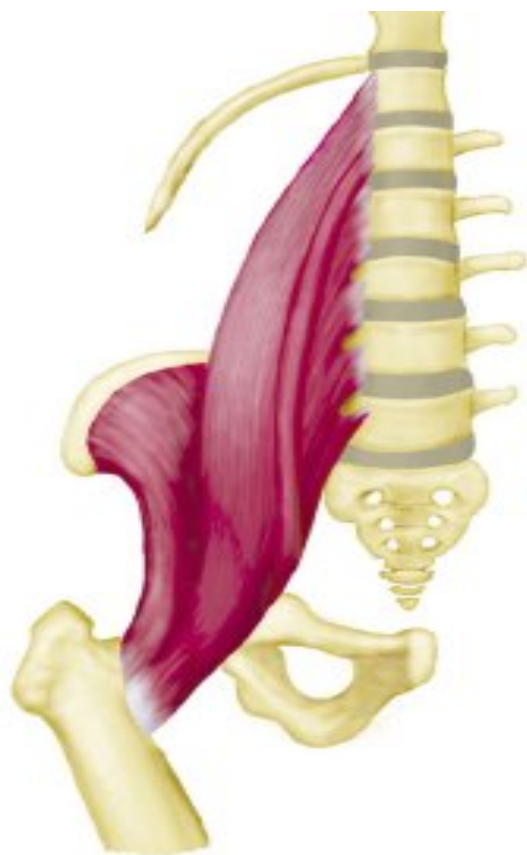


## PSOAS – Emotional Manipulator or Necessary Protector

By Stan Mackay DARM SMTO



*Psychological*  
*Spiritual*  
*Organ protector*  
*Anatomical*  
*Sexual*

How many of us have clients presenting with lower back pain? How many of those are “miraculously” better after we do Psoas release? How many of those “miracle cures” weep and become emotional after the release? Is this a coincidence or could it be that there is more to Mr Psoas than the odd trunk or hip flexion?

By its very nature, the function of the Psoas muscle defies easy classification. It is the only muscle that connects the lumbar spine to the legs which means that 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, 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.

It was while doing the advanced course that I came to realize that the problems which I have had for the last twenty to thirty years may be more than they seemed. I now believe that they are a direct result of suppressed grief following the death

of my father. My father died within two weeks of my nineteenth birthday and when I was twenty I had a peptic ulcer and digestive problems then continued for the next twenty five years. At the age of twenty two I began to suffer from lower back and hip problems diagnosed at the time as sacroiliitis which I was told was common in guys of that age. Within three more years I began to suffer from iritis which I was told was linked to my lower back problem.

I accepted the doctors’ diagnoses and continued on my merry way with antacids for the stomach, anti-inflammatories for the back and steroids for the eye...a lively cocktail guaranteed to keep my liver and kidneys busy.

When I met my wife, who is a herbalist, I came off the drugs and controlled my health through herbs and massage but I still had no clear resolution. It was only when, on week 1 of the advanced course that I got an inkling of where my real problem came from. We were learning Psoas release and when I went on to my partner’s Psoas, with no real pressure, she burst into tears and I was told that this was common because we humans store our emotions in the Psoas. It was as if the proverbial light bulb flashed on above my head. Could this be the reason for my own health problems? It was over thirty years since the death of my father yet was I was still carrying him around with me?

I started to read up on the Psoas through Liz Koch’s book “The Psoas” and through surfing the net. I discovered some of the conditions involving the Psoas include: low back pain, sacroiliac pain, sciatica, disc problems, spondylolysis, scoliosis, hip degeneration, knee pain, menstruation pain, infertility, and digestive problems. Sounds familiar huh!

Unresolved trauma can keep the Psoas short and reactive. After a traumatic occurrence animals will release their protective responses by shaking. Humans often bypass this release response and hold the trauma in their bodies. Until the Psoas is released the muscle may stay contracted and fearful and go into further shortening and spasm very easily.

When the Psoas muscle becomes contracted due to injuries, poor posture, prolonged sitting, or stress, it can alter the biomechanics of the pelvis and the lumbar, thoracic and even cervical vertebrae. The Psoas can torque your spine to the right or left, pull it forward and twist the pelvis into various distortions. Frequently one Psoas will shorten and pull the spine and/or pelvis to our dominant side. This all results in scoliosis, kyphosis, lordosis, trigger points, and spasms in back muscles trying to resist the pulling of the Psoas.

This tug of war pulls the spine down, compressing the facet joints and intervertebral discs of the lumbar spine. The facets become irritated, causing a nagging, aching low back. The discs degenerate over time, becoming thinner and less flexible. The degeneration makes them more susceptible to bulging or tearing, especially with twisting and bending. The disc may even herniate and press on the sciatic nerve, causing unbearable pain down one or both of the legs.

As the Psoas creates structural imbalance and other muscles and tissues to contract as well, the abdominal and pelvic nerves and ganglions can be impaired leading to disruption in normal function including: the large intestines, reproductive organs and bladder.

The Psoas will stay contracted because of postural habits and trauma. The way we stand, walk and sit can distort it. If we walk or stand with our chin in an overly forward position the muscle will tighten. Ida Rolf wrote, "a deteriorated Psoas" chronically flexes the body at the level of the groin, so that it prevents truly erect posture. Sitting through much of the day

the Psoas shortens to keep us bio mechanically balanced in our chairs. Over time we develop a "normal" way of holding the Psoas that is dysfunctional.

Having read all this information and related it to my own experiences, I have to question whether our gung-ho approach to Psoas release is beneficial to the client. If we welly into the Psoas while asking the client to cycle, or use resisted techniques, we may force the Psoas into submission but will it have a long term benefit? Would a more gentle release be the long term answer for clients who have suffered trauma? Let's face it, most clients would have suffered some form of trauma, be it physical or emotional and more often than not the process of releasing the Psoas is usually traumatic in itself. I recently released a client's Psoas just by rocking the leg. In the supine position I asked the client to flex his knee and, with one hand resting gently on the abdomen at the point of Psoas, I gently rocked his leg for a couple of minutes. When I re-assessed I found the Psoas to be softer and the leg lengths more even. I further rocked for another minute before re-assessing. This time I found leg length to be even and the Psoas to be relaxed.

This was only one client and so could not be construed as conclusive proof that the treatment works but maybe it will give some therapists food for thought... it certainly did that for me.

#### **Bibliography**

Liz Koch - The Psoas.

Massage and Bodywork – article on "Psoas Health"

Integrative Healing Institute - What is the psoas muscle and how is it released?

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## **BLACK ISLE NEWS INDIAN HEAD MASSAGE DIPLOMA**

Black Isle Complementary Therapies has had a busy time this year in Inverness with their Indian Head Massage Diploma courses – which have been well attended. Look out for photos in the next issue!

This two-weekend Diploma course is scheduled to run in Inverness please use the contact details below for details on upcoming dates.

### **WORKSHOPS**

Held throughout the year

Topics include: Indian Head Massage and Energy  
Foot Massage and the Language of the Feet

**If you are interested in attending either a workshop, or the Diploma course, please contact Catherine Smith for details.**

**Tel. (01349) 861155 or email [touchofclass@ambamail.com](mailto:touchofclass@ambamail.com)**