

## Book reviews

### **PMSL: Or How I Literally Pissed Myself Laughing and Survived the Last Taboo to Tell the Tale**

By Luce Brett

Green Tree, London, 2020, 320 pages, hardback, £12.99

ISBN: 978-1-4729-7748-9

This must-have book is fantastic. *PMSL: Or How I Literally Pissed Myself Laughing and Survived the Last Taboo to Tell the Tale* examines the practical, social and historical aspects of bladder and bowel incontinence, and is frank about the raw emotions evoked by these conditions.

At the age of 30, Luce Brett experienced severe stress urinary incontinence (SUI) after the traumatic birth of her first son. She began to write a blog (<http://whenyouarethatwoman.co.uk/>) as self-help therapy. Over the next tumultuous decade, which saw tests, surgery, another child and many other interventions, she used this to create

the first memoir that thoroughly examines incontinence from a patient's perspective.

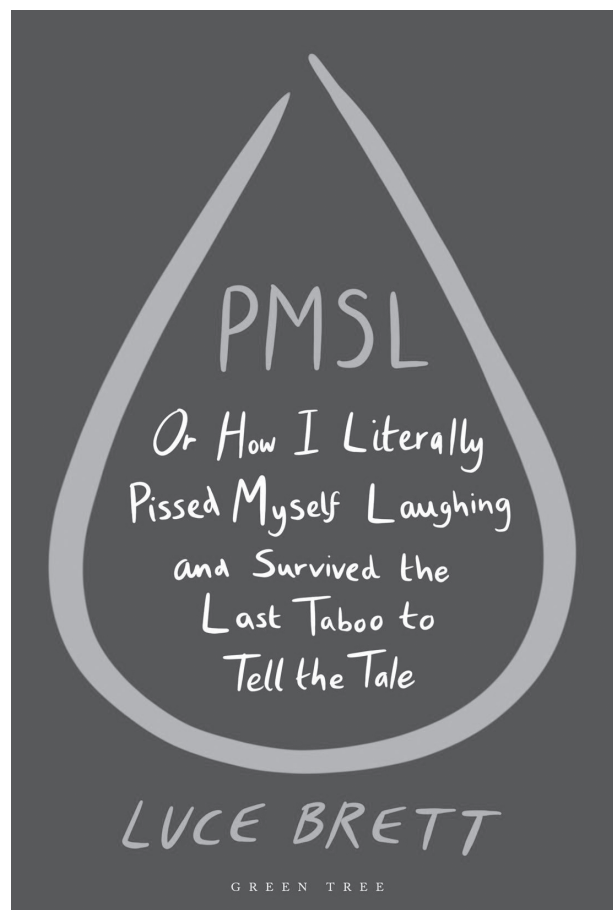
*PMSL*, an acronym of “pissing myself laughing”, is not just about one mother's painful journey through incontinence, it is also a feminist diatribe about society's attitude to bladder and bowel leakage. The book is about birth trauma, depression, the baptism of fire that is becoming a mother, and the loss of one's former self and the discovery of someone new. Throughout this heartfelt, hilarious and deeply moving book, Brett pioneers the self-revelatory path to smashing the stigma of incontinence and throwing light on a taboo subject.

Elaine Miller, a renowned pelvic health physiotherapist and comedian, provides a wonderful introduction that handily sets the mood for the brutal comedy that follows. After a prologue describing Brett's first pelvic health physiotherapy appointment, *PMSL* is then divided into five parts:

- (1) “Pregnancy and Childbirth”;
- (2) “Aftermath – Who Am I Now?”;
- (3) “Round 2 – Back for More”;
- (4) “The Final Taboos”; and
- (5) “Lessons”.

The six chapters in “Pregnancy and Childbirth” cut straight to the chase. Brett describes the shocking reality of incontinence, and why she felt the need to call out the “myths and misogyny” surrounding a debilitating condition that affects one in three women. Her transformation from a “young healthy woman to decrepit, pissy trainwreck” (p. 15) is discussed with a wonderful candour that captivates the reader.

Brett claims to be “exactly the wrong kind of over-informed” mother, one who was ready for pregnancy, but not childbirth. She admits to ignoring all the scary possible outcomes of birth that were explored antenatally deliberately. Her mention of women who feel “angry with the world because nobody told them the truth” (p. 30) resonates very powerfully with my clinical experience. She also ironically acknowledges that there can be a certain sugar-coating of information when a woman is pregnant for the first time: she is given the knowledge that she needs, but chooses to cherry-pick what she would like to hear.



Brett's contrast between the expectations of birth (Chapter 2) and the reality (Chapter 3) is hilarious, and the reader now begins to appreciate just how marvellously self-effacing she is. Her difficulties during the immediate postnatal period involved numerous hospital admissions: "The realisation that you will have to confess to someone, somewhere, at some point, that this is bigger than you is too much to bear" (p. 46). This will resonate with many first-time mothers, who could not possibly have known what to expect.

I particularly enjoyed reading about Brett's state of mind at around 6 weeks postnatally, when she was trying to be positive and overfilling her time: "I've developed FOMO [fear of missing out] years before the phrase is popularized by social media" (p. 49). She organized an exhausting and utterly unreasonable itinerary for the day that she also had to attend her check-up. At this point, Brett learned that she had a uterine prolapse and severe SUI. Her "fanny humour" began as a defence mechanism to hide her mental pain, which was later diagnosed as post-traumatic stress disorder. She describes how a shocked new mum feels alone and adrift in darkness while simultaneously holding on to the joy of her new baby.

The final chapter in Part One explores postnatal assessment of damage, and once again, she refers to her prenatal ignorance of her body parts. There are fabulous illustrations throughout of female genitalia, the pelvic floor, prolapses, episiotomies and baby growth sizes that complement the text well.

Brett describes the lack of pelvic health education during her adolescence: she learned more about menstrual flow from a Tampax publication than anywhere else. Many readers will be able to sympathize. During the late 1980s, the topic was hush-hush, and becoming a woman seemed to involve joining a secret society. A lot of us grew up hearing negative messages about messy bodily fluids from the outset, and there was no mention of TENA products! Readers will find themselves chuckling at references to *More!* magazine's "Position of the Fortnight", and *Jackie's* top tip to practise stopping your wee to make you better at sex.

Fascinatingly, Brett shows us that this secretive attitude was a sign of the times. In the 1980s, market researchers launching incontinence pads in the UK had to inform local police when they wanted to conduct door-to-door research. This was in case housewives and elderly women

called 999 at the mention of such a "taboo-laden" product.

In Part Two, Brett describes the heart of darkness that she, like so many others, reached during the postnatal period. Chapter 7 describes her experience of postnatal depression (PND), and its brutal relationship with incontinence. Her incontinence and birth trauma were social, psychological and sexual disasters that resulted in her feeling that she had been "erased" as a person.

There are heart-wrenching references to the bittersweet feelings that she had during her months-long PND. The terrible darkness of her "broken mind" was punctuated by explosive moments of joy and love for her newborn.

I loved Brett's expressions of the shame she felt about her PND: the questionnaire at her general practitioner's surgery; the prescription that she never took; and especially, the feeling that she was watching someone else in a parallel world. The statement "you've caught a whiff of the distance between you and all the other mothers" (p. 78) will ring true for many who are struggling during this enormously challenging time.

There is an entire chapter devoted to "Booze", and the irony that the indulgence that you crave in order to forget your problems is the thing that will make you lose even more control of your already "knackered nethers". She describes herself as being "jam-packed with antidepressants and determination" (p. 96) on her first night out after giving birth, and forges wonderful connections with literature from the Middle Ages and women who lived with bladder issues hundreds of years ago.

In Part Three, Brett describes the more-positive experience of her second birth, and the successful completion of her return to continence.

There is a thorough chapter dedicated to physiotherapy in which she memorably describes the first-line defence position of pelvic health physiotherapists in the battle against incontinence: "Unflappable fingersmiths unflustered by a fanny fart before their first cup of tea in the morning" (p. 126). Brett is both very positive and painfully realistic about her experience of physiotherapy. The vulnerability that she feels petrified her, but she found solace in the company of other patients when she attended her appointments.

Then Brett met the "Waz Wizard", the urogynaecologist who subsequently accompanied her during various further interventions. Throughout her descriptions of her dealings with the medical world she makes frequent references to the shame

that she felt about being unable to cope, and the sense that her problems were unimportant.

Next, Brett takes us through the raw and hard-hitting nightmare that was her experience of urodynamics. We may well have observed these studies as clinicians, but we rarely hear details of what the clinical experience is really like for the patient. I particularly enjoyed the comparison of this to the scene in *Charlie and the Chocolate Factory* in which Mike Teavee shrinks himself in Willy Wonka's TV studio.

She was offered a colposuspension, and along with excellent illustrations, the relevant chapter includes a brief history of this and other pioneering surgical methods. Unsurprisingly, it was hard for leading female medical practitioners to have careers in a field that was dominated by men. Brett continues her tirade about the global cost of incontinence, and how it "soaks through the fabric of society" (p. 151) financially, emotionally and environmentally. She ambitiously calls for funding to be made available in order to allow all women to be assessed postpartum and following the menopause. This would involve a drive towards better awareness of prostate and pelvic floor health. Furthermore, all of this should be routine practice.

Brett acknowledges that the mesh disaster has brought these issues to light, but postulates that the subject is becoming taboo again. Women's lives have been ruined by both incontinence and the subsequent mesh surgery that was supposed to treat it. She poignantly highlights that surgery is all too often measured as successful in terms of whether a patient is now leak-free, and not whether she still experiences pain during sexual intercourse or new symptoms. Indeed, as all clinicians know, there is a lack of knowledge about women's chronic pain complaints.

In Part Four, Brett explores other aspects of the incontinence arena, such as potty training and how we are first taught about control. A long chapter is entitled "Poo", and my heart sank when I read that not only was she only partially helped by her bladder surgery, but she has also gone on to develop faecal incontinence. She describes the latter as the "abyss" that she delighted in saying no to when asked, and then she felt that another "sliver of dignity is gone" when it happened to her.

Brett mirrors so many of the patients that we see: she beats herself up for not having done her exercises regularly, and feels resentful that she might to have to do these for the rest of her life.

With her exquisite potty-mouthed humour, she takes us through the experience of manometry ("arse balloon"), and together with her positive advocacy for Peristeen anal plugs ("bum tampons"), she praises the efficacy of correctly taught defecation techniques.

When Brett is signed off work, the effect on her everyday life intensifies. By telling her employers what the problem is, she has finally admitted the truth to non-medical people. She offers good, practical and humorous advice about how to get through a colonoscopy, endoanal ultrasound and a magnetic resonance imaging proctogram.

Post-traumatic stress disorder rears its ugly head again: the shame of soiling herself that Brett had acquired as a child led to her scrubbing her bottom with household cleaners before attending some appointments.

Once again, Brett cites some horrifying statistics. One in 10 women will experience faecal incontinence at some point in their lives, but there is chronic underinvestment in incontinence research. In a society with an ageing population, the taboo needs to be challenged. We need to know what living with double incontinence means, but everyone has a different story about how they reached this point. Would they rather be dead than have incontinence, as some claim? This is hard to believe.

Nevertheless, she is inspired to seek out "the good news stories, the stigma-smashers, the innovators" (p.200). She extols innovative and progressive continence products, and the names of certain pelvic health professionals who will be familiar from our clinical experience.

In keeping with the theme of ridiculously taboo subjects, Brett describes sustaining a foot fracture, and then having to endure the horror of a broken bone being far more socially acceptable than a "broken mind" or "broken foof". I enjoyed the ongoing parallels that she draws between society's attitude to mental health and incontinence: in both cases, there is a resistance to change. She explores the concept of stigma, and suggests why, even today, women in certain parts of the world still suffer in the long term from horrific untreated birth injuries, such as fistulas: "Broken fannies are hard to 'sell in' to media" (p. 206).

Yet again, she calls for changes that we should all demand: food banks need to stock incontinence pads as a basic essential that some people simply cannot afford; and female celebrities should endorse continence aids (e.g. pelvic health trainers). We need to provide the media

with more ways to cover these issues. Just as cancer and cardiac health were embraced in the past, continence should be accepted today.

Part Four concludes with a profound chapter on sex. This is a beautiful reflection on whether the person Brett was before giving birth might have had something fundamental to do with the crazy woman she became afterwards. Sex had now become as problematic as booze: “We can’t even shag to forget about it” (p.215). She discusses the fear of sex that develops with incontinence. Again, mental health affects everything: “In depression, my husband can’t win. Nobody can” (p.217).

Part Five brings her journey up to the present, and explains how Brett and Elaine Miller, the “fanny-gadget Avon lady” (p.227), came to be friends. The meeting of two witty feminist minds has obviously been very fruitful in the promotion of not only this memoir, but also the tackling of the incontinence taboo itself. It is also through this joining of forces that Brett comes to appreciate the intimate connection that a clinician can have with her patient. The one-in-three statistic means that many clinicians will also suffer from the problems that they treat. It seems that Elaine Miller has validated Brett’s anger about being incontinent. All pelvic health professionals need to appreciate that anger is, in some ways, the most important and positive of the emotions that experience of incontinence evokes. More than pity, shame, disgust and guilt, it is anger that can spur women on to make changes to their lives.

Another great thing about these two women is their ranting about medical misogyny, and the foul-mouthed survival tactics that they employ. Whether through stand-up comedy or writing a memoir, they strive to make their audiences laugh so much that they create platforms that allow them to get the hard truth out in the open in order to make us all talk about it at last.

Brett uses her humour as much as an equalizer as a battle cry. It allows her to raise subjects for discussion, divulge important information and explore topics in detail. It’s funny because it’s true! Celebrities like Jimmy Carr, Caitlin Moran and the late Victoria Wood have all helped or are helping to increase the media profile of continence issues as part of the post-millennium explosion of female bodily empowerment. However, more work still needs to be done: “The damp gusset jokes are the warm-up act for the real conversation” (p.240).

I was pleased to read the chapter dedicated to men. Brett’s militant feminism doesn’t prevent

her from recognizing that men are years behind women in terms of understanding their own incontinence issues. This is because they have never had to deal with the kinds of sanitary challenges that women have had to tackle since their teenage years. We’re all living longer, of course, which means that increasing numbers of men are having to deal with prostate problems. Men have a lot to learn from the field of female incontinence treatment, and this represents an area that has huge potential for investment.

In the closing chapters of *PMSL*, Brett reflects on the healthcare professionals with whom she has had dealings, and some of the wonderful relationships that developed during her journey. Still living with incontinence, she warmly and appreciatively takes us through further encounters with the “Waz Wizard”, repeat urodynamics and a subsequent bulking injection.

In the final chapter, “Coping”, Brett reflects on what happened to her between the ages of 30 and 40. Once again, her caustic humour captures how many women feel when they remember their innocent first-time pregnant self, and blame their “credulous innocence for the mental collapse, and perhaps the physical one too” (p.266). This is the jagged pill that we have to swallow: we must not continue to blame ourselves for our own incontinence.

She calls incontinence a “perfect storm”: it is a taboo subject if you can’t access help, and an emotional minefield if you are angry about leaking. You deserve better. You shouldn’t have to apologize because one of your bodily functions has failed.

The leap in the dark that all first-time mothers face is addressed. They are ambitious, strong, gutsy and enormously naïve at the same time. She touches on the loss of a sense of self during that time, and then rediscovering it later. It can be hard to be around pregnant women when they remind you of what you have become, and what developed out of something that was so innocently anticipated.

Brett doesn’t claim to have all the answers. She hasn’t learned a life lesson; she doesn’t see that that would be fair. She is frustrated, cross, sad and rude, but happy to talk about a stigmatized condition because it would be far worse not to talk about it. The shame is other people’s problem: “Let them have it” (p.270).

In the epilogue, Brett describes trying out a ring pessary for her SUI, and spending hours following online tutorials in order to learn how to remove it when it becomes dislodged. The



YouTube generation are praised because they “have finally stopped giving a shit” (p.275). While she acknowledges that she will always have to live with this condition, she has come to accept that it is part of her, and mindful of its ups and downs, has stopped allowing it to define who she is.

*PMSL* ends with some very useful tips for anyone suffering from incontinence in the form of a brilliant 10-point survival guide. I love the fact that pelvic floor exercises are at the top of the list.

There is also a short section on “Talking to Doctors about Your Private Parts” that was written with Rachel Boyce, a general practitioner (GP). This provides a comprehensive range of ways to start a conversation with a GP about incontinence issues, what to expect when you go to see your doctor, and how to effectively provide midstream specimens of urine and stool samples.

There are also two short sections on “Getting Help and Information for a Broken Body” and “Getting Help and Information for a Broken Mind”, both of which list multiple resources and websites.

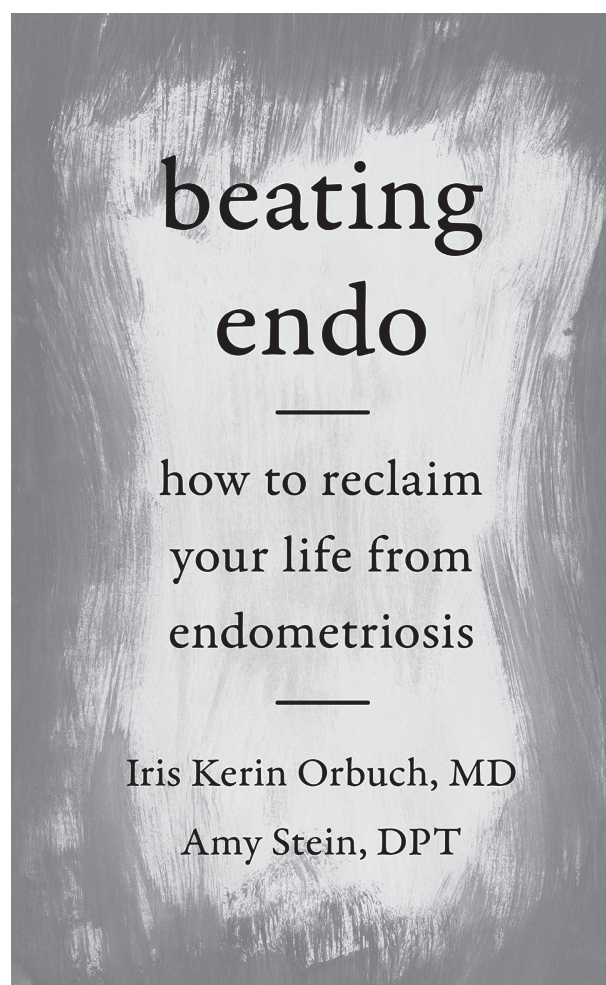
I have to say that I was honoured to review *PMSL*. It was an absolute pleasure to read. Brett’s talent for simultaneously combining the worlds of literature, incontinence, medical history, feminism and humour is captivating and very smart. I’ve never felt passionate enough to contact an author in order to thank them, but I’ll certainly do so now. This is a must-read book for any pelvic health professional who works with incontinence, and I cannot recommend it highly enough as an essential addition to your library.

**Romy Tudor**  
Reviews Editor

### **Beating Endo: How to Reclaim Your Life from Endometriosis**

By Iris Kerin Orbuch and Amy Stein  
Harper Wave, New York, NY, 2019, 320 pages,  
hardback, US\$27.99 (£21.69 on Amazon UK)  
ISBN: 978-0-06-286183-2

As pelvic health physiotherapists, it is likely that we will deal with patients who suffer from endometriosis at some point in our careers. Women who have previously been diagnosed may seek help for their symptoms, and physiotherapy can serve as an adjunct to the management of their condition by other professionals. Alternatively, many will attend the clinic without a diagnosis



or even an awareness of the condition, and we may well be the first to suggest this as a possibility. One in 10 women are thought to suffer from this painful disease, and many have spent years struggling to find some reason for their symptoms. It is common for many women with endometriosis to seek help only to be told that painful periods are simply a part of life.

As the title suggests, *Beating Endo: How to Reclaim Your Life from Endometriosis* is aimed at patients rather than physiotherapists. Nevertheless, it will be useful to all pelvic health specialists, particularly if you do not see women with this condition on a daily basis. This is certainly a book that you may wish to recommend to some of your patients.

The introduction quotes women who have lived with “endo” themselves. This is invaluable in many ways because it illustrates just how difficult it can be for women to find an answer to their problems. However, it may be a little worrisome for those who are already very anxious, or for younger patients who are coming to terms with the possibility of having a chronic health problem.

*Beating Endo* is easy to read and well-structured. The chapters lay out multiple aspects of the condition and its management, including:

- the disease process itself;
- an end goal to aspire to;
- how it can have an impact on each system of the body;
- physiotherapy;
- nutrition;
- surgery; and
- the management of endometriosis in teenagers and younger patients.

At this point, it is important to focus on the chapter on “Endo and the Body’s Core: Why Physical Therapy Plays an Essential Role”. There is an explanation of why endometriosis can and often does have an impact on the core muscles. As you might expect with Amy Stein as co-author, this comprehensively addresses what readers should expect from their physiotherapist. It includes a detailed list of questions that readers should ask prospective physiotherapy providers to confirm that they are competent. This is largely to ensure that treatment is provided by qualified, proficient and experienced professionals who have a good range of skills within their clinical toolkit. Although there is a particular emphasis on manual therapy as an essential requirement, the authors do go on to specify that physiotherapy will also involve neuromuscular re-education, therapeutic exercise, and modalities intended to provide pain relief and muscular retraining.

While *Beating Endo* stresses finding an appropriate physiotherapist to manage rehabilitation and progression, Orbuch and Stein also provide a description of what they believe to be the six main therapeutic exercises that should be incorporated into a woman’s recovery programme. These are well described and accompanied by black-and-white photographs. There are further descriptions of other modalities that may be used to manage pain, such as transcutaneous electrical nerve stimulation, neuromuscular electrical stimulation, laser therapy, or the application of heat or cold. As physiotherapists, it might seem odd to us that the authors do not mention desensitization or downregulation of the nervous system at this point, but this is because an entire chapter later in the book is devoted to “Pain, Disease and the Central Nervous System: A Multimodal Strategy for a Multidimensional Disease”. Evidence to support the recommended management strategies is referred to within the text, but as you might

expect, this is kept low key in order that the text remains accessible and easy to read.

Throughout the book, Orbuch and Stein outline comprehensively and with a great deal of passion how women should be able to manage this condition, and in so doing, reclaim their body and their lives. While it must be comforting for many readers to have such a definite and clear plan outlined, I am slightly concerned that those who struggle to find a surgeon with the same outlook as the authors may suffer from additional anxiety. Personal experience with a family member has shown me just how hard it can be to find a GP and gynaecologist who are both sympathetic and share these views on the correct management of the condition. Even as a medical professional, it can be hard to influence the investigations and treatments offered. The chapters on the impact of nutrition and environmental factors on endometriosis are quite prescriptive, and the results described may be difficult to achieve, particularly for those with a limited income.

Ultimately, I would certainly recommend that pelvic health physiotherapists read *Beating Endo*, and keep a copy in their clinic’s library. Although this is not a textbook, it is easy to read, and the authors offer some insight into patient perspectives and expectations. However, I suspect that you may find that you have to think carefully when you choose which patients it will benefit, and at what point during the course of their treatment that you decide to direct them to it.

**Gillian Campbell**  
*Editor*

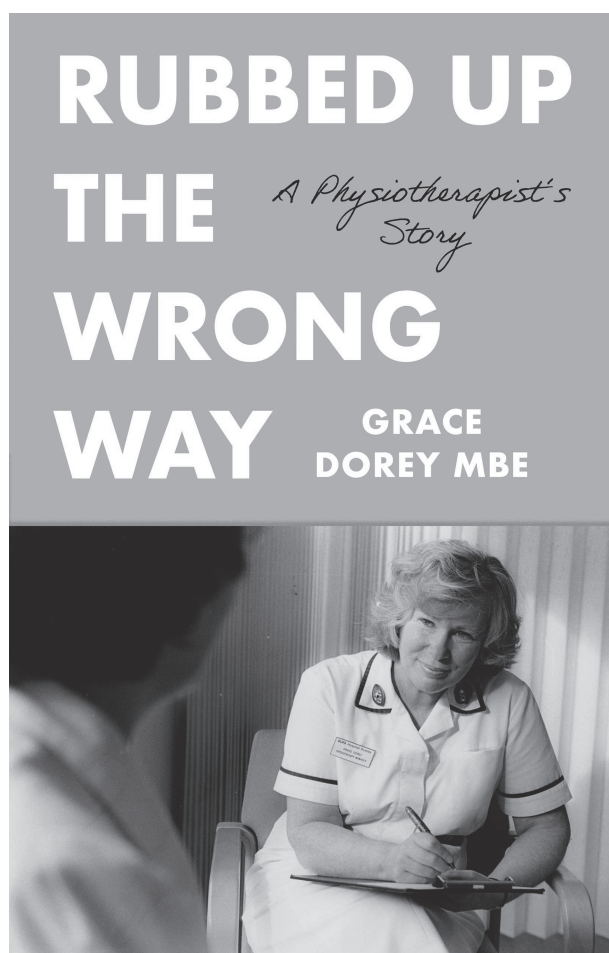
### **Rubbed Up the Wrong Way: A Physiotherapist’s Story**

By Grace Dorey

The Book Guild, Leicester, 2020, 200 pages, paperback, £9.99

ISBN: 978-1-9135-5108-7

Charting Professor Grace Dorey’s life as a physiotherapist from her training to retirement and beyond, this is an exemplary book. The first ever “off the shelf” biographical account of our profession, *Rubbed Up the Wrong Way: A Physiotherapist’s Story* is written with humour, honesty and empathy. Not only does she describe our work and what it takes to be a physiotherapist, but also what it was like to be a physiotherapist in a world that was very different to the one we now know.



The discipline and formality of her training, the bygone equipment and treatment methods, and the lack of professional autonomy are eloquently sketched, but without nostalgia. There is realism here, as well as an acknowledgment

of how far our profession has come and why this is for the better. The zeitgeist outside the hospital environment is also faithfully explored: the stigma of being a single mother; the shame of women returning to work and “leaving” their children to be cared for by someone else; a brutal example of back street abortion; and the domestic violence that she herself endured.

A snapshot of the author being interviewed under a cloud of cigarette smoke gives the reader a fascinating insight into the male-dominated factory floor of the past. There is also a candid admission of her own ignorance of transgender issues.

Professor Dorey’s insight into building a happy clinical team, her far-sightedness and her drive to undertake ground-breaking research will inspire current and future physiotherapists everywhere. Her poignant accounts of her patients, and the care that she invests her relationships beyond her role as a physiotherapist are both heart-warming and entertaining.

*Rubbed Up the Wrong Way* has many facets, and Professor Dorey is to be congratulated for not only presenting our profession to a broad readership, but also her historic insight into our society and the “human” touch involved in our work. All physiotherapists, students and patients will enjoy this lively memoir.

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