INTEGRATION OF A PSYCHOPHYSICAL APPROACH USING TOUCH IN THE CARE OF THE ELDERLY

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INTRODUCTION

Apparently 7% only of communication between two human beings is supported by words...

Medical treatment of "geriatric cases" is "bare hands" medicine...

Aged body...rich in images and metaphors
Real body...physical body
Pleasure giving body...

The expression "to be in good hands" evokes a climate of confidence and reassurance, witness to a human presence of quality.

Hereafter are some reflections that will help remind us that for the human being the importance of touch is infinitely greater than we are ordinarily aware of.

The skin is a decisive factor in the development of human behavior: it is a sensory receptacle which registers and responds to the contact and sensation of touch. Fundamental message, basis of communication, the touch is vital for the survival of the organism.

My personal experience started shortly after my first beginnings as general M.D. for the City: rapidly drowned in communication problems for which the University had not prepared me, I joined for some years a "BALINT group; this group was a wonderful opportunity for VERBAL communication with my fellow colleagues regarding cases generally relating to verbal communication difficulties between patients and medical staff -- even when the roots of the problem were revealed... it was done so with WORDS... forgetting too often the body of the patient and the body of the medical staff !

My frustration with this situation has become a moving element in my discovery of the physical approach...

Well beyond the notion of wellbeing, of the image of a parallel medicine, maybe even beyond an implication of magic or charlatanism, the physical approach is the means to engage in a non-verbal communication, it is a medical means,

similar to medical students being taught that questioning is the first step in a diagnosis.

In geriatrics... when the elderly subject suffers from not being able to communicate with those surrounding him and when words are inadequate, the body becomes an indispensable element in the understanding of the patient.

Geriatric medicine is holistic medicine:
even though modern diagnostic investigation techniques undoubtedly benefit the elderly, medical treatment of the elderly person remains founded above all on the relationship between Caregiver (Doctor, Nurse) and patient.

In gerontology, faced with medico-social problems, technical or strictly medical answers are often insufficient; it is indispensable to never lose sight of the importance of a high quality of presence of the medical staff, of verbal and non-verbal relationships and of touch as a tool of communication and adjuvant therapy.

It is very difficult to write about the perception and receptivity that are the essential conditions of this bodywork...

May the reader of this memo simply let himself be "touched" by my words to start on the discovery of the psychophysical TRAGER approach and its use in geriatrics in both the independent and institutional practice.

Goals and Objectives

The goals of this work can be divided into four principal parts which will be treated in the following chapters:

1/ Description of the psychophysical TRAGER Approach used in our field of geriatric experience.

Beyond the few descriptions specific to this Approach, the main goal is to show that a physical approach using touch and movement allows us to simultaneously take into account the somatic and psychological.

All along life's path there exist between body and mind certain interconnections; these become particularly strong in geriatric medicine.

For example a fracture, a respiratory infection... can profoundly influence the psychological condition of the affected elderly person; and, inversely, all psychological disorders can bring about serious somatic complications.

In this sense any means of psychophysical integration would be beneficial.

TRAGER is an integrating Approach ; we shall describe it in the following chapter.

2/Use of the Approach in the taking care of the elderly person:

The close relationship which touch allows helps re-establish quality communication in a safe environment.

The combined action of touch and movement allows a very deep impact on the physical scheme with a better "idealized perception of the subject's identity" leading to diminution or correction of the narcisstic wounds obtained in the process of aging.

It is more a question of teaching the elderly person rather than treating him.

The general goal of course is to allow the elderly subject to access a better "Wellbeing":
Various factors intervene in this notion of wellbeing: comfort, independence, autonomy, deficit, incapacity, pleasure, mothering...

On the basis of a few case studies and their results we will be able to further further the objectives of this work.

3/How the Approach can help family and friends caring for the elderly subject:

-The search for wellbeing is as primordial for the persons caring for the elderly subject as for the elderly subject himself:

the psychophysical approach allows the caring person to discover a way of being which introduces a high quality of presence and humanity into the technical aspects of medicine... even when the medicine is in difficulty!
-Help the treating team at home as well as in institutions.
-Help the families who accompany relatives in their old age, in sickness, in hospitals and institutions, at the end of their life, as well as in death.
-A non-verbal relationship can be achieved through simple contact of one subject with the other: the contamination could be compared to that of a VIRUS!

This idea has to be very much present in the hearts and minds of the medical staff.

We shall return to these objectives in various later chapters.

4/The fourth principal part will consist of reflections
on the language of touch,
on the therapeutic relationships,
on the helping relationships
on the process of aging,
which shall be addressed in the Chapter "Discussion".

THE TRAGER METHOD

"Psychophysical integration and Mentastics (R).

1/Historical background

The Trager Institute in Mill Valley (near San Francisco) is actually the school which teaches this new form of "bodywork".

Initially, this psychophysical approach was the work of Doctor Milton Trager of California.

At the age of 18 he intuitively discovered the elementary principles of his approach: at that age, as a dancer, acrobate and gymnast, he essentially evolved in the sports world, very naturally integrating into his way of being movement and touch, and just as naturally he ended up

teaching this way of being to the sportsworld initially and to the patients of his surroundings later on.

He devoted the 50 following years to the development and refinement of his discovery, first without medical education, then he obtained a licence in physiatry (physical and mental rehabilitation); he was 41 in 1949 when he decided to become M.D. After his medical studies he was general practitioner and physiatrist in Hawaii.

This surprising history of the unusual path of Doctor Trager is well suited to the psychophysical approaches in general which initially are not of a strictly medical nature but owe more to feeling and intuition; at a later stage they can be introduced into the medical world in order to find there the necessary structure for reflexion and research but also to help the medical field and its practitioners enhance their humane qualities.

As of the writing of this article, Doctor Trager is 88... he is particularly well known for having written a book entitled:
"Movement as a Way to Agelessness" in which you can read that
"not being under the hold of age is not the same as staying young.
It is the children who are young...

A body which is delivered from the notion of time passing is a free body, open and comfortable; and to find the freedom of one's body means also to find the freedom of one's mind".

2/Principles and Definition

The principal concept of TRAGER is:
"Underneath every physical condition there exists a psychological equivalent in the unconsious which is of the exact same magnitude.

This psychophysical approach does not use a technique, nor a method in the usual sense, since it is not dictated by a rigid procedure intended to produce specific results for a particular symptom. It is not based on formulas, recipes, nor on norms. It is rather another approach of reeducation through movement. Let us stress the fact that the patient

has to be ready to receive instruction rather than treatment.

The goal is not only to mobilize certain muscles or joints, but to use movement as a way to produce specific sensory effects, pleasant and positive, which will be experienced by the central nervous system. This perception, through the means of numerous neuro-sensory channels of communication linking the unconscious with the muscles, will little by little bring about changes in the tissues. The TRAGER Practitioner uses his hands, not to change the condition of the tissues but to communicate to the nervous system of the receiver a sensation of a specific quality - it is the awareness of this sensation which lets the subject discover a new possible reaction at the level of the tissues. When a person begins to feel lighter in his body, this person will start to hold himself or to move as if his body actually were lighter.

The old mental behavior, limiting full self-expression, maintains and reinforces the patterns of tension and rigidity of the body which transform themselves into blockages, pain and loss or diminution of functioning.

These physical manifestations in turn reinforce one's self-limiting ideas, thus creating a vicious circle.

Therefore, a tentative definition could be as follows:
-TRAGER consists of using your hands (not imposing them) in such a manner as to influence the psychophysical patterns deeply rooted in mind and body. It is a matter of breaking these deeply rooted patterns which inhibit, block and alter free and fluid movement, provoking thus pain and interference with the proper functioning of the affected region and the resulting psychophysical consequences. Since the blockages are freed at the source (the mind), the patient can experience a lasting liberation and relief from his frozen negative patterns. There results a general overall improvement.

3/The elements of a TRAGER session, adapted for the elderly

On the one hand, during individual sessions, the practitioner proceeds with movements made to or suggested through touch to the body of the elderly person while the

latter is stretched out on a comfortable massage table or simply on his bed.

On the other hand, and equally important, there are the movements carried out by the elderly person himself, having been suggested by the practitioner without touch, to explore himself while standing upright or being seated or in the course of his daily activities; one tries through slight and subtle movement to achieve an exploration of wellbeing through movement: this is called MENTASTICS.

A/ "Tablework"

In practice, in our field of geriatric experience, the massage table was very seldom used, it seems easier to do the session on the bed.

- the elderly person will be more at ease there
- the session becomes part of the usual surroundings as represented by the bedroom
- the transfers from upright to prostrate position are facilitated
- the rest period following a session can be more easily arranged
- the practitioner remains at ease, particularly if the bed heigh can be adjusted
- of course, at the end of life the bed is the only workplace possible.

The session lasts from one half to an hour, the recipient is most often lightly dressed; no oils or lotions are used; this is not a massage and the depth of touch is in no way altered by the presence of clothing, furthermore, in this way it is possible to respect the habits of each elderly person.

During the session, the practitioner uses his hands to propose soft rhythmical movements, respectful of the elderly person's limitations, transmitted with a high quality touch over the whole body of the recipient who can thus experience the possibility of moving freely and easily.

We shall not precisely describe these movements, the most important aspect being the state of mind in which the practitioner is proposing them...we shall return to this later on.

We shall also note the possibility of adapting these movements to the elderly subject in a wheelchair in shorter but very beneficial sessions.

B/ The practice of MENTASTICS

"Mentastics are a game of perception through flowing movements, carried out consciously. They can bring unlimited contributions to a person's development.

At the end of a tablework or bed-session, the subject learns some mentastics: these are movements suggested by the practitioner for exploring oneself and one's own wellbeing.

They are simple and effortless movement sequences, allowing the person to maintain and even increase the feeling of lightness, freedom and suppleness experienced during the session.

The word "Mentastics" is used to designate "mental gymnastics"; this type of meditation in movement makes it possible to recapture from within the sensations experienced by the tissues during the rhythmical movements induced by the practitioner's hands. They are a powerful tool for recalling the "state of wellbeing" which started the changes in the tissue. Each time this state of wellbeing is clearly relived, the changes become deeper, become more durable and allow further positive changes.

Since these changes are the result of an integrative process, a series of sessions or occasional "recalls" will often be very useful.

These are very gentle gymnastics, guided by the mind, with the aim of relieving the body of its tensions. One of the most natural and pleasant aspects of "Mentastics" is the way in which the body's own weight is used to open and mobilize each of its parts. For example, the arm can be let hang down and lifted up again freely, under the effect of its own weight, letting itself be carried by the force of gravity without resisting it.

We shall use an example to show how an elderly person can be helped to experience the exceptional quality of movements which are calming as well as invigorating.

Keep yourself upright, or seated on a chair (or wheelchair), and let your arms hang freely on the sides of your body. Lift one hand in front of you, softly and without any tensing up, as if you were to pick the cords of a guitar, let your hand fall down again, feeling the weight of the thumb rebound freely. Feel this 'rebound' all the way to the wrist, continue while asking yourself the question: "how could this movement be lighter? softer? "now let these questions guide the movement, be attentive to the way the feeling in your hand is affected by them. Feel the hand become even lighter, and the movement more subtle in response to the message of the question.

Without changing sides, now let your arm hang down alongside your body and gently shake the hand as if you were trying to foam up bath water. Feel the rebound, this vibration, move up the length of the arm like a wave going through the tissues. This will happen automatically if you do not make any effort. If you feel a stiffness, slow down the movement and ask yourself the question. How could this be lighter? Freer?

Ask yourself these questions without expecting a reply, but rather as a suggestion.

Take a break, so you can feel the difference between your two hands, arms and shoulders. Feel how much impact a little gentleness can have on the body/spirit.

These prickling sensations and light pulsations are there to remind you that life is flowing in you.

While learning to play with the weight of your body, your consciousness will relax.

This is only the beginning... one can repeat this simple movement again and again while each time going deeper into the FEELING.

This manner of PLAYING with the weight of the body can be used at will, freely, and completely autonomously.

Mentastics can also be practiced in groups, in which case the collective energy often has a facilitating effect on the individual.

4/ Particulars of the TRAGER Approach

What distinguishes the TRAGER Approach from other forms of body work is the intent of the practitioner. In most other methods, one is directly addressing one or the other of the tissues (skin, tendons, muscles, joints, etc...) and it is the specific properties of each which determine the touch or appropriate manipulation. Even though the Trager practitioner's hands will necessarily touch all these tissues in the course of a session, the work is not especially addressing any particular part of the body.

Doctor Trager says:

"My work addresses itself to the unconscious of my patient. Each movement, each thought seeks to transmit what a healthy tissue might feel like. It is essential to act on that which took place in the unconscious the physical manifestation of which is mirroring its intensity."

When the Trager practitioner encounters stiffness or hardened muscles in the elderly person, his reaction is not to pummel them or make efforts to soften or stretch them. It is his hands which pose the question: "how would a lighter, freer feeling be here,?"... and lighter still?"... and so on. These questions and feelings have to be firmly established in the awareness of the practitioner (or medical staff) to allow their successful projection into somebody else's awareness. Nobody can give something which he has not first acquired himself. This is why the attainment of a state of full awareness and relaxation by the practitioner is essential for an efficient practice of this approach.

For the practitioner, this special awareness constitutes a source of increased sensitivity, a means of being in personal contact with the lightness and subtlety which allow a presence without constraint.
This special awareness is also the essence of a high quality touch and the very essence of communication with the

elderly. Surely this high quality relationship can be part of the nursing care as well as the medical examination!

Mentastics are of course a noteworthy specialty of the TRAGER Approach and we will mention here some of their aspects which need to be integrated into the care of the elderly.

We have mentioned earlier that the elderly person should expect to receive instruction rather than treatment... indeed all these movements are guided by the mind rather than the body.

It is truly a sensory and not a technical learning process. We ask the subject not to analyze the movement, analysis is a function of conscious thought. It is simply a question of playing with sensations in the part of the body which is in movement.

The Mentastics movements are not based on the principle of contraction, but rather on a principle of expansion of the tissues: this process requires no effort.

It is an ART and as with any art form, regular practice makes perfect.

It is an excellent means to reacquaint the elderly person with the notion of play and creativity.

RESULTS - CLINICAL CASES

Mr. G --81 years old

Short elderly man fondly called "Papy" by his entourage, but living alone in a small house at the end of a dead-end street, safe from curious eyes, far from the noise, far from the sun also...

His lifestyle is simple : a comfortable chair in front of the TV from 9 am to 9 pm. "His shopping" is done biweekly by his children; his meals are brought to him in front of the TV by the neighbor across the street...; his pipe is permanently lit and completes the picture of perfection!

He is alone at night; no problem. And medically there is not much to report either. I am his "nice" general M.D. and come to see him every two weeks... for a check-up.

One important point to mention is that Mr. G worked in a pharmacy and still knows his pharmacopoeia very well.

For the last few months his request has incessantly been the same:

"Give me a prescription for my legs which have no strength in them, for my ankles which are swollen at night and for my knees which are too old now for walking."

Almost invariably he adds a sentence indicating that, of course, I cannot be expected to do miracles.

It is evident that with the present set-up of his life, he does not need to walk! and his request is more motivated by a fear of aging, a feeling of becoming worthless, a fear of becoming truly helpless!

At least our discussions concerning his request were very lively; but all my verbal efforts to stimulate him to try to walk around remained fruitless.

None of my words addressed to his conscious reason could convince him to make an effort. In his mind his legs were old and incapable...

We then left the words, abandoned our discussions to start addressing the message at the tissue level. During each of my visits I devoted approximately twenty minutes to it; starting with "work" on his two legs. Stretched out on his back, comfortable on his bed, he easily received the proposed movements which are very gentle:

Slight foot contact, balancing of the leg, small rhythmical tractions which are radiating towards the shoulders and the neck. Lifting the knee in space, slight movements in circles. Mr. G doesn't control very long, allows the sensation of wellbeing to take over in his leg, compares eagerly with the other leg which has remained heavy and rigid because it has received no treatment yet! The words

are absent but our connection is deep, the message comes through, the questioning is there, "what could be more comfortable?"

The work is followed up with Mentastics: "What movements could you imagine for your legs which might help you find the same sensations?" and rapidly each time Mr.G becomes his own provider of lightness and wellbeing, he becomes also creative and the words then regain their usefulness to help him refine the movements, refine the sensations...

The last Mentastics session, we did it together, took place in the Sun in his little garden at the end of the street...

"Mentastics constitute a privileged link between the TRAGER session and daily life."

Mrs. P - 86 years old

Mrs. P's body is all of a piece. Rather tall, skinny and very dry; everything is frozen in her body, no doubt due to her rather difficult history: she used to work as a housemaid, has lost her two children to illness and accident and describes her husband as abusive. Suffering is part of her life and she brings it to me at each of her monthly visits.

Up to here, no great problem in our relationship of treating person and person being treated... I can accept her overall rigidity and having to deal with her suffering and "martyrdom" once a month.

But Mrs. P. is beginning to fall, as a rule forward: be it over a step, the sidewalk, when getting off the bus, falls which bring about fracture of the collarbone, the arch of the eyebrows, a finger...

No pathology seems to me to be capable of explaining her rigidity which increases with each trauma. She walks with small steps, bent forward and looking at her feet, her neck inclined 45 degrees towards the right... and when she falls she breaks something!

Fortunately, Mrs. P. is not rigid in her understanding of the psychophysical TRAGER work I propose to her.

Twice a month she accepts and receives a table session in my practice: of course, I propose to her more lightness in her legs but, above all, more space in her thorax, sternum, shoulders connecting everything to her neck which frees itself gently to the rhythm of her head which rolls very lightly in my hands, just a few degrees from right to left. Peace comes with every session; she mentions from time to time with emotion her lack of affection

After a few minutes of Mentastics she leaves the sessions with new sensations.
"I feel more upright and taller" and she begins to look further ahead.
"I am taller and better anchored to the ground" and she really has enlarged her step.
"I feel liberated" and she immediately negotiates the steps in my practice with newfound agility.

Mrs. P. doesn't do any Mentastics on her own and so, approximately once every 6 months, she asks for a little "repeat cure".

She doesn't fall any more and 3 times a week she now walks three kilometers to go to the market.

My work with her had nothing to do with functional reeducation, it was a matter of reestablishing her self-confidence, of introducing in her conscious and unconscious mind a new pattern of functioning; of changing her psychophysical model in a supportive and confidence inspiring environment.

Mrs. P. has also given much to me: I learned to respect her way of being; I never wanted to take all the rigidity from her; I accepted her being all of a piece... I simply brought some play and more space into her being.

"Psychophysical integration is working in sensitivity and empathy which can bring about a mutually enriching relationship between client and practitioner."

Mr. G. - 74 years old

A sturdy old man, Mr. G. is usually overflowing with activity, lots of gardening, Deepseafishing, and riding his bike every day.

At home one night he falls down a whole flight of stairs.

He comes in with a serious unstable fracture of the cervical spinal column. Fortunately without neurological complications but absolute necessity for immediate intervention to stabilize the fracture, then plaster collar for six weeks, after which the orthopedists declare him healed. Nonetheless about twenty physical rehabilitation sessions are needed afterwards to improve movement of the cervical spinal column.

Mr. G. comes to see me at the end of his physical rehabilitation to tell me of his disappointment at having in fact only poorly recovered. He feels fragile, incapable of resuming his previous activities. He claims to be permanently tired, sad, with bouts of depression which he never had before. Obviously, there was a break in his psychophysical pattern. He doesn't sleep well, feels old, has lost his self-confidence and I sense a deep distress in him which seems to be beyond medical solutions.

He received a total of five TRAGER sessions, of one hour each, at my practice, with approximately ten day intervals.

The sessions help him to feel more comfortable in the neck area: my hands are there to confidently receive the suffering of his painful tissues, to help the neck resume its role of link between his physical body and his mind full of doubt, the neck being the most appropriate place for psychophysical integration, passage for all interconnections between the somatic and the psychological.

Once the neck had regained confidence, the remainder of the session (approximately two-thirds) proposed movements to the rest of the body: movement in waves resonating deeply in the muscle tissue and the skeleton, the regular rhythm of which spreads to the head, which rolls softly from side to side.

It was a very beautiful way to reach the mind which rapidly

integrated a new physical pattern soon capable of functioning to perfection.

Mr. G. now speaks of his accident in past terms, and is not too sure anymore just exactly when it happened; he has obviously discarded it from his aging process!

Mrs. F. - 90 years old

When I arrived at the medical retirement facility of the St. Louis Hospital in La Rochelle, Mrs. F. was my first patient. I arrived at the institution as an assistant, a medical doctor and TRAGER practitioner; I had already succinctly explained the basis of my psychophysical integration work to the hospital personnel...

At this time, Mrs. F. was characterized by the medical staff as a complainer, practically every part of her body is the subject of incessant complaints to the personnel rather than to the doctor, the problems are therefore of a relational rather than a medical nature. Nonetheless, Mrs. F. has been very well accepted by the service for some time and routinely handles small tasks.

Mrs. F. is therefore immediately turned over to me by the medical staff who are seeking a little respite from this difficult patient and at the same time probably feel that this elderly lady is an excellent "case" to test the skills of the newcomer.

I find myself thus confronted with a situation very different from the ones I usually encounter in my own independent practice.

Firstly, I do not know my new patient and secondly, how did the other personnel present my Approach to her; how did they speak of me and my work?

I have the impression that for some I am like a form of "talking physical therapist" and for others "a psychiatrist who uses touch" while at the same time remaining a mystery: am I really talking? or, what language do I speak?

Undoubtedly, all this is expressed in the way Mrs. F. welcomes me at the second session: "Good morning, doctor! So, are we going to do a "job" today?"

She is giving expression to the daring side of proposing touch as a means of communication and even possibly as therapy...

It also expresses a certain pleasure and sensuality in the relationship; actually even a shared pleasure... or is there a hint that the pleasure is above all the doctor's?

We have learned a lot together, Mrs. F. and I: she took up mentastics which allowed her to feel that walking can also be dancing; that going from a seated position to an upright position can become a game when the body weight is used properly, and surely many other things which she deeply felt but kept to herself...without putting them into words.

As for me, I experienced one more time how important it is in a close relationship allowing touch to nonetheless keep the proper distance; this allowed that elderly person to speak of her body through her body, in full confidence, and to hear my response in the form of completely honourable proposals made with my hands.

Never did Mrs. F. take off any of her clothing for the sessions; never did she speak a word during any of these sessions. Never was it difficult to interrupt the sessions "until further notice"... and, with distance, I now realize that she calls on me almost every year, at the beginning of Summer, which is a difficult time for her when she easily succumbs to severe depressions.

In any case the way the medical staff now looks at Mrs. F., and their behaviour in general, including that of Mrs. F. herself, has greatly changed and there is now talk of playing...and a winning team!

Mr. B. - 70 years old

Mr. B. came to us in the fall of 1993. His mother had died a few months earlier. From the beginning, his behaviour was unusual: he wears a plaster collar; his right arm is permanently bandaged (at least in public), his physical

complaints are numerous. His character appears very strange: at times aggressive, irritable, at times taciturn and self-absorbed.

Once a week he is treated with psychomotor-therapy. Hereafter you will find part of the report the medical staff has given me concerning Mr. B. and his problems:

"there is an accumulation of requests, incessantly reiterated. He is never satisfied. He always has something. He is inventing pains for himself, illnesses. He is constantly calling us. How far can he go trying to make himself ill? to make himself accepted as a patient? we are so well off being in good health! He is like a spoiled child going on our nerves. He wants everything right away, he has practically become part of the institution, almost even the medical team. He is a problem for them. There is not a visit without him showing up as well! We have started closing doors trying to make him understand he has to remain within his boundaries.

He wants to be part of the medical team. He does not respect the nurses opinions. He wants to go higher, to the doctor. That is stupid, since he is not ill, but something is bound to eventually happen to him...surely! his illness is psychological, the problem is medical escalation..."

So, in short, Mr. B. tries to be part of the medical team, idealizing his doctors and endlessly expressing his wish to become a part of the team which he views as a "mothering body".

The psychomotor-therapist of the institution tries to help Mr. B.: there is the problem of his grief, evocation of sexuality, the idea of getting old in an institution surrounded by other elderly persons; and she notes the following concerning the hysterical aspect which characterizes Mr. B.: "his imagination is poor, he has trouble expressing his feelings with words, symbols. His symptoms are his language. His body language is his way of expressing himself. He does not speak with words, but through illness. He needs to live in the real world. Therefore all the interminable symptoms he mentions are nothing but sentences he makes up so he can relate to us.

The problem is that this language is in code. It is a physical code which we have to decode to understand."

My intervention with psychophysical work using touch complements the strictly verbal intervention of the psychomotor therapist. It does appear preferable for her to abstain from touching Mr. B., other than with her eyes and her words, in order to remain in a completely safe relationship!

Nonetheless, since Mr. B. "speaks with his body, he expects to receive replies with his body" and he incessantly asks for consultations with specialists: rheumatologists, orthopaedists, neurologists, urologists, each time for thousands of examinations or touching of the prostate!

Mr. B. does not ask for physiotherapy. He does not request therapeutic touch, but, unconsciously, he requests a "mothering touch" which simply listens more than trying to understand.

At the beginning of the TRAGER sessions, the medical team as well as myself feared a recurrence of his hysterical bouts but at no time was this the case. What is more, at some of the most "seductive" moments, Mr. B. declared: "you are really the only one who can make me feel good!"

Sentence which I listened to with some amusement because deep down I was only in the process of "not really doing anything" except totally listen with my hands to try to feel the sentences expressed by his tissues.

Never once did he ask the why or the wherefore; in a no-nonsense, man-to-man relationship he usually left the sessions with a warm "thank you".

I think that as a complement to other therapeutic work, psychophysical integration and touch allowed Mr. B. to grow further in his body and mind, to better find his place in the institution and in the team... and to overcome the negative image of his own aging surrounded by old persons!

Mr. B. never hooked onto mentastics!...too much risk to lose his mothering therapist! but little by little, while working out his grief for his mother, the man reached maturity, the

sessions became fewer and then stopped... and he became emotionally involved with a sweet lady who was a longterm resident.

Mrs. P. - 91 years old

Having been admitted to the Longterm Service 6 months ago, Mrs. P. suffers from light attacks of paralysis of the left side and progressive Horton's illness*[1] with serious inflammatory syndrome and other complications.

She is generally adynamic, even confused; she needs to hold onto somebody's arm to walk. She can get up or lie down unaided, can also move around alone in her room and cope with daily activities while seeming to be willing to cooperate overall. However, her capabilities seem to flucutate and it is sometimes necessary to do everything for her. Mrs. P. does not pose any particular problem for the medical team. She is being treated with psychomotor therapy which allows her to express her deep anxieties concerning aging and death. Physical therapy helps alleviate her many pains, essentially rachidian and of the lower extremities.

The medical team's contacts with Mrs. P. are pleasant. It seems she prefers contact with men and the physical therapist makes particular note of the beneficial effects which she gains from all relaxation movements.

I am then asked to perform bodywork which resumes itself as follows: our first contact had the goal of presenting to her the manner in which I proposed to help her to an improved level of psychophysical wellbeing. While explaining this to her, I held her hand to help transmit the message expressed by my words and I sensed that she was deeply touched to the point where she wanted to start the sessions immediately. Without delay, she laid down on her bed ready to receive the work I had outlined to her with my words only (while constantly holding her hand).

The session started and I discover with astonishment a great receptiveness in her: the tissues are cooperating, there is

[1] Horton's headache, Disease (Arteritis syndrome)

instant resonance deep within her, an important opening-up, I could feel my hands react, and I myself felt great pleasure to finally be in touch with an elderly person of such rare receptiveness.

In the euphoria of the moment I started going all out: strong rocking motions, ample and without resistance, from the hands outward the movements spread to the arms, then the shoulders and thorax, breathing amplifies while, at the same time, her feedback expresses this extraordinary happening.

After 20 minutes the situation changes, the sensations become very strong, almost unbearable, she is afraid of losing hold, her nervous system is overstressed, emotions become too strong, there is even a feeling of oppression and we have to stop the session. A long period of recovery follows this session and she requests that there be no other session since she feels too upset, too shook up, and a little bit embarassed in front of me. I am also embarassed about this myself.

What happened: the fullness of her response, looseness of her
joints, relaxing of her muscles, inspired me to use movements to go very deeply into her being... even her very existence, to the point of becoming unbearable for her, and there was perhaps unwanted "intrusion".

We did not stop our relationship, but the following sessions were "simpler": exchange of a few words, the simple contact of our hands was so intense that it sufficed.

I really did feel that through this simple contact the whole session could take place but in a more appropriate way for her.

She was able to express her upset to several members of the medical team.

For me, the principal learning experience was that it is important, when trying to help someone through touch, to bring him only to the level of his limits and no further! too much is unbearable but not enough does nothing, maybe a little bit of comfort but no more!

It is on this middleground of the relationship that we must meet the other, let the patient go as far as he can but no further...

A few mentastics exercises helped her overcome the unsettling experience and feel in total control again.

The neurological condition of Mrs. P. deteriorated rapidly in the form of uncontrollable movements which greatly diminished the effectiveness of my work using touch without movement as well as her own mentastics exercises.

She died in great pain. I hope that TRAGER helped in relaxing her somewhat and I retained that "doing less is sometimes more".
(and that in geriatrics better is sometimes the enemy of good).

DISCUSSION AND REMARKS

It has to be understood clearly that at no point do we want to oppose the technical nature of medicine to its humane side... Let's recall that the most important factor is to introduce a certain high quality state of being into the medical field to make it possible to practice in a strictly scientific field, in which constant advances are being made, without forgetting the "human being".

We shall first discuss the advantages and limitations of the psychophysical approach and touch before reflecting on the following subjects

- the language of touch
- therapeutic relationship
- caregiving relationship
- the process of aging

1) Rather than giving details of how the Approach is applied, let's talk of its advantages.

As a matter of fact, application generally concerns a form of medical treatment. But, as we have already mentioned as well as demonstrated with the aid of several

examples, the goal of the psychophysical approach is instruction rather than treatment.

We shall therefore speak of the "advantages" of the Approach without losing sight of the fact that under no circumstances can we expect its actually being profitable as such.

Doing research with the goal of making a profit is acting under false pretenses.

Advantages for the elderly person:

Communication through touch has, overall, a very simple effect aside from communication: it is the creation of sensory as well as affective and emotional stimulation.

Starting from this notion, it will easily be understood that elderly persons have much to "gain" from psychophysical integration sessions in such cases as

- withdrawal symptoms
- overall indifference syndrome
- serious depression
- in a situation of loss of self-confidence, mistrust of one's own body, following episodes of prolonged illness, often invalidating and leading to periods of prolonged bedrest. The most frequent illnesses are metabolic infectious pathologies, often combined with mental confusion.
- finally, all consequences of trauma: in polytraumas following car accidents or operations the body scheme is invariably very disturbed, beyond the actual trauma suffered by the tissues!

The falls of the elderly deserve their own place here: mainly because of their frequency, their serious physical impact, and the psychological problems they bring about: feelings of fragility, of worthlessness, of aging and a decisive turn in the road of life.

The Approach has the advantage of offering the elderly fall victim an appropriate means of taking charge of himself to avoid syndromes of psychomotor regression which can lead to loss of autonomy and increasing dependence.

In all of these situations, bodywork with the aim of relaxation can help in narcisstically restructuring the elderly subject and reestablish harmonious functioning of his body and mind.

A few special situations in which the psychophysical Approach is particularly beneficial merit to be mentioned here: the elderly subject in a wheelchair, the elderly subject with dementia and the dying.

- The elderly subject in a wheelchair:

As can frequently be observed communication predominantly is made through the "upper body": the hands of the doctor place themselves easily on a shoulder, he gives a little nod of "hello"... more easily to a subject in a wheelchair than to a standing or prostrate subject.

The wheelchair is a privileged place in which to propose little psychophysical integration sessions: try to free the shoulders, regain neck movement, lighten the head...: how could this be freer?"...

But we must not forget the lower part of the body either, allow it to feel the energy generated by the upper part once it feels better... let the feelings, maybe even the emotions, circulate throughout the diaphragm which is often blocked! The session in a wheelchair also allows the creation of small wavelike movements starting from the feet, the deep resonance of which can help the elderly feel more comfortable.

I also like to touch one of the knees of an elderly person in a wheelchair when I say hello, so as to indicate that I am in contact with his whole body.

- The elderly subject with dementia

We have as yet little experience in this field. Without doubt, fear of touching the "crazy old person", the "mentally challenged", the "Alzheimer patient, is responsible for this lack of experience...!

Nonetheless, for the elderly subject with dementia touch seems to constitute the means of interindividual exchange which is most effective.

We certainly need to relearn bodywork with these persons.

Finally, TRAGER seems to be beneficial for taking care of the aggressive demented elderly person.

And we?... how do we react to the demented elderly? Let us quote Renée Sebag Lanoë on this subject:

"It is true that these demented patients, especially when they are present in large numbers, reduce us to feelings of failure and helplessness. It is true that the speech of the demented, because it is incoherent and outside of our normal experience, scares us. It is true that such overwhelming problems of lack of communication drive us back into our loneliness. It is true that these unrestrained and out of control bodies frighten and repulse us. It is true that such a regression of man to the state of animal bothers and deeply troubles us. Through their mere presence, through their manner of being, the demented remind us constantly of the precariousness of all our acquisitions and the illusory and fragile nature of all our gestural or verbal means of communication. The demented is constant, living proofof the complete denial of all that which we so solidly are or believe we are - and still...

These eyes smile sweetly in reply to a simple hello...

This face lights up suddenly when confronted with the spectacle of a baby being held by its grandmother...

This pair of hands is still capable of creating color, light and poetry on a sheet of white paper...

This foot suddenly taps to the beat of a piano... These books suddenly recall the forgotten words of a refrain while listening to the barrel organ music of long ago...

All these faces, all these looks, all these hands of men and women, can still see, smile, feel, taste joys and pains and exchange tenderness with others. All the experience accumulated in the course of many years has brought us the

certainty that Cartesianism does not define man. That human communication is not limited to words alone, and that beyond insanity there remains the wisdom of the heart..."

- The elderly subject at the end of his life and the dying.

In this field our experience has been rich and positive, particularly with elderly persons who already had received some TRAGER sessions beforehand; communication through touch has always been felt very deeply by persons who have arrived at the end of their lives; a hand put on their arm will remind them of what wellbeing feels like; a light touch on the thorax will trigger freer respiration; a caress of the neck and the face will lighten the weight of the head and maybe dissipate somewhat the fear of upcoming death.

Of course, at this time of life, or of death, technical medical treatment is inevitable but the relationship between dying person and medical staff should not be limited to simple gestural intervention. It is also possible for the medical staff finding themselves at the side of the dying person, to ask themselves the question "what can I learn from this person?" To ask this question is to put oneself in a state of openness towards the other which allows a deep connection that can be felt unconsciously by the dying and thus facilitates the last "things" to come about in the communication.

Advantages of the Method for the medical staff

The body as a means of communication remains little known even among medical personnel, doctors, nurses, nursing aides. It is indispensable that the person treating the patient is aware of his own body as a means of communication. In this sense the personal growth of the medical staff is of the utmost importance; in any relationship, it is only possible to help the other to the extent of one's own personal development. Psychophysical integration can help the medical staff in this undertaking.

Let's recall here that communication through touch creates an emotional exchange: evidence for this, too often forgotten, is that one cannot touch without being touched oneself; there exists a concrete and palpable link between

the patient and oneself; for the medical staff member, this link can be complicated by fear... of dependence... subservience... contagion...

Therefore, on the personal level the goodwill of the medical staff member is not enough ! let us resume with the following sentence:

"Before we can listen to somebody else, let us be mindful of our own body, it is a transition we cannot avoid."

All this rhymes with the importance of a high quality presence, and under these conditions its acquisition does not happen gradually, it is immediate.

The medical staff must be mindful of themselves and their body so as not to lose identity. Then, in nonverbal communication, their body will not be exposed to the risk of loss of cohesion but, on the contrary, will benefit from a reinforcement of their own identity and desire of communication, it is a form of empathy" : to understand themselves in order to understand the disturbed subject... and also to listen to the disturbed subject in order to learn things about themselves.

For the elderly subject, receiving care at home or in an institution, the notion of social distance is important : the doctor and supervising nurse often remain at a distance while the nurses are closer and the nursing aides and hospital personnel are very close to him...

Let us hope that, even though they are preoccupied with medical technicalities, the doctors have more humanitarian objectives as well ; their opening up to the language of touch would be a good way to reduce the social distance.

In the relationship of the elderly subject with the medical team, there is also risk of dissynchronization.

As a matter of fact, for the old person the rhythm slows down (slowdown of activities, slowdown of movements...), on the other hand, for the medical team the rhythm remains fast (the slower the elderly person becomes, the more things need to be done for him by the team). This results in real dissynchronization touching all aspects of daily activities

and can lead to conflict which in turn can bring about agressive reactions, passive reactions, or regression on the part of the elderly patient and when occurring frequently or for a prolonged period of time, it will make the elderly subject even more dependent... and the workload of the medical team becomes thus even greater !

Non-verbal communication, and particularly the physical approach, is an excellent means to break this vicious circle and to help harmonize the various rhythms of life of each of the players in the relationship beteween medical team and patient.

And let us remind the potential opponents that if a certain high quality of presence is there... there will be immediate communication. It does not need any delay to come about !

2) What are the limitations of the Trager Approach:

There are conditions where touch can become uncomfortable:

A fever or a severe inflammatory syndrome, for example, are contra-indications for a complete session. The same goes for all "outward" signs of pain. Nonetheless, it is rare that no part of the body feels normal and can be touched !

It can also happen that the elderly subject does not like to be touched !

There remains the possibility of touch from a distance... through an exceptional quality of gesture, direction of the movements, through the simple intent... playing with the intent of the gesture in the space close to the subject.

There is also the possibility to be inventive and improvise: "When I meet Mrs. G. in the hall, she hesitates to give me her hand when saying hello, and withdraws it very brusquely at the first contact with my hand. However, if I address a big hello to her with my hand and eyes from a distance, it is she who very warmly takes up contact with me ! All I have done is remain open to the relationship... and Mrs. G. prefers giving rather than receiving."

The psychophysical approach, and particularly the TRAGER Approach, can often be very well integrated into other

methods of treatment of the elderly subject, particularly physical therapy, psychomotor-therapy and psychotherapy. It is important to define the limitations of TRAGER psychophysical integration combined with these other methods:

- It is not a form of physical therapy,
  actual massage is not used
  the movements and mobilization are not carried out with the intent of getting a particular muscle or group of muscles to work.

It is rather a readaption through movement to allow contact with the subject's unconscious and thus imprint new ways of functioning on it...

"The unconscious is the body of the conscious human being".

- Psychomotor-therapy as such is defined as the search for integration of motor and mental functions through educational and developmental exercises of the nervous system (in the largest sense of the word).

TRAGER uses a similar approach, equally sensible, and can contribute considerably in the care of the elderly person being treated with psychomotor-therapy. It can also be a tool for the psychomotor-therapist, while at the same time providing a means for his own personal development, which is such an important aspect in this field.

- It is not a form of psychotherapy.

But, of course, TRAGER is an excellent means to link body and speech in a psychotherapeutic perspective of the elderly subject.

We shall end the chapter on limitations of the Method with some comments on "memory and learning capabilities of the elderly subject":

Our experience in geriatrics has revealed that the learning of mentastics can be difficult for the elderly person.

As a matter of fact, if the TRAGER session as such concerns itself with the unconscious memory, the memory of cells and

tissues, while short-circuiting the fixed memory : this is not the case for mentastics. For these it appears that the memory pattern "register - preserve - restitute" has to function at least minimally to allow the elderly person to use mentastics when he feels the need for it, when and where he wants to, without presence of the "therapist's hands"... by autonomous choice.

It would be nice if mentastics were simply natural, beneficial movements, coming from the unconscious in spite of major memory troubles. Maybe this is possible... but then our experience in this field has undoubtedly been too limited... and also the very old don't have a long enough life expectancy to allow considerable development of such an experience.

3) The language of touch

Merleau-Ponty has written: "It is impossible to touch without touching in space, since our experience is the experience of this world".

This phrase reaffirms the statement that the unconscious is everywhere in our body, in every drop of lymph, in every tissue, in every pulse of blood and even in the air which surrounds us. And it allows us to be aware of how each movement influences our psyche and the basis of our behaviour.

Doctor Chopra said that "happy thoughts make happy molecules."

And Doctor Trager declared that physical conditions and habits can only change when the internal states which cause and support them change and if an internal change comes about, all sorts of biochemical and functional changes will happen simultaneously.

The neuropeptides, the neurotransmitters have the duty to assure transmission of these changes. Each molecule has a specific shape. When it contacts an appropriate receptor on the cellular wall, its shape will adapt to it like a key in a lock which in turn passes on the information to the energy equilibrium of the membrane. There is an exchange of energy, new information being transmitted to the cell which

itself creates new molecular forms.

When a TRAGER practitioner is in a special state of heightened awareness (the Americans speak of a state of "Hook Up"), the type of movements he proposes correspond to this internal state created by specific molecular forms of the neuropeptides - the subtle indications, inherent to these movements, are gathered at a subliminal level by the client, who thus is receiving information concerning the internal state of being of the practitioner. Through this new information, the client can adopt and develop new ways of feeling. And when this new feeling takes over, it progressively stimulates the production of neuropeptides which will reproduce, accentuate, and prolong the effects gained from the practitioner's special heightened internal awareness. The neurophysiological basis of a new experience is thus established, the client has received a tool which will allow him to change his chemistry and his previous behaviour as well as the state of mind or attitude which accompanied it. In other words... the message has passed.

This very complex dimension of touch allows us to speak of a language. What makes it a language is that in a series of recognizable sequences, touching transmits tactile information which is raised to the level of a cognitive contribution.

It is important to give a particular meaning to each movement, to communicate with the tissue, to let it know how it could feel.

It is not the movement itself which is important but its essence, where it comes from and what internal state of being it expresses.

If we are not aware of this internal state of being, if we do not learn the language of touch, our communication will remain ineffective.

4) The therapeutic relationship

The question we want to broach here is the following:

Can the term therapeutic be used for this form of help through touch?

The initial reply would be No...

But some nuances are worth mentioning here : as a matter of fact, if an elderly person has a specific problem and if through the use of a physical approach using touch this problem can be solved or lessened, then it becomes possible to speak of a therapeutic effect in the global sense of the term.

In another sense, however, and above all in our culture, the word therapy implies a sort of dominance the practitioner has over the client. In an institution for elderly persons, the geriatrician prescribes a therapy... the nurse gives the treatment... the elderly person receives the treatment, or maybe even is forced to receive the treatment !

Opposed to this, in a relationship proposing touch, such as we have described it above, it is the elderly person who is in control... Therefore words implying a hierarchy are no longer applicable.

Another aspect is that therapy in general focuses on a particular result; whereas in the practice of TRAGER the learning and integration process is more important than obtaining a specific result.

In other words, it is a matter of getting the elderly subject to take care of himself as well as he can through the suggestion of certain things and it is he who takes over from there, we are not as such healing him !

It is above all important to share, to communicate this spirit of self-exploration.

The objective is to help elderly patients find ways to feel good.

5) Help through Touch

This connection is initially difficult and complex : let us recall that from the perspective of psychoanalysis no act escapes the problem of sexuality. And because of this, touch in psychoanalysis is always described as a strong vector of eroticization.

This creates the basis for potential ambiguity in the relationship which it is important to be aware of to be "correct" in one's intention.

But medical touch such as it is taught in the universities and medical schools hardly ever takes into consideration the emotional resonance and other aspects at stake in a relationship through touch !

In general, this is passed over in silence and medical discussions ban any kind of sensitivity, sensuality or other emotional implications. It is therefore through complementary training that therapists can acquire such an added dimension. There are numerous approaches which can heighten our awareness of overall body language.

Before returning more directly to Eros, let us consider some forms of touch and their inconvenience.

- The fusing touch.
More than just enhancing self-confidence and introducing the elderly subject to non-verbal communication, the fusing touch risks maintaining an illusion of non separation.

The fusing touch is alienating, it kills the desire for personal growth and opening up to the outside world.

It is particularly dramatic in geriatrics, since it maintains the elderly person in a regressive attitude and leaves the therapist or medical staff member insecure when faced with detachment or separation.

-The mothering touch

Does replying through touch to an emotional request constitute excessive or dangerous mothering ? yes, if the therapist, wanting to be especially helpful, finally becomes dangerous, because intrusive, overbearing and emprisoning the other in a state of dependence.

Not if the therapist, while responding to the emotional request nonetheless never loses sight of the basic principle of the relationship which is a process of learning and sharing, such as it has been previously described.

The objective is to help the elderly subject to reconnect as soon as possible with social realities, wherever he may be.

The mothering, or overly helpful therapist risks to push the elderly person in the opposite direction and into rapid social death !

-Penetrating and enveloping touch

We shall only briefly mention penetrating touch which may be required in certain cases. If providing care through the mouth is usually well accepted, anal or vaginal touch are less harmless and could provoke insecurity or excitement.

Let us stress here that that eroticization mainly takes place around mucuous and very sensitive orifices; the oral, anal and genital zones can provide excitation as well as a feeling of danger, of unwanted intrusion and even rape.

Opposed to this, the enveloping touch is by definition more containing, more reassuring, avoiding any strong excitement, the only precaution to be taken with the elderly subject is to avoid caresses which can have libidinous signification.

-The magical touch.

We should above all remember that the magical effect of touch cannot totally disappear.

It is connected with the imaginary and the presumed powers of the wizard or healer !

This aspect of touch can be of considerable importance in the relationship with elderly persons... but it is preferable not to exaggerate it !

Let's get back to the hypothesis of eroticization in a help through touch relationship by recalling the concept of "contained erogenesis" which P. Prayez defines as a sort of chaste eroticization, contained and containing, in which the therapist presents himself as having himself assumed what is known as castration in psychoanalysis: it is a symbolic castration leaving room for desire and its expression without any expectation of immediate satisfaction.

In such a hypothesis, therapeutical touch is simultaneously eroticizing and castrating, since it prohibits sexual excitation while at the same time suggesting an impulsive movement towards somebody else. It stimulates such an impulse while at the same time giving it form and limits ; it channelizes and therefore contains it, thus becoming safe.

It not only reassures the elderly subject but the medical staff member as well, for whom the elderly body can become identified with the parental body and its sexual taboo !

Overall, the therapist's intention can be interpreted as a "well tempered" seduction which brings the subject on a middle ground between safety and sexuality.

There is an ethical question here which we shall resume as follows:
"touching can be very intimate, very soft and gentle if it respects the rules of global envelopment, in a dimension of acceptance and respect for the subject".

6) Reflexions on Aging

The day we put it in our head that our strength is diminishing, we begin to truly age ! because it is the mind which shapes the body.

The body is not really limited by any physical blockages, but rather by a network of mental stress, it is the mind which unconsciously guides the functions of the body, it is in the mind where blockages are created.

Let us recall one of the basic principles of TRAGER integration: "underneath every physical state of blockage, there exists a psychological equivalent in the unconscious of the exact same magnitude".

We have to understand that in the aging process we not only need to consider tissues but also all past experiences stored in the computer of our brain which will forever remain an influence on the functioning of our body.

The pattern of the aging process exists in our unconscious more than in our tisses.
In this sense, TRAGER psychophysical integration and mentastics can reverse the aging process... in other words by not falling under the hold of time we shall be able to grow old while remaining ageless!

CONCLUSION

Communication through touch in geriatrics is a real means of personal growth for the elderly and the medical staff thanks to the mutually enriching relationship it allows.

May this work enable the aging person to think that "the best age in life is always the one he is currently living".

May it also enable the medical staff to comprehend that we can only give to others that which we have sincerely acquired within the depths of our own being.