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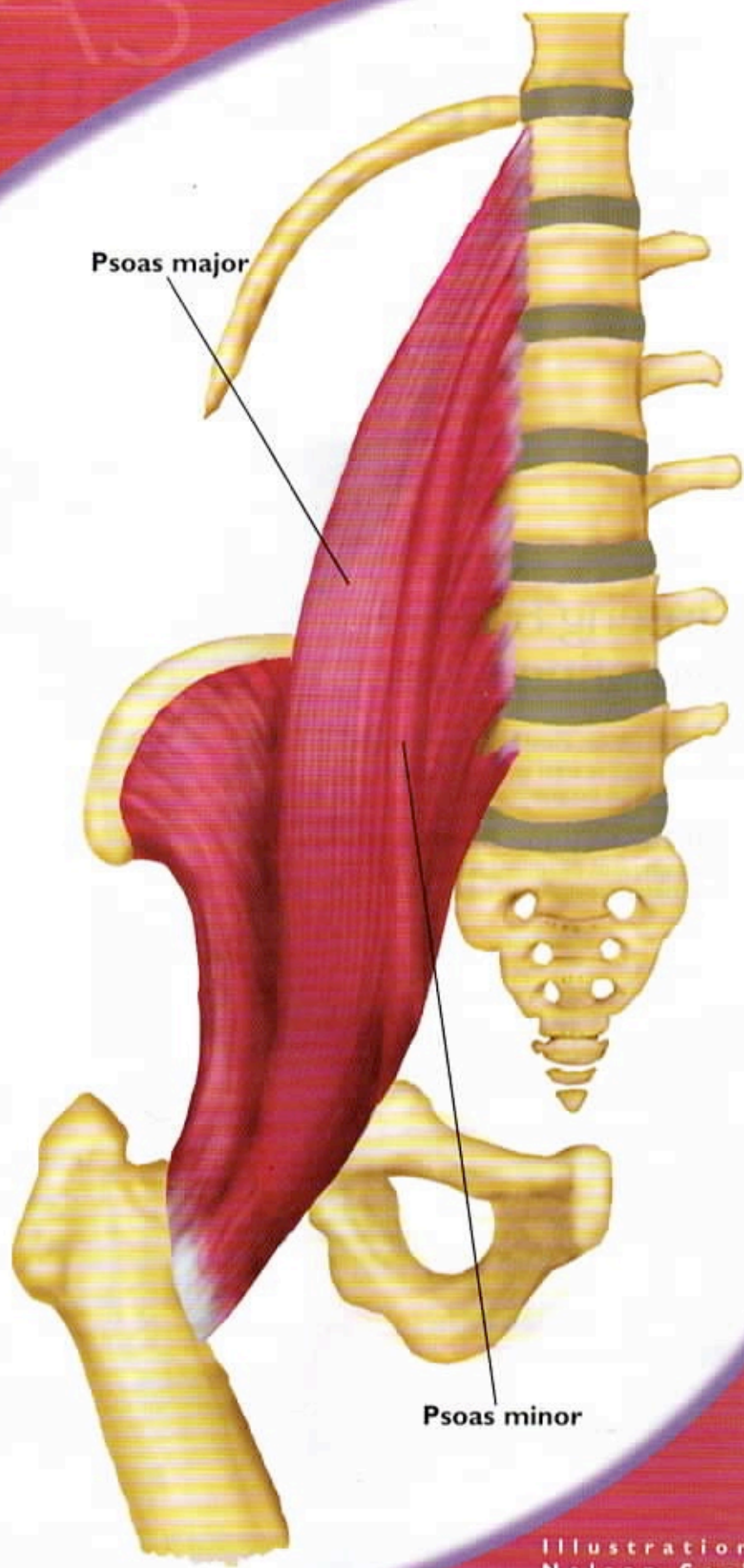


Illustration by
Nelson Sprinkle



Psoas Health

Trauma Recovery Protocol

By its very nature, the function of the psoas muscle defies easy classification.¹ The only muscle to connect the lumbar spine to the legs, the psoas is the major walking muscle. With every step its pendulum motion massages vertebrae, viscera and organs. In harmony with diaphragmatic breathing, the psoas functions like a hydraulic pump, enhancing circulation throughout the body. As a psoatic shelf, it provides the abdominal organs and nerve ganglia a diagonal muscular support. The kidneys slide on top of it while the reproductive nerves are directly embedded within it. The whole belly brain,² including intestinal health and sexual functioning, intimately hinges upon a supple, dynamic psoas.

The psoas also plays a major role in trauma recovery protocol. Serving as a bridge, it connects the physical to the emotional and the spiritual to the ordinary. It is quite normal when working with the muscle to not only bring a wealth of unresolved fear to the forefront of the client's consciousness, but ultimately to provide a portal into instinctive wisdom as well.

Survival and Fear Reflexes

Our ancient (reptilian) brain recognizes danger by smell, look, feel and sound. The adrenals release chemical information and, in combination with an orchestrated muscular response, move into action. In the blink of an eye, we grab a child from an oncoming car or ward off an attacker.

But when danger overwhelms or is chronic, rather than spring into action or move away, the body freezes. A mouse in the clutches of a cat plays dead. No longer squirming, the cat may get distracted providing a moment for the mouse to dart away. "Playing dead" is a heightened survival response.

As a species, humans are encoded with the ability to protect themselves. When survival is at stake, the psoas propels the body to hit the ground running. When startled, it ignites preparation of the extensor muscles to reach out (grab hold) or run. When standing one's

ground, the psoas provides a person with powerful core leg and arm kicks — a dynamic force in the face of the enemy.

The fear of falling is also an instinctual reflex. When a person falls off a roof, out of tree, is thrown from a horse or propelled forward in a car crash, the psoas is activated. A major flexor muscle, and an essential part of the instinctive fear reflex, the psoas pulls the extremities together into a fetal pose, creating an enclosure, a sense of safety and protection for the soft, vulnerable parts of the body: Genitals, belly organs, lungs, heart and face. Curled, the spine

gives the necessary resilience and strength against the imminent blow.

The Cycle of Trauma

Trauma is an overwhelming experience that ignites the fight/flight survival response without resolution. Peter Levine's book, *Waking The Tiger: Healing Trauma*, was groundbreaking in offering insight into the world of trauma. Levine recognized that "the roots of trauma lie in our instinctual physiologies."

Internationally-known trauma recovery therapist David Berzeli spent 30 years in the field of trauma and more than 15 years in war-torn communities of Africa, Ireland and the Middle East. In his educational video, *Pathway to Healing: A Trauma Recovery Program*, he explains that every human being in every culture expresses unresolved trauma through a biological process. "The body is a living organism designed to resolve even the most tragic of life's experiences. Its primary need after a traumatic experience is the restoration of safety."

Safety is the first step when releasing trauma. Once instinctually safe, the body naturally begins to shake and discharge stored energy. With deeper levels of safety, the body spontaneously releases deeper levels of holding. Without the resolution, repetitive behavior is the only means for the encoding to attempt to release the trauma.

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"The urge to repeat the trauma through re-enactment is so severe and compulsive because the drive to complete this discharge of excess energy is so vital for the body's healthy functioning," Berceli says. "It must restore itself to its healthiest possible state to assure the survival of our species."

Apathy and indifference are included on the continuum of trauma. Arousal can become so intense that dissociation (going into thoughts or fantasy) becomes the only means of enduring the contact. It is not enough to tell a person "you are safe"; they need to feel it in every fiber of their being. The inability to feel is known as the opioid state of trauma. This biological state serves to numb the person when injured so they can continue to function. One client told me how she climbed a hill with a broken pelvis after her car careened over an embankment. Only later did she find out she did it in a pair of high heels.

Working with the Psoas

Berceli acknowledges how important it is to respect the psoas' instinctual behavior pattern. He warns therapists against palpating the muscle: "It is imperative that during the healing process of traumatized clients we not overwhelm them again with any intrusive psychological or physical interventions. Palpating the psoas muscle of traumatized clients can immediately re-evoked the trauma defense mechanisms because the psoas muscle is still activated. Instead of evoking relaxation, palpating the psoas due to its instinctive functioning results in a conflict of psychosomatic interests. The client wants to relax into the healing massage of the psoas while simultaneously contracting against the invasive procedure. This conflict causes a repetition of the somatic elements of the trauma experience."

Honoring the psoas is a first step in accessing its power. To ultimately access the body's core and truly let go takes gentle self-exploration and a genuine cultivation of inner awareness. As a practitioner, you must first learn to sense your own core muscle and release your trauma patterns to be able to facilitate another person's process.

Although physical integrity hinges upon a released psoas, the potential for a responsive psoas rests within the individual, not the practitioner. Moving organs and arteries out of the way to directly palpate the psoas has caused intestinal hernias, ruptured arteries, damaged vertebrae and bruising. Over-stimulating an already highly sensitive sympathetic (stressed) nervous system, direct manipulation potentially re-traumatizes the already hypersensitive psoas. Put simply, invasive techniques

elicit the fear reflex. Instead, shift the focus from fixing the problem to a supportive position that facilitates the person voluntarily reclaiming their inner core.

Releasing the Psoas

Whether you provide energy balancing or hands-on techniques, do not underestimate the importance of touch for those in the throes of trauma. Remember, for many clients, offering a nurturing hand is simply enough. Not everyone is ready for, or should even consider, working on the psoas muscle without proper training. The following approaches serve as a guide.



The constructive rest position (CRP) offers a passive release of the psoas. Photos courtesy of Liz Koch.

- The constructive rest position (CRP) shown above offers a passive release of the psoas. Have your client lie on the floor with her knees bent and feet flat on the floor. Her feet should align with the front of the hip sockets. Be sure the trunk and head are parallel to the floor. If necessary, place a folded, flat towel just under the head to keep the spine neutral. If a low spinal curve exists, encourage your client to simply notice it but do nothing to change it. Use no force, tucking or muscular control to flatten the spine along the floor. Feet are placed parallel to one another. Heels are approximately 12-16 inches away from the buttocks. Arms rest to the sides of the body or comfortably on top of the pelvis. Do not place them above the shoulders as this shifts the center of gravity. In this passive position, the force of gravity releases the psoas.

Recommend your client rest in the CRP for 10-20 minutes a day as part of her work at home. To get out of the position, encourage your client to roll to the side.

- When someone has a car accident, she can benefit from completing the rolling motion of the falling reflex that was curtailed by seat belts. To elicit a completion of the fear of falling reflex, enfold your client by having her lie on her side in a fetal position (this can be done →

