Childbirth Meditation and Advanced Natural Childbirth

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Full Text: Headnote ABSTRACT: Meditation, childbirth meditation, and advanced natural childbirth are defined. The medical paradigm has been expanding, allowing meditation to be seen as an increasing medical and psychological resource in the West. This has resulted in inevitable influence on childbirth. The physiological and psychological benefits of meditation pertaining to pregnant women who meditate are described. Research on the various meditation hormonal benefits and immune enhancement is summarized. The benefits of meditation impacting the labor process are described. An expanded vision of childbirth anatomy is described in the context of meditation methods designed specifically for childbirth. Directions for childbirth meditation research are discussed. KEY WORDS: Discipline, DHEA, Endorphines, Enrichment, Meditation, Melatonin, Serotonin, Visualization. INTRODUCTION Both the words medicine and meditation come from the Latin word mederi, which means "to cure" (Kabat-Zinn, 1990, p. 163). Meditation is a consciousness discipline that enables practitioners to experience optimal levels of cognitive function and optimal levels of psychophysical health, normally blocked by the mind in its undisciplined activity. Meditation science is based on venerable traditions, primarily Buddhist and Hindu, and has extensive knowledge of short and long term benefits of proven methods transmitted in those traditions. Childbirth meditation is the practice of meditation as an enrichment method in prenatal care and as a valuable postnatal care method. With the progressive increase of the presence of meditation traditions and traditionally trained meditation teachers in the West in the past 50 years, and with meditation now widely accepted as a valuable health enhancement factor, many thousands of women who practice meditation have experienced meditation benefits during pregnancy and delivery. Many women who are pregnant have had substantial experience of meditation from the various available traditions. Some women who have no experience of meditation seek meditation and yoga methods to benefit their pregnancies. Childbirth meditation is an important subject for research and may impact childbirth medicine. Advanced natural childbirth refers to new childbirth methods in which meditation practices give women empowering new means to adhere to the principles of natural childbirth. In this article we will discuss specific advanced natural childbirth methods. In describing the method of Womb Breathing, we will discuss a new vision of childbirth anatomy that includes energy body anatomy. GROWTH OF MEDITATION IN THE WEST The presence of meditation in Western life in the post cold war era has become ubiquitous. "Meditation ... is fast appearing in unexpected places throughout modern American culture. Secretaries are doing it as part of their daily noon yoga classes. Preadolescent teenagers dropped off at the YMCA by their mothers on a Saturday morning are learning it as part of their karate training. Truck drivers and housewives in the Stress Reduction Program at the University of Massachusetts Medical Center are practicing a combination of Hindu yoga and Buddhist insight meditation to control hypertension [and pain]. Star athletes prepare themselves for a demanding basketball game with centering techniques they learned in Zen" (Murphy, M., and Donovan, S., 1999, p. 1). The increasing use of meditation in all aspects of medicine has been remarkable. Since the start of the landmark research at the Harvard University Medical School in the 1960s, and particularly since the advent of the medicine/meditation program at the University of Massachusetts Medical Center (UMMC) starting in 1979, meditation has been widely researched and used increasingly in medical applications. It is the sign of a vital shift in the medical paradigm. Until the late 20th century medical science was dominated by deterministic, physical evidence-based criteria (also called mechanical, material or physical medicine). This is what is now referred to as Era 1 medicine (Dossey, 1993). At present, the medical paradigm has expanded importantly based on the inclusion of the extensive research and application of mind/body medicine (Era 2) and the growing interest in transpersonal medicine (Era 3). Largely due to unprecedented public interest in new modes of healing, mind/body methods and their applications are now part of most medical school and nursing curriculums. More than 10,000 research papers and books have been published in the past 30 years on the health benefits of noninvasive mind/body techniques, among which meditation is the most proven method. The comprehensive review compiled by Murphy and Donovan (IONS, 1999) enables us to appraise the vast research on the psychological and physiological benefits of meditation. For a woman who senses the risks of invasive medical procedures in childbirth, which the World Health Organization has been warning the medical establishment about for decades (Wagner, 1994), the published psychological and biological benefits of meditation attract new interest in natural childbirth using meditation techniques. BENEFITS OF MEDITATION The following is a brief overview of the psychological and physiological benefits of meditation which may be imparted to a womb child through the pregnant woman's bloodstream and through sympathetic resonance. The same benefits, in general, may be imparted to the child after birth through lactation and breast-feeding and through sympathetic resonance. At all times childbirth meditation benefits are dual, inseparably benefiting the pregnant woman and the child. Psychological Benefits of Meditation The Murphy and Donovan (1999) review describes existing research in the following psychological benefits of meditation: * Perceptual Ability * Reaction Time and Physical Motor Skill * Field Independence * Concentration and Intelligence * Empathy * Creativity * Self-actualization It is observed, in brief, that various meditation schools "offer systematic ways to cultivate a clarity, flexibility, efficiency and broadened range of mental functions similar to the meditation results reviewed" in the 51 pages of research abstracts in the Murphy and Donovan book (p. 81ff). The above-listed perceptual and cognitive abilities enhanced by meditation in a pregnant woman encourage the womb child, through sympathetic resonance, to develop these inherent traits. Hopefully research will seek to observe the enhancement of these traits developed in children through childbirth meditation. Biological Benefits of Meditation This subject has become vast, but with respect to directly impacting the quality of childbirth, the focus will be primarily on three areas: hormonal balance, immune system enhancement, and pain management. Our era has been called the age of anxiety. It is well-proven that anxiety and resultant stress are key factors in health, and are significant causes in most disease and adverse psychological conditions. As Dr. Benson's extensive research has shown, meditation is a noninvasive antidote to biological and psychological problems caused by anxiety and stress (Benson, 1996). In brief, anxiety causes an overproduction of the hormones adrenaline and cortisol, which suppress important biological functions in order to shift energy into muscle systems for a "fight or flight" reaction, based on old instinctive tendencies. Anxiety suppresses immune system function primarily through elevated levels of cortisol in the bloodstream. State and trait anxiety, with accompanying hormonal imbalance, have been proven, through extensive research, to be primary factors in the weakening of health and may contribute to various immune-deficiency diseases (ibid). The wide-spread pharmacological treatment of anxiety has resulted in additional biological and psychological problems (ibid). If a woman is pregnant, the treatment of anxiety with mood-modulating chemicals can result in birth defects or other long-term health problems. Self-calming meditation has been shown to directly reduce adrenaline and cortisol secretion, naturally restoring hormonal balance in general and normalizing immune system function (ibid). In addition, meditation raises levels of the major hormones melatonin, DHEA, and seratonin, and produces endorphines, powerful pain-relieving, pleasurecausing agents secreted by the nervous system (Chopra, 1990; Murphy &Donovan, 1999; Pierpaoli &Regelson, 1995; Reiter & Robinson, 1995). DHEA (dehydroepiandrosterone), a life-enhancing hormone, was one of the first biological benefits of meditation to be observed (Hopper, J., 1998). DHEA is produced in the adrenal glands, just above the kidneys. Issuing from the same glands that produce the stress hormones, elevated levels of DHEA imply reduced production of restrictive cortisol and adrenaline. Like melatonin, DHEA has a variety of health-impacting benefits. It is an immune enhancement agent that has been proved to be beneficial in the prevention and treatment of cancer, cardiovascular disease, diabetes, lupus and other conditions. DHEA

stimulates the production of monocytes, potent white blood cells that stimulate the production of other immune system agents. T cells (white blood cells produced in the bone marrow) produce two powerful immune system agents: interleukin-2 and gammainterferon, intelligent defense agents that help maintain health. DHEA is good for the bones, muscles, blood-pressure, vision and hearing. It is the substance from which the male and female hormones are developed and it is the source of vitality and youthfulness. DHEA is a mood elevator that makes people feel and look better. DHEA also enhances brain biochemistry and growth (Cherniske, 1996). Anxiety and stress can lower normal DHEA levels in the bloodstream. Meditation elevates DHEA levels. Thus meditation during pregnancy, in offering potentially ideal hormonal function, conveys elevated levels of vivifying DHEA to the womb child, and, through lactation and breast-feeding, to the child after birth. The fact that meditation raises levels of melatonin, the hormone secreted by the pineal gland located at the center of the brain, was first disclosed by research conducted at UMMC (Kabat-Zinn, J., Lipworth, L., Burney, R., and Sellers, W., 1995). The pineal gland has drawn the attention of human insight for a long time. In sacred literature more than 2,500 years old, the Vedas of India, "The [pineal] gland was portrayed as one of the seven chakras, or centers of vital energy, which are arranged along the central axis of the body. The pineal gland was thought to be the supreme or crown chakra ... the ultimate center of spiritual force." (Reiter &Robinson, 1995, p. 131). In the 17th century AD, Descartes, in his famous Treatise of Man, called the pineal gland the seat of the human psyche, the principal location of self-awareness. Though the above insights may be inspiring concerns for people interested in meditation, current world-wide interest in melatonin, evident in the presence of hundreds of research papers and books, is focused on its biological benefits, particularly concerning the remarkable effects of melatonin on the human immune system. Melatonin may be the most potent and versatile antioxidant. It directly stimulates interleukin (IL)-2 activity which in turn stimulates the increase of all the various cells of the immune system, in a pervasive, global optimization of immune function. Melatonin directly restores and increases T-helper cell production in bone marrow (Pierpaoli &Regelson, 1995; Reiter &Robinson, 1995). In stress-inducing times, which tend to cause detrimental hormonal imbalances, strong levels of melatonin in the bloodstream naturally induced by pregnant women in themselves are a sign that women are engaged in effective prenatal care. Melatonin is renowned as a sleep-aid. Especially when produced naturally to elevated levels, it assures normal sleep and rest even in challenging situations. The practice of meditation has been proven to be superior to deep sleep in bringing about energy restoration and repair (Pelletier, K., 1977, p. 197). Thus meditation offers a natural means of physiological and psychological refreshment vital for healthy childbirth outcome. Melatonin is known to have a calming effect, bringing contentment and improved mood. In our times, a pregnant woman's self-induced meditation calm may be a womb child's greatest need; without it, the woman and child may be vulnerable to various interventions and disturbances. To summarize, the natural production of elevated levels of melatonin in meditation, conveyed to the womb child through the woman's bloodstream prenatally, and through lactation and breast-feeding postnatally, gives remarkable immune enhancement and overall health benefits. Though the extensive research in melatonin benefits has been concentrated almost entirely on the above, there are probable intelligence enhancement benefits that warrant research, particularly with respect to childbirth. Another important hormone produced in elevated amounts in meditation, with important implications for childbirth, is serotonin. It is a natural substance the body uses to make melatonin. Serotonin is a neurotransmitter produced in the brain and the gut that has a calming effect, associated with contentment. It also regulates blood vessel elasticity, helps repair muscle tissue damage, and is generally beneficial in healing. It is conveyed from woman to child the same as melatonin. Meditation is also known to produce endorphins, peptides secreted throughout the nervous system that have a very strong pain-relieving and pleasure-inducing effect, similar to that of morphine. Depak Chopra writes: Thus the brain [and nervous system in general] produces narcotics up to 200 times stronger than anything you can buy ... with the added boon that our own painkillers are non-addictive. Morphine and endorphins both block pain by filling a certain receptor on the neuron and preventing other chemicals that carry the message of pain from coming in. Without these chemicals

there can be no sensation of pain, no matter how much physical provocation is present. (1990, p. 62) Pitocin, a common labor-inducing agent, and other medical interventions are known to reduce or stop endorphin production and make inevitable the use of chemical pain blocks. Endorphin production is important to a woman in avoiding the risks of medical interventions and in developing psychophysical confidence in her natural abilities in childbirth. Pert (1997) writes about her third childbirth: my magic bullet had been breathing, which is a surefire, proven strategy for releasing endorphins and quelling pain. Obviously, this is what previous generations of women, in the days before IV drips and synthetic painkillers, had relied on. Both they and their babies must have been better off for the experience, as I certainly felt myself to be. (p. 167) Another important benefit derived from meditation is increased tolerance of pain based on psychological factors. Extensive research conducted at the UMMC (Murphy &Donovan, 1999, p. 77-78) demonstrated statistically significant reductions in the following: present moment pain; negative body image; inhibition of activity [natural movement potential]; mood disturbance; anxiety and depression; and the need for pain-related drug utilization. With regard to labor contractions, meditation may allow significant tolerance and awareness for various reasons stated above. All together, melatonin, serotonin, endorphins, and increased pain-management skills, all attributable to meditation, enable women to receive contraction sensations without risking pain-killing chemicals and anesthesia. Meditation also allows women to experience the joy that comes with using innate ability, actualizing realization potential natural to childbirth, the potential for human development and illumination latent in the childbirth process. Additional observed benefits of meditation with significant implications for childbirth are: (1) Benson (1996) noted cesarean section surgery reduced by 56% and epidural anesthesia use reduced by 85% among meditators; (2) Tsai, 1993, found reduced work stress levels in nurses after meditation training; (3) Astin, et al, 1987, concluded that mindfulness meditation may be an important cognitive coping strategy for transforming the ways in which we respond to life events. As we discover more and more dimensions of physiological and psychological function, and as mind/body methods become more and more a part of childbirth medicine and the focus of research, no doubt we will learn more about the potential of meditation in childbirth. Meditation methods designed specifically for childbirth application may prove to have additional benefits for childbirth and may indicate more directions for childbirth research. Such methods are the basis of emerging programs in advanced natural childbirth. ADVANCED NATURAL CHILDBIRTH Advanced natural childbirth is an expression describing natural childbirth using meditation methods designed specifically to advance childbirth methodology. One such program is Calm Birth, the childbirth program of Medigrace, Inc. Medigrace has been researching and developing mind/body medicine methods and energy medicine methods since 1991 for applications in various aspects of conventional medical practice. Briefly stated, the three complementary Calm Birth childbirth methods are as follows: Practice of Opening This method is based on progressive relaxation techniques developed in clinical application by Edmond Jacobson, M.D., at the Harvard University Medical School and at the University of Chicago in the 1920s and 1930s. The method was then further developed in the UMMC medicine/meditation program. In the present formulation for childbirth, refined through 5 years of application, the practice systematically brings attention through the whole body, releasing muscle tension restricting nervous system function, and offering prenatal bonding a new potential. The practice has the following characteristics: progressive release into cellular life force that brings an increase in energy, function, and awareness; progressive release of neuromuscular stresses that adversely impact the nervous system and development of optimal neural function; progressive calming of the mind for increased tolerance and capability in labor; systematic bonding with the child in the uterus to enhance and enrich prenatal development; as well as the same general hormonal meditation benefits described in childbirth meditation above. Womb Breathing This deep breathing visualization method is based on the practice of Vase Breathing transmitted in Vajrayana (Tibetan) Buddhism (Chang, G. C. C., 1963, p. 57-9). The presence of masters of Vajrayana meditation lends authority and support to the use of this practice in childbirth. Womb Breathing is similar in many ways to Buddhist mindfulness meditation used extensively in medical application because of its proven effectiveness, at

UMMC and elsewhere. However, Womb Breathing has additional effectiveness through its profound deep breathing and visualization methods. Also refined through 5 years of application in childbirth, Womb Breathing has the following characteristics: It is a sitting meditation using a deep energybreathing method, working with the energy body (Myss, C., 1996) for optimal breathing, absorbing full oxygenation plus vital energy from the air. Based on visualization of what breathes and what is breathed, the breathing of vital energy in the air into the energy body (the "inner body" or "subtle body") is an element of both Buddhist and Hindu meditation science. In the medical arts, the energy body is used as a basis for acupuncture and other therapeutic systems. In the Vajrayana Buddhist tradition, visualized features of the human energy body anatomy include a vertical central energy channel along which are arranged various radiant power centers or "chakras" (wheels), and a flexible luminous vase, the "Life Vase," (tse bum) located at the bottom of the central channel in the navel center, in both men and women, in the same region as the uterus in the physical body of women. Vital energy present in the air is breathed down into the vase to be absorbed up into the central channel for optimal function. The current expanded Western medical paradigm offers an augmented sense of human anatomy, which includes the energy body. More doctors are recognizing this more complete vision of the living human body. The practice of Womb Breathing recognizes a more complete vision of the human female anatomy, with a Life Vase in the navel center that may be used to feed vital energy to the womb child, indirectly but importantly. The vital energy in the air, traditionally called prana (Sanskrit) or chi (Chinese), is called universal field energy in contemporary science (Brennan, 1993, p. 78-9). In traditional Buddhist and Hindu meditation science one may be trained to breathe it into the Life Vase. This naturally available energy may be sensed and visualized, but it can also be seen by the naked eye. In Womb Breathing the external vital energy in the air is breathed down into the vase, then absorbed from the vase into the woman's higher systems, to be imparted to the womb child in energetic transmission, to enhance the child's development. The practice brings a four-fold energy gain for increased functional capability and increased choice of natural options. Womb Breathing offers pregnant women a new and empowering sense of childbirth anatomy and its potential. The psychophysical shifts obtained through the Womb Breathing guided meditation instruction encourage women to realize optimal potential in childbirth, and may enable the child to access optimal potential. The practice also brings the same hormonal benefits described above in childbirth meditation. Giving and Receiving Based on the famous healing practice of Tong Len (Sogyal Rinpoche, 1993, p. 187ff) that comes to us through centuries of proven effectiveness, this practice works with Womb Breathing to offer a dual means of natural labor management. This practice is intended to bring the experience of healing into childbirth. Following the natural flow of the breath, pregnant women use compassionate breathing to change internal conditions and develop new qualities of prenatal care. Characteristics of Giving and Receiving: (1) Using the energy of the intention to heal any adverse conditions in herself and her child, this practice offers pregnant women a compassionate breathing method that develops human quality for evolutionary gain in childbirth. (2) With this practice the pregnant woman learns to breathe in and dissolve adverse conditions on the in-breath, and sends out healing energy on the out-breath. (3) Giving and Receiving brings the experience of healing into prenatal care, labor and delivery, and postnatal care, for extended psychophysical confidence and capability. CONCLUSION Characteristics of the various kinds of meditation available from different meditation traditions prevalent in the West vary substantially. But in gathering and publishing the results of the research based on several major traditions, Murphy and Donovan (1999) found the results universal and simultaneous. The research on DHEA elevation was determined on the basis of Transcendental Meditation (TM), a mantra-based technique. The research on melatonin elevation was determined on the basis of Buddhist mindfulness-insight meditation, a psychological method. Indications are that further research would show that each method produces elevated levels of both hormones since both methods bring self-calming and generally enhanced psychophysical function. The Calm Birth method of Practice of Opening will tend to yield results similar to those observed in Jacobson's work (Jacobson, 1938), and in Kabat-Zinn's program (1990). But Practice of Opening has been developed to produce as yet

unobserved benefits listed above as objectives, and cultivated in the language of its guided meditation. Similarly, the practice of Womb Breathing will exhibit benefits similar to those observed in Buddhist Vipashyana (mindfulness) practice; yet Womb Breathing has dimensions that invest the practice with additional potential. Though based on the traditional practice of vase breathing, Womb Breathing is a new method inspired by the presence of great meditation science and by the needs of childbirth medicine. Benefits of Womb Breathing need to be observed through ongoing application. The method of Giving and Receiving is based on the Buddhist practice of Tong Len, proven effective for centuries and now used in medical applications. Tong Len still has not been significantly researched. With respect to all three complementary Calm Birth methods, the intention of this writing is to draw interest and support for research in childbirth meditation in general. References REFERENCES Astin, J.A. (1967). Stress reduction through mindfulness meditation. Effects on psychological symptomatology, sense of control, and spiritual experiences. Psychotherapy Psychosomatic 66: 97-106. Benson, H. (1996). Timeless healing: The power and biology of belief. New York: Simon &Shuster. Brennan, B. (1993). Light emerging. New York, NY: Bantam Books. Chang, G. C. C. (1963). The six yogas of naropa. Ithaca, NY: Snow Lion. Cherniske, S. (1998). The DHEA breakthrough. New York: Balentine. Chopra, D. (1990). Quantum healing: Exploring the frontiers of mind/body medicine. New York: Bantam Books. Dossey, L. (1993). Healing words: The power of prayer and the practice of medicine. San Francisco: HarperSanFrancisco. Hopper, J. (1989). Ommm ... please pass the DHEA. New York, NY: Health, v. 21, p. 34. Jacobson, E. (1938). Progressive Relaxation. Chicago: University of Chicago Press. Kabat-Zinn, J. (1990). Full Catastrophe Living/Using The Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. New York: Bantam Doubleday Dell. Kabat-Zinn, J., Lipworth, L., Burney, R., and Sellers, W. (1995). Meditation, Melatonin and Breast/Prostate Cancer. Medical Hypotheses, 44, 39^46. Murphy, M. and Donovan, S. (1999). The Physical and psychological effects of meditation: A review of contemporary research with a comprehensive bibliography. Sausalito, CA: Institute of Noetic Sciences. Myss, C. (1996). Anatomy of the spirit. New York: Crown Publishers. Pelletier, K. (1977). Mind as slayer, mind as healer. New York: Dell. Pert, C. (1997). Molecules of emotion. New York: Simon &Shuster. Pierpaoli, W. and Regelson, W. (1995). The melatonin miracle. New York: Simon &Shuster. Reiter, R. and Robinson, J. (1995). Melatonin: Your body's natural wonder drug. New York: Bantam Books. Sogyal Rinpoche. (1993). The Tibetan book of living and dying. San Francisco: HarperSanFrancisco. Tsai, S. (1993). The effects of relaxation training, combining meditation and guided imagery, on self-perceived stress among Chinese nurses in large teaching hospitals in Taiwan, ROC. Dissertation Abstracts International, 53, No. 8-B. Wagner, M. (1994). Pursuing the birth machine: The search for appropriate birth technology. Camperdown, Australia: ACE Graphics. AuthorAffiliation Robert Newman, President of Medigrace, Inc. has been researching, developing, and presenting programs in the medical uses of meditation since 1991. Since 1997 he has presented more than 60 training seminars in medical centers and hospitals. For more information on the Calm Birth program, please visit: www.Medigrace.org.

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