

The Female Pelvis: Igniting a Transcendent Portal

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To lose confidence in one's body is to lose confidence in oneself.

– Simone de Beauvoir

And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.

– Anaïs Nin

My belief is in the blood and flesh as being wiser than the intellect. The body unconscious is where life bubbles up in us. It is how we know that we are alive, alive to the depth of our souls and in touch somewhere with the vivid reaches of the cosmos.

– D.H. Lawrence

We have been thoroughly deprived of trusting the inner wisdom which each person holds in him or herself. There lies a great unused richness in us, which we gradually have to dig out and develop. When you get to it, you will be astonished by what comes into the open which you didn't know was there.

– Charlotte Selver

In her classic text, *Rolfing: The Integration of Human Structure*, Dr. Rolf questioned if current scientific knowledge would concur and justify the “preeminence” of the pelvis and sacrum. She called the sacral complex a sacred bone and the seat of the physiological soul. She went on to say, “The pelvis...is the physiological locus for personal emotional factors of sexual satisfaction and fertility. Ancient Indian Tantric physiology recognized the pelvis as the area housing fundamental energy, the seat of the fabulous Kundalini” (Rolf 1977, 82).

The pelvic and sacral complex were continually highlighted in Rolf's vision. Pelvis

and sacrum are the earth-oriented channel of structural alignment with cranium atop. With Rolf's focus lighting the way, this exploration centers on the female pelvis and the complex labyrinth of neurological/hormonal communication that streams through a woman's body. Beyond the structural and physiological integration of bones, soft tissues, organs, etc., there exists a dynamic reciprocity between the resonant pulsations of brain, heart, belly, and vagina (the mammalian channel of passage into this world). It is through this neural tapestry that a biological spirituality emerges through the sensorium of one's own body.

In her groundbreaking book, *Vagina*, Naomi Wolf states that the anatomy and physiology of the vagina is essential to female wellness, inner confidence, creativity, initiative, bliss, and transcendence.

She says, “To understand the vagina properly is to realize that it is not only coextensive with the female brain but is also essentially part of the female soul” (Wolf 2012, 4).

The intermingling neural fibers of the vagina, belly, heart, and brain are essentially one system within a woman's body. This physiological tapestry ignites a spark of inner knowing, instinct, and intuition. Often the release that accompanies deep meditative experiences, orgasm, or those moments of communion within the natural world are defined by a loss of ego or a melting of boundaries and may be described as an oceanic feeling of limitless expansion. Neuroscientists concur that these states produce changes in the brain that correspond to experiences of a divine existence and are accompanied by greater feelings of love, compassion, self-acceptance, and perhaps a deepening intimacy in relationship with self, other, or a numinous emptiness.

William James explored transcendence in his book *The Varieties of Religious Experience*, published in 1902. Within its

pages he addressed the role of neurology as the substratum for mystical experiences. A woman's physiology innately possesses a milieu that bolsters an ability to enter into this mystical dimension. The prominence of the vaginal cascade along with neural counterparts that integrate heart-brain-vagina are key to experiencing this dimension of ecstatic knowing. The vagina is part of the female brain, and thus part of female creativity, confidence and even character. It serves as a medium of female self-knowledge, creativity, and courage, female focus and initiative; female bliss and transcendence.

In 1994, Dr. Stephen Porges introduced the concept of the Polyvagal Theory based on the phylogeny of the vertebrate autonomic nervous system. This theory led to the recognition of additional circuits that regulate the autonomic nervous system. The newest system is based on a ventral vagal nerve flow. Porges discovered the vagus nerve had two separate nuclei in the medullary brain stem, each with differing functions and tracts. He also expanded the functional meaning of the vagus nerve and its role in regulating the muscles of the face, heart rate, voice, and breath, as well as yielding essential feedback to the brain. The ventral vagus is a myelinated pathway, arising from the nucleus ambiguus; consequently, impulses flow more quickly. There is rapid two-way communication between the heart and brain, belly and vagina. This distinctively mammalian circuit fosters what Porges calls “social engagement.”

According to Porges, social engagement, in turn, tends to “down regulate” (calm) the sympathetic nervous system and the fight-or-flight response. The “new vagus” coordinates oxygen control in line with muscles of facial expression and is responsible for the release of oxytocin, the hormone of love and compassion. For women, it is in large part through our facial expressions, heart, and brain in communion with vaginal and vagal feedback

that we learn to temper our responses to interpersonal threats and challenges. This calming aspect of “social engagement,” via the ventral vagus, is essential for deepening intimacy and presence in all encounters. The vagal pathway may in fact be considered an alternate spinal cord enhancing the ability to make decisions, supporting pro-social emotions, optimizing heart rate, and facilitating a way of shifting from sympathetic fight or flight to resourcing physiological balance and homeostasis (Keltner 2009).

The Dorsal Vagus, the more familiar branch of the vagus nerve, regulates intestinal organs. It is unmyelinated and, therefore, nerve impulses move slowly. It is the longest nerve in the body and one of the most important: sending commands to and receiving information from the viscera. People actually have two vagus nerves, one for each side, running a roughly parallel course from the brain, around the heart, through organs, intestines, as well as innervating the uterus. Recent behavioral and physiological evidence indicates that the vagus nerves conduct sensory information from the uterus and vagina to the brainstem (Collins et al. 1999). The pathway of the vagus nerve does not travel through the spinal cord but moves through the intestinal tract, and for women innervates the genital complex. This is crucial information as women who endure spinal-cord injuries to nerves feeding the pelvic organs and pelvic floor are able to climax in orgasm due to vagal innervation. It is thought that genital information may be sent via the vagus to supraspinal centers and that afferent vagal pathways are involved in the feeling of orgasm in women with spinal cord injury (Goldstein et al. 2005, 169). Until recently, researchers didn't know that it passed through the pelvic region at all (Freeman 2008). Both evolutionary aspects of the vagus nerve serve women's health and wholeness by supporting social interaction, intimacy, and providing both sensory stimulation and relaxation.

To recap:

- The branches of the vagus nerve serve different evolutionary stress responses in mammals. The more primitive dorsal vagus is instrumental in activating the ‘shutdown’ of the body seen in cases of overwhelming trauma and elicits immobi-

lization behaviors like feigning death and freeze responses. This is a much older part of the nervous system.

- The ventral vagus, the more evolved branch, is linked to social communication and self-soothing behaviors.
- These functions follow a phylogenetic hierarchy where the most primitive systems are activated only when the more ‘progressive’ functions fail. These neural pathways regulate autonomic state and the expression of emotional and social behavior. Thus, according to this theory, our physiological state dictates the range of behavior and psychological experience.

John Cottingham, PT, Certified Advanced Rolfer, along with Stephen Porges and Kent Richmond, conducted a study linking the effects of Rolfing SI on pelvic angle and vagal tone. The results of their research showed that shifting the angle of the pelvis to increase horizontal alignment/function along with the technique of the ‘pelvic lift’ greatly improves vagal tone. (Cottingham et al. 1988)

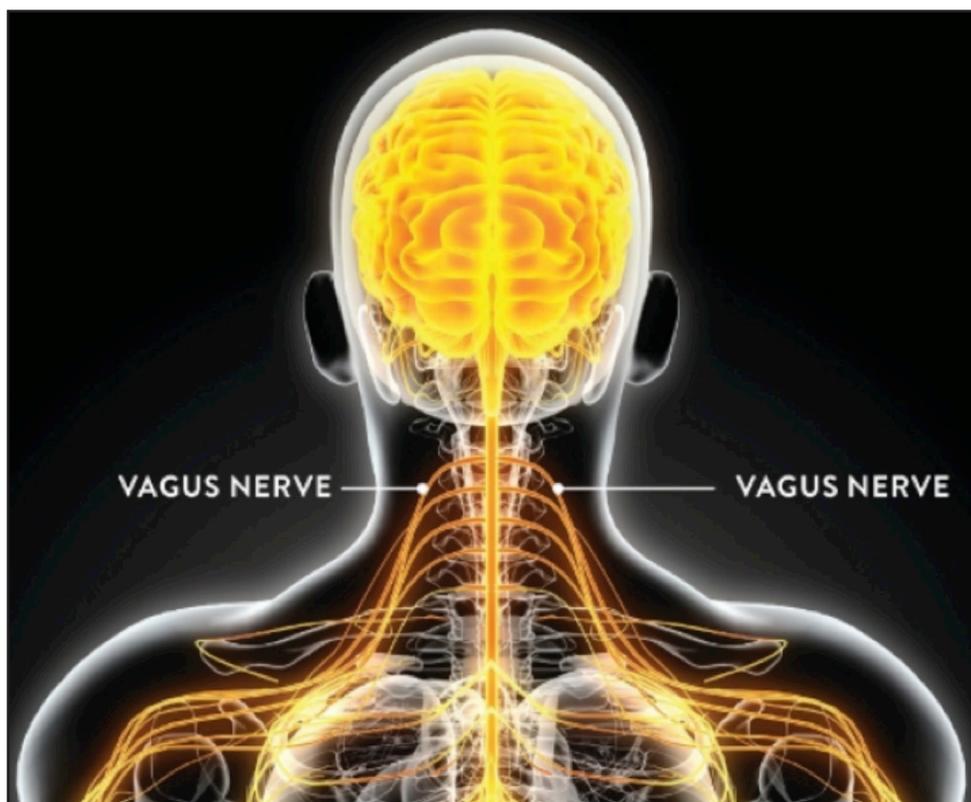
Tonicity is key to activating the parasympathetic nervous system. Vagal tone is measured by tracking your heart rate alongside your breathing rate. Your heart rate speeds up a little when you breathe

in, and slows down a little when you breathe out. The bigger the difference between your inhalation heart rate and your exhalation heart rate, the higher your vagal tone. Higher vagal tone means that your body can relax faster after stressful encounters.

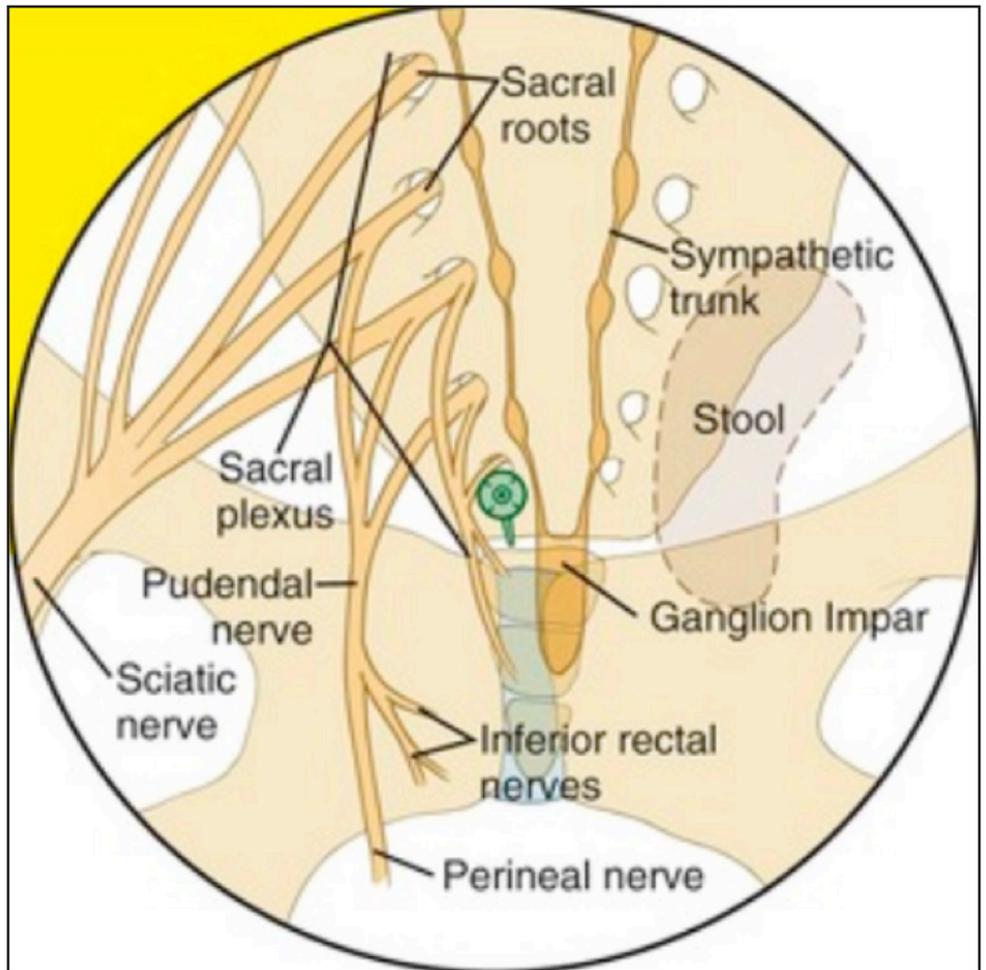
Vagal tonicity is known to improve many body systems: better regulation of blood sugar, a reduction in the risk of stroke, a lowering of blood pressure, an improvement in the production of digestive enzymes, and a lowering of inflammation within the body. Emotionally a higher vagal tone is associated with balancing mood swings and anxiety.

Exploration 1: Loving Your Vagus

- Sit in a comfortably upright position, and sense the sole of each foot imprinting the floor. Notice your breathing and become aware of your whole body, breathing, as you soften and relax your belly.
- Gently bring attention to your pelvic diaphragm and your vagina as an opening or gateway to the field of the earth. Earth's resonance is not just below your feet but all around you. Sense your immersion with the support of earth's field.



- Breathe into your back-body. Become aware of the broad soft weight of your occipital bone, mastoid processes, sit bones, and tail, and the space that exists behind you.
- Visualize and sense the jugular foramen, the cranial exit for the vagus nerve. This paired aperture is in the base of the skull and is formed anteriorly by the petrous portion of the temporal bone and behind by the occipital bone.
 - Breathe into this opening. Imagine the descent of the paired vagus nerves passing through the foramen and into the carotid sheath between the carotid artery and the internal jugular vein as the vagus descends through your neck and toward your heart. You might experience a sense of a neural cascade streaming as the vagus flow wraps around the heart and threads through the organs of your belly (all of them except the adrenals).



The vagus continues its flow innervating your uterus and vagina. You might notice a sense of security and serenity warming through your body as you bring awareness to the vagal movement through your body.

The Map and Territory

The late Hilde Feldweg described the pelvic diaphragm as a meeting place between inner and outer worlds. In her 1990 article, “The Pelvic Floor,” she describes the relationship of smooth and striated muscles weaving the fabric of the pelvic floor. For example, “the sphincter ani internus is the continuation of the circular intestinal muscles of the gut. It relaxes involuntarily as the increasing tension in the gut-wall triggers the defecation reflex...and is not subject to voluntary control. The outer ring of the sphincter ani externus consists of striated fibers and has to be relaxed voluntarily.” (Feldweg 1990, 28)

Exploration 2: Easing the Sphincters That Bind

Take a moment, sensing the expanse of your own pelvic floor. Feel into its anterior (pubic bone to perineal node) and posterior (perineal node to coccyx) excur-

sion, like a hammock spanning the rami of your pelvic bones.

Gently bring your attention to the ani internus and externus. Notice any shift in relaxation and ease of sacrum and tail bud (coccyx) as you include these sphincter muscles in your awareness.

Connect your release through these posterior pelvic floor portals to the neural web that innervates this area of your body. Feldweg examined the conscious (striated) and unconscious (smooth) nature of these muscles and their “gathering” between the internal and external realms of body, which serve to balance intricate pelvic relationships.

Couple Feldweg’s understanding of the pelvic musculature of the posterior floor with its neural infusion that includes the ganglion of impar. This ganglion is the fused terminus of the sympathetic chain. It is the only solitary autonomic ganglion and lies retroperitoneally, anterior to the sacrococcygeal junction. It innervates the perineum, anus, distal rectum, distal vagina, and distal urethra.1 Along with the

vagus nerve traversing through the intestinal track (with its many alternate named branches), the posterior pelvic floor is abundant in neural innervation, communication, and responsiveness.

Rolf stated that many sects, both of today and those of thousands of years ago, regard the ganglion of impar as the seat of the soul (Rolf 1977, 82). Imagine a midline streaming of these neural impulses along the anal coccygeal ligament from the coccyx through to the perineal body and pubis. The identities of their branches change yet the flow of neural impulse is constant. It is a profound anterior-posterior thread of orientation and communication.

All of the genitalia contain a huge number of nerve endings (the clitoris alone has more than 8,000 of them), which are, in turn, connected to large nerves that run up through the body to the spinal cord. They perform many other functions in the body in addition to providing the nerve supply, and therefore feedback to the brain, during sexual stimulation.

Below are the nerves that innervate the

pelvic floor and corresponding genital areas:

- The hypogastric nerve transmits from the uterus and the cervix in women and from the prostate in men.
- The pelvic nerve transmits from the vagina and cervix in women and from the rectum in both sexes.
- The pudendal nerve transmits from the clitoris in women and from the scrotum and penis in men.
- The vagus nerve transmits from the cervix, uterus, and vagina through abdominal viscera to the brain bypassing the spinal cord.

Exploration 3: Enriching a Sense of the Central Diamond

A rich sensory life creates joy and meaning. As you settle into this exploration allow your senses to open. Become aware not only of internal sensations but engage the sounds, smells, and touch of your environment as you explore. You might do this exploration sitting comfortably upright or lying on the floor, a pillow supporting your head, with the soles of your feet touching. This floor positioning imitates the diamond shape of your pelvic floor with your legs resting open, knees apart (pillows beneath your knees if desired), and the soles of your feet meeting in line with core midline.

- Reach beneath each rami gently spreading them laterally.

The pelvic diaphragm is a diamond shape with anterior and posterior aspects separated by the perineal body. Notice the length from pubic bone to tail. Sense the excursion of your pelvic floor from side to side. Sense the weight of your pelvic bones resting into the chair or floor. Bring your attention to your sacrum with an awareness of its shape, curvature, and anterior and posterior contours.

With a sense of the anterior surface become aware of your coccyx at the tip of your tail. Notice any tucking or pulling to either side. Let your awareness rest on the anterior surface of your tailbone. Notice the distance and depth of perineal tissues from pubis to coccyx.

Allow the location of the ganglion of im-

par sitting anterior to this junction to enter your inner awareness.

- Imagine the midline thread of the coccygeal ligament carrying the juices of ganglion impar communication along this ligament toward your pubis.
- Breathe into the spacious hammock of your pelvic floor, sensing the three gateways that open and close to the earth.
- Settle into the responsiveness and fluidic tonicity of your pelvic ground. This hammock of tissues and portals is a neural tapestry infusing your pelvic floor with the strength of sensation and deepening awareness.

Revisiting the ‘Kegel’

Years ago, *The Key to Feminine Response in Marriage* by Ronald Deutsch was required reading in Rolfing Structural Integration (SI) trainings. Fortunately, understanding of a woman’s sexual response or lack of sensory awareness has evolved since its 1968 writing. Guiding women in the gentle practice of doing Kegel exercises can be included in Rolfing sessions, especially when addressing specific problems.

Toning the pelvic floor can remedy ailments such as incontinence, a prolapsed uterus, and recovery of sensation and internal awareness of her vaginal passage. Often there is traumatic history and overwhelming pain endured by women to their body-mind through injury to this diaphragm affecting their physical, emotional, psychological, and spiritual health. Whether from surgery (for a prolapsed uterus, an episiotomy), practices of female genital mutilation, vaginal ‘enhancement’ therapies, rape, sexual injury, prolonged labor, birthing practices, pelvic pain syndrome, etc., a woman’s pelvic floor and especially the pudendal nerve are vulnerable to injury. Physical vitality is often diminished by physical injury to pelvic nerves and tissues.

The suppression of one’s essential nature may also result from strictly held religious beliefs or cultural mores that shame and disparage self-expression. Whether the ‘dampening down’ has origins in physical or psycho-emotional trauma, each serves to disconnect and dis-associate a

woman from intimate self-pleasure and knowing. All systems of the body communicate, listen in, and respond to one another. A mantle of depression, rising from psychological, emotional, or neurological events, flattens affect, physiology, and attunement with one’s own life force, laughter, and joy. When a woman’s body, specifically her vagina and surrounding tissues, has endured trauma and pain (even after it is over), there is often a sense of an amputation of an aspect of one’s core self. Hope, self-assurance, creativity, and an inability to experience pleasure are dampened or extinguished. Regaining emotional affect, pleasure, self-confidence, and a connection to a transpersonal sense of wholeness can be discovered again. It takes time, noticing patterns of dissociation, bringing gentle awareness to pelvic sensation, kindness, and compassionate therapeutic intervention. When teaching a Kegel exercise, go slowly and sensitively. The Kegel is not a ‘grabbing’ movement; rather, it is a gentle spiraling of the vaginal muscles held for a moment and then released.

Exploration 4: Gently Toning the Pelvic Floor

Lying supine with knees bent and feet flat on the table or floor, coordinate this movement with your breath. On your exhale, sense the inner tissues of your vagina spiraling in and up toward your naval. Let go of the movement on the inhale as your pubic bone relaxes back to a neutral position. Do this movement consciously.

- On the inhale, the sacral base moves anterior as the pelvis follows into an anterior tilt.
- On exhalation the pubic bone rolls toward the navel and the base of the sacrum rolls posterior.
- Coordinate this movement with breath and the gentle spiraling of the vaginal passage.
- Notice the rippling effect through the vagina and possibly through your body’s core. Often placing a soft cushion between the client’s knees facilitates engaging midline and inner thigh muscles as she presses into the pillow on her exhale.

Head to Tail Luminescence

In addition to the neural tapestry embedded within pelvic tissues and orifices, consider the ganglion of impar and its 'upper pole' twin the ganglion of rebes. Rolf spoke of the ganglion of rebes as the neural bundle that could be considered the 'third eye'. It communicates with the ganglion of impar and brings into awareness the sympathetic chain of alignment. The relationship speaks to the ida and pingala of the caduceus.

The ganglia of impar and rebes form a vertical axis of orientation and electromagnetic flow. It is along these connecting threads that kundalini rises.

Exploration 4: Engaging the Inner Caduceus

Sit in an easy and comfortably upright position. Soften any holding in your jaw. Sense the weight of the bone, your teeth, and the fullness of your tongue. Gently place the tip of your tongue behind your front teeth, resting its body into the shape of your palate. Take a breath through your nose. You may begin to sense the vomer and nasal septum; follow their diagonal path into your nasal bones and ethmoid.²

The ganglion of rebes appears nested in this area. With your tongue cradled by your palate, you might sense the balance of each side of your cranium. Notice this internal shaping as you breathe easily through your nose. Imagine the intertwining threads of this sympathetic chain descending from rebes to impar, sending communication between head and tail and back again.

This flow is holographic, instantaneous and not sequential. Illuminate this neural pathway within your awareness.

The Path of a Female Midline

A sensorial tapestry of nerve, tissues, organs, and blood flow between a woman's vagina, belly, heart, and brain. This sensual and intuitive swathe is ever present yet often disregarded. An untapped reservoir of creativity and vibrancy is alive within our bodies. In Taoist traditions, the vagina is seen as alive; that is, expressing its own kind of will, preferences, influence, and agency (Wolf 2012, 268-269).

The vagina possesses a way of seeing, communicating, and reaching out into the world that is often alien to western cultures. The vagina with its neurological and sensorial potential opens through an ever-unfolding growth, whether this is in response to a deepening intimate relationship with self, other, or the divine, or an indwelling expression of one's journey through this earthly dimension.

Understanding, sensing, and embodying the neural cascade flowing through vagal afferents, neural tissues, our genitals, and the caduceus of verticality unleashes an innate vibratory resonance of woman's creative power and presence.

Exploration 5: Breathing Through Wholeness

Sit in a comfortably upright position. Let your attention rest with your vulva, vagina, cervix, isthmus, and uterus. The isthmus of the uterus is the narrow elongated passage connecting the inferior end of the uterus with the cervix. According to some osteopaths, the midline of the female body passes through this isthmus.

- Relax into a visceral sense of this 'organic cascade'. With awareness centered within your 'vaginal midline', breathe into the umbilical area. Sense this connection.
- Gently move your attention to your heart center and sense the relationship through to your pelvic floor and the midline of the uterine complex.
- Breathe into this midline and let your awareness move to your throat. Become aware of your throat – voice – expression, connecting to your vaginal midline.
- Feel this connection through your breath.
- Bring awareness to the third ventricle in the center of your cranium.

Sense the connection from the center of your cranium through to your vaginal midline. Explore and possess this implicit pathway of personal intimacy an expansion as you honor this aspect of a feminine physiology.

You might even find yourself repeating the mantra: Vagina, Vagina, Blessed Be !

Concluding Remarks

This article was written in response to the current political climate. The normalization of bigoted, racist, and misogynist behaviors has enabled the surfacing and unmasking of suppressed objectification toward both women and men. This article honors women of all races and cultures; their beauty, unique physiology, somatic intelligence, and transcendent link to ancestral wisdom.

Endnotes

1. Information on the ganglion of impar from Sciencedirect.com.
2. This meditation was inspired by Lawrence Gold's Full Spectrum Somatics – the Tongue Mudra.

Bibliography

- Collins, J.J., C.E. Lin, H.R. Berthoud, and R.E. Papka 1999. "Vagal afferents from the uterus and cervix provide direct connection to the brainstem." *Cell Tissue Research* 295(1):43-54.
- Cottingham, J., S. Porges, and K. Richmond. 1988. "Shifts in Pelvic Inclination and Parasympathetic Tone Produced by Rolwing Soft Tissue Manipulation." *Physical Therapy* 68(9):1364-1370.
- Feldweg, H. 1990 Mar. "The Pelvic Floor: Meeting Place Between Inside and Outside." *Rolf Lines*® 18(1):26-30.
- Freeman, S. 2008 (Oct 7). "What happens in the brain during an orgasm?" <http://health.howstuffworks.com/sexualhealth/sexuality/brain-during-orgasm.htm>; retrieved 11/10/2017.
- Goldstein, I., C. Meston, S. Davis, and A. Traish 2005. *Women's Sexual Function and Dysfunction: Study, Diagnosis and Treatment*. Oxfordshire, UK: Taylor and Francis.
- Keltner, D. 2009. *Born to Be Good: The Science of a Meaningful Life* 1st Ed. New York, NY: W.W. Norton & Company.
- Rolf, I.P. 1977. *Rolwing: The Integration of Human Structures*. New York, NY: Harper and Row.
- Wolf, N. 2012. *Vagina*. New York, NY: Harper Collins.