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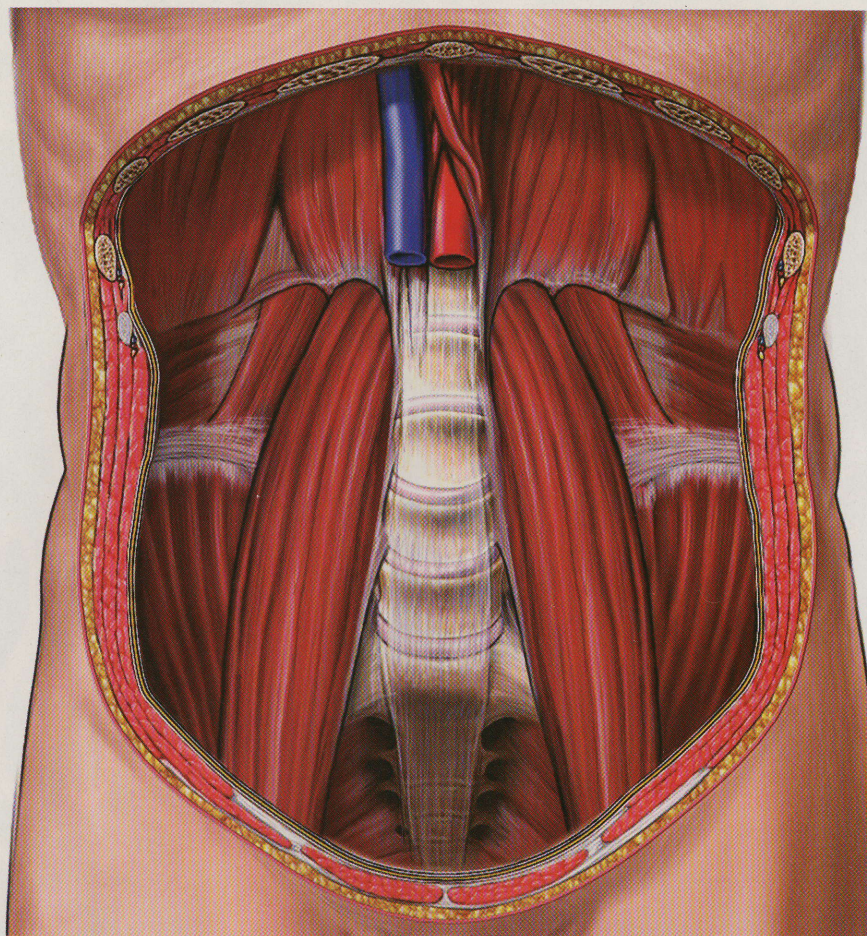
Deep, Complex and Mysterious

THE ILIOPSOAS MUSCLE

Part Two: A Practical Approach

by Liz Koch & David Berceli
photographs by Jonah Sutherland

In Part One: A Bio-Reverent Approach (March/April 2005) the authors challenged the current biomechanical paradigm for working with the iliopsoas. They offered readers a new paradigm for developing what they define as a bio-reverent approach, one that recognizes the deep psycho-emotional complexity and holistic nature of the iliopsoas.



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The posterior abdominal wall, and psoas muscles

Although the bio-reverent approach questions the traditional methods of biomechanics, we believe this dialogue can only enhance one's competency toward functional wellness. Put into practical terms, direct palpation and manipulative techniques traditionally taught in most massage schools and bodywork programs do not provide the iliopsoas muscle with the respect crucial for gaining dynamic function. As an instinctually reflexive and emotionally expressive muscle, we recognize that experiencing the iliopsoas with all its intricate interdependent relationships, combined with understanding of its neurological and chemical expression of trauma, offers a more insightful and direct resolution for iliopsoas tension patterns.

In this article we return to offer a sampling of practical explorations for experiencing the depths of one's own psycho-emotional iliopsoas, and several recommendations for developing noninvasive approaches for working with the iliopsoas. It is our hope to empower readers to shift from the desire to try to "fix" the iliopsoas to stimulating its healing resolution.

Appreciating our limits

We all know what a huge difference there is between watching a trained professional perform a technique on a client that she has developed or studied and mastered

through years of experience, and reading about or using those same techniques after a few days of exploring them in a workshop. Mastering a bio-reverent approach to the iliopsoas requires even more commitment to complexity, because it involves not only the application of very subtle techniques, but also that we as therapists develop the ability to intuit, sense and explore the ongoing and fluid, changing relationship with ourselves and our clients. Rather than simply mastering a technique, our job as a bio-reverent therapist entails cultivating the artful application of self-awareness to unravel intimate connections in a respectful manner.

Begin with your iliopsoas

Although many techniques have been taught on how to release the tension in the iliopsoas muscle, lessons on reverence and respect toward working with this core muscle are sorely lacking.

With regard to the iliopsoas, the art of bio-reverence can most effectively be experienced through self-exploration. Each individual practitioner must spend hours of intentional self-healing and self-actualizing work. It is through this process of experiencing one's self that we as therapists develop our ability to lead others into their depths of self-healing. It is both inappropriate and

misleading to believe that we can lead others, somatically or otherwise, through a journey of inner healing that we ourselves have not completed or even embarked upon.

Although true for every aspect of bodywork, nowhere is this lesson more applicable than with the iliopsoas. This primitive muscle, activated instinctually at the first sign of danger, can harbor years, as well as layers, of deeply hidden, traumatic memories. Specifically because of the primitive and instinctual nature of this muscle, it is essential that the practitioner not only understand the healthy functioning of the muscle, but also the inherent danger of attempting to release the tension in this muscle prior to knowing, digesting and integrating its causes.

The bio-reverent approach to the iliopsoas muscle requires that we are willing to first explore and release the years and layers of trauma that may be stored in our own iliopsoas memory. In this process of self-exploration, we learn firsthand the intricacies, complexities and delicate nature of working with the iliopsoas muscle.

Only after we integrate this process of self-exploration can we expect to develop the respect necessary for assisting and accompanying others in exploring their iliopsoas. Without first exploring our own psychosomatic history, it is almost inevitable that we will experience some degree of somatic counter-transference. This counter-transference can be a source of confusion and pain for both the client and the therapist. When dealing with the pelvic area, this counter-transference can lead both client and therapist into playing out unhealthy responses and unresolved issues around sexual pleasure or injury, shame, humiliation and terror.

Over and over, the practitioner who comes to learn iliopsoas work invariably realizes his or her own unresolved issues.

Setting boundaries

When choosing to work with the iliopsoas it is not only our personal awareness that must develop, but also a clear recognition that even noninvasive approaches for working with the iliopsoas produce an emotional release that as therapists we must be prepared for. Recognition of one's own mastery begins by asking, "Do I have the self-awareness and emotional stability to handle someone else's emotional release?"

This recognition helps to maintain clear boundaries. Although the massage profession attempts to draw (as does the psychological profession) a distinct line between psychological counseling and bodywork, this line blurs

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when one enters the territory of the iliopsoas. What is actually a man-made distinction becomes profoundly challenged in a dialogue between two intuitive iliopsoas muscles. No matter how well-meaning a verbal or physical response is meant to be, our body language speaks louder than words—and whatever words we do speak have power to compromise what may already be a confused, emotional terrain.

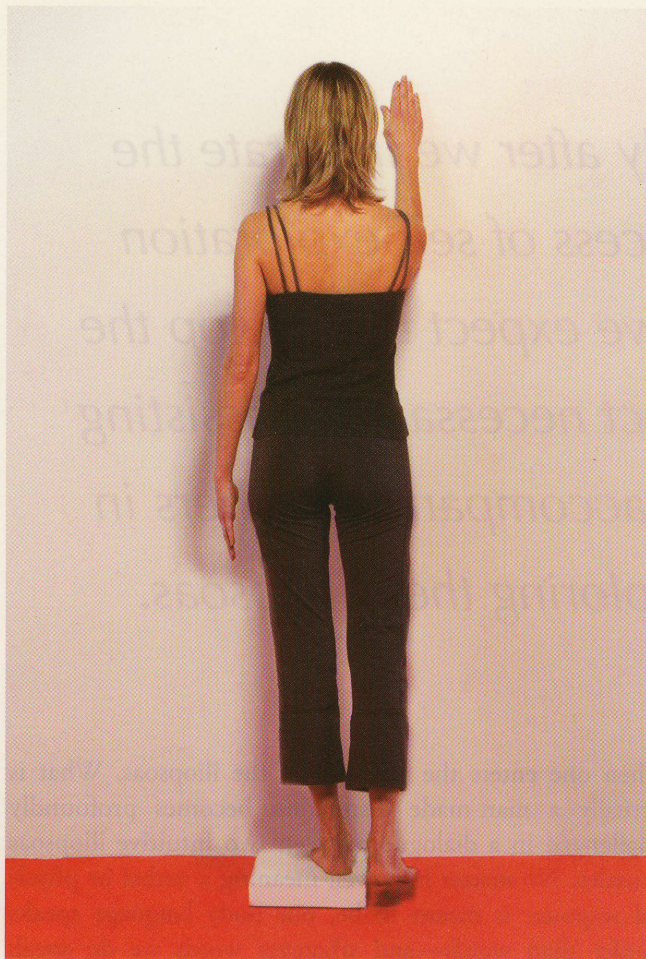
By first becoming deeply rooted within one's own core it is, however, possible to distinguish and discriminate between emotional processing (the psychological realm) and simply holding the space (the energetic, physical realm) for the client to feel safe and experience from within a felt-sense existence.

If we are trained to work as body therapists, then comfort and nourishment are our first intentions. Creating a safe haven, a held environment where nothing has to happen, may be the first non-manipulative, noninvasive support a client has ever experienced. Even structural therapists working in a modality where people come to receive change, heal injury and expect results can provide this bio-reverent approach if they have accessed their own iliopsoas in a truly loving and respectful manner.

Reasons for iliopsoas dysfunction

Iliopsoas dysfunction, in the form of chronic tension, is a sign of an internal lack of cohesiveness in the whole being. It is often an important indicator of skeletal instability. Recognizing the tense iliopsoas as being a lack of support squarely places the focus on proprioceptive awareness.

Tension in this otherwise supple muscle is due to its ability to function as a guy wire to the spine. It tenses to



Standing Iliopsoas Exploration. Understanding the functional movement patterns of the iliopsoas can help detect dysfunction in the pelvic bowl or compensating external muscle tension. (See article text for instructions for this exercise.)

Catching-and-falling movements that mimic early walking also help clients access their core proprioceptive awareness. Once somatically and emotionally reconnected with our own iliopsoas, we can access our clients' without ever needing to physically go near it. It is important to remember the iliopsoas simply lets down its defenses when it feels safe.

Exploring your iliopsoas

Constructive rest position

Rest on your back. Knees are bent and feet are parallel to each other hip-width apart. Place your heels approximately 16 inches away from your buttocks (far enough away for the pelvis to be able to move, close enough so the weight is distributed throughout the whole foot). Keep your arms below shoulder height, letting them rest over your ribcage along your sides or on your pelvis. Do not push your lumbar spine to the floor or tuck your pelvis; rest in the position for 10-20 minutes.

Roll to one side before slowly getting up. In constructive rest it is gravity that releases the iliopsoas. A being position rather than doing position, it is open, quiet attention to sensation that helps deepen somatic awareness and facilitate iliopsoas release. Notice any desire to flee or sensations of holding (freezing), as they provide an opportunity to recognize the sympathetic nervous system (primal survival response) in action.

Standing iliopsoas exploration

Understanding the functional movement patterns of the iliopsoas can help detect dysfunction in the pelvic bowl or compensating external muscle tension. Place a yoga block (or thick hardcover book) approximately 16 inches away from a solid wall. Step onto the block with the left foot, supporting and balancing yourself equally between your foot and your right hand placed at shoulder height on the wall. Let the right leg and foot hang released. Gently swing the leg back and forth. The pelvic crests are parallel with the floor and face forward. The healthy iliopsoas moves like a pendulum through the core (skeletally the pelvis stays as part of the torso), while only the leg swings at the hip socket.

The trunk of the body does not swing, bend or twist as the leg moves. (If the pelvis is tipped or dipped, or torques or moves with the leg, there may be pelvic instability, proprioceptive interruption, or external leg muscles dominating skeletal placement. Step down off the block.

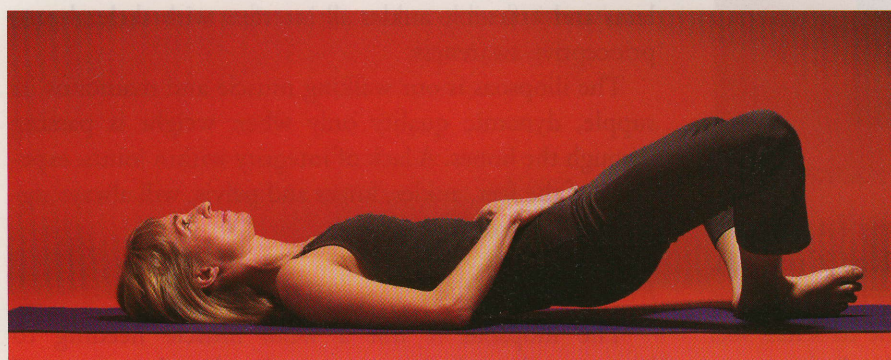
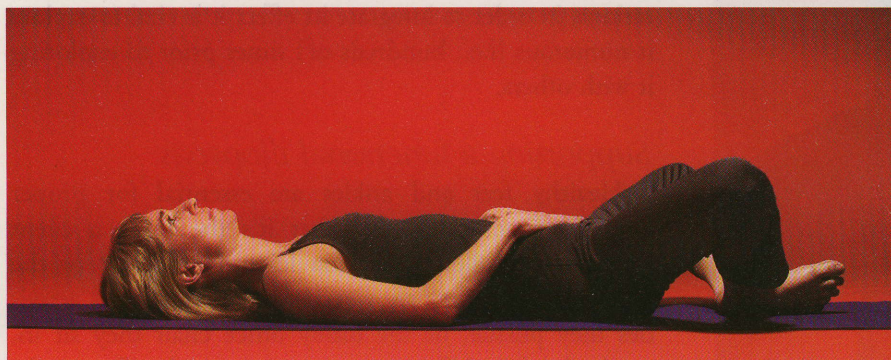
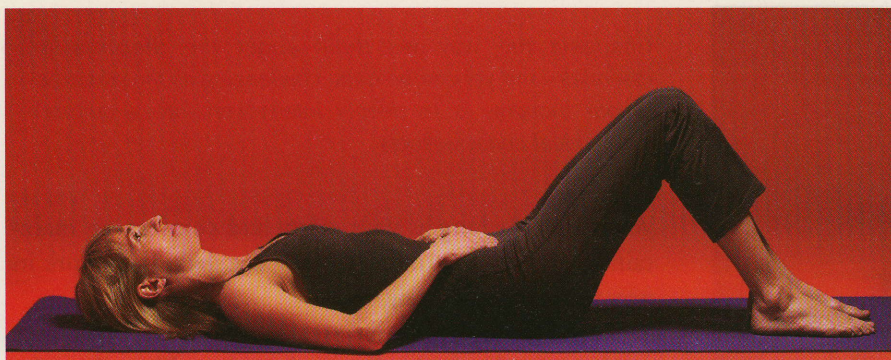
support the vertical body structure. If the pelvic bowl is off its electromagnetic center and there is instability, specifically in the sacroiliac joints or lumbar spine, the iliopsoas will be called upon for support.

Over time, the static holding requirements will begin to dry and shorten the iliopsoas fibers. Healing sacroiliac tears or overstretched ligaments is a bottom-line requirement for dynamic iliopsoas functioning.

The muscle stops tensing when the pelvic bowl is balanced and capable of bearing and transferring weight through both legs and feet. This experience of standing on one's own two feet is both a physical sensation of internal support and an emotional sense of internal integrity.

Direct palpation of a constricted iliopsoas, somewhat like twisting a person's arm, can definitely arouse a reaction from the muscle, but it moves against the instinctive behavior of the iliopsoas. Although it feels better (often interpreted as a release) when it's over, direct manipulation provides short-term relief to the tense iliopsoas.

Simpler techniques, such as jiggling and soft rocking of each leg and/or ileum, relieve iliopsoas stress. Gently rocking (and at home using a rocking chair) is an instinctual method for soothing; so is rolling into a fetal ball and maintaining this position until the flee/fight response subsides.



Involuntary Shaking. Trauma-releasing exercises are one way to release the deep, chronic muscle contractions created by shock or trauma. From top to bottom: knees are bent and feet are on the floor; allow the knees to fall completely open, and place the bottoms of your feet together; then lift your pelvis about one inch off the floor. Hold this position for one minute, if possible. If not, raise and lower your pelvis multiple times until you reach a total of one minute. After a minute has passed, slowly come down. At this point simply close your knees only one inch and hold this position for approximately one minute. You are to repeat the process of closing your knees an additional inch after each minute has passed. At some point in this process you will begin to feel some involuntary shaking or tremors in the muscles. These are to be encouraged unless you begin to feel too uncomfortable or frightened by them. Roll to your side if the sensation or feelings become overwhelming.

Before switching sides, stand and see if your two legs feel different. You've used gravity to release the iliopsoas of the swinging leg, and most likely this leg will feel longer, freer and more relaxed. As it takes awareness to sense both the leg that is dangling and the standing leg's skeletal weight, do not spend more than 30 seconds swinging the leg before switching sides.

Remember, the iliopsoas is the only muscle to attach the spine to the leg. The pendulum movement of walking is sensed at the very top of your iliopsoas deep within the torso beginning within the solar plexus.

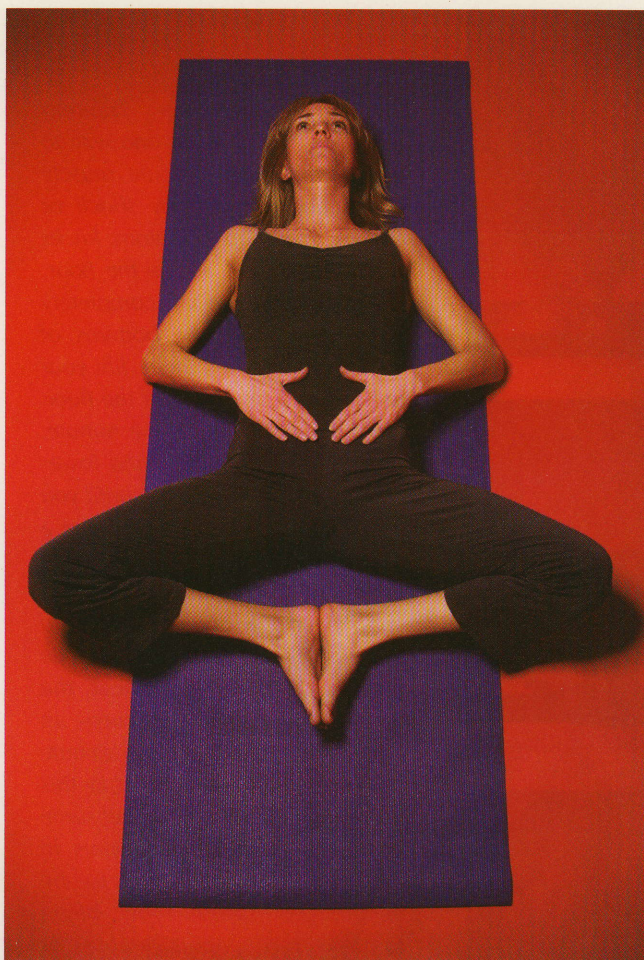
Now reverse your position and swing the other leg. This time focus not only on the leg you're swinging, but also on the standing leg. Check to be sure your weight is passing directly down through your leg and foot and into the block, not leaning into the standing leg. Even though this leg is now bearing weight, you can maintain a released iliopsoas by bringing your awareness to the front of the hip socket and softening any tension by shifting slightly forward and through the ankle. Watching clients swing their leg (or walk, for that matter) helps you to recognize

a dysfunctional pelvis as it moves with the leg rather than stays as part of the torso. When there are injuries in the sacroiliac joints, the iliopsoas will stay involved until integrity is re-established.

Involuntary shaking

Trauma-releasing exercises are another approach for bringing relief to both the pelvis and the iliopsoas muscle. These exercises, although simple and painless, are specifically designed to release the deep, chronic muscle contractions created by severe shock or trauma. They evoke the natural shaking mechanisms of the body to dissolve chronic tension. By activating the shaking instinct at the center of gravity, where defensive contractions begin, this powerful release work can reverberate throughout the entire body as it looks for deep, chronic tension in its path and naturally dissolves it.

To begin to evoke the involuntary shaking of the pelvic area, rest on a carpeted, comfortable floor or yoga mat with your knees bent and feet on the floor (see constructive rest position, above). Allow the knees to fall



completely open (use two rolled blankets for support, placing one under the knee and upper thigh if needed). Place the bottoms of your feet together. (Please note this is a very vulnerable position, so take time to sense, feel and be with whatever you are experiencing before moving on.) Once your knees are safely open and your feet securely grounded into each other, lift your pelvis about one inch off the floor. Hold this position for one minute if possible. If not, raise and lower your pelvis multiple times until you reach a total of one minute.

After a minute has passed, slowly come down. At this point simply close your knees only one inch and hold this position for approximately one minute.

You are to repeat the process of closing your knees an additional inch after each minute has passed. At some point in this process you will begin to feel some involuntary shaking or tremors in the muscles. These are to be encouraged unless you begin to feel too uncomfortable or frightened by them. Roll to your side if the sensation or feelings become overwhelming.

As long as you continue to feel safe, you can continue to close your knees in this slow and deliberate manner until they are approximately six inches apart. By this time, the shaking may have become rather strong. Although the shaking begins in the legs, by now you may feel the shaking in the pelvic area and even farther up

Changing the way we think about the iliopsoas is essential—and yet can be quite challenging as the structure of our thoughts is so deeply interwoven into a cultural mechanical consciousness

your body. As long as your safety and comfort are maintained, you can continue allowing the shaking to work its way through your body.

This shaking will continue to release deep, chronic tensions in the body. Remember that, like all explorations, in order to integrate its effect it is vital to explore it numerous (i.e., hundreds of) times prior to exploring it with others.

Supporting a functional iliopsoas

Healthy feet and ankles are essential for proper iliopsoas functioning. Whether it's the shoes a client wore as a toddler while first learning to walk or the inflexible shoes they are wearing today, the sports activities they pursue, or the funky office chair they sit in, overly developed flexors or extensor muscles, foot problems and inflexible ankles all interfere with skeletal proprioceptive awareness.

The iliopsoas is our walking muscle and maintains its supple, dynamic quality only when weight is passing through the bones. A lack of integrity within joints, especially of the feet, ankles, knees and pelvis, will always signal the iliopsoas for support.

Inner integrity

The iliopsoas is not a weak muscle needing to be strengthened, but an overburdened, exhausted muscle. Being called upon to maintain inner integrity, the iliopsoas expresses our deep internal experience of compromise.

Changing the way we think about the iliopsoas is essential—and yet can be quite challenging as the structure of our thoughts is so deeply interwoven into a cultural mechanical consciousness (see Part One). It requires no less than a revolution—or, better yet, an evolution—of perception.

What we have presented in this article is a way of approaching the iliopsoas that supports dynamic resolution. Our hope is that as therapists we are willing to deepen our self-understanding prior to working with others—particularly in such a sensitive part of the body as the pelvis and as deeply internal a muscle as the iliopsoas.

Our goal is to encourage ourselves as practitioners to explore our own level of personal preparedness for working sensitively with someone else's iliopsoas, and choosing wisely when it is not appropriate. Hopefully, this will not frighten us but rather humble us to truly honor the

innate ancient wisdom of our species as expressed by the psycho-emotional iliopsoas. M

David Berceli 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 and a massage and bioenergetics therapist.

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

Suggested Reading

Molecules of Emotions, by Candace P. Pert, Touchstone, 1997.

The Web of Life: Scientific Understanding of Living Systems, by Fritjof Capra, Anchor Books, 1996.

The Second Brain, by Michael D. Gershon, M.D., HarperCollins, 1998.

Hands of Light: A Guide to Healing through the Human Energy Field, by Barbara Ann Brennan, Bantam, 1988.

Hara: The Vital Centre of Man, by Karlfried Graf Von Durckheim, Allen & Unwin, 1962.

Sensitive Chaos, by Theodor Schwenk, Anthroposophic Press, 1990.

The Spell of the Sensuous, by David Abram, Vintage Books, 1997.

The Body Reveals, by Ron Kurtz and Hector Prestera, M.D., Harper & Row, 1976.

Secrets, Lies, Betrayals—The Body/Mind Connections, by Maggie Scarf, Random House, 2004.

Getting In Touch: The Guide to New Body-Centered Therapies, by Christine Caldwell, Ph.D., Ed., Quest Books, 1997.

—Liz Koch and David Berceli

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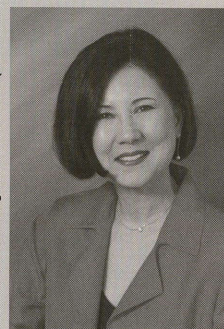
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