

The Structural Perspective

Integrity: Structural Misalignments

Now that we have ‘zoomed-out’ to give the biggest and broadest picture of yoga as therapy, we can begin to ‘zoom in’ on specifics. Our approach will be to start with physical structure at its most mundane, and then to move — as much as space permits in this book — from structure to ‘flow’ or srotamsi, and beyond.

Structure at its most mundane has first to do with posture — how we hold ourselves for the greater part of the day. But of course ‘posture’ is a snooze-inducing word that suggests something static, even inert; the very Latin root of the word refers simply to how we ‘position’ ourselves. We are dynamic beings built for motion, not for standing still. ‘Structure’ and ‘flow’ are not two separate terms, but rather two aspects of a single reality. Our joints are rounded so that we might glide through movement; they are not square and angular like the bricks, beams and structures for buildings meant simply to hold still. We are not buildings, and posture is not just architecture.

‘Posture’ as we are concerned with it has to do with how we move and carry ourselves, in a way that adapts to the terrain around us on the outside, as well as to our inner climate. Moshe Feldenkrais coined the term ‘acture’ to describe ‘posture in action’ to describe this fundamental truth. The invention of words seldom catches on, of course, especially when ‘posture’ has taken such hold in our language. Nevertheless we do have an even more ancient and well-established word at our disposal within yoga, one which bears deeper exploration in precisely the present context: **asana**.

The word ‘asana’ is most often translated as ‘posture,’ though we know very well from its context that this is no mere standing or sitting still, even when in hatha yoga we ‘hold’ a posture for a period of time. **Asanas** as practices of ‘posture’ are conduits for developing patterns of movement — even in moments of stillness. Work done with asanas is for the sake of a greater flow of energy or prana. They provide us with tools for working with our everyday posture(s), correcting imbalances in our ways of movement which otherwise obstruct the flow of prana in the body.

Structural therapeutic work starts with **evaluation**, by which we come to understand how misalignments and imbalances lead to particular therapeutic problems. Posture determines how the force of gravity is distributed through the body, which can have profound effects upon the health of organs as well as of joints. To give an example, a friend of mine who is training as an osteopath told me of cases of women diagnosed with a prolapsed uterus. As it turned out, posture was at the root of the problem; because of the disposition of the pelvis, the uterus was at the center of gravity in the overall posture. When their posture was corrected, the problem began to clear without the need for surgery.

Posture

Yoga — particularly the alignment-based yoga spearheaded by the Iyengar system of hatha yoga — inherently and systematically works with **postural alignment**, and the effect of the work done with the asanas of hatha yoga is to better align the body and bring about greater balance in muscle tone. The work we do in yoga interacts with how we conceive of and use our body in everyday life. The adjustments in muscle tone as well as attitude that come about through yoga transforms everyday posture and body use, and shows posture to be living and dynamic as it adapts to both use and attitude. Our posture tells the story of how our body adapts to the demands placed upon it. It is the most immediately accessible tool for maintaining our health, and essential to the process of healing. As ‘therapists’ we’re just trying to get in on the story that posture tells, understand and ultimately influence the pattern as it unfolds and evolves.

In working with hatha yoga as a form of therapy, just as in yoga itself, we are not really looking to find what is ‘wrong’ with posture, but simply to understand it and its consequences. With awareness and understanding comes empowerment, and ‘therapy’ is meant to bolster that feeling of empowerment, the strength of the Ahamkara.

There is a favorite maxim of mine that reads, “When you realize you’re in a hole, stop digging.” Working with posture involves that kind of recognition: when we realize that we are ‘in’ a postural pattern that does not serve us well, we need to grow out of it — understanding that just as it took time to get there, it will take time to get ‘out.’ The goal is a better way of being, an energetic integrity of the whole.

How do we judge success in our work with posture? The most immediately accessible indicator is the **evenness of muscular tone** established throughout the body. Undue tension even in one part can reveal lingering misalignments that place stress on the body and drain energy. As we grow into greater harmony in posture, we receive greater strength, ease, range of movement, and suppleness or adaptability in body and mind, and our internal organs function better as well.

Evaluation of Posture

Posture and Posturing

When looking at deviations from the ‘ideal’ in posture, it’s useful to keep in mind the difference between ‘**posture**’ and ‘**posturing**.’¹

‘**Posture**’ is a state of affairs that results from habits of alignment, and of our use of joints and muscles in movement. Dysfunctional posture is not something we intend to have. It is largely unconscious, but can be consciously corrected (with practice) through the physical practice of yoga as a repatterning of habits.

‘**Posturing**’ is not so much a matter of habit or body mechanics. It is adaptive — a reaction to stress. Posture as shaped by ‘posturing’ can be the result of ingrained attitudes, emotional stress, or a busy, preoccupied mind. Ayurveda explores the deeper forces at work — the ‘rasas’ or emotions which are influenced not just by mental factors but by the influence of the doshas. An excess of kapha from the interaction between one’s constitution and the influence of food and environment brings heaviness and lethargy, particularly in the area of the upper chest and lungs. This can provoke a reaction that is as much emotional as it is physical. Asanas can be practiced to relieve such physical stress and discomfort, which can in turn begin to transform adaptive posturing.

Factors in Postural Deviations

The following factors are the principal contributors to postural deviations:²

1. **Biomechanics:** alignment of the bones and joints relative to the center of gravity, where misalignment affects the relative tone of the surrounding muscles. When these are not addressed, this can lead over time to degeneration and even arthritic conditions.
2. **Muscle tone:** chronic imbalances in muscle tone can be due either to biomechanical factors or to other influences such as breathing patterns, emotional stress and so on. Posture as a whole is affected directly by muscle tone through the network of myofascia that weaves through the body.
3. **Connective tissue:** this refers not just to the connective tissue that interpenetrates and connects muscles, but to the ligaments within the joints, which are a very distinct matter. While muscles need to be supple and somewhat ‘loose,’ ligaments need to be tight. Dysfunction in the ligaments can manifest as ‘looseness’ in some cases (such as knees) and ‘stuckness’ in others (such as in the case of sacral dysfunction). This is a very specific problem that is often genetic, and needs particular attention.
4. **Circulation** (especially through the arteries): posture often deviates to accommodate and protect against problems with circulation. The two have a complementary relationship: when circulatory problems are treated, posture as a whole is transformed by the new energy that rushes through the system.

By the same token, when other factors leading to postural deviation are fixed, circulation improves dramatically — followed by further improvement in posture because the body need not protect itself in the same way any more.³

We’ll be looking at each of these issues in relation to posture in turn.

1 Integrative Manual Therapy volume III, Thomas Giammatteo, p. 11

2 Ibid., p. 11

3 Ibid., p. 13

Basics of Postural Evaluation

Planes of Evaluation

We evaluate posture by looking at the body along three basic planes:

1. **Sagittal** — from the side, looking at curvature of the spine and relationship to the axis of gravity
2. **Coronal** — from the front and back, looking for differences in elevation between the two ‘sides’ of the body — right and left
3. **Transverse** — looking ‘around’ the body for rotations, particularly in the spine

Posture can deviate along any or all of these three planes of evaluation.

The Center of Posture: the Pelvis

The root of most biomechanical problems leading to deviations along these planes is most often the pelvis. **The most significant changes in posture will come from correcting the biomechanics of the pelvis, sacrum, and lumbosacral junction.**⁴

This means first getting the pelvis into alignment with the center of gravity through the body, which inevitably involves its relationship with the feet and head. The more the pelvis moves out of alignment, whether shifting in space or tilting in various ways, the more the body compensates, moving into more and more dysfunctional patterns, creating stress in the feet and knees, as well as the neck. Shift the alignment of the pelvis, and the alignment of the rest of the joints naturally adjust into a healthier pattern. **So our first goal will be to bring the pelvis more into alignment with the line of gravity through the center of the body.**

Second, we have to align the pelvis itself, so that it serves as a proper foundational ‘bowl’ for supporting the spine and internal organs. This alignment has to do with it being level between the two hip joints, and also having the proper amount of forward tilt that supports a healthy inward lumbar curve. When we correct alignment and dysfunctions in the joints of the pelvis itself — including the sacrum and lumbosacral junction — we’ll see marked improvement in all planes of movement — forward bending, backbending, side bending and twisting or rotating. You’ll see the improvement most in the alignment of the spine and in its greater freedom of movement: in the areas of the neck, thoracic spine (upper back) and lumbar spine (lower back).

With these basic changes of alignment affecting the spine, the posture of the arms and legs will automatically change. Refinements in the position of the arms and legs will of course be needed; but if we don’t address the core biomechanical issues stemming from the posture of the pelvis first, our work with knee, hip, shoulder, neck, elbow problems (and so on) will only provide temporary relief.

⁴ Integrative Manual Therapy volume III, Thomas Giammatteo, p. 13