



Autogenic reactions

Autogenic reactions are feelings or reactions which arise in the doctor while observing or listening to a patient (*autos* = self, *genein* = to produce).¹ We are subliminally aware of these reactions, and usually, they are mostly background sensations and feelings that are suppressed while trying to diagnose and manage the patient. Mostly, the reactions that I notice are the negative ones, which are followed by a feeling of guilt that I, as a putatively benevolent healer, should succumb to such judgmental thoughts, and that they might affect my objectivity. Autogenic reactions are a part of countertransference whereby we become aware of features in the patient that are similar to our own characteristics or experiences. We often have an uncomfortable resonance with what the patient is saying or has experienced.

Not all autogenic reactions are negative, as most encounters are neutral, some are positive, and many generate a feeling of affection or warmth towards the patient. Nevertheless, the negative feelings are the ones that worry us most. I have tried to use these in practice as diagnostic markers or pointers, called diagnostic countertransference.² In a similar way, automatic thoughts are used in cognitive behavioural therapy processes.

Difficulties arise with patients who we intuitively dislike, or do not respect. A natural reaction is to become irritated and sometimes angry. Obviously, character comes into play here, together with the way in which we respond personally to others. Nevertheless, in general, these negative reactions point diagnostically to some form of personality trait, often antisocial, borderline or narcissistic, in the patient. No-one is ever happy making these assumptions and the doctor may feel that it is a failing in him or herself, and that he or she must be to blame for the discordance. Sometimes the power of the patient's manipulation can be quite intimidating, and one is left with other reactions, such as a feeling of dissatisfaction and incompleteness after the encounter.

Over the years, I have experienced another autogenic reaction, namely boredom, which is not a reaction to which I often admit having. The patient talks and talks, and I can hardly get a word in edgeways. It is not necessarily the non-stop express charging

down the line that causes the boredom, but rather the slow, long-distance train that never appears to stop at any stations. It almost takes the form of talking for the sake of it, and the patient never seems to get to the point; called "tangential", "circumstantiality", or "circling" by the psychologists.³

The particulars are piled on top of each other, and the patient meanders down side tracks and makes diversions which have just occurred to him or her (called kite flying). Often the patient is not emotionally present in the narrative, or may intellectualise themes with long explanations about why this is happening in the first place. I then find that I have drifted away to a far-off place, and then suddenly realise that the train has stopped, rather like the music stopping in musical chairs. I then have to try, retrospectively, to play back the last few sentences to pick up the thread, or desperately try to remember what it was that started the monologue.

I find this autogenic reaction of boredom can also be used as a diagnostic pointer to somatisation or somatoform disorders, loneliness, and what Maddi referred to as the existential neurosis of our time, when peoples are alienated from themselves and from society.⁴

This, of course, all fits into the definition of a bore being someone who talks about himself, and of a gossip who is someone who talks about other people, and a brilliant conversationalist who is someone who talks about you.

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