



## ***Multiple Sclerosis and The Trager Approach***

by Deane Juhan  
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Dr. Milton Trager, M.D., has been developing and refining his approach to movement re-education and rehabilitation for over sixty years, ever since his accidental discovery of its principles and their effectiveness at the age of eighteen. During that time he has had thousands of successes with a wide variety of pathologies, ranging from chronic discomforts to life-threatening injuries and illnesses. One of the principal specialties that has emerged from his practice has been the treatment of various neurological disorders resulting from trauma or disease, including stroke, oxygen deprivation at birth, spinal cord damage, peripheral sensory and motor injuries, cerebral palsy, muscular dystrophy, polio, and multiple sclerosis.

Most of these patients had exhausted the possibilities of conventional medicine. Many were not "curable" in the sense that their neural and muscular damage could not be restored. But there have been very few who have not been able to benefit from increased strength, mobility, and vitality, freedom from chronic pain, overall improvement of the quality of their lives, extended remissions and mitigated relapses of their conditions, profoundly positive emotional shifts, and lengthened active lives. Frequently these gains have been dramatic. And occasionally he and a patient have been rewarded with an "impossible" turnaround of helpless degeneration.

Broadly speaking, The Trager Approach is a kind of bodywork, since the practitioner manipulates the client and directs his or her movements with hands-on directions and cues. However, Trager is more accurately defined as an innovative approach to movement re-education, and its distinguishing features are unique among bodywork modalities. No oil or lotion is used. Clients may elect to be as fully clothed as necessary for their physical and emotional comfort. Extreme pressure or rapid thrusts are never used, and The Trager Approach does not produce pain or discomfort as an adjunct to its effectiveness.

Compressions, elongations, light bounces, and rocking motions are imparted through the practitioner's hands in such a gentle and pleasurable way that the person lying passively on the table actually begins to experience the possibility of being able to move each part of the body freely, effortlessly, gracefully on his or her own. The concrete experience of this kind of effortlessly organized movement is precisely what patients suffering from MS have lost, and it can operate both as an inspirational goal and as a functional clue, helping them to visualize and direct their movement re-education process with vivid reminders of what it feels like to get it right. And even in a basically healthy nervous system, it is the feel of a movement that defines it, gives it familiarity, and guides us towards reproducing it reliably.

But perhaps what most distinguishes The Trager Approach from other bodywork disciplines is the particular focus and intent of the Trager practitioner's manipulations. Most other methods direct their attention to one or another of the body's tissues - the skin, the fascia, the muscles, the joints, the lymph and blood circulation, overall structural relationships, and so on and the various properties of these tissues determine the sort of touch and manipulation required by the practitioner. But even though his hands must inevitably contact them when he works, the Trager practitioner's focus and intent are not specifically

directed towards local conditions in any of these tissues. As Dr. Trager says: "My work is directed towards reaching the unconscious mind of the patient. Every move I do, every thought I have at the table communicates how the tissue should feel when everything is right. The mind is the whole thing, that is all I am interested in. The Trager Approach consists of the use (not the laying on) of the hands to influence deep-seated psycho-physiological patterns in the mind, and to interrupt their projection into the body's tissues. These patterns often develop in response to adverse circumstances such as accidents, surgery, illness, poor posture, emotional trauma, stresses of daily living, or poor movement habits. The purpose of my work is to break up these sensory and mental patterns which inhibit free movement and cause pain and disruption of normal function. My approach is to impart to the patient what it is like to feel right in the sense of a functionally integrated body-mind. Since the inhibiting patterns are affected at the source - the mind - the patient can experience long-lasting benefits. The result is general functional improvement."

Modern scientific analysis is exceedingly good at identifying germs, viruses, toxins, and the like which is why MS presents researchers with such a frustrating mystery: no definitive causative agent has been found, and therefore no specific drug or procedure seems to be effective. However, amid all the confusing profiles of this condition and all the inconclusive clues concerning its possible cause, there are a number of indications that it may turn out to be among the pathologies that are triggered, or at least facilitated, by complex interrelationships between mental states and physiological processes.

Many researchers consider it likely that the process of demyelination is a result of disturbances among complicated interactions between the proteins and enzymes involved in the normal formation of myelin sheaths around nerve axons. In the absence of specific disease agents, it is not unreasonable to speculate that these disturbances may be the result of multiple causes, some of which may well be systemic imbalances rather than external invaders or genetic flaws. Such potentially harmful imbalances may be masked by a superficial homeostasis and an apparently stable status quo, only to emerge suddenly when a shift in circumstances reveals their latent vulnerabilities. Situations like this are commonplace and widely recognized in many kinds of breakdowns.

There are in fact some statistically common elements in the profiles of many MS victims prior to their diagnosis and during the course of their disease. They tend to be individuals who are under high degrees of stress, either personal or professional, for extended periods of time. Powerful unresolved emotional conflicts are frequently prominent in their lives, either consciously or unconsciously. High levels of anxiety, hostility, resentment, and self-rejection appear to be particularly exacerbating. Many patients also report long periods of fatigue that seem to blend almost imperceptibly into the first concrete symptoms of their initial episodes.

These elements - stress, fatigue, emotional upset - have also been repeatedly noted as being danger signs preceding MS patients' periodic relapses. In fact, the only consistently recommended preventive therapy against relapses is the careful avoidance of stress, fatigue, and upset. On the other hand, a number of positive psychological factors have been associated with remissions and improvements: morale often appears to be crucial. Those patients with cooperative and supportive families, with physicians who project a hopeful and encouraging attitude, who welcome active exploration of possible avenues of improvement, and who contribute an active willingness to help patients cope with their feelings, do have considerably better success in dealing with their situations and in mitigating the pace of their degeneration. It is interesting to note that precisely these same elements have repeatedly been observed to positively impact the survival rate of cancer patients as well.

Clinical documentation of habitual emotional states upon physical development and physiological functions - both healthy and diseased - is no longer in question. Dr. Hans Selye, at McGill University in Montreal, has exhaustively researched the effects of "chronic stress reaction" and impressively demonstrated its potentially devastating effects upon the organism - including gastrointestinal lesions, tumors, depressed immune responses, and deep behavioral and personality disturbances. In short, widespread and acutely negative changes occur in the biochemistry of the organism under the influence of stress and the emotional reactions to it. Conversely, Dr. Herbert Benson, director of the Hypertension Section of Boston's Beth Israel Hospital has defined and studied the "relaxation response" that occurs in subjects in states of deep, peaceful meditation. His research shows that such states reverse most of the chemistry and physiology typical in stress, and stimulate the restorative activity of the parasympathetic nervous system.

In addition to these studies, Dr. Candice Pert of the National Institute of Mental Health has been able to demonstrate that specific chemicals, called neuropeptides, are associated with specific emotional states and have marked facilitatory or inhibitory effects upon many kinds of cells in our immune systems. This conclusion seems especially relevant to possible strategies for dealing with MS, since many clinicians regard it as an auto-immune disorder, in which the body's immune system mistakenly attacks the healthy tissues of its own host - in this case the myelin sheaths.

All these demonstrable connections between emotions and physiological responses take on an added possible significance for the management of MS when we view them in the light of autopsy findings. Frequently the number and severity of actual neural lesions is surprisingly low, given the degree of disability at the time of death; one would have expected to find more physical damage to the system. This suggests that a considerable measure of the patient's disorganization may be due not to the disease directly but rather to their own reactions to it. Severe shock, mortal dread, anger, and ever-increasing chronic anxiety are the normal emotional responses to a positive diagnosis. Not only are these feelings a large part of the subjective hellishness of the disease, but they also take a terrible toll themselves upon the individual's strength, vitality, coordination, and immune resistance. The organism's coping mechanisms are seriously weakened precisely when its need for vigorous defenses is at its highest.

Moreover, it is also typical for the mind to shrink away from and block out areas in the body that are painful or dysfunctional - perhaps a useful short-term coping mechanism from time to time, but one that over the long run can have serious accumulative consequences. The very limbs and movements that most need close attention and conscious evaluation in order to relearn to use the capacities that are left are mentally abandoned, usually to drift even deeper into unconscious, uncoordinated and uncontrollable patterns.

As if these emotional complications were not enough in their own right, their negative impact is almost always immeasurably deepened by the implacable ruthlessness of the prognosis given to most MS sufferers: no known cause, no known cure; nothing you can do to help yourself; surrender to your fate, go home and live with it as best you can; your situation is currently hopeless. Well, in fact there are few chronic diseases that are more lethal than hopelessness. Professional frustration in the absence of a definitive cure is no reason to counsel patients to abandon hope and collapse all efforts to actively search for any and all means that might improve the quality of their lives, extend their functional years, or possibly even turn the course of their disease around - albeit for reasons that medical science does not yet understand. As Dr. Bernard Siegal has said in his book *Love*,

*Medicine, and Miracles*, "Doctors keep killing people with their words when they say there is no hope."

What measure of hope and active engagement, then, what improvements in quality of life and functional capabilities can The Trager Approach offer sufferers of MS? Virtually all of the patients that have experienced Trager sessions, and all of their practitioners, agree upon four main areas of immediate and sustained benefits: more strength and flexibility in the limbs and specific muscle groups that are not permanently incapacitated; more energy and vitality for coping with the physical and emotional strain, and for cultivating an active and rewarding life with all capacities that remain; better balance and marked improvements in standing and walking; and a greatly boosted morale for maintaining a positive outlook and remaining open to all useful possibilities.

In the first place, all MS clients come to their practitioner with a large number of secondary compensations and counterproductive tension even in their healthy muscles. They have been trying so hard and using so much effort to overcome their disabilities that frequently their whole systems are exhausted and tied up in knots. Restoring normal tonus and responsiveness to healthy tissues - which The Trager Approach does with uncommon facility - is the first step towards retraining healthy muscles to handle life's tasks in new and more efficient ways. In addition, there are more generalized physiological benefits from the manipulations that ease spasms and rigid patterns: the pleasant movements induced in The Trager Approach help the body to compensate for lack of exercise in restricted areas, it improves blood and lymphatic circulation, it heightens tissue nutrition and metabolism, it flushes waste products more thoroughly, and it provides heightened sensory awareness that sends the brain more and more accurate images of the body and its local conditions so that more informed and integrated motor responses and behavior patterns can be developed.

Secondly, and more uniquely related to The Trager Approach, a specific and highly functional mental state is transmitted from the practitioner to the client, a state that Dr. Trager has called "Hook-up", a sense of calm and clear connectedness with one's body, one's feelings, and the forces that sustain them. It is an interesting side note that Dr. Trager was taught meditational practice by Maharishi Mahesh Yogi in 1958 and has used it personally ever since. He says that there is no real difference between his meditational state and the state of "Hook-up" that he has taught his practitioners to project at the table, except that in "Hook-up" he is actively working and actively transmitting what he is feeling to his client. A Trager session is in fact a very quick and direct way of experiencing this deeply pleasurable and - as Dr. Herbert Benson has demonstrated - deeply restorative and healing state. "Hook-up" and the biochemistry of its "relaxation response" has positive impacts on virtually every tissue and every function in the body.

Not the least of the practical effects of a Trager session is that of deep physical and emotional pleasure. To an individual wracked with pain, numbness, anxiety, and unpredictable dysfunctions, the palpable experience that his or her body can still be a source of pleasure, of fascinating and useful information, and of appropriate response to communicative stimulation can be nothing short of revelatory. This pleasure, experienced in a state of "Hook-up", and the vivid focus these two conditions give to new sensory information have time and again been the seeds of a whole new relationship with the body, its pathologies, and the resources at its disposal to repair itself. They are the essential foundations of the belief that things can get better, and there are few medicines that are more powerful than this belief few medicines indeed that are useful without it. It is the basis of the "placebo" effect - apparently miraculous cures that happen evidently because the patient believes they will. Because science does not yet understand how this process works,

it ignores its astonishingly consistent effects and throws placebo into the dustbin of "anomalies." The Trager Approach can be a simple and effective means of harnessing its therapeutic powers for practical purposes, whether its actual mechanisms are understood or not.

In addition to the hands-on tablework, the Trager client receives personal coaching in an ongoing series of exercises Dr. Trager calls Mentastics. Self-perpetuated movements that mimic the gentle movements imparted by the practitioner at the table, Mentastics is a means of further enhancing strength and coordination, and of exploring range of movement, appropriate reflex responses, and the effortless, unconscious organization of functional movement patterns. They are a way for the client to continue the pleasuring, continue to expand and refine sensory awareness, and deepen the state of "Hook-up."

In spite of the claim that no procedure has proven to be effective at any stage of multiple sclerosis, there is a growing body of anecdotal literature which suggests that the outlook for the MS patient is not as universally bleak as has been assumed. Various complications can be far more effectively managed than they usually are. I myself saw a client for several visits who was fairly well along in her development of symptoms. She came because she had fallen and bruised her knee; this minor and transient injury had left her with a sewing-machine spasm of her entire leg which came and went randomly, making it impossible for her to use her walker, her car, to get in and out of the therapy pool, or to dress and undress herself. Her neurologist examined her exhaustively and could find nothing that would help her. He sent her home to live with it. After two sessions the spasm - probably caused by an exacerbated reflex response in her spinal cord - calmed down and dispersed. She could use her walker again, now even better than previously, and she astonished her therapist by blithely undressing and getting herself easily in and out of the therapy pool and back out to her car to go home. The spasm did not return.

One of our practitioners was herself diagnosed with MS shortly before she began her training. Initially her fellow students could not even touch her feet, they were so sensitive and painful. As a result of the work she received during the training, the acute sensitivity in her feet disappeared, the aching that had plagued her legs diminished dramatically, and she began to feel spontaneous activity in her weakened left thigh. Her overall symptoms went into remission, and she was able to postpone the clinical testing and treatment for which she had been scheduled. She states that; "Most of the issues that came up for me during the Trager class had to do with not belonging, and with the fear that things would always recur as they had in the past. I came away with a new awareness that things do not always repeat as they have in the past. It's like the reason my toes and feet were so painful is because every time in the past that my feet and toes have been in those positions I always got a cramp, and it was always painful. My body thought that every time my toes pointed, they'd cramp. By re-educating my body that this was not always true, some other things started loosening up in my head." This was over ten years ago; she has not had a recurrence of her symptoms.

Of course, Trager can offer no guarantees, and it is never clear at the outset whether a particular client will respond quickly or over a longer course of sessions. Usually no commitment is necessary other than a session-by-session assessment of results and desire to continue. There are no dangers involved, and treatment may be terminated at any time the client wishes without fear of adverse affects due to having received Trager.

On the other hand, acquiescing to conventional wisdom does have a guarantee - a relentless if unpredictable degeneration. When the experts have little to offer, the patient

has the challenge and the opportunity to become their own best authority about their unique individual condition and their own judge of the efficacy of any therapeutic approach they choose to try. At the very least there is some pleasure to experience, and the inestimable satisfaction that one is actively engaged with the problem and exploring the possibilities of groundbreaking discoveries in the midst of one's own process. As one MS client put it, "Until the cure comes, our primary focus should be to make ourselves feel good. It is difficult in the face of continual bodily destruction to maintain a feeling of confidence towards our physical selves, and yet it is with our physical selves that all interactions with others take place. My concern has been to build an image of myself, something that radiates from within and then works to move my body with less effort."

Or, as Rachelle Breslow has stated it in her inspirational testimonial of her own recovery from MS entitled "Who Said So" (Celestial Arts, Berkeley, 1991), "Had I chosen to believe that MS was incurable, I would have made no effort to help myself find ways to get back to the good, healthy, radiant life I am enjoying today."

Some Trager practitioners are licensed healthcare professionals and normally have no difficulty in providing for insurance payments. Many are not licensed healthcare professionals, and so do not have provider numbers for insurance. However, in most states and with many major insurance carriers there has been no problem with insurance coverage (within any limits specified in the individual's policy) as long as a licensed physician has prescribed Trager treatments.