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Deep, complex and mysterious

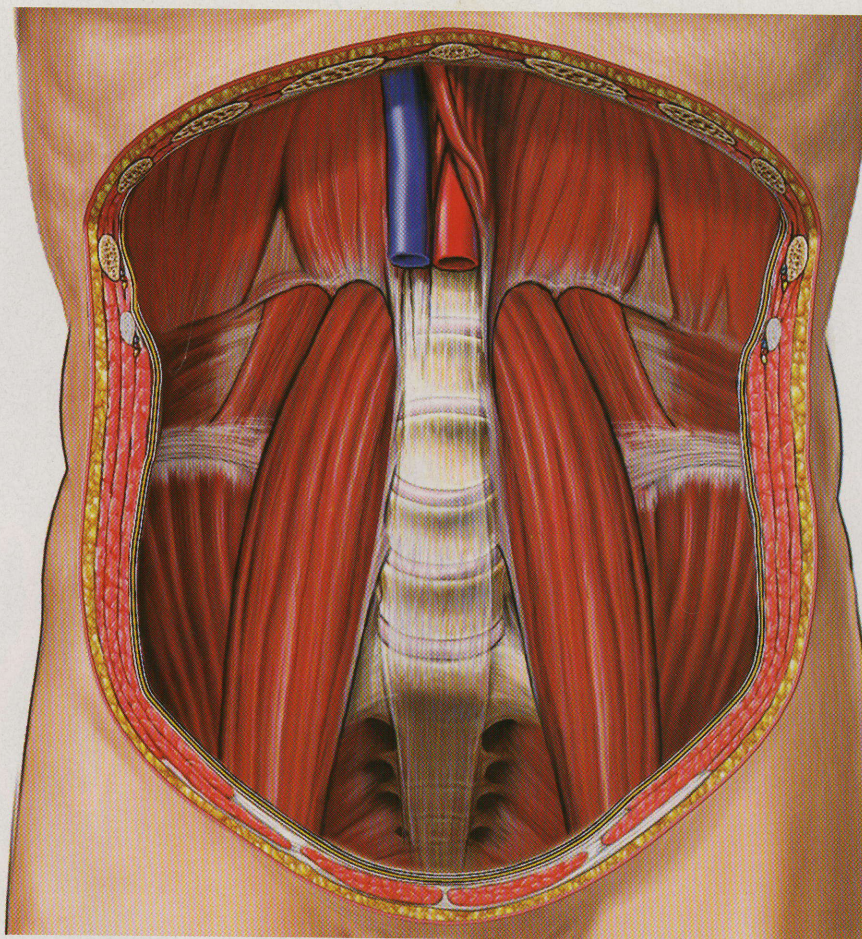
THE ILIOPSOAS MUSCLE

Part One: A Bio-Reverent Approach

by Liz Koch & David Bercei

photograph by Jonah Sutherland

Within the field of massage and bodywork, the mechanistic, analytical paradigm still dominates our thinking and training. The purpose of this two-part article is to re-evaluate this form of thinking and its application, specifically to the psycho-emotional aspects of the core muscle, the iliopsoas.



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The posterior abdominal wall, and psoas muscles

The biomechanical perspective

Emerging out of the scientific paradigm of reductionism, predating the industrial revolution, we've been taught to separate and isolate components in an attempt to grasp an understanding of their separate functions. Approaching the body in much the same way as a mechanic approaches a piece of equipment, we attempt to correct the functioning of the whole by examining its parts.

When as therapists we apply this paradigm to our practice we focus on the nonfunctioning part of the person, naming it and then attempting to fix it. We're taught to separate the physical from the energetic and the biological from the emotional. This approach brings with it a certain amount of success, but when measured in the context of longevity and quality, often fails to bring a full resurgence of health.

The bio-reverent perspective

A new paradigm has emerged. As contemporary science and ancient healing arts interface, they share a recognition and respect for the intricate interconnections of life. Applied to human beings, this broader vision suggests that we no longer can view the body just as separate groupings of muscles, bones, nerves or organs; rather, we need to

understand and be comfortable with the human being as a multilayered, multidimensional being encompassing an unknown range of realities. From water to matter, energy to instinct, this all-embracing perspective creates a shift in the way we approach and work with individual clients.

Our approach, rather than being one of purely biomechanics, needs to open to bio-reverence.¹ The bio-reverent view shifts the understanding of a problem from what is working or not working, to what is impeding the entire person from fully expressing his or her vital life force. It is by trusting and honoring the organism's self-correcting ability that we shift our focus from trying to fix the problem to exploring and learning how to stimulate a field of resonance where the self-healing capacity is activated. With this intention we shift both our way of perceiving "the problem," as well as our methods for supporting a dynamic resolution.

The complex iliopsoas

The iliopsoas muscle best illustrates the need for this conscious paradigm shift. Deep, complex and mysterious, the iliopsoas defies being easily classified, analyzed or compartmentalized. It is a muscle and yet it is more than a muscle; its multidimensional qualities set it apart from all other muscles.

When we work with the iliopsoas from a purely mechanistic view, we may detect a lack, or restriction of, muscular motion and proceed to mechanically manipulate or palpate the muscle to the point of release and, hopefully, relaxation. However, if we look more closely at the purpose and behavior of the iliopsoas, we will develop a completely different understanding and subsequent plan of intervention for working with its tension.

Located in the primal belly core, the iliopsoas is an instinctual, primitive muscle interacting within a large nerve ganglia that science refers to as the enteric brain and ancient texts speak of as the *hara*, Buddha belly and *tan tien*. This powerful nerve plexus involves the digestive, reproductive and sexual organs and is interwoven around and embedded through the iliopsoas.

Interfacing with the diaphragm, the functional iliopsoas has multiple dynamics, which include massaging organs, viscera and the spine with every walking step. It is the only muscle connecting the spine to the leg. Its pendulum motion allows free-swing of the leg while walking. Forming a diagonal shelf through the torso with adrenals and kidneys gliding on top, the iliopsoas provides muscular support for all abdominal organs, viscera and nerve ganglia.

The iliopsoas bridges the upper and lower body, the reptilian and neo-cortex brains, and sympathetic (flee/fight) and parasympathetic (rest/digest) vegetative neurological systems. The iliopsoas informs us of subtle changes in skeletal alignment, organ, respiratory and sexual functioning. Full-body orgasms, which are directly dependent upon the capacity for surrender to the flow of biological energy without inhibition, involve the iliopsoas as the primary muscle signaling the giving up of voluntary control as involuntary reflexes take over.

The psycho-emotional iliopsoas

Adding the psycho-emotional aspect of the iliopsoas to our understanding, we gain invaluable insight into further complexities of the muscle. Activated by both the parasympathetic and sympathetic nervous systems, the iliopsoas plays a major role in our survival instincts. It is the primary muscle that activates the flee/fight and freeze response. Not under conscious control, the iliopsoas reacts instinctually to perceived danger. It initiates rolling the body into a fetal position to protect the vital organs and the soft, vulnerable parts of the body. Rolling the body provides resiliency to the spine, helping the whole organism sustain a blow or fall. Viewing the iliopsoas in this holistic manner helps inform us about certain aspects of

the individual, including their sense of safety and ability to be present in life.

By realizing that this set of muscles is activated primarily by an instinctual response to danger puts into question whether the lack of muscular motion is in fact expressing a deeper issue of the suppression of intense emotions (i.e., fear, terror, anguish) or is due to a mechanistic or ergonomic interruption. Has the client's iliopsoas muscle contracted to protect him/her from some real (present) or imagined (past) danger? If this is the case, do we attempt to relax the muscle so that the person releases the fear? Or will the attempt to release the tension re-evolve the fear, causing and maintaining the defensive response in the client?

After determining that the iliopsoas muscle is constricted, we must ask ourselves, "Is it the lack of emotion

A deeper questioning beyond the bio-mechanic dysfunctions of the iliopsoas is what separates the old paradigm from the new paradigm of the bio-reverent professional.

expressing itself or is it a lack of muscular motion that suppresses the emotion?" Likewise, because the muscular armoring of many muscles (particularly the iliopsoas), is often indicative of controlled or suppressed feelings, thoughts and sensations, should we use biomechanical techniques to manipulate their release or employ noninvasive techniques that take into consideration the psycho-emotional defenses that created the original contraction? This deeper questioning beyond the bio-mechanic dysfunctions of the iliopsoas is what separates the old paradigm from the new paradigm of the bio-reverent professional.

Instinctual intelligence

In the animal world the instinctual flee/fight and freeze response is an essential survival mechanism. By contracting and impeding the flow of energy throughout the body,

animals reserve their life force and thus protect themselves from harm or possible death.² The human animal possesses this same unconscious, instinctual response and behavior. When we encounter a client whose iliopsoas muscle has limited movement, we must consider that this constriction is indicative of the body's belief that its safety is seriously challenged and therefore contraction is vital for survival. Since this was a serious decision made by the instinctual defensive mechanisms of the body, it therefore needs to be respected and treated by the therapist as equally serious.

At present, there is a common belief among many professionals that supports and even encourages the use of manipulation of the iliopsoas muscle. This belief is often expressed as, "This technique for releasing the iliopsoas will bring up emotions, but move through it anyway." We

bring a level of emotional and physical relief, but no amount of re-enactment will resolve the anguish and fear (bio-energy) held within. They will return next week, month or year and ask for the same treatment. Although they experience a sort of calm after the storm, the pattern continues.

One standard technique taught to massage and bodywork students for "releasing" the iliopsoas is to place several fingers on top of the hip socket and then, while gently pressing, move the thigh into flexion and extension. It is our opinion that this manipulation of the tender iliopsoas is counterproductive to the muscle's innate functioning, and further inhibits the traumatized muscle. This technique and other invasive approaches can bruise the tender psoas. As the psoas functions well below both intestines and major arteries and veins, attempts to manually release it have been known to cause artery breakage and intestinal hernias.

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The traumatized iliopsoas

Trauma occurs when an experience activates the individual's flee/fight survival instinct. If the animal body does not return to parasympathetic functioning there is no resolution of this instinctual response. The person is overwhelmed. Subsequently, the body continues to re-enact some form of the trauma in an attempt to resolve the overwhelming response and return to a restful state.

When the shift from sympathetic (fight/flight, freeze) to parasympathetic (rest and digest) occurs, this is not under the therapist's control. It is the client's body that determines when this transition is made.

must recognize that what is reflected in a dysfunctional or constricted iliopsoas is a serious level of trauma. It could have been generated by a car accident causing damage to the sacral iliac joint's ability to maintain skeletal support. It could also have been generated by myriad other issues such as sexual, psychological or emotional abuse. It really doesn't matter. Using hands-on techniques to release this instinctual contraction has the potential of causing a re-traumatization of the individual. Rather than bringing resolution for the client, we can actually be engaging in and co-creating a repetition pattern of terror, defense and emotional distress. It is vitally important to understand that manipulative release work is quite distinct from biological resolution.³

When a client desperately asks their therapist to "just get in there and work the psoas," they are unconsciously asking you to participate in a re-enactment. This will

As the normal flow of life force begins to move freely, the physical relaxation of the iliopsoas muscle causes the person to feel a natural inner sense of safety. And yet only when the person feels intuitively safe will the defended iliopsoas return to normal. This leads the therapist into a paradox of which comes first, the chicken or the egg. It is easy to make a decision in favor of either the chicken or the egg, thereby solving the problem in our own minds. However, this simplified approach of choosing one or the other is itself born from the mechanistic and reductionistic perspective. Shifting to the bio-reverent perspective means accepting that the two happen simultaneously.

The client's body knows intuitively when it is safe. When it knows this, it begins to relax into the caring touch of the therapist. Purely mechanical techniques of this instinctual muscle can be experienced as invasive by the body, thereby continuing to signal the innate defense

mechanisms of protection and contraction. This process is not only painful for the individual, but in our opinion further separates soma from consciousness.

Equally important is your own iliopsoas health within the therapeutic relationship. The "viewer" (therapist) and "object viewed" (client's tight iliopsoas) perspective must open to include our own constantly fluctuating, energetic field of emotions, thoughts and personal sense of safety. Only when both individuals feel instinctively safe can both iliopsoas muscles intuitively respond within the clinical dynamic. It then becomes a fluid dialogue, a dance between cells and psyche.

By reflecting on our own intentions and capabilities we gain respect for the psycho-emotional, as well as the mechanistic, aspects of the iliopsoas muscle. It is then that we willingly shift our intervention strategy to a bio-reverent approach. The result of our own inner reflections may mean limiting our interactions with the iliopsoas. Not every therapist is ready to work with the iliopsoas or with trauma recovery.

The pendulum swings

The bottom line is that no level of manipulation is necessary. Rather than feeling a need to fix the problem of a constricted iliopsoas, we can become more resourceful, shifting both our vision and response.

A conscious realization of the psycho-emotional aspects of the iliopsoas can encourage both therapist and client to maintain a presence that simply has no agenda. This open, attentive approach alone can often elicit the sense of safety needed to free the client to come out of hiding and let down their bodily defenses.

Employing noninvasive techniques that encourage safety and, therefore, the natural relaxation of the iliopsoas muscle, along with rebalancing the pelvis and/or unraveling cranial-sacral tension, can go a long way in eliciting resolution. (In Part Two of this series, specific noninvasive approaches will be presented.)

The iliopsoas lies at the core of preparing an individual for standing ground, running away or curling into a ball. Dynamic, fluid and supple, the iliopsoas provides the inner resiliency of core integrity. By honoring, witnessing and encouraging the naturally occurring reflexes, we allow the iliopsoas to release and self-correct. By developing our own inner awareness, we gain the confidence to support our clients' ability to access their own inner power through their conscious, felt sense. Most importantly, by allowing and supporting the natural resolution of the body's protective reactions to trauma, the constricted iliopsoas does indeed release by itself.

Reductionism has reached its zenith, and the pendulum (like the iliopsoas) now returns our consciousness to a deeper exploration within the human being. We open ourselves to complexity, creativity and a deeply profound

respect for all life. This new Renaissance of consciousness allows the subtle energies of intuition and inspiration to guide the bio-reverent professional. When we can let go of an over-insistence on strictly linear perception we become a dynamic catalyst for our clients' inner healing. Philosopher Walter Russell (1872-1965) explained, "Knowledge is not acquired from without but rather is recollected from within ... there are not two worlds, but one only: the visible being a continuum of the invisible."

Footnotes

1. The term "bio-reverence" was coined by Liz Koch to denote a conscious awareness of the inter-relationships of all biological life (including human beings) as a continuing unfolding.
2. Levine, Peter. *Waking the Tiger*, North Atlantic Books, 1997.
3. "Biological resolution" is a term coined by David Berceci to denote the ability of the body, as a living organism, to resolve its own chronic-tension patterns without the intervention of the ego or external manipulation. M

Liz Koch is the author of The Psoas Book, a comprehensive guide to the iliopsoas muscle and its affect on body/mind/emotions, Unraveling Scoliosis (CD) and Core Awareness: Enhancing Yoga, Pilates, Exercise & Dance. She is an international workshop leader who has specialized in the iliopsoas for 27 years. Previously a staff member of San Francisco General Hospital's Alternative Therapies Unit and a Jin Shin Do acupuncture practitioner, Liz resides in Felton, California.

David Berceci is founder and director of Trauma Recovery Assessment & Prevention Services, in Tempe, Arizona, and is an international trauma recovery expert. For the past 20 years he has worked in the field of trauma recovery due to sexual abuse, domestic violence, war and political violence. As a trauma consultant David has designed and implemented comprehensive and individualized trauma-recovery, stress-management and conflict-resolution programs for international relief agencies, corporations, government and non-government organizations whose staff are living and working in trauma-inducing environments. He is a clinical social worker, licensed massage therapist and certified bioenergetics therapist.

To Learn More ...

The Psoas Book, by Liz Koch, Guinea Pig Publications, Second Edition, 1997.