, the personality being formed. During the dialogue stage, the action itself and that of others are considered as interchangeable attitudes, which keep alive in the body itself, the developed life of others. It is in such situations that the child may feel in his own body the aggressiveness of others or vice versa. But it is important to note that the aggressiveness does not necessarily express itself in the hypertonic form, because well thought-out aggressiveness on others can be taken up as passiveness by the body itself when confronted with an external danger. De Ajuriaguerra and Michel Cahen also showed that attitude, expressive mode and reactive mode, depend on the type of psychoaffective integration, thymic factors and on the morphotypological structure belonging to each individual. Between these factors there are very tight bonds. Hostility or kindness towards others is not experienced in the same way by firm bodies as by soft ones.

De Ajuriaguerra, during one of his conferences on “The Ontogenesis of postures, Myself and the Other one”, came back to Henri Wallon’s work to clarify that, for this author, the new-born child, unable to do anything for itself, is manipulated by others and that it is in the movements of others that his first attitudes will take shape. The postural exchanges are therefore the first relations. The mainspring of the evolution engine would be the interaction between movements and tonus. In this sense, the postural exchanges between mother and baby are of capital importance. Harmony of postures results in mutual pleasure: the mother feels her body as giving and the child sees his mothers’ welcoming body as a bond in which the contents and the container are indissociated. De Ajuriaguerra also opened an important notion for relaxation which is the encounter between housing and their dwelling place. The process of personalisation will take form when the child occupies his body, when the Ego occupies its dwelling place. After this, in the game of object investment and early identifications, this meeting will find a stabilization. The body will thus be occupied by the relation, the
struggle between drives and what happens around it and this sort of brake which will be given by the mother. De Ajuriaguerra’s method has been named “Psycho-tonic rehabilitation” and described by Lemaire in a text in 1969 entitled: “Relaxation”.

De Ajuriaguerra’s technique resumes the six phases of Schultz’s first stage: heaviness, warmth, heart rate, breathing rate, abdominal warmth, coolness of the forehead. But it essentially differs from Schultz’s method described in “Das Autogene Training” through several aspects:

- firstly, it is not suggestive; there are no verbal inductions
- also, it greatly stresses the first tonic period;
- finally, it analyses the resistances and requires by this alone a psychoanalytic method of relaxation. For these reasons, the technique requires, for the person using relaxation teaching, a psychoanalytic training course as Sapir’s variable inductions relaxation requires.

At the first session, we will ask the patient to concentrate on a part of his body, preferably a limb, without guiding him, without leading him astray, without giving him an idea of what he should be feeling. If it is someone who has a bad understanding of his body, you will need to help him to sense it but not too much, in order to avoid him becoming used to a passive attitude. It will be necessary to really educate the patients’ coenaesthesic sense.

Through various exercises, we try to make the subject become aware of his tenseness, of relaxation, of the limb’s existence. After about fifteen minutes, but this length of time can vary a great deal, we come closer to the patient in order to “control” his tonus and we ask him to verbalize what he has felt and experienced in his body during the time gone by. The therapist will most particularly take note of his patients reactions in face of his treatment:

- firstly during the development of the sessions and through a pleasant or unpleasant experience,
- next, the differences that exist between the sessions at the therapeutist’s and at home,
- the way of verbalizing what has happened during the sessions,
- the acceptance or not of long silences which are specific to this method.

The therapist must nevertheless prevent himself from interpreting too early the elements provided by his patient. However, it is not a bad idea in order
to go beyond a resistance, to start up a few comments in the form of questioning and try to make the subject understand that such a spasm or such an unpleasant experience is to be put back into the relational context with regards the therapist and his story which is relived, at that particular moment, during the session.

Actually, in De Ajuriaguerra’s method, the relaxer-relaxed relation is always in the forefront with its consequence the transference. This is maybe different from its transference in psychoanalysis and of which you must take into account if one is required to make any interpretations at a certain moment during the treatment. When the subject has properly integrated the relaxation of his entire body, we will go on to other concentrations.

If for De Ajuriaguerra and Lemaire, relaxation still remained a psychotonic rehabilitation, a “way” of “relaxing”, the successors and in particular Madame Roux, were to discover the psychotherapeutic importance which work had for the patient, no longer being concentrated on obtaining relaxation but on the feeling of the body’s own states and the resistances which express themselves in him when he tries to let himself go. The starting order which had kept Schultz’s inductive characteristic “your arm is heavy”, with a whole succession of feelings, induced and named by the therapist, is to be replaced by an “order” which evokes the fundamental rule of any psychotherapy of psychoanalytical inspiration: the one which tells the therapist everything one feels in ones body, pleasant or not, stressful or relaxing. Madame Roux wrote in “The body’s destiny”: “When in psychotherapy of relaxation, we offer the patient the chance to describe what he feels, we encourage him to work on investing in his own sensations, work which, for various reasons, could not have been done in due time. We also shy away from him as an agent of satisfaction, which is obviously not the case in the inductive and educational techniques too close to hypnosis”.

Other french authors also changed Schultz’s autogenic training in order to develop other methods of relaxation: R. Jarreau’s and R. Klotz’s Statico-Dynamic Relaxation, The Corporal Therapeutic Approach by E. Debure, F. Noel, E. Baron, and J. Chêne, and the Relaxation by Personalised Inductions by R. Julien. The first two methods mentioned start from the first days of Schultz’s method but on the other hand give a lot of importance to movement.
III - The revival of Schultz’s autogenic training in France

As we have just seen, most of the authors in France have abandoned Schultz’s autogenic training, except for the authors from Strasbourg. Based on theoretical-clinical research work, we thought it would be good to revive it. In our opinion, the technical modalities which make the very foundations of Schultz’s technique would have merited being more respected. There are three of them:

- Silence,
- Autogenic state
- Short suggestive speech to assure mental presentations with standard formulations.

Unfortunately one could say that Schultz did not attach in these books before 1950 enough importance to resistances to relaxation and to the corporal experience, to their meaning and to the work of their working-out. He also did not insist enough on an essential element which is the transference and the counter-transference during the treatment. The French authors did not read the Schultz’ works after 1950, particularly his book “Grundfragen der Neurosenlehre” (1955), where Schultz underlines the importance of transference and resistances.

For these reasons, we thought that Schultz’s work had to be revived in France but also updated with our french culture: the present psychosomatic theories were to be taken into account in a precise way, particularly those of the Ecole de Paris and taking into account the deeper knowledge of the psychoanalytical approach of the corporal experience, a way already opened up by Ajuriaguerra and Sapir.

In order to respect the technical modalities of Schultz’s autogenic training in the best way, it seemed to us essential to develop a new method taking place in two phases and called “Progressive Autogenic Training” to underline the difference of the autogenic training, as understood by Schultz - a first disconnected moment, of real relaxation where one will privilege silence, autogenic state, short suggestive speech, while analysing the resistances and the defenses of these three states. During this first stage, seven functions are going install itself: calming function, narcissistic function, container function, mirror function, sensations function, image producing
function and lexithymic function. This last function will be more important during the second stage.

- a second moment which will be one of exchange and which will take several modalities according to the subjects stories, its structure, its relation with the therapist and the progress of the first moment.

Schultz had already had the idea of dividing his method into two phases, which he called the inferior and the superior cycle. In France, only the inferior cycle has been used, the superior cycle having led to the elaboration of another technique, the Desoille's Daydreaming.

It must be said in fact that for us the first stage is a preparation-recovery time. Recovery from traumatisms suffered by the subject, past traumatisms and those brought up to date by reality, recovery preparing them to find the words without there being the risk of them getting worse, the word itself being for some patients, traumatic in itself. It is in order to favour this recovery-preparation that it appeared to us fundamental that these sick people should have silence. After having heard too many traumatic words and after having suffered too many real or symbolic bereavements, a short suggestive speech being a bearer of a good object and finally of an altered state of consciousness which will be at the root of essential psychophysiological modifications.

Silence is fundamental and we speak in favour of relaxation always beginning with a silent treatment. We would moreover like to refer to Nacht's article, entitled "Silence an integration factor". He is writing about analysis, but we can just as easily apply his ideas to a relaxation treatment. "Are there exchanges that speech allows and even favours, and others that it maybe prevents? Are there any affects to which speech gives life and others which only blossom in silence?". He carries on: "This non-verbal relation formerly born in the silence of the undecided, undefined can only find life again in silence. This is why certain silences appeared to me during analysis, as a necessary condition to the opening of an interior state of confusion for the sick person. It was felt as a sort of equivalent to the state of perfect and total union to which he unconsciously aspires. In other words, he reaches differently and more directly the object in silence rather than in words because these are constantly coming up against the obviousness of the removal of the object". Nacht again says. "The word which follows the interior peaceful si-
ience of the individual will take root in the deepest part of himself and will bear its fruit whereas before, it was in some way three quarters wasted, just received, dragged down by a constantly moving agitated mental current’. Silence is golden.

But a short suggestive speech is just as essential. It is not a suggestive speech to impose the feelings and the images. It is not that. It is necessary to let come the inner experiences. It is necessary to try to represent the formulas in the forms of images either visual or auditory. It is not a question to think an idea but to see, to let itself absorb by the imaginative visions and productions corresponding to the diverse formulas as in the contemplation. It is advisable to let develop the work of imagination even if he deviates from the standard formula provided that he contributes to enrich the inner visions and voices which feed the contemplation (which is at the same time inner glance and inner hearing and to allow it to continue quite naturally without efforts.

In this way, the processes of relaxation can develop “organically” as if they grew on the substance of the organism.

The short suggestive speech is an accompaniment, a proposal to feel better the own story of his body. The sort suggestive speech also will be especially music and words bearing calmness, peace, security, heaviness, warmth, well-being, the pleasure of organic functioning and words which invite you to feel good in your body, to dwell in it as De Ajuriaguerra said. It must be said that this suggestion has been much criticised because it came directly from hypnosis and as the psychoanalysts no longer wanted to hear about hypnosis, the future relaxers, almost all of them psychoanalysts, thus rejected the suggestion. But when a mother in a calm and silent relationship rocks, lulls her baby to sleep by singing nursery rhymes, we do not say of her that she is hypnotising her baby. A short suggestive speech in relaxation, as we understand it, is not the hypnotic suggestion in the true meaning of the word. It does not force feelings, it gives a climate of peace, it gives emphasis to silence and it favours the research of pleasant coenaesthesias, which is one of the first objectives of relaxation.

The short suggestive speech contributes to the revelation of the image producing function.

These images can be divided into four categories: trope imagery, corporeal dreams, metamorphosese and corporeal fantasies.
It is a rich libidinal link, favouring the positive relation between the relaxer and the person being relaxed. Short suggestive speech is intended to favour, in those patients most of whom are empty of objects, a greater facility of integrating that object thus providing a greater possibility of being alone. The famous “ability to be alone”, according to Winnicott’s expression can only happen if the subject manages one day to integrate and keep his inner objects. Silence and short suggestive speech are destined to favour this process, moreover increased by sight and touch. This speech is also a carrier from a driving peace and a potential referent to a non-conflicting relationship that the patient would like to re-create or find again later on in life. It also recalls what the Greek doctors called the Terpnos Logos: “It was a sweet, monotonous, monochord speech which influenced the thymus, psychosomatic state, will engender a state of calm and supreme concentration of the mind produced by beautiful words”.

Thus, this silence and this short suggestive speech will progressively lead to a state of calmness, relaxation, but also an altered state of consciousness that Schultz called the autogenic state which he compared with the hypnotic state. As this autogenic state can quite often lead to a state of sleepiness, it was criticised a great deal by the relaxer-psychoanalysts who likened sleep to a resistance. Admittedly, for certain subjects, sleep is an escape, an avoidance, but for many it lies within a silence-relaxation-sleep state sequence and is only the natural outcome of the regressive process which favours relaxation and the transference specific to this stage of the treatment which is the maternal transference.

This sleep so frequent during relaxation reminded us of by-gone sleeping treatments so demanded by the patients and still demanded nowadays precisely by the subjects who are overcome by their traumatisms or their conflicts and who cannot do the psychical working of protective development of good mental functioning and, who in a reflex of self-preservation of psychological integrity, ask to be put to sleep. “I’d like to sleep to forget everything” they say. “I’d like someone to put me to deep for several weeks so that I don’t have to think any more”. These days, isn’t relaxation for these people, the “new standard” of the sleeping treatment which we can offer them? Sleep is therefore protective and we already knew this with natural sleep essential to the smooth psychological and somatic running. Besides, the Bible, mythology and fairy tales which are all full of stories of sleep show us that
it is definitely protective but it is also more often creative and it transforms the sleeper. So, this first stage of silence, autogenic state and short suggestive speech in our technique will have already allowed in many cases, a change linked to a beginning of the integration of the object giving a feeling of security, a change which shows itself in the clinic by a certain distance taken with regards traumas coming from reality. This is what Schultz called “autosedation and the muffling of the emotional resonance of affects”. For him, this change was linked to an essential factor of the technique: “the concentrative focusing on corporal life, somatization”. He said that this introversive decline led to a state of consciousness which was no longer orientated entirely towards coenaesthesia and which he called “l’Umschaltung or organismic disconnection.” Thus, for Schultz, the change made by the autogenic training essentially came from a new state of consciousness. Even as an analyst he has never brought up the Freudian metapsychology. Therefore, the changed state of consciousness is linked to the regression; it is linked with the topical regression, temporal and formal. This relaxing, disconnecting stage, in our method will be long. It will last about two years. It will thus have allowed to perceive the feelings, images, perceptions, the meeting with the object, an easier access to speech, the return of memories and frustrated affects and will thus have prepared the second stage of our method which is a time of verbalization itself. But between the two stages, it is sometimes essential to set up an intermediary time which will allow the progressive trial of the real absence of the object for certain patients. These patients risk attaching themselves to a too narcissistic link without doing the work of incorporation and introjection necessary for a better autonomy. Little by little, we reduce the suggestive speech, we touch less and then not at all, we ask the patient to do sessions on his own, in the room. The second stage will thus be approached more easily after this intermediary time which may last between two and four months. During this second stage, we encourage the patients doing the work of psychological working out through associations between feelings and pictures, feelings and ideas and feelings and fantasies. We ask the patient to concentrate himself on the childhood’s flavours, the childhood’s smells, the childhood’s sounds. We will try to arouse fantastical activities and we will ask them to take an interest in
their dreams. We propose at the patient to think at a colour and at the notion of happiness. This is the purely psychotherapeutic work of relaxation which is also here a change in Schultz’s autogenic training but which cannot be carried out, in our opinion and can only have a meaning by being prepared with silence, autogenic state and short suggestive speech.

We have called this new methodology Progressive Psychotherapeutic Autogenic Training. It thus brings back to life Schultz’s work but by its progressiveness, its slowness, it allows the relational phenomenon and the transference to be the therapeutic lever especially using regression. The first stage already allows the integration of a good securing object of reference which achieves what Freud called the protective-shield. By decreasing the censors, the regression will also have allowed, during this first stage, a raising to consciousness of a material which can from now on be put into words during the second stage. Thanks to the exchange of words this allows a much easier analysis of the mental neurotic’s intrapsychic conflicts, because he is protected by relaxation, from the traumatism of the word which prevented the first engagement in an analysis. It will allow the psychosomatic to attempt to make the first topical work now, to avoid him directly receiving the destructive traumatisms. Relaxation being conceived in this way becomes a psychotherapy of authentic analytic inspiration, accessible to many patients; it brings an undisputable help to the greatest number of people.

**Conclusion**

Autogenic training needed to be revived in France. However, faced with the importance of mediatization and advertising in our societies, the other techniques of relaxation which do not back away in the face of proselytism in order to “sell themselves” and which spread everywhere in the public (companies, cultural centres, schools, etc.) have more than taken first place. The compensation for this situation is that autogenic training remains, in our opinion, the model for psychotherapy of relaxation practised by specialists for patients revealing a neurotic or psychosomatic pathology.
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