

Trager[®] psychophysical integration – an overview

.....

Jack Blackburn

Abstract The following article is an overview of the Trager Approach from the perspective of an experienced practitioner. The main themes include: the passive movement in the tablework, active movement in Mentastics[®], the mental state of the practitioner – ‘hook-up,’ anchoring the client’s awareness in feeling sensation, and the perception that physical change depends upon a change of mind. Milton Trager influenced a number of bodywork and lay practitioners with his infectious presence and energetic role modeling. When he finally started teaching his work to others he was already in his late 60s. Most of his students were quite a bit younger than him and did not fully realize the connection he provided to an earlier time. His emphasis on physical movement and ‘agelessness’ reflected the influences of the physical culturists of the early 20th century. The real genius of his work was his realization that gentle, rhythmical movement, performed with great sensitivity, could affect positive and long-term changes in the client. The principles he discovered in refining his work seem almost zen-like in application. The stronger the resistance in the client, the less the amplitude of movement imposed by the practitioner. Soft hands, supported by movement that is generated from the practitioner’s whole body are more subtle and effective. The most powerful shifts often happen when the practitioner breaks physical contact giving the client space to integrate what has just been experienced. © 2003 Elsevier Ltd. All rights reserved.

Key words: Psychophysical integration; Trager approach; Mentastics; Hook-up; Physical culture

History

In 1927, at the age of 19, without any formal training, Milton Trager started working on people’s bodies to alleviate their pain and movement restrictions. Like many in those times, Trager was strongly influenced by Bernarr Mcfadden, a

major proponent of physical prowess, healthy living and natural healing methods, and founder of the physical culture movement. Following the concepts and regimens of the physical culturists, Trager became a bodybuilder and developed himself as an athlete and dancer (Fig. 1). Throughout the 1930s and early 1940s, he worked with clients as a lay practitioner, experimenting and refining his methods, attempting to infuse his clients with his own experience of

Jack Blackburn MTS-SD, LMP,
5762 27th Ave NE, Seattle, WA 98105, USA

Correspondence to: Jack Blackburn
E-mail: jackblac@oz.net;
Webpage: www.jackblackburn.homestead.com.

Received December 2002

Revised April 2003

Accepted May 2003

Journal of Bodywork and Movement Therapies (2003)

7(4), 233–239

© 2003 Elsevier Ltd. All rights reserved.

doi:10.1016/S1360-8592(03)00042-1

S1360-8592/03/\$ - see front matter

☆ Revised and expanded article originally published in *Therapeutic Exercise: Moving toward Function*, Corrie M. Hall, Lori Thein Brody. Lippincott Williams & Wilkins 1999.



Fig. 1 Trager as bodybuilder and acrobat in his early 20s. Trager International Archives.

health and vitality. What was unique in his way of working was the gentle, rhythmic, and painless movements that he was able to create in client's bodies. His intention was to instill feelings of physical freedom and well-being in them. The clients, though passive, would become aware of very pleasurable sensations in their bodies. It was as if Trager was giving them the feeling of dancing by dancing their bodies. He would then teach the clients to replicate these movements for themselves. His successes in reducing pain and promoting movement were so effective that he confidently worked on clients with disabling illnesses such as cerebral palsy and post-polio-related paralysis.

From 1943 to 1944, during World War II, he served in the American Navy as a pharmacist's mate. On shipboard, he tried out his techniques with his fellow sailors and army troops suffering from battle fatigue. Returning to civilian life after his discharge, he decided to become a professional health-care provider. In 1944, he obtained a license in California as a Drugless Practitioner (until repealed in 1949, this license covered chiropractors,

naturopaths, osteopaths, midwives, and various manual therapies) and specialized in working with neuromuscular disorders. In 1950, in order to further validate his work he decided to take advantage of the GI Bill and to enroll in medical school to get an MD. Because of his age and limited educational background he was not admitted into US medical schools. He chose instead to study medicine in Guadalajara, Mexico. While in medical school he continued to work with clients when possible. He developed a reputation as a healer by helping ease the symptoms of children crippled with polio.

Trager completed his medical training in 1955 and did 2 years residency in psychiatry while interning at the Territorial Hospital in Kaneohe, Oahu, HI. In 1957, he opened a private practice in general medicine in Honolulu. Each day he would supplement his regular medical practice with one or two in-depth sessions in which he applied his techniques of manual therapy and movement re-education. He eventually named his method *Psychophysical Integration* because of his strong belief, affirmed by years of experience, that profound

changes in the body must be accompanied by profound shifts in the mind. He tried, over the years, to get this approach accepted by the medical community as a preferred treatment for patients with neuromuscular disorders. But, despite apparent success in treating the symptoms of difficult conditions such as muscular dystrophy, Parkinson's, and post-polio syndrome, he received a tepid response from his medical colleagues. They would refer patients to him for therapy, and be surprised by the results. But, to Trager's dismay, none seemed to consider his drugless treatments as effective as surgery or medication. In 1977, at the age of 69, he retired from medical practice but continued to work with many patients considered 'untreatable' by his medical colleagues.

In 1975, Milton demonstrated his approach at the Esalen Institute in Big Sur, CA. One of the staff members, Betty Fuller, a teacher and sponsor of Moshe Feldenkrais's work, was so impressed that she became Milton's first pupil. She started arranging trainings for Milton with bodyworkers, other health-care providers, and laypersons. Betty and others founded the Trager Institute in 1980 in order to support the trainings and promote the work. From 1975 until his death in 1997, Trager continued to teach and refine his approach (Fig. 2).

I am indebted to Jack Liskin for many of the historical facts of Milton Trager's life (Liskin 1996).

Components of the Trager Approach

The Trager® approach combines three main components for working with clients. The first is the *tablework*, which involves the use of gentle rocking motions in

combination with traction, compression, torqueing and other forms of tissue engagement. The practitioner uses various methods of physical assessment during a session. At the beginning and end of a session the client's quality of movement and subjective experience of movement are explored. Throughout the session, the client's structural relationship(s) to gravity and displacement is/are monitored, as are tissue tonus, harmonic resonance, reflexive and autonomic responses, and quality of proprioceptive tracking. Range of motion, end feel, motility and tensegrity are assessed and interpolated, nuancing the client's proprioceptive experience in number of different ways, while the body is in motion and at rest. The practitioner's hands are used to isolate different joints, muscles, fascia and other connective tissue. These portions of the client's body are supported and put into motion so that the momentum of the movement, while distributed

throughout the client's body, can be anchored and vectored precisely. The practitioner focuses the client's awareness on the sensations they are feeling. These sensations are unique, because most clients have not been supported and rocked in this way since they were infants. The movements are highly pleasurable and comforting and impose no painful stimuli (see Figs. 3 and 4). One Physical Therapist describes her experience using the tablework portion of Psychophysical Integration with patients.

The movement done during the session is a subtle suggestion to the nervous

system of what motion is possible. None of the movements done in a Trager session are forced. With gentle rocking, the body itself is never put into positions that are stressful to it. With the active participation of the subject removed, the body itself is learning in a proprioceptive way that positions and movements are easily possible. Potential learned patterns resulting from previous pain avoidance can be overcome in this way... The practitioner helps facilitate and restore normal movement to the ankle through repetitive, painless stimulation, and also increases 'available' movement patterns to the hip, ankle, and cervical region. The joint mobilization aspect of the Trager Approach involves accessory and physiological motions that do not just mobilize the specific extremity part that the therapist is working on, but that affect the whole body simultaneously.

Waltrous (1992)
See also Witt (1987)

The second component of the work is called Mentastics[®], a word Milton Trager coined, which combines 'mental' and 'gymnastics'. *Mentastics* are the movements combined with subjective monitoring that Milton Trager developed so that he



Fig. 2 Trager demonstrating foot work to class in his early 80s. Trager International Archives.

Fig. 3 Rotating and articulating cervical vertebrae. Author photo.



Fig. 4 Torqueing and lifting abdominal muscles and viscera. Author photo.

could experience, in his own body, what was happening in the tablework. These movements are taught to clients so that they can re-create the feeling of their sessions and thus reinforce the changes that occurred during the tablework (see Figs. 5 and 6). These movements are gentle and very pleasurable. They are ways of using the gravitational field and momentum to stretch, open and effortlessly move the joint or tissue in question. For this reason, the movements are carefully designed so



Fig. 5 ‘Velvet ropes’ mentastic for freeing lumbar region (the blurred hands in this photograph are deliberately shown to demonstrate movement). Author photo.

that the muscles and joints to be addressed are passively affected, just as in the tablework. Also, as in the tablework, the client is encouraged to feel the range of sensations produced by the movement. This feeling awareness in the client can produce long-term changes in the client’s holding patterns. Phil Witt, MS, PT, has given a good description of *Mentastics in* application.

Mentastics are best described as gentle, free flowing, dance-like movements whose main goal is to increase and provide the patient tools to increase his/her ability to move and control the pain ... the unique feature of Mentastics... is that instead of requiring the patient to control the movements as in regular exercises, the patient is encouraged to ‘let go’. In practice, this means the patient is instructed to initiate a movement and then let go of the muscle tension and allow the weight of the body part to carry the motion to completion. The better the patient becomes at this, the larger, freer and more effective the movement becomes.

Witt (1986a, 1986b)
See also Trager and
Guadagno (1987)



Fig. 6 Teaching mentastic for rotational movement of shoulder girdle. Author photo.

The third major component of the *Trager Approach* is called *hook-up* (Fig. 7). Trager used this phrase to describe the mental state of the practitioner as he/she works. This term literally means the practitioner is hooked-up or connected to the client through the sharing of a common body–mind experience. One method for achieving this awareness is to keep the mind ‘present’ by focusing on bodily sensations. This can become a very precise meditative tool for concentration. One might say that, when this concentration is achieved, the client and the practitioner are experiencing common sensations or sensory information packets from a shared perspective. In this way, they are ‘hooked-up’. These information packets can include all the data of touch: texture, tonus, temperature, and signals of proprioception. It is the shared nature of this information that forms the basis of the approach. An example of what one experiences as *hook-up* would be dance couples that are so closely entrained that each can anticipate the movements and thoughts of the other. While they are dancing, they seem to be of one mind. Often in *Trager* sessions, the practitioner feels a change in the tonus of the tissue under his/her hands just as the

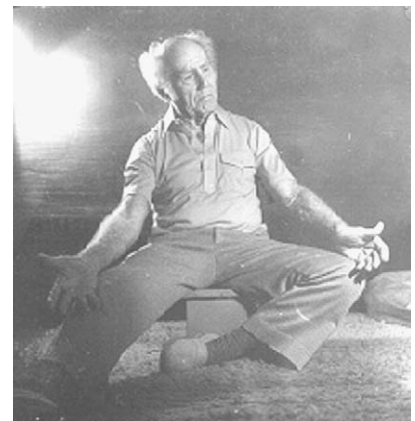


Fig. 7 Trager going into hook-up as he ‘weighs’ his hands and arms. Trager International Archives.

client becomes aware of very pleasant sensations in that part of his/her body. Milton Trager placed great emphasis on the *hook-up* portion of the work. Towards the end of his life, he repeatedly said, 'Hook-up is everything. It is the work.' (Blackburn 2002). Dean Juhan, author of *Job's Body*, in an article on 'hook-up' wrote:

When a Trager Practitioner is in 'Hook-up', specific molecular neuropeptide forms are operative that create this feeling state. Through the Practitioner's motor system this feeling state participates in the formation of movements... the subtle cues embodied in these movements are taken in by the client who is then informed of the Practitioner's mental state (presence). The client can then cultivate and receive this new feeling... and as it catches hold, this new feeling begins (in theory) to stimulate the production and release of reinforcing neuropeptides that mimic and perpetuate the particular chemistry of that particular feeling in the Practitioner. From this point on, the neurological substrates of a new memory are established, and any time the client actively (consciously) recalls that memory, the neuropeptide chemistry, associated with it can be reproduced.

Juhan (1993)

General philosophy

Perhaps the most important three ingredients of the Trager Approach are movement, awareness of feeling and sensation, and a focus on changing the mind of the client. The practitioner wants to create a new set of feeling experiences in the client through gentle guided movement. There is an underlying assumption that everything that takes place in the body is reflected in the mind and vice versa. We can describe the mind as a continuum of awareness that is distributed throughout the body down to the

cellular level, physically linked through neural transmitters. Although we often regard the body and mind separate entities, they are one soma or functional unit.

Our conscious mind is only selectively aware of this two-directional communications link. For example, when we experience fear we can observe a cycle of sensations produced by the effects of the sympathetic response in our body. Through conscious monitoring, we can become aware of sensations related to processes controlled by the autonomic nervous system, such as the breath and heart rate. We also can monitor the amount of effort involved in voluntary and involuntary muscle movement. However, in most daily situations we pay little focused attention to these informational pathways.

What Trager proposed is that the body is replicated exactly in the unconscious mind that also contains stored memories. He further postulated that, in general, most clients are unaware of their pain-induced patterns of resistance to normal movement as well as most of their bodily healing processes. For example: a person experiences an injury with accompanying trauma, pain, and other perceptions. In order to continue functioning without re-injury and in order to avoid feeling more pain, the mind automatically and unconsciously splints the region, emotionally through selective forgetting, and physically through neuro-muscular guarding. The mind shifts the traumatic emotional material into obscure memory vaults. Both these responses are automatic and not consciously directed. We can think of these responses, respectively, as splinting or guarding, and numbing or avoiding the pain. The results often appear as deep-seated physical limitation and mental agitation.

Trager recalled an incident that happened to him while he was interning in 1955:

I was assigned to do a history and physical examination on a very stiff 75-year-old man who was to have surgery the next day. He was so rigid and tense that if he wanted to turn his head he would have to turn his whole body. I assisted in the surgery and when it was time to turn him on his side to do an additional small surgical procedure, it took seven of us to change his position. He didn't weigh that much, but he was so limp he would have fallen apart. Following surgery... I had to watch him while he recovered from the anesthetic. It was interesting to observe what went on as he slowly came to himself. By degrees his body returned to his original pattern of stiffness. Observing this I realized that the aging process is not just tissue involvement. What I had witnessed told me that we are the sum total of all the adverse happenings in our lives which cause these phenomena... 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 manifestations.

Trager (1982)

It may be of interest that Trager's conjectures relating to tissue memory have also been observed and discussed by a physiologists such as Speransky (1944) and Selye (1976), and by leading osteopathic researchers such as Korr (1986) and Becker (1973).

Trager maintained that the unconscious mind holds a permanent record of *all* bodily transmitted experiences. Re-stimulation of this unconscious material can cause it to surface or become conscious again. The practitioner, through gentle, pleasurable movement, is introducing new information to the area of the unconscious mind associated with that part of the body. When the client feels these new pleasurable sensations in an area that has a

stored record of trauma, his/her mind has the option of selecting this data over the old. This is a gentle and nurturing way of working with traumatic material, and is the obverse of using painful pressure to release emotionally based holding patterns. During the session, the practitioner reinforces this selection by calling attention to the experience so that the client becomes consciously aware of the new sensations see also Juhan (1989, 1998).

The sensations in the body, imparted by the movement, become the medium for reaching or changing the mind of the client. The phrase *Psychophysical Integration* properly refers to the change of mind as the objective in the therapeutic process in *Trager*. The client is intentionally guided to integrate the new information. Example: 'I thought this shoulder could not move in this way without pain. Now that I feel it moving and bringing me pleasurable sensations, I have another option.' At this point the practitioner can reinforce this new awareness by teaching *Mentastics* to the client. These gentle and pleasurable movements allow the client to reproduce the sensations he/she experienced on the table. Only this time the client initiates the movements rather than experiencing them passively. This completes the cycle of movement re-education by affirming to the client that he/she can move with less pain and restriction. The more the client practices the movements the more freedom he/she develops. This is a similar process of re-education to that used in Feldenkrais except that in *Trager* the emphasis is on using momentum and gravity in dance-like movements to create a feeling of effortlessness. Close monitoring of the ease of these movements is the motive force for change. In Feldenkrais, the mind becomes more aware by carefully measuring the

effort it takes to move the body. Positive change happens as a result of consciously refining movements based upon what produces more ease (Feldenkrais 1977).

Summary

Physiological and psychological holding patterns are reactions to pain directed by the unconscious mind. Ordinarily, these holding patterns are released as the body heals itself. Pathology can be thought of as an interruption or delay in this healing process. Bodily sensations provide a pathway into this unconscious holding. The *Trager* practitioner imparts new pleasurable sensations to reach and change the unconscious mind. Recall and reinforcement anchor these changes. During the tablework, the practitioner does this verbally. After the tablework, the practitioner teaches *Mentastics* to the client to further reinforce these changes.

The practitioner who is aware of the sensations in his/her own body can induce the same kind of awareness in the client with the least amount of effort. Mental presence or 'hook-up' in the practitioner imparts the same to the client. The intent of the *Trager* Approach is to enable the client to release unconscious physical and mental limitations or holding patterns. The work promotes deep relaxation, and helps to increase physical mobility and mental clarity.

The principles that underlie the *Trager* Approach are sometimes contradictory and paradoxical. The body is seen as a vehicle of communication in an exchange of information between practitioner and client. The practitioner asks questions through touch and movement. The client responds reflexively and those responses are mirrored and expanded to another set of questions by subtle

changes in direction and pressure by the practitioner. As communication ensues, holding patterns or past conditioning, like tissue-stored memories, float to the surface similar to the way that rocks and boulders are buoyed to the surface by the lateral shifting of the earth. As these obstacles are gently coaxed to the surface, the pleasurable sensations of the movement are offered to replace the discomfort of the blocks. The general rule of thumb is that when resistance of any kind is felt, the practitioner responds by doing less. Doing less is a subtle beckoning for the client's unconscious to release more.

Three articles for publication in *JBMT*, respectively, describing and explaining: hook-up, *Trager* tablework and *Mentastics* will follow this article.

Note: ®*Trager* and *Mentastics* are registered trademarks of *Trager International*.

REFERENCES

- Becker A 1973 Parameters of resistance. The Journal of the American Osteopathic Association (Sept) 73: 75-87
- Blackburn J 2002 Hooking-Up: The Power of Presence in Bodywork. Unpublished article
- Blackburn J 1999 *Trager* Movement. In Hall CM, Brody LT (eds). *Therapeutic Exercise: Moving toward Function*. Lippincott Williams & Wilkins, Baltimore
- Feldenkrais M 1977 *Awareness through Movement*. Harper and Row Publishers Inc., New York
- Juhan D 1989 *An Introduction to Trager Psychophysical Integration and Mentastics Movement Education*. The *Trager* Institute, Mill Valley
- Juhan D 1993 *The Physiology of Hook-up: How Trager® Works*. The *Trager* Institute, Mill Valley, CA
- Juhan D 1998 *The Trager Approach: the Feeling that is Healing*. *Positive Health* March 26: 55-60
- Korr M 1986 Somatic dysfunction, osteopathic manipulative treatment and the nervous system. The Journal of the American Osteopathic Association 86(2): 109-114

- Liskin J 1996 *Moving Medicine: The Life and Work of Milton Trager*. Stanton Hill Press, Barrytown, NY
- Selye H 1976 *The Stress of Life*. McGraw-Hill, New York
- Speransky AD 1944 *A Basis for the Theory of Medicine*. International Publishers, New York
- Trager M 1982 Trager psychophysical integration and mentastics. *The Trager Journal* 1: 5-9
- Trager M, Guadagno C 1987 *Trager Mentastics: Movement as a Way to Agelessness*. Stanton Hill Press, Barrytown, NY
- Waltrous I 1992 *The Trager Approach: an effective tool for physical therapy*. *Physical Therapy Forum* 72: 22-25
- Witt P, 1986a Trager psychophysical integration: an additional tool in the treatment of chronic spinal pain and dysfunction. *Whirlpool* 9(Summer): 24-26
- Witt P 1986b Trager psychophysical integration: a method to improve chest mobility of patients with chronic lung disease. *Physical Therapy* 66: 214-217
- Witt P 1987 Experiencing chronic pain. *Whirlpool* (Spring) 10: 24-27