

## Toning in Pregnancy and Labor

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: Though many birth classes teach breathing techniques intended to be performed silently, women often cope with the energy, sensation and effort of labor by vocalizing. This normal response to labor can be explored and understood in pregnancy through a practice of toning, i.e., voicing the exhalation of breath on a single pitch, using a vowel sound or a hum. Women and men, primarily in the author's childbirth education classes, were taught the practice of toning. Postpartum, they described their experiences with tone, pointing to a variety of effects such as physical and emotional release, self-listening and self-confidence, bodily vibration, increased ability to cope with pain, useful forms of focus, positive connection with a partner, and a sense of relatedness with nature, origins or spirit. Toning can also provide caregivers with a simple, nonverbal mode of intervention to facilitate relaxation and centeredness in labor. In Kay Gardner's wonderful book, *Sounding the Inner Landscape*, she tells the story of an oak log falling on and breaking her big toe—an injury she dealt with, in part, by "groaning for a few days. I can't begin to tell you," she writes, "how good it felt to groan like that. I literally could feel the groan in my toe, releasing my pain. Not since being in labor with my children had I made such sounds to accompany pain, but in the instance of my toe, the groaning was a conscious decision, and it worked" (1997, p. 36). Not only Kay Gardner, but many women (I among them) have responded to the pain of labor intuitively by vocalizing—by groaning, moaning, grunting, crying out, or making whatever sound best matches and moves the physical and emotional intensity of the experience in a given moment. Unfortunately, however, many laboring women feel inhibited about their sounds, fearing they may frighten or offend others. It is common also for women laboring in hospital to be actively discouraged from vocalizing. Nurses have commented, "It hurts more if you make noise." "Can't you do it without making that sound?" or "Keep it inside." Of course, "keeping it inside" is exactly not what labor is about. It's about pushing a baby out. Labor is literally about expression. Most childbirth education of the past fifty years has taught the use of breathing patterns, carried out almost silently, to help a laboring woman stay "in control." More recently, many thoughtful caregivers and teachers have questioned the value, or even the possibility, of being "in control" in labor (Noble 1983). And many laboring women, like athletes exerting effort, spontaneously express themselves, use their voices. For them, teaching, encouraging or enforcing silence may be counter-productive. Release of sound may help in releasing a baby. Some years after my experience of groaning and moaning through labor, I had an opportunity to explore the practice of vocal toning through programs of the Institute for Music, Health and Education, founded by musician, composer and writer Don Campbell. Toning is the elongated exhalation of breath on a single pitch, using a vowel sound or a hum. Toning differs from singing or chant, in that it has neither melody nor words. Tone is not music but it is one of the barebones, unadorned elements of music. Anyone can do it. In the process of toning almost daily, I began to recognize in myself sensations I had experienced while making sound in labor—long releases of energy, emotional and physical relaxation, an altered state of consciousness and bodily vibration. The more I toned, the more I understood about women's use of voice in labor. I was then becoming certified as a childbirth educator in the Birth Works program, so I decided to incorporate toning into my classes, as a self-exploration practice for pregnancy and a means of coping with labor. I began by introducing toning in class and I had the class tone as a group. We showed and discussed Elizabeth Noble's (1988) birth video, *Channel for a New Life*, in which she vocalizes through an intense labor. I suggested that women and couples tone on their own between classes and requested feedback. After using these techniques in my own work for two years, I mailed out a survey to all the

women who had been in my classes, asking them to describe their experiences with tone in pregnancy and labor. The survey, with a 74% response rate, yielded a number of recurrent themes. Women described tone as:

- \* facilitating the release of physical and/or emotional tension which allowed them to collaborate with the energy of labor
- \* increasing their ability to cope with pain
- \* providing them a useful auditory focus for labor
- \* bringing about spontaneous feelings of connection with nature, origins or spirit.

One woman, a psychologist with a high-stress job, toned almost daily for several weeks. Throughout a nervous first half of her pregnancy, she constantly doubted decisions she had made about her obstetrical care. Writing in her journal, she observed: "After about a minute of toning, I can feel my wrists and neck and shoulders all start to relax." Ten days later she wrote, "[Toning is] helping me feel calmer about myself, my choices, and my autonomy. I'm feeling more confident after each session"; and "Hate my wavery voice!" One week later she wrote, "I sound less tentative, "and in the last week of her journal she commented, "I feel focused." What happened for this woman over a period of weeks, to allow her to move from feelings of mental-emotional fragmentation toward centeredness? The practice of toning sets in motion a number of interrelated physical, mental and emotional responses. To tone is to do deep, slow abdominal breathing. Such breathing stimulates the natural phenomenon of "entrainment," by which the body rhythms of respiration, heart rate and brain waves coordinate with one another (Goldman 1991). Slowing one rhythm slows the others, and accelerating one accelerates the others. Because respiration is both an involuntary and a voluntary function, we can intentionally use breath or tone to slow heart rate and brain waves, promoting physical relaxation and (especially in labor) conserving energy. Brain wave frequencies correlate, not only with body rhythms, but also with states of consciousness. Higher frequencies (beta waves) correlate with alertness and outer-directed activity-such as this woman's worry and repetitive decision-making-while lower frequencies (alpha, theta, delta) relate to more centered and meditative states (Goldman 1991). As the psychologist wrote at the end of her journal, "I feel focused." Body rhythms are also associated with emotions. Accelerated respirations and a pounding heart are associated with anxiety and the need to act, whereas relaxed abdominal breathing, or toning, and a normal heart rate are associated with emotional comfort and acceptance of being. As a result of toning and listening to herself (there is a feedback loop here), this anxious pregnant woman was able to experience a range of positive physical, mental and emotional changes, including feeling more confident about herself, her choices and her autonomy. Another woman, who had found toning "awkward" during pregnancy, nevertheless found herself toning spontaneously in labor. She wrote, "While I was pushing, once the tone got high and frantic. I could tell that I was tensing and not relaxing. Bringing the tone down low and slowing it down helped me feel relaxed and open again." This woman-again by listening to herself-understood intuitively what she needed to do. Responding to what she was hearing and feeling, she pushed her baby out very soon. As midwives know, a woman's sound carries significant information about her mental, emotional and physical state. It is unfortunate then, when a laboring woman is urged to be quiet. A caregiver who appreciates auditory information not only has an important means of assessment, but can use her or his own voice as an intervention. She or he can help redirect a laboring woman's energy as needed. A woman vocalizing spontaneously at a pitch high in her range may be tense or fearful, whereas a woman vocalizing mid-range or lower is more likely to be relaxed or accepting. If a woman's tone is pitched high, a caregiver can begin to tone along with her at a somewhat lower pitch. The woman will usually respond by moving her sound down to meet the other, moving toward relaxation and centeredness. Another possibility would be to gently touch the woman's pelvis and quietly suggest, "Tone from here." She will likely respond by bringing her pitch down farther into her body, letting go of tension with her voice. As midwives know, if a woman is carrying excess tension in her jaw and throat, this frequently correlates with tension held in the pelvis and vagina. When this woman tones, the constriction in her voice is evident. A caregiver can help by modeling an open, dropped jaw and an open, relaxed vocal sound. The vowel "Ah" works well, pitched at mid-range or lower. A woman whose tones are consistently short in duration may not be releasing down through her body. If this is the case, then a caregiver can model progressively longer releases of sound. Such a

noninvasive, nonverbal suggestion can quite simply change the laboring woman's energy and assist her in opening and letting go. A number of survey respondents observed that toning set up a vibratory sensation in the body, a sort of internal massage. One woman wrote, "I like the vibrations toning sent through my body." A few experimented with locating, moving or using the vibration consciously. "[I would] visualize or feel where [the vowel tone] resonated in my body. I would usually try to find sounds that resonated in the pelvis, exploring moving it down the birth canal." Tone is vibratory, and that is one factor that distinguishes it from unvoiced breath. Tone allows one to experience the physical body in a way that silent breathing generally does not. Among the respondents who toned in labor, most commented on the relation of tone to pain. Two women specified that toning helped them to avoid pain medications. A third felt that toning "helped lessen the pain," while another spoke for the majority when she wrote that "it didn't ease the pain . . . but it made the pain more bearable." Women found vivid, individual ways to describe the relation of their tone to their pain. One woman stated, "The vowel sound had to last the duration of the contraction for me to deal with the overwhelming pain sensations." Another wrote, "The more it hurt, the lower I'd bring the sound." Comparing this labor with a previous one, a third woman said, "I didn't feel as much of a need to escape my body and the pain. Maybe this was because I was working with the pain (toning during the contractions while the contractions did their work)." Another stated: "[Toning] helped me to focus and release into the pain." Toning is, like all modalities, not universally effective. A fourth woman, who experienced "unproductive" back labor and "lots of pain," said, "I grunted, groaned, prayed, used the word 'open' a lot, [but toning] did not feel as effective as I had hoped during labor." Yet fully half the respondents described tone in some way as "focus." This surprised me, as this was not a word used in class to talk about toning. Its occurrence in the surveys may reflect the well-known Lamaze practice of using a visual focal point during contractions. Women perceived the tonal focus in one of three ways—as a way into themselves or into their labor, as a way through emotional-physical work, or as a way out of overwhelming sensation. Four women described their tonal focus as a way in, saying, for example: "It made me focus on my inside self"; "The sounds were essential to my ability to focus . . . Toning brought me inside"; and "[Toning] gave me an inner focus. It provided catharsis." Other women seemed to echo this idea of catharsis, describing tone as a way through. A woman who had "felt like a complete weirdo" while toning in pregnancy, wrote that in labor, "Toning gave me focus, freedom to emote, and the emoting helped cope with, as well as allow the contraction to do its work, and open." A third group of women described the tonal focus as a way out, a distraction from pain. One woman said: "The toning helped me focus on something else than the pain" and another wrote: It helped not just because it gave me something to do (because the breathing techniques do that and yet didn't work as well), but also because it seemed to keep me grounded and it also gave my body and mind another 'sensation' to focus on, notice. These various perceptions suggest that, unlike a visual focus, which is external and static, tone, which is internal to the woman herself, is a flexible, moving energy, able to support one or more preferred metaphors for coping with labor. Not only women toned, but several men toned with their partners during pregnancy and labor. One of the women wrote, "I found the lower resonance of [my husband's] voice very pleasant and relaxing. I liked . . . being front to front with the baby between us, and (sensing) the resonance it must have felt from both of us." Another described how, in labor, "my spouse toned with me occasionally to help me lower my register and also to help me harmonize and create a stronger vibration in the room." Her husband, deeply moved, wrote: "When she and I toned together in harmony, it was as if we three (baby included) were encapsulated in a sphere of pure light, energy, and vibration." Like this new father, a significant number of respondents reported feeling that tone connected them with a larger reality. One woman said of her pregnancy, "Toning always shifted my energy patterns to a more harmonious whole." Another wrote, "Toning brought an 'other-worldly' feeling." One third of the respondents described toning in labor with words such as "natural," "primitive," or "ancient." (These were not terms used in class.) One woman wrote, "There is something animal about it. Helps me feel connected to nature and how things really are." Tone—which is breath resonated within the physical body—can be understood as the interrelating of spirit and matter.

Traditional Indian vocalist Sri Karunamayee has said: [W]hen you hum . . . the breath is going deep from where it came . . . [W]hen you take the breath with music it sustains you. The sustained sound naturally sustains. And [when] you add . . . the simplest mantra, "Aum, Auuum," with your breath you go into sound . . . And this is being one with the "Spanda"-the basic thing that sustains the whole cosmos, creation, which is always passing through us. (Maslan &Allekote, 1996) As another woman wrote of her labor: Near transition I began to tone without a lot of conscious thought . . . It really helped me to cope with the extreme intensity of those powerful contractions. I went deep inside myself, with my eyes closed, and let the sound radiate from my whole body. Sri Karunamayee has said that by sounding a combination of vowels and a hum-"Aum"-one participates in the energy of creation itself. In childbearing, that possibility is especially powerful and significant.

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