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AUTONOMY AND IMAGINATION TRAINING – BASIS OF IMAGINATIVE BEHAVIOR THERAPY

Summary

The development of autonomy training has a long history and three distinct transdisciplinary fields of origin. One is social science research on radicalism, the other comes from health and sport research. This research traditions, developed by Grossarth and collaborators, have been able to show great effects, in addition to their high effectiveness in the field of psychosomatic medicine, prevention or therapy of left or right radicalism and in coaching with top athletes. In the article, the effectiveness of autonomy training is summarized for the first time in this form with empirical data from these three research areas. In the end, besides the topic, the empirically confirmed concept of self-regulation and spirituality will be mentioned.

Keywords: *autonomy training, cancer development, radicalism, sports coaching, spirituality.*

1. General introduction

This article can be understood as a general informational text from the theoretical-historical and philosophical tradition of absolute idealism. It presents problems, goals and results that still seem largely unsolvable and unattainable in modern research, e.g. psychosocial metastasis prophylaxis and the preventive program to reduce radicalism and the death drive, or increase success in top athletes. There are also instructions for participation and training in imaginative behavior therapy with the possibility of training in courses and seminars.

In this work, autonomous imagination training is described (autonomy training), the theoretical basis and implementation are provided, as well as information

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about training seminars and training courses. Special emphasis is placed on the results of randomized empirical studies from different fields.

Two studies were conducted in the field of preventive intervention in oncology. The first study was able to show that multicausal research and preventive imagination training are suitable for metastasis prevention in women with breast cancer and people with bronchial Ca.

The second study looked at the causes and prevention of radicalism, and a third study examined the mental factors behind successful soccer teams.

In the last step, an attempt was made to explain how and why the material world and life on Earth came into being through multi-causal speculations and hypotheses.

2. The autonomy and imagination training

In the Autonomy and Imagination Training, the first step is to identify the individual's unique motivational structure. Thereupon, a therapy or training method suitable for the individual is developed. New, creative behaviors and ideas are activated. The wellbeing, meaning-oriented and humane reorganization of behavior plays a major role in this process. Autonomous Imagination Training is an effective form of modern, interactive, cognitive behavioral therapy. It was developed in close cooperation with Prof. Helm Stierlin, one of the founders of systemic psychotherapy; Prof. Hans-Jürgen Eysenck, the founder of behavioral Therapy; Prof. Jan Bastiaans and the former president of the International Society of Psychosomatic Medicine; Prof. Hans Schäfer, the founder of German social medicine; Priv. Dr. Hermann Vetter, one of the leading philosophers of science at the Universities of Mannheim and Heidelberg; and the epidemiologist Prof. Rainer Frentzel-Beyme. Numerous original international articles and textbooks have been published by medical and psychological publishers.⁴ The empirical results of the autonomous imagination training have been highly appreciated by the above mentioned cooperation partners. In this brief description the central method and the most important results will be presented.

In autonomy training, autonomous object relations are aimed at and the reduction of dependencies with negatively experienced consequences. In imagination training, assumptions, beliefs and ideas are defined, the activation of which should have positive consequences. This is called a believed imagination. Imaginations that cause negative experiences are also reduced.

In this work, the principles of absolute idealism are also presented, for example, to ask how the material world is. Also the interactive self-regulation in its effects on health and disease.

⁴ For an overview of chronic illness, psychosocial factors, psychotherapy, and autonomy training, see Grossarth-Maticek et al. 1984; 1990; 1991; 1997 and Grossarth 2000; 2003; 2008.

3. Execution

In autonomy training, object autonomy that emphasizes pleasure and provides security is achieved by activating problem-solving imaginations. We are talking about autonomous imagination training. First, the person reports about their problems and attractive goals. A detailed briefing follows. The trainer then reports on his hypotheses. The positive point is reached when the trainer's opinion largely coincides with the person's self-observation. The trainer then develops behavioral methods from the area of autonomy and imagination training. Again the person is asked whether they agree with the trainer's assumptions and in which areas they take different positions. Then creative solutions are sought. If broad agreement is found, then we talk about the training point.

Imagination training involves communicating an imagination with positive expectations. Then the person imagines an anticipation of the expected positive consequences. After the training, the person reports on the positive or negative consequences that have occurred. The third step is to observe the long-term consequences. The person is asked to continue observing the training effects and - if necessary - to correct them creatively.

4. Studies and results

Studies were conducted in three areas:

4.1. Preventive intervention oncology

Interactive carcinogenesis: Three summarized variables determine carcinogenesis: 1- Sum of Interacting Risk Factors (=A), Intensity of Risk Factors (A1) and Sum of Psychosomatic Risk Factors = A3.

Cancer is the sum of the interactive function of family disposition + exposure to carcinogens (cigarettes, asbestos, etc.) + chronic and acute inflammation without fever + traumatizing loss of symbiotic relationships of existential importance + permanent use of sedatives + experiences of alienation + chronic toleration of negative objects + Hyperarousal-inhibition spiral + dominance of emotional pain with reduction of physical pain + high difference between minimum (in depression) and maximum (in manic phases) of total cholesterol + chronic exhaustion + blocked self-regulation + negatively experienced distorted images + altruistic behavior and negative difference in pleasure (feelings of displeasure are more pronounced than pleasure and security). Cancer is Stimulated by the Intensity of Risk Factors (A1).

The risk of cancer is increased by the effect of specific additional variables (A2).

The risk of developing cancer is increased by the effects of specific psychosomatic variables (A3). see table B.

Metastases develop in cancer patients after severe shock experiences with sustained depressive blockage of life motivation. In this state, unicellular functions are activated. These separate themselves from the complex cellular interactions (e.g. by migrating through blood vessels and depositing as metastases in different organs).

In the autonomy training, the reduction of the traumatic shock experiences and the pleasurable life motivation are activated in the hope that the complex cellular interaction will be activated and the individual, metastasizing activity will be blocked.

The empirical and experimental results confirm the hypothesis.

Table A - *The effectiveness of autonomous imagery training for metastasis prophylaxis: Heidelberg prospective intervention study: 1973 to 1980.*

Autonomous imagination training and control group	N =	Average survival time (from diagnosis to death)
Autonomous + imagination training in metastatic breast cancer		
training group	64	4.7 years
control group	63	2.1 years
Autonomous Imagination Training in Cancer Patients with Non-Small Cell Bronchial Ca		Occurrence of metastases two years after cancer diagnosis
training group	73	6 persons
control group	75	29 people

The results show that the autonomous imagery training achieved a significant reduction in metastasis in bronchial CA and a prolongation of life in metastatic breast cancer.

Carcinogenesis and Prevention

Cancer development is a multicausal phenomenon. A prediction was made possible in our studies by the interaction of four pooled variables:

- 1- 30 Psychophysical Risk Factors (A)
- 2- High intensity in the expression of the 30 psychophysical variables (A1)
- 3- 15 additional risk factors for 15 individual types of cancer (A2)
- 4- 3 psychosomatic variables (A3).

Table B shows the results.

Table B - Carcinogenesis and Prevention

Cancer mortality	Cancer	Cardiovascula r	Durable and healthy	All in all N =
(A) The sum of all ca cancer questionnaire variables more pronounced than all longevity and cardiovascular variables. Each variable = 1 point	53 (44,9%)	40 (33,9%)	25 (21,2%)	118
(A1) All variables of the cancer questionnaire with intensively pronounced =2 points	66 (55,9%)	33 (27,9%)	19 (16,1%)	118
(A2) One additional variable = 1 point, 2 additional variables = 2 points, all additional variables = 5 points.	72 (64,8%)	25 (22,7%)	14 (12,7%)	111
(A3) one additional variable =5 points, 2 additional variables =10 points All additional variables=15 points.	78 (61,9%)	36 (21,6%)	12 (9,5%)	126
A+A1+A2+A3 (sum of Cancer Questionnaire is greater than sum of Longevity and Cardiovascular) Optimum Score=306 A=27+A1=54+A2=75+A3=150	92 (83,6%)	13 (14,1%)	5 (4,5%)	110
No A+A1+A2+A3 applicable. The sum of the cancer questionnaire is smaller than the sum of longevity and cardiovascular system.	18 (12,8%)	72 (48,6%)	58 (39,2%)	148

The results show that the best predictions of cancer have the combination of A+A1+A2+A3.

Table C - *Randomized experiment on the prevention of cancer and bronchial carcinoma (additional variable K1). Heidelberg prospective intervention study 1977 to 2007.*

Rando- mized Experi- ment	N =	Ca	Br. Ca	Cardio- vascular. diagnosis	Long- alive	Other reason	Not to inve- stigate	Re- fused	All in all rand- omized N =
autonomy training (A1+A2/ K1+A3)	563	102 18,1 %	40 7,1 %	73	177 31,4 %	46	59	66	700
control group (A1+A2/ K1+A3)	628	261 41,6 %	139 22,1 %	69	31 4,9 %	82	26	20	700

The results show that autonomous imagery training achieves significant cancer reduction in individuals at highest risk for cancer and for bronchial cavities.

4.2. Autonomous imagery training and the success by football training (soccer players)⁵

First, an inventory is made of the main problems in the team over the past 12 months (e.g. high insecurity, poor self-confidence).

This is followed by detailed discussions with the individual players and the coach. Then specific imaginative steps are defined and trained (e.g. intensifying the idea that a goal will be scored after every shot). The positive consequences are anticipated. After training, the effects will be registered in the upcoming games. The certainty of victory is also trained imaginarily (e.g. the idea: If the opponent becomes strong, we are even stronger).

Four national league teams, 3 second division teams and two regional league teams aged between one and one and a half years were trained and observed. The following table shows the results:

⁵ Grossarth-Maticcek, R., Eysenck, H. J., Rieder, H., & Rakic, L. (1990). Psychological factors as determinants of success in football and boxing: The effects of behaviour therapy. *International Journal of Sport Psychology*, 21(3), 237–255.

Table D

	N = player	victories	draw	lost
Autonomous imagination training	127	81 (64,7 %)	30 (23,6 %)	16 (14,8 %)
control group	128	47 (36,7 %)	61 (47,6 %)	20 (15,6%)

Table D: The results show that autonomous imagination training increases the number of victories. The control groups were selected by being one position higher or lower on the table compared to the previous season.

4.3. Radicalism - causes and prevention

Grossarth published basic social science studies as early as the 1970s.⁶ All forms of political and religious radicalism have the following characteristics:

- 1) strong polarization in the interpersonal area as love and hate, like and dislike,
- 2) urge to destroy the opponent⁷
- 3) completed act of annihilation. In the process, one's own hate-oriented death wish will arise as an urge to self-destruction. This is followed by an urge to self-destruct. A hate-oriented death tendency towards oneself develops. Consciously or unconsciously, one's own death for the destruction of the opponent is accepted or tolerated, e.g. as ignorance of the dangers of nuclear war. The motivation for this death tendency is independent of the justification or unjustification of the arguments. In any case, the death drive (Sigmund Freud) of the radicals posed a serious threat to civilization. If the radical becomes aware of the urge to self-destruction, then about 80% of radical behavior ends in a weakened form, e.g. radical liberalism.
- 4) There is a tendency to annex e.g. his territories or possessions to the political opponent.
- 5) Discrepancy between social claims to power and reputation and low performance (e.g. due to belonging to a strong group with high claims to performance and the feeling of being inferior to competitors).
- 6) The opponent's need for annihilation as a condition for personal and collective liberation.
- 7) Transforming feelings of inferiority into certainty of victory.
- 8) Lack of tendency to achieve attractive goals outside of the radical annihilation tendency.
- 9) Nationalist claims to territorial conquest.
- 10) Extreme need for protection of one's own and extreme hatred of the foreign.

⁶ Grossarth-Maticek 1974, 1975, 1975.

⁷ See also Grossarth-Maticek 2003, S. 141-144.

11) Sexual same-sex impotence with simultaneous latent homosexual tendencies. (fear of same-sex bonding)

12) Strong reluctance to meet expectations at the relationship level.

13) Extreme grief after the loss of a key object (e.g. after the death of the mother).

14) Atheistic attitude with feelings of hatred towards the idea of God.

15) Extreme, lustful imagination through the realization of an idealized empire in which all individual and social goals are fulfilled.

16) Need for an omnipotent leader who is unquestioningly credited with knowing how to achieve the overall goal and who is therefore absolutely trusted.

Results: From 365 radical minded people from different countries (e.g. Federal Republic of Germany, Yugoslavia at war, radical supporters of the attack on Ukraine), 312 (85.5%) showed all variables of radicalism. Of 382 Democrats, 22 people (5.7%) showed all variables of radicalism. Radical people give up their radicalism if, as an alternative behavior after distancing themselves based on the research results, they also develop a central imaginative behavior (e.g. through meditation, joining a democratic group, etc.). This is an ideal form of radicalism prevention, in the:

a) the research results are communicated (see above),

b) an alternative behavior of the highest emotional importance is activated.

Two years after the first survey, 180 of 312 radically inclined people experienced a strong urge to self-destruction and negative consequences from radicalism. In the follow-up examination after 3 years, 161 people (89.6%) from this group stated that they had given up their radical political activities. In the remaining group of 132 radicals without negative consequences and without the urge to destroy themselves, only 9 people (6.8%) gave up their radical activity at the follow-up examination after 3 years. The connection between negatively experienced consequences of radicalism and the reduction in radical activity is obvious.

An important method of preventing radicalism is the dialectical registration of radical theses and antitheses, so that radicals feel that they are taken seriously and that answers are expected of them. By being willing to provide answers, the radicals reduce their radicality. When radicals are aggressively negated, radicalism is amplified to the point of being ready to use atomic bombs.

Database n= radicals: Former Yugoslavia= Serbia 305 people, Croatia 102 people, Federal Republic of Germany 405 people, Russia+ Hungary+ Israel= 123 people. Radical Putin supporters 39 people. Control groups of democrats Total radicals (former Yugoslavia: Serbia 299 people, Croatia 122 people, Federal Republic of Germany 406 people and democratic opponents of Putin 48 people). A total of 935 radicals (93.6%) of which 866 (92.6%) radicals answered all criteria of the radical measurement instruments.

Antiradical Democrats 875 people answer all the criteria of radicalism 21 people (2.4%).

The question arises how long after the training did the radicals change their political behavior towards democracy?

A first evaluation of 12 people shows that 11 people gave up their radical behavior for more than 10 years. A further 306 evaluations of radical people are still pending. In the case of persons who have already died, the relatives should be interviewed (e.g. the children).

Radicalism research is also extremely relevant to antisemitism research.

Of 325 extremely anti-Semites, 297 people (91.4%) answered all questions in the catalog of questionnaires on radicalism with “yes”, while only 16 people (3.9%) of 408 people with democratic attitudes answered all questions in the catalog on radicalism in the affirmative.

112 radical individuals with extreme anti-Semitism were confronted with the results. After 3 years of follow-up, only 25 (22.3%) of this group were still anti-Semitic.

The confrontation of the radical with the research results is the ideal public prevention and thus of central political importance.

Summary:

The results are of great social relevance:

a) Specification of conditions for reducing radicalism: If radical people take note of the research results on the cause of radicalism, then they reduce their radicalism significantly (91.7%). The method is suitable for public prevention of radicalism.

b) Autonomous imagination training is suitable for effective prevention of cancer and metastasis prophylaxis.

c) Autonomous imagination training is suitable for effective prevention of addictive behaviour.

d) Autonomous imagination training stimulates winning behavior in soccer.

e) Specification of conditions for healthy longevity

The results of these studies on radicalism reduction or prevention, or the epidemiological studies with the clinical interventions in cancer patients (autonomy training), or the sports applications, have caused great interest worldwide among some of the top researchers since the 70s. Many, such as the psychologist Prof. H.J. Eysenck, who was most cited in the 80's, have contributed very intensively, published and written numerous expert reports on this ground-breaking research.

Finally, a statement by Prof. Dr. med. dr. h.c. Hans Schäfer, University of Heidelberg, the founder of German social medicine, who summarized the following after consultation with several experts. The experts were:

- Prof. Hans J. Eysenck, founder of behavioral therapy
- Prof. Jan Bastiaans, president of the World Organization for Psychosomatics
- Prof. Helm Stierlin, German family researcher
- Prof. Dusan Kanazier, president of the Serbian Academy of Science and Art

- Prof. Gotthard Schettler, director of the Clinic for Internal Medicine at the University of Heidelberg
- Prof. Charly Spielberger, president of the American Psychological Association
- Prof. Georg Freeman Solomon, pioneer in the development of the field of brain, behavior and immunity

Prof. H. Schäfer: "In terms of its social significance, I would compare the work of Grossarth-Maticcek with Hegel, Goethe, Einstein or Heisenberg. It is already a great achievement to show that complex systems are emotionally and cognitively controlled and that individual activity interacts with physical factors and social structures and thus causes phenomena that we deal with on a daily basis. GM gives modern civilization the message that the self-activity shaping individual and social conditions is at least as important a factor as the conditions found in economics, politics, physiology and genetics. An even higher merit of Grossarth-Maticcek is, that the individual, problem-solving, health-preserving self-activity can be controlled by health therapy. By changing the emotional-cognitive control, socio-psychobiological control systems change. Such a finding needs to be integrated into modern medicine and society, although it is currently diametrically opposed to the passivity-producing dependency-producing culture. This is simply because it meets functional and societal needs.

I hate to use the word 'brilliant' and will not use it in judging Grossarth's work. But if this designation had to be attributed to an interdisciplinary scientist working in international social research, then I would not hesitate and give it to Grossarth-Maticcek."⁸

5. Materialism, absolute spirit, spirituality and spontaneous God relationship.

The Heidelberg Prospective Intervention Study of Disease Development and Health Research includes a database of 35000 healthy people and 10000 cancer patients. The unique worldwide was that Grossarth's method design systematically examined all three entities: 1. somatic factors, 2. psychosocial factors and 3. spiritual Factors. In part, up to 190 factors were systematically surveyed and evaluated in their changing effects after 10, 20, or even up to 50 years thereafter. This means that one could see which lifestyle with which psychosocial and spiritual attitudes lead to which results. This systemic-final design is absolutely unique to date and can capture the importance of individual factors in their interaction with unprecedented accuracy.⁹ Grossarth's epidemiological long-term studies have consistently shown that a spontaneous loving God relationship, empirically, shows the greatest health effects as a single factor and also the greatest synergistic effects in the interactions.

⁸ Foreword to "Synergetic Preventive Medicine" R. Grossarth-Maticcek, Springer Verlag 2008

⁹ Nagano & Godina 2019

Because this large database also allowed subgroups to be formed with only a single positive factor, it was possible to measure the effect size of individual positive factors. For example, it could be seen that in people with only good Genetics, only about 5% of those studied were alive after 20 years in 1993. However, among those examined who lived only the spontaneous positive-loving God relationship, 12% were still alive (bar 12). As a single factor and as the strongest synergetic factor (bar) could be empirically proven.

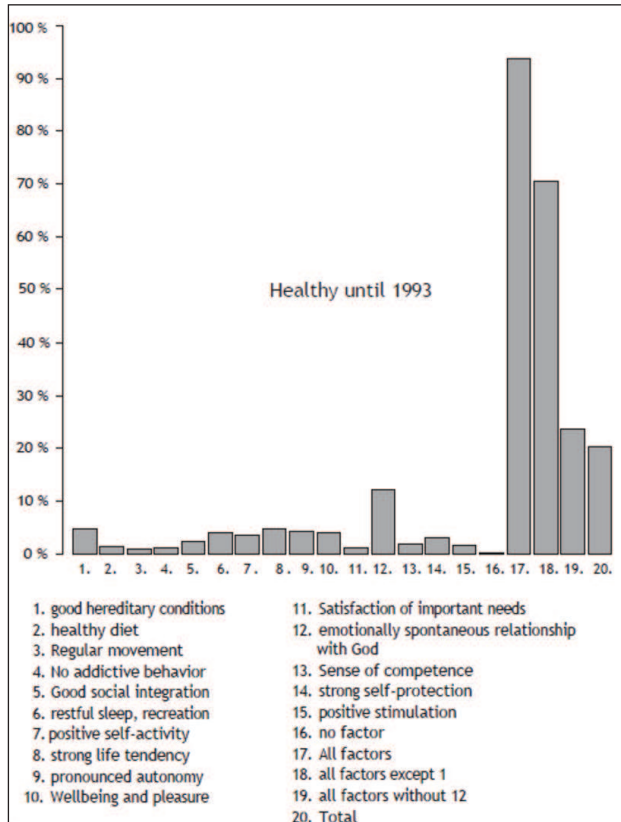


Table E: Long-term study of the effect of individual positive factors and their synergetic effects¹⁰

These results amazed not only his atheistic statisticians and other contributing medical and social scientists. These findings showed that the human being must be programmed for a positive God-relationship, because it positively influences the whole health system in its interactions.¹¹

¹⁰ Grossarth-Maticek 1999, 110.

¹¹ Grossarth-Maticek 2008, 208-2010.

Grossarth describes the philosophical trend presented here as absolute idealism. Priority is given to the spiritual effects, while material existence appears as a consequence of the absolute spirit, spirit and matter interact meaningfully. Thus appears the emergence of matter through transmutation of the universal energy of the Absolute Spirit.

The materialistic explanation refers to the big bang, in which the entire cosmos was infinitely small at the beginning and which expanded endlessly in the big bang. This theory contradicts logical reason.

Grossarth's theory assumes the transformation of the universal energy of absolute spirit into programmed matter and programmed life. In this context we speak of the spiritual big bang. A retransformation from the material world to spiritual existence is also assumed. Matter is programmed in the spiritual big bang in order to realize the programs in the future.

The transformation of absolute spiritual potency into material life is sense-driven in order to give space to the divine, human and satanic effects. The different behaviors become visible. The Absolute Spirit appears as an attribute of God oriented toward a loving relationship with the material and living world. The material and living world is inclined to the loving Absolute Spirit and receptive to its imaginations.

Satan is in the Bible the absolute anti-godly negation and the absolute negation of human attachment to the Absolute Spirit. Satan himself wants to become God (see in the Bible: Isaiah 14; Ezekiel 28; Matthew 4:8-10). This is absolutely impossible. Because of this, Satan's self-destruction is inevitable. Humanity has two options:

a) To submit to the satanic seduction and to orientate oneself completely to material needs, ignoring the powers of the Absolute Spirit.

b) Lovingly orienting oneself to the Absolute Spirit and lovingly recognizing it.

A close loving relationship between God and man is assumed, which has a happiness-generating effect both for the individual and for God.

A God-centered person is happy and feels more vital energy than an atheist-leaning person. We were able to show this through empirical studies also on health and disease development.¹² It is assumed that the backward development of the material world in spiritual existences can also be the basis for eternal life.

Summary: The following elements play a role in Grossarth's theory of the origin of the material and living world (the absolute idealistic philosophy):

1. The Absolute Spirit (God) is conceived as the integration of Absolute Love, Absolute Information and Absolute Effect.

2. The Universal Cosmic Energy is the energy of the Absolute Spirit.

3. The Absolute Spirit effects the programmed transformation of spiritual energy into material and living existences.

¹² Grossarth-Maticcek 1999, S. 110.

4. The energy of the Absolute Mind is receptive to the Imaginations of the Absolute Mind, e.g. towards transformation.

5. The material and living world came into being in the Spiritual Creation, in which all programs for different functions are designed objects and developments.

6. The material and living beings are given a space on the habitable earth for the realization of the spiritual attributes of God, man and Satan.

7. After a spiritual clarification has taken place between God, man and Satan, there is a reverse transformation in which the material existences are transformed into the spiritual dimensions.

8. When there is great, loving agreement between God and man, the basis for eternal spiritual life arises.

6. Interactive self-regulation as a health factor

By self-regulation we mean any individual and social activity that leads to pleasure, well-being, security and human fulfillment. Good self-regulation manifests itself in different areas of life but also in a final, resulting form. The ability to self-regulate can be blocked in key areas with serious health effects, e.g. (with chronic failure, cigarette smoking with significant physical effects).

Interactive self-regulation is stimulated by activating the autonomous object relationship and redesigning it through imagination.

7. Further topics and research results

1. Studies on addiction reduction (cigarettes, alcohol, binge eating, drugs)

2. After selecting the types of addiction, individual or group training follows

3. Training methods: Pleasure-focused abstinence, pleasure-focused autonomy through redesigning communication, alternative imaginations.

4. Recording of short- and long-term effects of the training.

The results show that after one year all forms of addiction have been significantly reduced and that the training is well suited for use in the general population.

Reduction of a personal problem and achievement of attractive goals.

1. People report their main problem that they have not been able to solve for more than 5 years.

2. People report the attractive goals that they have not been able to achieve for more than 5 years.

3. The autonomy-imagination training is used in two-week seminars.

In the one-year follow-up, the results show that the trained group reported achieving their attractive goals and solving their problem significantly more often than the control group.

Further, publicly controlled studies to verify the effectiveness of autonomous imagery training.

New replication studies should be controlled by scientists or mass media, e.g. in the mental training of football teams that are in last place on the table or the control of the effects of achieving attractive goals with blocked problem solving or multiple addiction reduction (cigarette alcohol, binge eating). The control can also be carried out on television. First the training system is presented and then the practical implementation. The effects are publicly published three months after the training.

8. Current courses and training for autonomy training.

Grossarth-Maticcek, Bojan Godina and Martin Matyk continue to offer training courses for autonomy trainers.¹³ The autonomy training courses, planned for 20 participants, can be booked for one, two or three weekends (each from Friday afternoon to Sunday). These courses are pre- and post-processed through online meetings, modern e-learning opportunities, and supervision opportunities. Addressed are people who either have a professional goal, such as soccer teams and coaches, caregivers and therapists of cancer patients, professionals interested in the origins and prevention of radicalism, and interested lay people who want to solve a personal problem.

The fees serve to continue and evaluate the studies that have not yet been completed.

In the courses, the procedure and the practical application of autonomous imagination training are demonstrated. Likewise the theoretical basis of the method.

In the training seminars (maximum 15 participants):

a) The theoretical and methodological foundations presented as multicausal research and randomized studies to prove causal relationships.

b) Presentation of the previous results from multicausal, prospective cause research and prevention.

c) Demonstration of the autonomous imagination method on voluntary participants.

d) Mutual supervision of two participants.

e) Discussion of open questions of the participants, e.g. theoretical basics, practical procedure.

f) Final examination and handing over of the diploma.

Registration for participation in courses:

a) at a weekend seminar (Fri. 4 p.m., Sat. 10 a.m. to 6 p.m., Sun. 10 a.m. to 4 p.m.)

b) in training courses for autonomy trainers: 3 weekend seminar.

¹³ <https://www.ealw.at/>; <https://krebs-chancen.de/>.

9. Diplomas and job opportunities

The training in autonomy requires at least six weekend courses, including personal supervision. After the training, each person receives a diploma as an autonomy trainer. The trained autonomy trainers can determine their own field of work, e.g. B. in the care of football teams or cancer patients.

The self-selected field of work is communicated to the trainer and included in the examination.

10. Summary

The use of autonomy training in the Heidelberg epidemiological studies as well as in the prevention of radicalism and in mental sports training show that autonomy training is a highly effective mental training or short-term therapeutic measure, which unfortunately is known only to a few experts and practitioners. Often in medicine and behavioral sciences we see a hasty application of methods that are still under-researched. In the case of autonomy training, the situation appears to be reversed. The empirical data, based on decades of research data (since the 70's) and the interdisciplinary expert opinions are diametrically opposed to the training and application practice. The intention of the authors is that the multidisciplinary findings presented here will lead to a wider application in education and practice of autonomy training.

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Appendix

Variable catalog for cancer prediction

Variable 1: Traumatizing pain-producing break-up, disruption, loss of a symbiotic relationship of existential importance.

Question: Have you experienced a painful breakup, disruption, or loss of a very close relationship?

Yes No?

Variable 2: Chronically enduring conditions and behavior with negatively experienced consequences in anticipation of positive consequences.

Question: Do you regularly put up with negative experiences and behaviors of certain people in anticipation of positive consequences?

Yes No?

Variable 3: Blocked redesign of communication to achieve positive effects.

Question: Do you feel prevented or blocked from aligning your behavior and your communication in such a way that you achieve positive states?

Yes No?

Variable 4: Familial predisposition to cancer in lineage and in siblings and blood relatives.

Question: Have you had cancer in your family in a straight line (both parents and grandparents).

Yes No?

Variable 5: Chronic inflammation

Question: Do you suffer from chronic inflammation of certain organs?

Yes No?

Variable 6: Fever

Question: In the last 30 years, do you have any recollections of a fever lasting several days and higher than 38 degrees C?

Yes No?

Variable 7: cigarette smoking daily

Question: Do you smoke cigarettes regularly?

Yes No?

Variable 8: Contact with carcinogenic substances and effects (e.g. intensive sun exposure, regular driving, handling carcinogenic chemicals such as asbestos)?

Question: Do you have intensive contact with one or more risk factors for cancer (e.g. heavy cigarette smoking, regular alcohol consumption, frequent exposure to the sun, occupational contact with asbestos, frequent driving, intensive contact with car exhaust fumes, etc.).

Yes No?

Variable 9: Alcohol consumption

Question: Do you drink alcoholic beverages?

Yes No?

Variable 10: Sedatives (sedatives, sleeping pills and painkillers)

Question: Do you take sedatives?

Yes No?

Variable 11: Chronic Alienation

Question: Do you often feel so distant from your important fellow human beings that you cannot directly, spontaneously experience or reach them?

Yes No?

Variable 12: Altruism

Question: Do you tend to neglect yourself?

Yes No?

Variable 13: Exposing behaviour

Question: Do you show hardness towards yourself (e.g. by ignoring symptoms of illness, excessive demands, environmental hazards, etc.)

Yes No?

Variable 14: High emotional sensitivity and low physical pain

Question: Do you suffer more sensitively to negative feelings than to physical pain?

H. do you tolerate physical pain better than negative feelings?

Yes No?

Variable 15: Chronic viral infections (e.g. genital warts, herpes zoster, viral flu, hepatitis, shingles, etc.).

Question: Have you had chronic, recurring viral infections?

Yes No?

Variable 16: High difference between minimum and maximum in total cholesterol.

Question: Have you (at the direction of the project manager) found large differences between the maximum (in the normal state) and minimum (in the case of depressive states) of total cholesterol in multiple measurements?

Yes No?

Variable 17: Physical injuries, one-sided stress.

Question: Have you had serious physical injuries (due to falls, blows) or one-sided stress, e.g. B. when cycling?

Yes No?

Variable 18: Multiple depressions.

Question: Do you repeatedly experience depressive states that reinforce each other, e.g. B. through excessive demands, rejection, loss, so that hopelessness and inner despair set in?

Yes No?

Variable 19: Suffering from unfulfilled expectations.

Question: Do you suffer from unfulfilled expectations of rejecting people who are of central importance to you?

Yes No?

Variables 20: Seek harmony

Question: Do you strive for harmony with important people in all life situations, even if they behave negatively towards you?

Yes No?

Variable 21: Distorted images in the experience (fragments taken out of context)

Question: I often experience incoherent distortions (e.g. I don't ascribe appropriate meanings to situations).

Yes No?

Variable 22: Overacidification of the organism (e.g. sour feelings in the stomach)?

Question: My body is often acidic, e.g. due to malnutrition.

Yes No?

Variables 23: Hyperarousal-inhibiting spiral (overarousal is followed by intense and prolonged inhibition)

Question: I react to the smallest events with inner inhibitions, e.g. depression.

Yes No?

Variables 24: Inhibited Lust; The appearance of feelings of pleasure is followed by intense inhibition

Question: Inhibited in the search for pleasure in different areas of life, marked inhibition follows the slightest pleasure experience.

Yes No?

Variables 25: Unstimulated, listless routine in working life

Question: In my working life, I often feel stuck in a listless routine.

Yes No?

Variables 26: Altruistic work to the point of exhaustion

Question: I often work to the point of exhaustion for other people or specific objectives.

Yes No?

Variables 27: Attacks and injuries are followed by inhibition and depression

Question: When I am attacked/hurt, I regularly react with inner self-consciousness without the ability to successfully deal with the situation.

Yes No?

Evaluation:

The more pronounced the "yes" answers, the greater the cancer mortality:

e.g. cancer mortality n = 617 average score 22.6 (number of "yes" answers).

mortality from cardiovascular diseases n= 718,

average score 8.2

Durable and healthy n=405, average score 3.0