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Birthing Fear: The Iliopsoas Muscle

by Liz Koch

Liz Koch

Through each of my pregnancies and births, fear was a constant companion: fear of change, fear of making the wrong choice, fear of the unknown, fear of the known, fear of pain, fear of fear. Fear is a simple, natural emotion. Its balance, courage, is birthed out of touching our vulnerabilities. Yet overwhelming, uncontrollable or unacknowledged fear can be a source of great suffering. Disruptive, self-defeating and seemingly irresolvable, fear can shift cellular function and neurological balance from normal rest and digest (parasympathetic nervous system) to flee and fight (sympathetic nervous system); from protection to defense.

The iliopsoas muscle plays a vital role in both the expression and resolution of fear. Like two sentinels, this core muscle sits on each side of the spine within the belly core. What grandma called *gut feelings*, the Japanese the *Hara*, the 21st-century scientist the *enteric brain*, our belly core is the center of great power. Understanding the auspicious iliopsoas and its place at the center of human gravity offers an important tool for every midwife.

The Holistic Iliopsoas

The iliopsoas is a complex and holistic muscle that defies easy classification. Part of the fear reflex, it plays a major role in our survival instincts: flee, fight or freeze. Words (through our neocortex thought process) cannot talk a constricted iliopsoas into relaxation. As part of the autonomic (non-verbal) nervous system this primitive, instinctual muscle cannot be bribed, avoided or manipulated into behaving according to our cultural or social beliefs. Only an instinctual, internal sense of safety elicits a functional iliopsoas muscle.

The healthy iliopsoas swings like a pendulum, freely moving the leg. It is our walking muscle and the only muscle to directly attach spine to leg. It forms a diagonal muscular shelf supporting all abdominal organs and viscera. Nerves embed through the iliopsoas and go directly to the reproductive organs. In harmony with diaphragmatic breathing, the dynamic iliopsoas is a pump, massaging spine and organs with every walking step.

Guy Wire to Cradle

The iliopsoas consists of two muscles: the *psoas,* which attaches from the 12th thoracic vertebra (just behind the diaphragm at the solar plexus) and moves through the pelvis, inserting into the lesser trocanter of the femur bone and the *iliacus.* Sharing a tendon with the psoas at the lesser trocanter (located on the inside of the leg), the iliacus moves up, fanning open to line the inside of the pelvic bowl. As guy wire, the psoas maintains skeletal balance and protects the spine's internal contents (cerebral spinal fluid and spinal cord). The iliacus, together with pelvic floor muscles, forms a cradle-like support for the abdominal organs and, specifically, the growing uterus and its inhabitant.

When the iliopsoas is called upon for internal muscular support, over time, it loses its supple nature. The constricted iliopsoas muscle fibers may begin to shorten. A tight iliopsoas limits rotational movement in the pelvis and legs. Tilting the pelvis forward and down, it limits blood flow through the legs and feet, causing pressure on the sciatic nerve. The tense iliopsoas limits diaphragmatic breathing and disrupts digestion. With the reduction of internal space, the womb, rather than being cradled in the pelvic bowl, gets pushed up and forward, stressing the abdominal wall. Rather than embodying the baby deep within her belly core, the swayback pregnant woman looks and feels as if her baby is out in front of her.

The Fear Response

Any sudden shock, fall or compromise to internal integrity always elicits a biological need for protection. As part of the fear response, the iliopsoas rolls our body into a fetal ball, ignites running or prepares us for standing ground. Our body knows how to protect and how to resolve unnecessary tension. When resolution is not achieved, a variety of compensations or dysfunctions will begin to appear as mental, emotional or physical expressions of unresolved somatic distress.

Childhood Conditioning

Our personal and cultural story is embodied within our iliopsoas. Like the palm reader, the sensitive person can read the individual's history held within the body and, specifically, within the iliopsoas muscle. This offers the midwife insight into unspoken anguish a woman may be experiencing, consciously or unconsciously.

Early childhood conditioning, combined with life experiences, form profound somatic impressions upon the iliopsoas. Whether from overt or subtle abuse or impoverishment, developmental disruptions play themselves out during the birthing process. For example, premature walking, encouraged by holding a baby's hands high above her head, can disrupt a developing awareness of support from within the bones. By shifting the center of gravity, premature walking encourages the child to rely upon muscular support. Rather than swinging freely, the iliopsoas muscle is engaged as a structural anchor. Such early childhood experiences influence how

Photo provided by author

Birthing Fear Case Studies

by Liz Koch

Each of the following pregnant women discovered that working with the iliopsoas offered a key to resolving fear and deepening inner trust.

Induction Prevented

First-time pregnant Julie is almost one month "overdue" and scheduled for induction. An RN, she is experienced with the process of birth, knows that babies sometimes take an extra month to grow and is aware that induction will affect her labor. She feels pressured to be induced. Her husband wants to be supportive but is nervous and very preoccupied with work. With many guests popping in from out of town, she is feeling unable to nest and center in on the pending birth. We work together; I support her legs, and she tunes deep within her belly. As her iliopsoas muscle begins releasing, we both feel the baby move deep within her pelvis. She feels clear and calm. Julie decides to cancel her induction and spontaneously labors in less than 24 hours, giving birth to a full-term healthy baby girl.

Confidence Awakened

A soon-to-be first-time mother is referred by her obstetrician. He is concerned that her daily telephone calls reflect not only her fear of pending birth but her inability to face the challenges of motherhood. He hopes the session will help her *relax*. After explaining how the iliopsoas plays a part in her health and birth, I support Elizabeth's legs. Together we work to recognize and connect with the "energy of birth"—that inner power and strength within that will see her through. She discovers how to focus her attention, and the new sensations awaken her awareness, deepening an inner trust that her body does, in fact, know how to birth. Elizabeth has a long, hard labor and a smooth, wonderful birth. Elated, she is empowered in her new role as mother.

Inhibitions Acknowledged

A potential VBAC mom enters my office in light labor for her first and only visit. She walks around the office. Ambivalent about the birth, Penny says she wants a vaginal birth but fears the unknown of labor. She walks around my office, having mild contractions, breathing lightly. I observe that her walk is ungrounded, with no focus and offering no relief. She explains that her first baby never "dropped." I support her legs, and she begins the journey into her core.

With encouraging words from me, she begins to let go of her legs, and immediately she meets her unacknowledged feelings. She begins to realize she wants to birth alone, assisted *only by other women*. She does not want her husband present. Penny recognizes that in his presence she gives away her power. Her feelings of inhibition prevent her from doing what feels necessary to really let go and birth vaginally. In awe of her newfound realization, Penny acknowledges she needs more time to assimilate these feelings and find a way to voice them—but that birth is imminent.

Tension Relieved

A competent and very confident older woman, pregnant with her first child, is referred to me for back discomfort. With a history of back problems, Diane is not only having back aches but experiencing sciatic nerve pain. She is articulate and clear about what she wants from her healthcare providers and her birth experience. We begin working together, and a visible softening emerges. Her level of control gives way to an inner sense of trust. As Diane experiences a deeper place of balance within her center of gravity, she senses a deeper support from within. Diane's back tension releases and, with it, the sciatic discomfort.

the pregnant woman copes with the additional weight of childbearing. If her sense of support is more dependent upon muscles than bones, any additional weight will be experienced as increased stress. Similarly, years of competitive athletics, which focus on highly conditioned muscular control, can interfere with the spontaneous, involuntary processes involving a supple iliopsoas, so essential for vaginal birth.

Working with the Iliopsoas

Palpation, deep massage or *any form of manipulation of the iliopsoas does NOT bring resolution and should not be practiced or recommended.* Because the iliopsoas muscle is located deep within the body's cavity, behind muscles, organs and arteries, manipulating it has been known to cause bruising, intestinal hernias, breakage of major arteries and, most vitally important, re-traumatization of the highly sensitive, responsive muscle. Only noninvasive and nonmanipulative approaches genuinely address the complex bio-intelligence of the iliopsoas.

The good news is that pregnancy alone offers a natural opportunity to release tension in the iliopsoas. Becoming consciously aware of her own iliopsoas, a woman can utilize her belly weight to enhance not only the release of the iliopsoas but draw her attention deep within her own belly core. In practical terms, iliopsoas release explorations translate into increased space for the growing fetus and more comfort for the pregnant woman.

Pregnancy and Birth

Working with the iliopsoas (see *constructive rest position* below) centers the woman into the belly core and helps resolve the initial fears of pregnancy. Spending time in constructive rest during the first trimester often relieves nausea, while smoothing hormonal changes.

In the second trimester, a released, supple iliopsoas helps accommodate the growing fetus. Releasing tension in the iliopsoas shifts the support from muscle tension into skeletal support found within the bones. This relieves minor aches and pains, increases blood circulation through legs and feet and contributes to an overall sense of well-being.

During the third trimester, a functional iliopsoas relieves the discomfort of

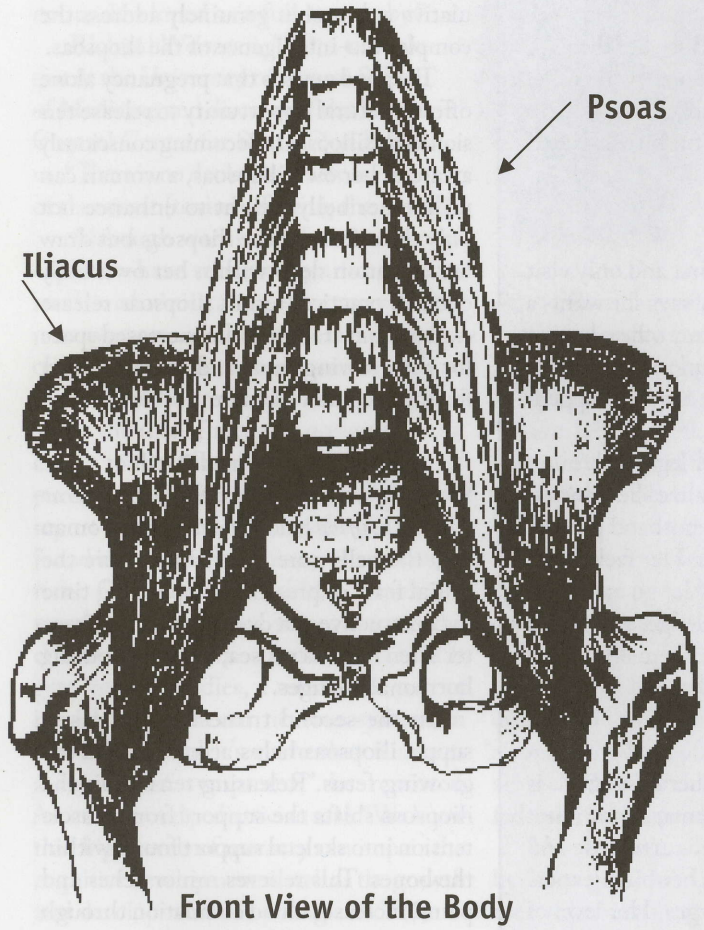
a growing belly, while increasing overall energy. The kidneys and the adrenal glands, perched on top, slide on the upper psoas muscles. Influenced by the muscle's movement, both the immune system and adrenal health are directly enhanced by healthy iliopsoas function.

The release of iliopsoas tension decreases pressure on the bladder and boosts circulation, while helping eliminate low back tension.

Awakening the "belly brain" brings the mentally focused woman out of her head and into her intuitive senses. Working with the iliopsoas enhances sexual function, attuning the soon-to-be mother to the inner power of "birthing energy" that will see her through a vaginal birth.

The Iliopsoas in Birth

Iliopsoas release work enhances every aspect of a woman's birth, shortens labor and can offer an effective alternative to induction. Once labor has begun, a functional iliopsoas releases and falls back along the spine, encouraging the downward movement of birth. The releasing iliopsoas frees the hip sockets and, thus, the legs to move apart. As the iliacus fans opens, the pelvic girdle widens and deepens.



The Iliopsoas Muscle

Getting to know the iliopsoas involves an inward journey of the sort that every midwife knows and every successful vaginal birthing woman experiences. Teaching women the importance of the iliopsoas offers a self-help tool that can easily be integrated into prenatal yoga and any exercise or relaxation routine.

Releasing the Iliopsoas

The *constructive rest position* is a safe, comfortable position that allows gravity to release tension in the iliopsoas. Begin by having the pregnant woman rest on her back on a padded, carpeted floor. Make gradual adjustments once past early pregnancy by creating a diagonal support with pillows. Knees are bent and the feet parallel to each other, as far apart as the front of the hip sockets. Have her align knees, ankles and feet, placing heels 12–16 inches away from her buttocks. She should arrange herself so pelvis and head are parallel with the floor. If necessary, support the head by placing a small, folded, flat towel under the head to keep the head and pelvis on the same plane.

DO NOT have her push her low back down or tuck her pelvis under in an attempt to flatten the spine. DO allow the spine to be neutral (this means there will be natural curves along the spine). Have the pregnant woman keep her arms below shoulder height, letting them rest over the ribcage, to the sides of the body or on her belly. As the iliopsoas begins to release, the pelvis will spontaneously extend, and the spine will lengthen.

The woman should stay in constructive rest position for 10–20 minutes. Instruct her to roll to one side and rest before slowly getting up on to hands and knees. Have her use her hands to get up slowly and walk around for a few minutes, avoiding any sudden or quick flexing motions (i.e. lifting a toddler or bending to tie a shoe). Constructive rest is particularly helpful after a day's work, before making dinner, before or after exercise, yoga or any sports activity.

Alternative: For those with excessive low back pain or leg tension, place the lower legs and feet on a chair or ottoman. Be sure the knees are at a right angle and the lower legs are parallel to the floor. Or place a soft baby ball or balloon between the knees to assist relaxation of the inner thighs.

Assisting Release: Catching and Falling Exploration

The following exploration helps the birthing woman discover her iliopsoas. First, be sure that you, as the support person, are in a balanced position. Work on the floor and sit on a bolster with your pelvis higher than your knees to maximize skeletal support. Legs are very heavy, so it's important to be able to convey a sense of support through your whole being.

Ask the fully clothed mother to begin by resting in constructive rest position for approximately five minutes. When necessary, use pillows propped diagonally to accommodate her growing belly. Sitting at her feet, place your open palm on the outside of her bent knees. Let her know that you are fully available and able to support her. Ask her, when ready, to simply let her legs fall into your hands. DO NOT lead with your thumbs; rather, cup your hands to encourage a falling and catching motion. The art of this support comes with tuning into your own iliopsoas, as well as hers. Be sure to offer clear, consistent support when she lets go. As her

legs fall into your hands, be there to catch them. Do not move with the falling. The legs move no more than 1–2 inches while falling. Once she makes contact with your hands and feels your firm support, gently let go again, moving just another inch. Either her legs will fall open naturally with your hands, or she will grip with her muscles. It's best to say very little and encourage her to do the same. Tune inwards. Encourage her by saying, "Yes, that's it," so she somatically connects to the feeling of letting go. Legs are very heavy, so once she really does let go, you will need arm strength to support her; leaning in towards her will help you maintain your balance. When she takes back the weight, simply remind her you are there for her and can support the weight of her legs. From deep within, an inner trust and sense of safety in letting go will begin to emerge. This is iliopsoas territory. Don't be surprised if she begins to feel afraid, sheds tear or starts talking. Encourage her to keep her awareness down in her belly core.

Now bring the legs back to neutral, just to the point of skeletal alignment. Do not let the knees touch, as this encourages leg muscle involvement. The point of the exploration is to help her increase her awareness of the sensation of support through the bone, thus freeing the iliopsoas muscle. Rather than muscular tension, constructive rest involves minimal muscular action—it is through skeletal alignment with the force of gravity that balance and harmony are found.

Remember, the iliopsoas cannot be cajoled into trusting, but must instinctively reflect safety and surrender. Gradually, the legs will open. Please note that the focus is on the internal process, not the extent to which she can flop her legs open. The feet help indicate the difference. They need to be connected to the ground so the letting go happens within the hip sockets. As the knees move out, away from the midline, the feet stay on the ground (although weight will roll to the outside of the foot).

Explore the catching and falling 3–5 times through its complete process. This is a fabulous somatic exploration in gaining and offering trust.

Rocking Chairs

Grandmothers really did have strong gut feelings that elicited instinctive knowledge. That's why rocking chairs were always a part of every home environment. Rocking still provides relief for the iliopsoas and is an excellent way to calm and soothe the belly core as it moves through the ever-changing process of preparing for birth.

Liz Koch is author of *The Psoas Book, Core Awareness: Enhancing Yoga, Pilates, Exercise & Dance and Unraveling Scoliosis* (CD). She is the mother of three homebirthed children and was the founding mother of The Doula Magazine (no longer in print). With 27 years' experience, Liz teaches workshops on the iliopsoas muscle throughout the US, Canada and UK. Visit her site at www.coreawareness.com.

For upcoming workshops for midwives contact liz@coreawareness.com.

Additional Reading

The Second Brain: A Groundbreaking New Understanding of Nervous Disorders of the Stomach and Intestine, by Michael D. Gershon, MD. 1998. New York: HarperCollins.

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Pregnancy & The Psoas Muscle, by Liz Koch. Article published in 1989 in *The Doula Magazine*. Copy available online at www.guineapigpub.com.

Iliopsoas: Development of Anomalies in Man, by Arthur A. Michele, MD, MS. 1962. Springfield, Illinois: Charles C. Thomas (out of print).

The Psoas Book, by Liz Koch. Available through bookstores and online www.guineapigpub.com.

Trauma Resources

www.traumaprevention.com. Web site of international trauma recovery expert David Berceli.

Pathway to Healing (video), by David Berceli. Available through www.guineapigpub.com.

Trauma Releasing Exercises (booklet adjunct to video). by David Berceli. Also available through www.guineapigpub.com.