

Massage & Bodywork

A hand in a white sleeve is shown reaching out from the right side of the frame. The background is a warm, orange-toned gradient with a subtle, out-of-focus pattern of white, curved lines that resemble stylized waves or a textured surface. The overall mood is serene and nurturing.

DECEMBER/JANUARY 2004

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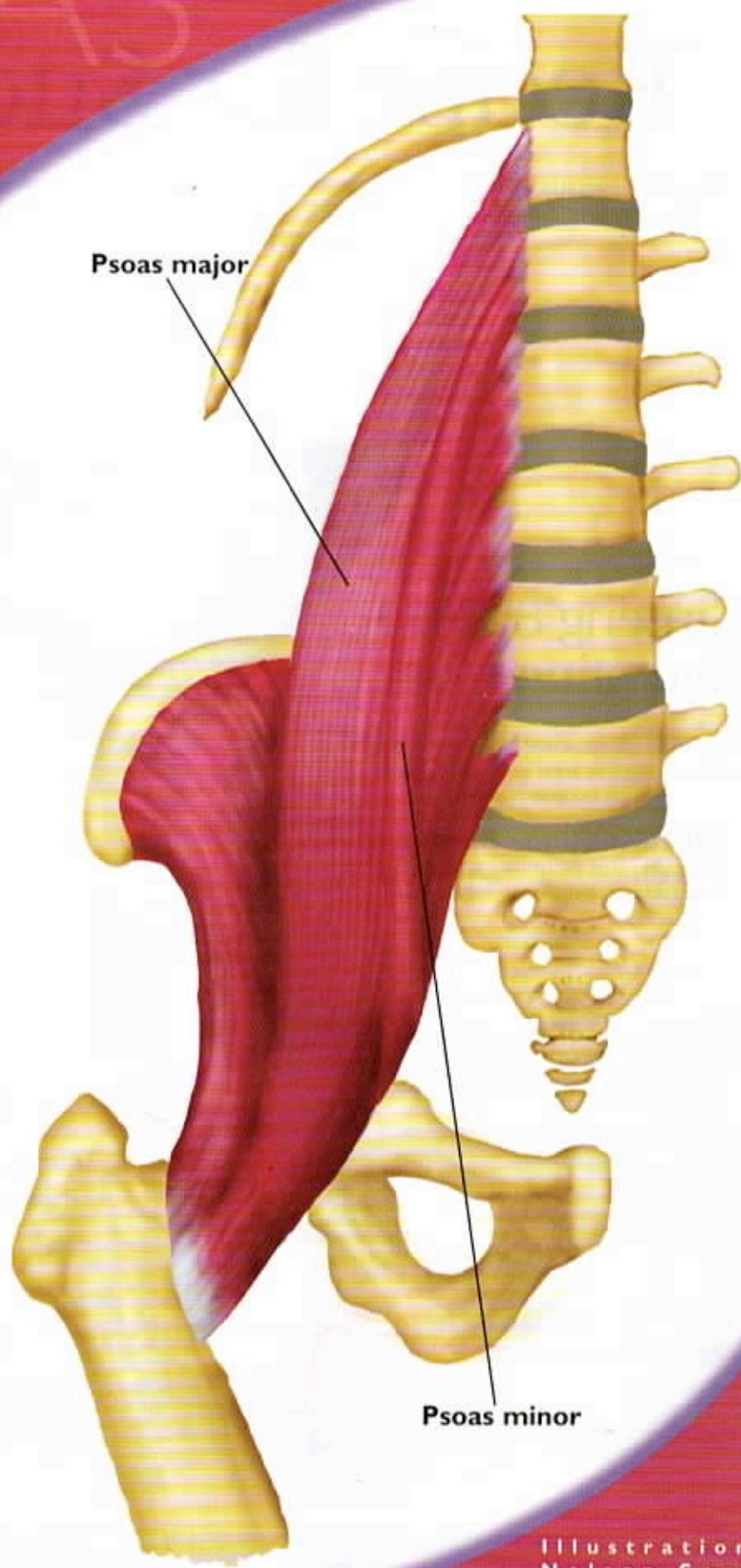


Illustration by
Nelson Sprinkle



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.

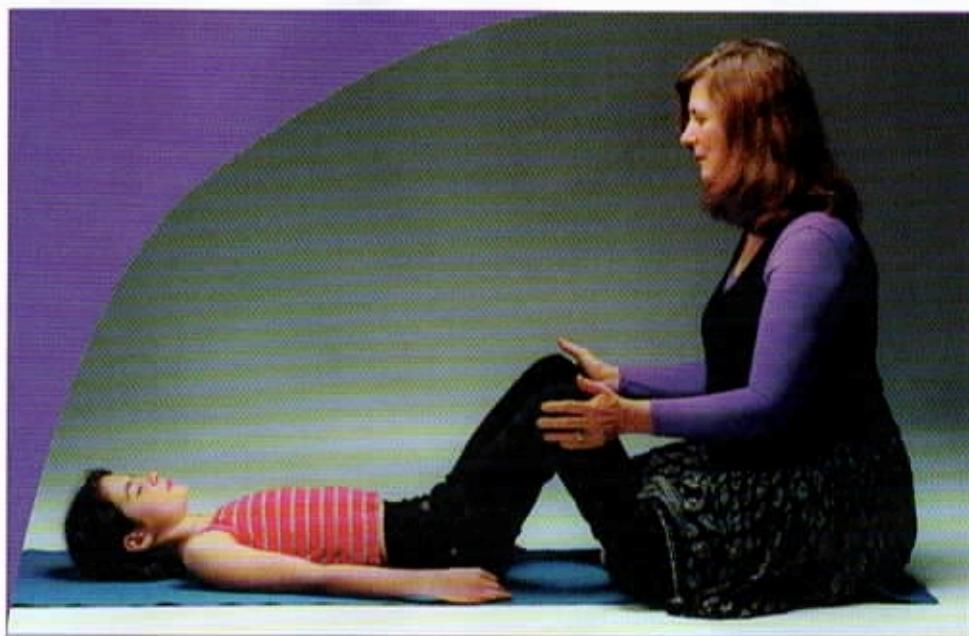
Recommend your client rest in the CRP for 10-20 minutes a day as part of her work at home. To get out of the position, encourage your client to roll to the side.

- 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 →

on the floor or a table). You can hold her or simply encourage her to roll as tight as possible and simply observe the body spontaneously begin to unravel.

- Gentle rocking and shaking helps elicit a release in the psoas. With legs extended, hold one foot at a time and gently begin flexing and extending the foot. Then gently shake and rock the whole leg. Continue to jiggle the leg as you follow the natural movement pattern of the joints. Slowly compress and simultaneously spiral into the joints following the relationship of the joints from the ankle all the way to the spine and psoas. Release and gently shake the leg. Switch legs and begin again.

- Utilize active leg support for the psoas release. If you have a keen awareness of your psoas, and the professional preparation to work with emotional and/or traumatic release, here is a simple way to facilitate a psoas release: During a session have the client rest in the CRP for five minutes before going into the following active support.



If you have a keen awareness of the muscle, utilize active leg support for psoas release.

With your client in CRP, stand at the foot of your table or (if your style of massage or bodywork allows it) work on the floor, as shown above. Be sure to advise your client to wear a pair of gym shorts or comfortable pants.

You'll be kneeling at her feet and positioned comfortably to support her legs. Legs are very heavy so be sure your support comes through your arms from within your own supple core. Releasing the psoas muscle can

result in a powerful energetic/emotional charge. Prepare by grounding yourself through your feet.

Take a supportive but non-directive hold at the knees. Cup your hands open rather than pressing in with your thumbs. As your client begins letting go of all her weight, the legs will fall into your hands. It's important to catch the legs. Then move your hands 1-2 inches and stop. The movement you are looking for is both a quick letting go, but also a clear, firm stop and catch. It's this falling and catching motion that offers the client a sense of falling but with a clear sense of safely being caught. Your client may begin to feel confused or anxious. Clearly marking a boundary with incremental stops helps her continue to go deeper into the release.

The goal is not to fully adduct the legs but rather to help your client sense her psoas. Let the legs fall only as far as the feet can stay firmly rooted to the mat. Return legs to an upright skeletal balanced position. Be sure not to go beyond the balance point by leaning the knees together. Then begin again.

I give no directions the first few times but simply tune into my client and stay rooted inside myself. It takes 2-3 times before the psoas trusts enough to let go. At first your client may feel vague opening sensations around her hip socket. Once she clearly senses the psoas releasing over the hip sockets, she is ready to follow the muscle along its attachment up to its origin at the 12th thoracic vertebrae.

Emotions Activated

Primal, pre-verbal or early childhood experiences can be activated when you work with the psoas. Once you begin to support the legs, do not let go. Verbal cues such as "I am here to support your legs" and "I will not let go" reassure the person of your

support. It is imperative to give clear, concise and comforting messages. Simply keep assuring her you are there and each time she does give you the weight of her legs, inform her by saying, "Yes, that's it."

As you return the legs to neutral, encourage the client to stay with the sensation of letting go. If she either initiates the movement (the legs will feel light), or she resists your lead and pushes against your hands (the legs will feel not just heavy but muscularly contracted), recommend that she place her fingers on top of her hip →



The above alternative constructive rest position offers the client an increased sense of safety.

sockets and actively sense her hip sockets rather than focus on her knees. Use only positive cues (rather than corrective words) such as "I can support more weight" or "You're doing great." If resistance is strong, softly jiggle the legs as you move them back up to neutral. Doing so will confuse the neurological holding pattern.

A healthy psoas is always ready for movement. The engaged muscle provides resiliency, strength and the subtle balance that reflects wholeness on every level.

If your client begins talking, assure her you will answer her questions afterward. Ask her if she is willing to stay with her sensation.

Remind your client to keep her eyes open, but in soft focus (letting light and images in). This is especially important when there is a history of abuse or sexual trauma. Working with the psoas is so personal and so intimately connected to sexual and early infant awareness that memories and impressions often surface. Every psoas tells a story — impressions of abuse, pain, sorrow, hurt, shame, anger and fear are all there. While I was working with a man's legs, he experienced the memory of having suppositories used as a potty training technique. It was essential that he see I was not his mother. Another recalled his father sitting on him shoving food in his mouth.

It's vital for your client to stay in the present. Staying present and matching the feelings with incoming impressions begins to shift the sympathetic (fight/flight) to the parasympathetic (rest and digest) nervous system.

Releasing the energy held within a constricted psoas is both exhilarating and frightening. One client noted that every time she let go and stopped controlling her legs she

associated the feeling with deep pain. The memory of being hit whenever she dirtied her diapers had established a direct sensorial connection that letting go was a painful experience.

How you end the session is as important as gaining your client's trust at the beginning. As your client sinks deep within, there is a need to signal that

the healing exercise is coming to a close. Cues such as "We'll do the exercise one more time" or "I will support your legs once more" helps her in making the necessary transition. Before letting go of the client's legs I tell her I am going to take my hands away. While I remove my hands, I ask the client to simply notice the muscles she typically engages to support her legs as she senses being on her feet. What the client experiences is the opportunity of sensing her particular habitual muscle tension. Suggest (without your touch) that she slowly move her legs just a little closer together while sensing a release of any unnecessary tension. This exploration encourages skeletal support.

The awareness of bones as support is an integral part of freeing the psoas. As the psoas releases, the outward rotators (one of the counterbalancing muscles to the psoas) will re-establish tone. Your client may express amazement that it takes so little effort to keep the legs upright.

A Sense of Safety

A healthy psoas is always ready for movement. The engaged muscle provides resiliency, strength and the subtle balance that reflects wholeness on every level. As part of the instinctive fear reflex, the health of the psoas reflects a client's personal sense of safety. As a practitioner, you have a responsibility to understand the complexity of the psoas and to honor its instinctive response patterns. **MAB**

References

- 1 Originating deep within the human core at the 12th thoracic vertebrae, the psoas diagonally emerges surfacing over the hip sockets before returning to the lesser trochanter of the femurs.
- 2 Many spiritual traditions have assigned a name to the belly core: Hara, Tan Tien, Muladhara, lower chakras, navel and center of gravity. The physical location of the psoas is often considered sacred space.

Liz Koch is the author of The Psoas Book, a guide to the iliopsoas muscle and its effect on body/mind/emotions, Unraveling Scoliosis CD and Core Awareness: Enhancing Yoga, Pilates, Exercise and Dance. For 27 years she has taught psoas muscle intensives throughout the United States, Canada and the United Kingdom. She and David Bercei are offering the workshop "Trauma Releasing, Working with the Psoas Muscle" for practitioners in January 2004. Koch can be reached through www.coreawareness.com.