

Empowering your Pelvic Floor

By Jeni Drew CFP

If you're like most women you probably didn't give your pelvic floor a second thought until you were pregnant. Even then, if you didn't 'leak' or do specific pelvic floor work to prepare for birth, you may have remained blissfully unaware until after the birth – perhaps even well after the birth of your first, second or third child. Then one day perhaps you noticed that sex wasn't quite what it used to be, and sometimes you wet your pants when you coughed. Now your pelvic floor has your attention!

Whether you are nodding your head in recognition as you read the above scenario or whether your personal story differs somewhat, there are many reasons to be interested in your pelvic floor - at whatever stage of life you find yourself.

Pelvic floor is the common term describing a group of muscles that form a bowl-like shape within the base of your pelvis. In a woman, three openings penetrate this band of muscles – the urethra, the vagina and the anus. When people refer to the pelvic floor they are often referring collectively to the muscles of the pelvic diaphragm, the urogenital diaphragm and muscles of the perineal region.

The pelvic floor has several important functions. As the floor of your abdominal cavity, it provides support to vital organs including the small and large intestines, stomach, bladder, liver and kidneys. This support also helps to prevent (or reverse) the prolapse of a pelvic organ i.e. When the bladder, rectum or uterus pushes onto or drops through the pelvic diaphragm. Pelvic floor tone is important in the care of your back as it contributes to the internal muscular support for your spine. Your pelvic floor muscles are responsible for your bowel and bladder control. They also help during birth to turn and guide your baby down the birth canal. Then of course there's the sexual function, with the pelvic floor muscles being directly responsible for the amount of sensation that women (and their men) feel during intercourse.⁽¹⁾

All of these factors together make for quite a strong argument that it is worth taking notice of the humble pelvic floor!

Pelvic floor and the Feldenkrais Method

As a practitioner of the Feldenkrais Method (pronounced fel-den-krice) I am interested in practices that invite heightened awareness of how a person moves and functions. I use Feldenkrais "Awareness Through Movement" lessons to address pelvic floor issues with women and men who seek help in this area. Feldenkrais lessons helped me to prepare for the births of my babies and I continue to use lessons now post-birth.

The Feldenkrais Method is a unique system of somatic learning that addresses the pelvic floor as part of a whole coordinated system. Dr Moshe Feldenkrais, developer of the method, authored many books about the relationship between movement, emotion, awareness and learning, which gives some insight into his understanding of a "coordinated system".

During a Feldenkrais lesson, a person learns about their habitual patterns of posture and movement, and explores new options for moving that bring greater ease, freedom, efficiency and pleasure.

In his book entitled Awareness Through Movement, Dr Moshe Feldenkrais opens with the comment "We act in accordance with our self-image" (the self-image being made up of four components - movement, sensation, feeling and thought). A lack of clarity in one's self-image leads to limitations in movement and self-expression in life. Feldenkrais states that in order to change our way of operating in the world (our "mode of action") we must change the image of ourselves that we carry within.

Underlying Feldenkrais' thinking is his belief that every human being's maximum potential is far greater than that which they either acknowledge or attain. We are limited by the self-image that we have built up over the years.

In order to empower our pelvic floor therefore (along with our whole selves) a change in self-image is required.

In our "civilized" culture, rather than embracing our womanly processes, we bemoan and do our best to disown menstruation, menopause and birth. Rather than learning about our bodies, we make do with the minimal knowledge that we gained as teenagers or young adults about sex and our reproductive faculties. It is a rare person who strives for greater understanding and self-awareness in order to more fully sense the subtle nuances and pleasures of life.

Curtailed learning is the way that we limit our potential. In our daily living, we "push" more than we need to, and feel less than we could. We rely strongly on habit in all our actions and thoughts, and we

maintain a “dulled” or incomplete self-image as a result.

I believe that the unclear self-image of women in our culture contributes not only to pelvic floor dysfunction but also to the epidemic of fear of birth that we see in the modern age.

Birth and the pelvic floor

I'm alarmed and saddened hearing of the many pregnant women in our culture who do not prepare for birth. Women hand their power over to doctors and say that the doctors will take care of things for them. Inevitably, for the unprepared woman, the doctors do take care of things, and these women end up experiencing the ‘delivery’ rather than the natural birth of their child. Some women are content with this outcome, whilst others are not. My concern is that many of these ‘deliveries’ (births with intervention) and the growing number of Caesarean sections that we are seeing are connected to a woman's unclear self-image – i.e. women not knowing nor trusting their bodies.

A woman who knows her body, has educated herself and has had the benefit of a midwife and/or other birth workers helping to guide her learning throughout her pregnancy will have a great advantage over her unprepared friend or sister who turns up to the hospital on the day hoping for the best. A woman who has practiced listening to her body, “being” with herself, and possesses a readiness to surrender to the flow of her body's process (without impeding it through fear and tension) will face the mystery of birth with grace.

Some basic anatomy can help a woman to better understand her body. Practice of quiet self-reflection and meditation can help to still the mind. Movement awareness will further help a woman to prepare for birth by showing her what she does during times of stress or pain, and how to do something different. During labour, fear can actually inhibit the opening of the sphincters (cervix and vagina) or start to close them. If a woman has learnt to recognize and feel what she's doing with her body, she will benefit from this knowledge at this time. She can use breath, movements of her pelvis, mouth, jaw etc, position changes and many other

strategies to reverse the pattern of tension that may be restricting the natural flow of her labour. This is the power of awareness and practices that heighten movement awareness can give a woman true confidence in her ability to birth. This is the type of preparation that expands a woman's self-image, building as it does on her self-knowledge. It is the type of education that women before us shared with other women living in their villages, tribes and clans.

Following the birth of a baby, for women who've birthed in hospital, pelvic floor exercises are generally recommended straight away. These exercises called “Kegels” – named after the man who did early research into pelvic floor function – involve “squeezing” the pelvic floor as though to stop the flow of urine, holding for a period of time and then releasing. The idea is to build up the number of repetitions, so that you can easily do several in a row.

For most women there is some pain and discomfort after giving birth and it's not easy to sense what you're doing when you squeeze the pelvic floor (a la

Kegels). Women can become disheartened early on. Seeing pelvic floor exercises as a chore, and unable to feel what they're doing, many women give up. Further, a weakness may exist in a particular part of the pelvic floor, perhaps resulting from trauma to the area, which will not necessarily be addressed with straight “squeezes”.

At this time a woman can benefit from learning ways that will work for her personally, rather than simply being encouraged to repeat squeezes that she may not be able to feel and that may be less than effective. Through developing insight into her *unique habits* a woman can begin to gently reacquaint herself with her post-birth body. She can begin to get a clearer image of how her pelvic floor is part of a whole system, and that her ability

to sense her pelvic floor will change according to different factors e.g. her body position, her general level of fatigue and even her mood. She may learn to notice her breath and its relationship to her pelvic floor, and whether a smile or a frown, or looking up or looking down makes it easier for her to contract her pelvic floor. Suddenly she can feel sensations again, especially with her body in certain positions, and strength can begin to return to her pelvic floor. Where



there is some sensation, even if it has been lost for a long time previously, there is hope.

Annie's story

Annie came for a Feldenkrais lesson for some help with her pelvic floor. The childhood memories she had of her mother's incontinence habits had left a vivid impression. Annie remembers her mother holding her crotch each time she sneezed or coughed, and being unwilling to run for fear of leaking. This had Annie worried. Annie herself had experienced what she describes as a "slow recovery" following the birth of her son, with control of her rectum returning only 6 or so weeks after the birth. For her sense of security, Annie stayed at home close to the toilet during this time. She wanted to get there fast at the first hint of a bowel motion. Whilst everything was "back to normal" by the time she came to see me, Annie was pregnant with her second child and sought to avoid some of the problems she'd encountered last time. Annie also hoped for a different experience in later life to that of her mother.

To begin our session, Annie and I looked at some simple diagrams showing the pelvic floor muscles penetrated by the 3

openings - the urethra, the vagina and the anus. Our anatomy lesson then took us to a human skeleton model. We

identified the landmarks of the pelvic bones, particularly focusing on the "ring" of the pelvic outlet. We then clarified these landmarks through touch, using Annie's own hands to find these on her body. In this way, Annie could get a sense of the "geography" of her body and where we'd be working. Clarifying the bones of the pelvis can sometimes be so enlightening for a person as to immediately change the way he or she moves and relates to the area. It's important to remember that this area may also be the site of trauma or long-held physical/emotional pain. It may be "missing" from a person's self-image for reasons that we or they may not know. A gentle approach is required to ensure safety and comfort at all times. Profound re-awakenings can occur, and deep insights emerge, when the student is ready.

Once we'd mapped out the bones of the pelvic outlet –visually with the skeleton and through touch – I asked Annie to lie down on her back. (This was still a preferred position for her at her stage of pregnancy.) I placed bolsters under her knees, ankles and head to offer support to these areas, and to help reduce tension in her body. When Annie felt comfortable, I asked her to gently expand her pelvic floor muscles (by pushing out and down), and then to follow with a

contraction (drawing them in and up). She found it difficult to differentiate between these two states. She sensed that she kept everything "very tight" especially around the anal sphincter (perhaps having developed this habit after the birth of her baby during her time of fecal incontinence). Any sense of neutral ie. the zone in between contracting and expanding the pelvic floor muscles was foreign to her. This was valuable information for us both and gave us a starting place. I also noticed that Annie's breathing was confined to her upper chest and that she would lift her shoulders as though to help bring the breath in. It didn't seem easy for her to breathe.

As babies, we breathe in a full and easy way using our entire torso. Breath moves freely through our bodies, reflecting our open and unrestricted nature. We have not yet developed ways to limit or inhibit our self-expression. As adults, our breathing reflects the beliefs we have accepted about ourselves and the world, and the effects of many years of habitual self-use (often restrictive self-use). Consequently most adults, in the waking state, limit their breathing to certain areas of their torso and the breath seems "shallow". Full and unencumbered use of the whole chest, back and lower abdominal area for breathing requires re-learning.

I remember hearing a teacher of Tantra (the ancient religion of sex as spiritual practice) speak about breathing. He said that we don't breathe into our low abdominal area because we don't want to feel our sexual power. We have become ashamed and confused about our sexual nature. We therefore cut off our connection to it.

A functional harmony actually exists between the breathing diaphragm (located beneath the lungs) and the pelvic floor. Both are dome shaped and one affects the other – like the top and bottom of a balloon. When we take a full breath and our belly swells, our breathing diaphragm (the top of the balloon) moves down creating a vacuum which draws air into the lungs. The pelvic diaphragm (the bottom of the balloon), in a synchronized movement, also descends. We are often unaware of this connection until we slow down enough to feel for, or imagine, it.

I asked Annie to sense the movement of her breath low in her belly, even down to the pubic bone. At first this was difficult for her. As she inhaled, I asked her to notice or imagine the opening/ swelling/ expanding of her pelvic floor, and the contraction/ drawing in as a natural consequence of exhaling. After a few minutes focusing on these movements, Annie began to feel her two sitting bones move slightly apart with

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the inhalation as she imagined a balloon expanding deep and low within her pelvis. Light bulbs went on for Annie. Here she was feeling the effortless pulsating movements of her pelvic floor in harmony with her breath for the first time - all without having to force anything. This small amount of new information which Annie was experiencing first-hand was already changing the image she had of her pelvic floor and how it could work. Annie had been confused about the coordination of her breath with pelvic floor movements, even though there had been some exploration of this in the pregnancy yoga classes she'd attended.

Our brains are designed for life-long learning

The reason I asked Annie to focus on contracting the pelvic floor as she exhaled (rather than inhaled) is because of the function we wanted to improve. When coughing, sneezing or laughing we are exhaling. It's during these times that we especially want control of our pelvic floor in order to avoid leakages. By contracting with an exhale we are also taking advantage of the natural harmony between the pelvic and breathing diaphragms.

Some people find that contracting the pelvic floor as they inhale is more familiar to them. Perhaps because they associate drawing in the pelvic floor with drawing in breath, or they have been used to holding their breath whilst squeezing their pelvic floor. I like to suggest to people to learn a few variations i.e. contracting on the inhale, contracting on the exhale and even contracting/ releasing whilst holding the breath, or independent of the breath. When you can choose from any of these combinations, and be equally comfortable with each, you will have gained considerably more control and dexterity of your pelvic floor than if you are only able to coordinate one version.

Annie and I then explored some of the ways that she carried tension throughout her body. This was important for Annie to recognize and observe, because by knowing what she's doing in everyday life she can start to make some different choices. A person experiencing tension and pain in their neck and shoulders, for example, will have a harder time making clear distinctions in their pelvic floor.

To help improve a person's ability to sense what they are or are not doing with their pelvic floor, the tone of the muscles throughout the entire body needs to be reduced i.e. reduce the tension in order to feel more.

By aligning the skeleton, we reduce excessive muscular tension. Background "noise" in the body (pain and high tension in the muscles) makes it difficult to sense small distinctions. By reducing the noise, space for listening and learning emerges.

I brought Annie's attention to her face and mouth. She noticed that these areas felt tight and her sense was that her lips were pursed. I guided her through some gentle movements of her jaw and tongue. At the end of these she observed a softening through her face, mouth and neck. I observed that her breath deepened and filled more of her torso.

In preparing for the births of my own babies, I spent considerable time doing Awareness Through Movement lessons that focused on relaxing and coordinating my jaw, mouth and pelvic floor with full, easy breathing. The state of relaxation of the mouth and jaw correlates directly to the ability of the cervix, the vagina and the anus to open to full capacity.⁽²⁾



It makes sense then that an integrated approach to closing the sphincters and strengthening the pelvic floor after birth will also prove most effective.

I asked Annie to start combining her breath with some movements of her mouth and pelvic floor. Even if movements such as these are performed in the imagination the nervous system will register them as actual movements. The coordination of opening/ closing mouth and pelvic floor simultaneously seemed to flow easily for Annie, and I could see her become very deeply relaxed, almost drifting off to sleep. Later she told me how she had been visualizing the expanding/ contracting of her pelvic floor - like a flower opening and closing - from a place deep within her pelvis. This was an exciting new way for Annie to imagine doing pelvic floor exercises. No more straining and squeezing with little effect.

From an outsider's perspective it may seem curious to coordinate different parts of the body with the pelvic floor in this way. It is, in fact, in the unusual nature of the movements and their combinations that the power lies. Our brains are designed for life-long learning. Problem-solving and acquiring new skills such as coordinating movements in this way require heightened awareness. When fully engaged in learning we become "present" and awake to the

moment. This in itself is refreshing. We cannot operate on “auto-pilot”. We are shaken out of our habitual ways of operating and new input is acquired. We are expanding our self-image.

By the end of our time together, Annie was able to breathe fully into areas that were not available for breath when she first walked in. She felt more relaxed, grounded and at ease. When Annie sat up at the end of the lesson she was aware of how her pelvis supported her, and of sitting upright with ease - without having to think about it. She could feel the bones of her pelvic outlet against the table and a relaxed perineum. When she contracted her pelvic floor in a movement of gentle drawing in and up, she got goose bumps. She said she could actually *feel* what she was doing! The movement was a calm, clear gradual drawing up. No desperate grabbing or clutching for control. No sense of panic or confusion. Just a simple movement, as it's meant to be.

This new achievement gave Annie a great sense of excitement and hope. She was proud for what she had learnt. She seemed delighted that pelvic floor “exercises” could feel so vastly different to what she'd previously experienced. “They can even be fun and relaxing to do!”

Three weeks later Annie said that she continued to feel very positive about the lesson. She was using the breathing combined with pelvic floor movements each night before bed to relax and to stay tuned-in to her pelvic floor.

If I were to see Annie for future lessons, I may introduce the idea of differentiating the different openings within her pelvic floor (the anus, vagina and urethra). By having Annie observe and clarify these distinctions she would be able to further refine her practice, and gain greater clarity of her pelvic floor function. In other lessons we may practice making left/ right pelvic floor distinctions, and distinctions in 4 quadrants of the pelvic floor combined with breath, eye and mouth movements, and larger movements of the whole body. My intention would be to support Annie's desire for learning new ways to move with greater comfort and ease.

As the birth of her baby draws closer we may spend time practicing the relaxing and softening of her pelvic floor with exhalation as well as inhalation, and

in combination with softening her mouth, jaw, neck and shoulders ready for labour. I would continue to be guided by Annie's interest and also her goals for each lesson.

Conclusion

The journey towards empowering our pelvic floor is a very individual one. As unique as each person is, so too will be their self-image, the history of their pelvic floor and the way that they have embraced (or not) this part of themselves. My hope is that each woman may find a gentle way of being with the ups and downs of her pelvic floor and her life, and that she may come to know and trust the intelligence of her body and its remarkable design.

Each part of ourselves is intimately and inextricably connected to all other parts (even to speak about separate components is merely abstraction, Feldenkrais says). We can use the knowledge of this connectedness to our advantage for our own healing, learning and development. If it is our desire to sense more deeply and clearly who we are, we can start by slowing down, breathing, feeling more and ‘effort-ing’ less... and then wait to see what is revealed.

My thanks goes to “Annie” for sharing her story and to the women and men who help me learn about myself by choosing to explore themselves through Feldenkrais lessons. May our explorations lead us towards finding greater joy, fulfillment and personal truth in our lives.

May you and your pelvic floor enjoy the journey!

Jeni Drew is a Feldenkrais Practitioner living on the Gold Coast with her husband and their three sons. She is passionate about helping people experience the power and healing of mindful movement. Since the homebirth of her first baby (and subsequent 2 homebirths), Jeni enjoys working with women during pregnancy and after birth, encouraging them to rediscover and trust their inner resources. She runs workshops and sees people for individual Feldenkrais work, which also addresses sleep. Jeni offers an online Healing Sleep Program as well. Jeni can be contacted via her website <http://jenidrew.com/>

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