



CHAPTER 11

THE TRAGER APPROACH

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INTRODUCTION

Imagine for a moment that there are no words available for us to use to communicate with our patients. Our language is one of touch. We will communicate tactile feelings with our hands to our patients' tissues. These gestures, offering suggestions and attitudes of softness and freedom of movement, will be picked up through their sensory receptors and interpreted by their minds. This process will require no effort! Concentration, repetition, and refinement are all of extreme importance in this learning. With our most sensitive tools, our hands, our hearts, and our minds, we will feed subtle positive information to our patients to help them relearn what they may have lost along their life path through trauma and illness. At the very least, they will reach a state of profound relaxation which will support their inner healing process.

This process is basic to the understanding of how the *Trager*® Approach accomplishes the things it does. "Every shimmer of the tissue," Dr. Trager has said, "is sending a message to the unconscious mind in the form of a positive feeling experience. It is the accu-

mulation of these positive patterns that can offset the negative patterns to where the positive can take over."¹

This chapter examines *Trager Psychophysical Integration*, an innovative approach to movement reeducation that has been developed by Milton Trager, MD, over the past 70 years. It is an exciting dimension for us in physical therapy and rehabilitation to explore. This practice, based in feeling not in doing,¹ directs our attention toward reaching the unconscious mind. It is an opportunity to go inside ourselves, not only analytically, but to feel and to find something that will be helpful to our patients. It offers a chance for us to allow our intuition and the sensitive tentacles of our hands to develop their full capacity to feel and to teach, through touch.

GENERAL OVERVIEW

In his work, Dr. Trager stresses the communication of quality feelings to the nervous system. Using a series of gentle, non-invasive movements of joints, muscles, and the entire body, through full available (pain-free) range of motion, this work conveys positive, pleasurable feelings which enter the central nervous system (CNS) and begin to trigger tissue changes by means of many sensory-motor feedback loops between the mind and the muscles. The therapist does not try to fix or change the tissues with his/her hands, but merely feeds the mind with an attitude of how these tissues should feel.²

There are several well established neurological routes through which the *Trager Approach* can reach the mind of the patient; and it is these that give us a good, though unproven, physiological model for many of the effects we see in practice. The fluffing, jiggling, lengthening, and shimmering of muscle tissue is communicated to the patient's mind via the type Ia and type II afferent neurons of muscle spindles, resulting in reduction of the tone maintained by the CNS.³ These neurons are not stimulated to the point that the myotatic reflex is triggered, but subthreshold nerve signals still travel to the CNS. The message created by the manner in which the therapist moves the patient's limbs is carried to the CNS by articular mechanoreceptors.⁴ Finally, the rocking of the patient's entire body is sensed by the vestibular mechanism of the inner ear. All of these mechanisms contribute to the message of effortlessness being sent by the therapist.

Additional information that comes out of recent research in the field of psychoneuroimmunology reveals that neuropeptides and their receptors are the biochemical correlates of emotions. They appear to mediate intercellular communication throughout the brain and the body. The limbic system, a key emotional center of the brain, is a central

site for neuropeptide action. Theoretically, then, it may be possible for a certain state to affect our immune system in a positive manner.^{5,6} This provides a potential mechanism to explain some of the beneficial affects we see in patients treated with the *Trager* Approach.

Beginning at our conception, information is programmed into our vast “computer.” Every word, every touch, every thought, from both inner and outer sources, is recorded as patterns in our unconscious. They become part of our being. We have no erase button. The only means we have to change these patterns is to feed in new and improved information. These patterns form the focus of this work. They represent blocks that may have resulted from physical or emotional trauma, disease, or illness. The *Trager* approach provides a safe environment for allowing a release of these holding patterns which have inhibited free movement and have caused a disruption of normal function.⁷

UNIQUE FEATURES OF THE *TRAGER* APPROACH

We are reminded that the word “health” comes from a root that means “whole.” “Part of being a healthy person is being well integrated and at peace, with all of the systems acting together.”⁶

The system that *Trager* targets is the unconscious mind—the CNS rather than the local tissue. It goes directly to the source of the disturbance.

It is an approach, not a technique. There is the freedom to experience the body in a totally different manner all the time. There is no set recipe, but an attitude about being with the body that can spill over into other treatments and areas of our lives and our patient’s lives.

Especially when addressing habitually tight areas, it is the responsibility of the therapist to work even more lightly. Maintaining soft hands is essential. The patient’s mind must be reminded of how it feels to be free, moving, and soft. There may be much relearning needed here on the part of the therapist. We have been taught so often to stretch the tightness and massage out the held areas. It is about “not trying” which is the opposite of most of our training as humans. In school and in work we are taught to work hard, do the most we can, push through it. The essence here comes back to “What is nothing?”

The goals of our treatment include: decreased muscular tension, improved body alignment, renewed and greater ease of movement, the experience of total relaxation and peace, and a sense of a functionally integrated body-mind.

DEVELOPMENT OF THE *TRAGER* APPROACH

In a past interview, Dr. Trager cited one of many examples that contributed to his conclusions regarding his work. He was doing a rotating internship at St. Francis Hospital in Honolulu. His assignment was to do a history and physical exam on a very stiff 75-year-old man who was to have surgery the next day. He was so rigid and tense that in order to turn his head he would have to turn his whole body. During the surgery it became necessary to turn the gentleman to do another small procedure. It took several people to change his position. It wasn't that he was heavy, but he had become extremely limp. Following surgery, Dr. Trager watched the patient while he recovered from the anesthetic. By degrees he slowly came to himself, gradually returning to his original pattern of stiffness. Observing this, he realized that the aging process is not just tissue involvement. The pattern of aging exists more in the unconscious mind than in our tissues. What he witnessed told him that we are the sum total of all the happenings in our lives. He came to the conclusion that one can live in a free, functional manner throughout life. Thus he stated, "I am convinced that for every physical non-yielding condition, there is a psychic counterpart in the unconscious mind to the degree of the physical manifestation."⁷

THE *TRAGER* SESSION: COMPONENTS

A session consists of gentle passive movements of the patient while lying on a treatment table. The work is subtle and focuses on providing a feeling experience of how it would be to move freely and effortlessly. The table work is often preceded or followed by instruction and practice in a series of active effortless movements called *Mentastics*[®]. Balance, gait, strengthening, etc. may be addressed using Reflex-Response. The effectiveness of all the above is enhanced by working in a state of mindfulness that is central to this approach. This state of mindfulness will be described in the upcoming text.

Each session, viewed not only as a treatment but also a lesson, is modified and adapted to fit the needs of the individual. That is why we call this an *approach* rather than a technique, as there is no set formula. A full session, that may last as long as one to one and a half hours, will often address the entire body. As we have learned, the painful area may not be the most important area on which to focus our work. We must explore the body in order to find from where the holding or compensation is originating. For example, with lower back pain the midthoracic area may be the key region to treat. Patients generally need to be seen less frequently than is traditional in physical therapy. It takes time to inte-



*Figure 11-1. "Going deeply with gentleness."
Photo by Ninfa Bramble.*

grate the information learned in a session. Encouragement is given to the patient to take time following a session to become aware of how he or she feels.

TABLEWORK

Using soft hands, the body of the patient is moved by the therapist, area by area, with curiosity and attention, looking and feeling for involvement of the tissues. (Actually we are looking for holding in the part of the mind that controls the tissue tightness.) We work to bring a feeling of softness and freedom of motion to individual areas and then to unify this feeling throughout the entire body. There is repetition, but each movement is subtly different, with a new message being received by a new mind that is already changed. It is not uncommon for the patient to experience a release of emotions as the tightness softens.

The motions themselves often resemble mobilization techniques with gentle rhythmic oscillations and rocking (Figure 11-1). Traction, elongation, compression, and jiggling of the tissues may be included. The weight of the body is used to help treat itself. For example, to work the lower back, the hips may be set in motion, being softly tossed away by the

therapist and allowed to return under their own momentum. Working with the patient's restriction in this noninvasive process is analogous to going up to the door and knocking rather than barging through.

A series of cyclic responses then occurs. As the patients relax, their bodies begin to allow increased movement. A sense of trust is established with the experience of this non-threatening partnership. As trust grows, the subjects are able to allow themselves fuller and greater relaxation, thus allowing greater passive movement of their bodies. And then there will be a breath, a sigh, or some shift, and the tissue will change. A new quality of aliveness and softness will come in. Some surrendering has occurred; the mind has been reached; habitually held patterns are released; and nourishment is provided for healing from within.

Although taking a passive role on the treatment table, it should be noted that the patient is fully responsible for how much their bodies will move and relax. As Dr. Trager has been known to say: "I didn't make it soft, he did. He is the therapist, I am an instigator." The subject picks up the feeling from the therapist.

The benefits of multiple sessions are cumulative. The patient's feeling of profound relaxation is an experience available for him/her to retrieve at a later time. This phenomenon of recall is an extremely valuable benefit. It is enhanced with *Mentastics*.

MENTASTICS MOVEMENTS

Mentastics, a coined word meaning "mental gymnastics," is a very significant component of the *Trager Approach*. This system of active movements is designed to reinforce and enhance the feeling of relaxation, lightness, flexibility, and free flowing movement. This empowering system can be used as an independent modality or as a follow up program to the table work. Resembling, but differing from exercise, these movements are not designed to stretch or strengthen, but to teach people how to release tension from their bodies. All movements are performed in a comfortable range of motion, without effort. Emphasis is on *mindfulness* while moving, with particular attention to any feedback the body may be giving. For instance, pain, tightness, or fatigue would be signals to do less movement, to become lighter, to move with less intensity. *The lesson is in how to feel movement in a manner that is correct for that body*, thus increasing body awareness. The individual experiences how to move in a comfortable free fashion, even though initially it may be through a minimal range. Employing the weight of the body, a person is instructed to initiate a movement and then "let go." This release and allowing the weight of the body part to carry the motion to completion with mindfulness helps separate *Mentastics* movements from exercise. Refinement and deepening of the motions is encouraged by asking "What is lighter



Figure 11-2. "Hook-up." Photo by Ninfa Bramble.

than that?" and "What is half of that?" The subject uses the previous repetition as a reference point going for half the amount of effort used on the previous repetition. It is by producing a fine quality movement that we cause the mind to pay attention. Implemented following any task, exercise, static position, etc, *Mentastics* can work for us to release tension on an ongoing basis. Because these gentle movements are done in a comfortable range, feel good, are effective, and are readily available, people are more likely to do them.

HOOK-UP

Mindfulness, an intrinsic component of the *Trager Approach*, is the high level of conscious awareness and focus that the therapist assumes while working. This almost meditative state of alertness, sensitivity, and nonjudgement allows a clear open connection between the therapist and the patient (Figure 11-2). Working in this state, which Dr. Trager calls "hook-up," truly separates this work from other treatments. The session may begin with a moment as simple as the therapist taking a deep breath and becoming totally present in the room with the patient. It is our role as therapist to help bring the patient

into this state of being with us. The greater the development of the therapist the better able he/she will be to give a deeper, more integrated treatment.⁷ It is through this process that our basic connection with the self, that is so often lost in sickness and disease, can be restored. According to Dr. Trager, without this, the healing process is nearly impossible.

Dr. Trager discusses the essential theory of his approach:

The success I have had with low back pain is not because the tissues in the lumbo-sacral area were manipulated in a special way. It has come because I have succeeded in reaching the psycho-physiological components. I never tell my hands what to do. I hook up, and I go. My job is to impart to my patient what it is like to be right in the sense of a functionally integrated body-mind. This is transmitted, I feel, through the autonomic nervous system from the therapist's mind, through his hands, to the involved area. This feeling is picked up in the patient's mind because of the manner in which the tissues are worked, creating the feeling of relaxation. In this way, the sensory feedback which maintains the psychic component of muscle spasm is broken. Until this feeling reaches the patient, no lasting results can be expected. It is the manner in which I work, not necessarily the technique that I use, which brings about the change. Every move, every pressure of my hands, every thought, is directed towards bringing new feeling experiences to the unconscious mind of how the affected area should feel. The holding pattern is then broken.⁷

It is the beginning of the shift into a new direction that will continue long after the session.

REFLEX RESPONSE

There is an integral aspect of the *Trager Approach* known as Reflex-Response. In this most sensitive and facilitative aspect of the work, weakness and paralysis are the focus.⁸ Reflex-Response aims to induce spontaneous movement where possible and then move to strengthen those sensorimotor pathways. Its additional goals include improved active selective movement, endurance, and balance. Using subtlety of touch and the facilitation of awareness, this portion of the work usually will require active participation from the patient. It is based on the same concept of using the patient's tissues to reach his or her mind.

INCLUSION OF THE *TRAGER APPROACH* INTO PHYSICAL THERAPY PROGRAMS

Although few clinical studies have yet been published, systematic recordings of clinical experience has shown a surprisingly broad applicability of the *Trager Approach* in patients seen by physical therapists. Perhaps the reason for this, as previously mentioned,

is the fact that *it is an approach, not a technique*. This approach allows for its effectiveness in a wide variety of situations because it responds to imbalances throughout the body. The following is a discussion taken from reports of the author and colleagues using the *Trager Approach* effectively in patients with varied complaints.

With elderly people, especially those who are frail, the non-intrusiveness and gentleness make *Trager* an effective approach. When verbalization doesn't work and communication is impaired, sensory messages through touch may be all we have to gain their trust. Without that established first, helping them to perform a desired functional task is difficult. Thus, using this approach can improve the quality and functional level of their lives.

In patients with painful joints, such as with rheumatoid and osteoarthritis,⁹ and in a variety of patients with myofascial pain syndromes, the lightness of this work reduces the tightness and tension of the joints and surrounding musculature. The relaxation, in combination with significantly reduced pain levels, increases mobility and function. It would be contraindicated, however, in severe flare-ups. The use of a home *Mentastics* program is extremely beneficial.

During pregnancy, at a time when many medications and treatments should be avoided, using the *Trager Approach* for pain and stiffness has been effective, especially in the last trimester. Shorter and more comfortable labor and delivery have been reported. If back pain is present, modified sidelying table work has been most effective.

With chronic lung problems, the *Trager Approach* has been shown to be effective in improving chest wall mobility. This has been exhibited in a study where vital capacity and chest expansion were significantly increased in patients with chronic obstructive lung disease.¹⁰

In patients with scoliosis and kyphoscoliosis, this work has been helpful in redeveloping muscle balance. The increased sense of body awareness that is established allows old postural habits to come into consciousness, thus providing room for change. Life style habits related to sitting, carrying, etc, can be relearned for improved symmetry. This, combined with a regular program of *Mentastics* movements and exercise, has been successful.

Postoperatively, following procedures such as mastectomies, bunionectomies, shoulder and knee surgeries, and back surgeries, the *Trager Approach* has been helpful in restoring movement and decreasing compensatory actions of the body. Often this type of treatment will be initiated 6 to 8 weeks following surgery. Under physician orders, treatments have been initiated as early as the first postoperative week. The relaxation, restoration of mobility, and decrease in pain levels were remarkable, especially in cases where immobilization has occurred.

When there have been soft tissue injuries, particularly to the neck and back, prompt

initiation of treatment with this approach can help defer onset of some holding patterns. In chronic spinal pain, benefits also have been derived.¹¹

In patients diagnosed with frozen shoulders, breaking up the cyclic guarding patterns that have contributed to furthering the deficit is essential. As an adjunct to other techniques, incorporating the *Trager Approach* has been effective in making the treatment process more comfortable with faster restoration of range of motion and function.

Trager Mentastics classes have been successfully implemented in the hospital setting in a variety of areas, including: an outpatient pulmonary rehabilitation program, a structured outpatient pain management program, and an inpatient chemical dependency program. In all of these instances, these classes were created to complement an already established program.¹²

There also is an appropriateness of this approach to patients with neurologic pathology including stroke, Parkinson's disease, spinal cord injuries, multiple sclerosis,¹³ cerebral palsy,¹⁴ and others. The softening of spasticity and the decreasing of rigidity, combined with awareness of movement as a feeling experience, have facilitated many patients' recoveries. Bringing in the Reflex-Response work here is of great benefit, especially when flaccidity, weak motor connections, or balance are problems.

Finally, this work benefits the generally "healthy" population. It is indicated for those who want to learn to relax, improve posture, prevent pain, reduce tension, or move with greater ease. Athletes have found the *Trager Approach* to offer ways to optimize mental and physical performance.¹⁵ The demand on physical therapists in the future will be to provide services for healthy people who want to remain healthy. This approach will satisfy that demand.

Implemented as an accepted procedure in the physical therapy department of a private hospital, the *Trager Approach* has been used effectively in the outpatient and inpatient departments as both a primary therapy and a complementary therapy in many of the situations listed above. It often provided an alternative positive therapeutic choice when all else had been exhausted.¹² Physician education and successful outcomes resulted in strong support and an active referral base.

CASE EXAMPLE

A 52-year-old female was referred for physical therapy treatment by her rheumatologist with diagnoses of myofascial pain syndrome and low back pain. Prior medical history included: (a) gall bladder surgery 4 years prior, complicated with a 1-month hospitalization for peritonitis, and (b) a fall in the shower, 1 year prior to treatment, hitting her right hip, with progressive difficulty moving since then. She was employed full time as a legal secre-

tary and was barely managing to work and take care of herself, leaving little or no energy for social activities.

Her chief complaints included: generalized stiffness, right hip pain (constant 7/10-8/10) (0=no pain; 10=maximum pain); her abdomen was very sensitive to touch. (She reported being reluctant to touch that area since her surgery.) Functionally, she was unable to do anything physical without becoming exhausted. Walking was limited to one block; lifting, reaching, squatting, and getting up from the floor and out of the car were all difficult. The patient reported a weight gain of 50 pounds over the past few years. She appeared depressed and frustrated about her limited abilities and constant pain. During her evaluation she was also found to have weak abdominals, tightness in her hamstrings and hip flexors, and extreme density and hardness of her right lower extremity. Her posture exhibited a sunken attitude with forward shoulders and head, and an exaggerated lumbar lordosis.

She was seen for ten visits over a 6-week period. The initial visit, including evaluation, was one and a half hours; each additional treatment was an hour. Treatments consisted of Trager tablework, including Reflex-Response, with an extensive *Mentastics* and exercise program and instructions in proper body mechanics. Suggestions were given to make her work space more ergonomically correct.

The *Mentastics* she was given included a series of movements performed in different positions.

Lying Supine:

1. bilateral bent knee drops (using pillows as needed for shock absorption)
2. with legs extended (pillow under knees) hip hiking alternately (playfully)
3. legs extended (pillow under knees), create a gentle "waggle" of the hips rolling from internal to external rotation, repetitively
4. pelvic rocking (tilting pelvis posteriorly allowing gravity to return the pelvis to neutral)

Standing:

5. subtle weight shifting (focus on feeling the bottoms of the feet)
6. rapidly shifting weight to create "butt wags" (elbows bent into sides)
7. leg toss out from the back of the hip joint (mule kick)
8. foot rattle (as though repetitively attempting to remove a strapless sandal)
9. rib cage lift (arms overhead, hands clasped, upper trapezius relaxed, using the breath)

Walking:

10. walking kick at the end of swing phase (employing the weight of the leg)

Her exercises, which were introduced gradually after the second week of treatment,

included pelvic tilts, abdominal strengthening, double and single knee to chest exercises, and stretches. Later additional exercises were added: moslem prayer, cat-camel, straight leg raising, protected hamstring stretch, and a hip flexor stretch.

The table work she received consisted of movements directed at traction, rotation, softening, compression, and elongation in a *Trager* manner. Work was done first on the legs and back. The entire body was then addressed in other sessions due to the compensations that had developed from so many years of pain.

By the third week of treatment the patient began to report positive changes. Pain levels gradually dropped to intermittent and eventually to less than 2/10 to 3/10. The patient reported an increased sense of body awareness and integration with less fatigue. Abdominal sensitivity was less with reports of feeling more aliveness in that area. (Note: During the third to last session she verbalized during the table work that she had been abused sexually as a child and that at age eight she had been squeezed very hard, resulting in back pain. She stated that the treatments have helped her become aware of how she has been holding her body in protection. She is beginning to recognize and is starting to let go of the protection as she realizes that she doesn't need it anymore.) The patient expressed that her spine felt like a part of her rather than something tight in her back. One Monday she reported that in church she went to genuflect spontaneously, without a problem, something she had avoided for four years. The right lower extremity showed tissue change, with softening, decreased tightness and more aliveness. The patient was able to carry herself more upright with stronger abdominals and improved sense of well-being. She was able to walk several blocks and was excited about the potential of keeping up with her friends.

This report demonstrates a case in which the *Trager* Approach has been used as an effective basis for treatment. Incorporating the *Trager* Approach into our professional tool box is valuable for increasing our own sensitivity, awareness, and ability to focus on the responses and needs of our patients. This artful ability, in combination with our other scientific skills and knowledge, can support our patients in the direction of optimal health with improved function and quality of life.

BENEFITS FOR THE PRACTITIONER

There are benefits to the therapist that include the development of the capacity to feel tissue and see structural relationships change, recognize the difference between normal and pathological states, and develop the ability to begin corrective procedures.⁷ Training in this approach teaches us to become mindful, aware of the presence of and to assess

unconscious holding patterns. The identification of these patterns, which are palpable manifestations of the mind-body connection, is extremely helpful in providing effective treatment. The gentle rocking motion serves as a constant test of range of motion. The therapist experiences directly the limits of the body. And, as the tension and pain avoidance patterns of the patient disappear, the therapist gets instant feedback on the progress.¹⁶ *Mentastics* can be used for personal health and well-being, especially while working. As therapists, we can learn to maintain a more comfortable body for ourselves and be a role model to our patients.

Both giving and receiving sessions in this work provide an opportunity for our own development. With each new patient, with each moment of treatment, with every movement of our hands on the patient's body, and with each thought, we have a chance to develop as a clinician and as a person. You can only give what you truly have developed for yourself.⁷ It is an endlessly rewarding learning process. Once trained in the *Trager Approach*, it is unlikely that one will ever touch a body in the same manner again.

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