The Evolution of Mind-Body Practice in Obstetrics*

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Abstract: Though obstetrics has been dominated by medical procedures for decades, the medical paradigm has been shifting, particularly through the inclusion of mind-body medicine, and new forms of childbirth practice and care have been evolving. Mind-body practice in childbirth is seen to have developed in three distinct stages, from the mid-nineteenth century to the present. Prenatal mind-body practices have emerged, supported by traditional meditation science and extensive contemporary research. Integral childbirth care is defined, based on a more complete model of the woman's body and potential in childbirth and a more complete understanding of maternal-infant health in the crucial perinatal period.

Keywords: Mind-Body Practice, Prenatal, Meditation

> "I personally believe that subtle energy medicine is on the verge of scientific breakthroughs that alone could revolutionize the objective dimensions of medical care." ~ Ken Wilber (2005, p.xxxiii)

Introduction

In order to look at the history and potential of mind-body practice in obstetrics, we have to look at the shift of medical practice in general. Larry Dossey, MD (1993) has given us a good model for that shift. He sees that three eras of medicine have evolved and are present all at once – physical medicine, mind-body medicine, and transpersonal medicine. The emergence of mind-body medicine in obstetrics began with the use of hypnosis in France from the 1880s to relieve women of labor pain. Clinical hypno-suggestive therapy is like physical medicine in that it keeps the patient passive. It is unlike physical medicine in that it helps the patient's mind act as an analgesic agent.

The next stage in the evolution of mind-body practice in OB is a leap to self-applied mind-body practice: the psycho-prophylactic method (key date 1951). This method is based on preparation through education in natural childbirth, with the Pavlovian focus on language as a physiological trigger. Like hypnosis, this method is based on the psychology of dissociation (Achterberg, 1985). Patterned breathing is used as a distraction from pain.

The third stage in the evolution of mind-body practice in obstetrics is another leap, to the more complete model of the woman's body and potential. It is based on more than 1,000 years of meditation science and more than 40 years of the practice of mind-body medicine in America. The third stage of mind-body practice in obstetrics is also based in part on advances in subtle energy medicine and is founded on the meditation-based pain management program of the University of Massachusetts Medical Center, from 1979 to the present. Stage 3 mind-body obstetrical practice works with the integral union of the physical body, the psychosomatic body, and the energy body. At Stage three, the obstetrician respects traditional medical knowledge of the energy body and its power centers (Oz, 1998). Stage three mind-body practice helps prevent suffering in childbirth through recognition and release of anxiety and fear, with the biological enrichment of complete breathing and greater function.

In all three stages of mind-body practice in obstetrics, pain is subject to the influence of the spoken and/or written word. Stage three practices may also give freedom from mind and words and entrance into the full potential of the woman's body and awareness in childbirth. This integral model of childbirth offers a more open and courageous psychology, likely with more potential for human health and development than in the earlier stages of mind-body practice in obstetrics.

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Stage 1: Hypnosis

Hypnosis is a distinctive, often trance-like mental state that is induced by an organized pattern of suggestions, usually verbal in nature, beginning with the suggestion of relaxation. The suggestions may be directly induced by a hypnotist in the presence of the subject, but may be also be self-induced (self-hypnosis or autohypnosis/auto-suggestion). The word "hypnosis" itself is the invention of 19th century Scottish physician James Braid. Although the long held popular view was that hypnosis is a form of unconsciousness, the informed contemporary view is that it is actually a wakeful state of focused attention and heightened suggestibility, with diminished peripheral awareness (Hypnosis, n.d., para. 1).

As defined in *Mind-Body Medicine*, hypnosis is a form of induced, focused attention that can make it easier for a person to control mind-body functions (Goleman & Gurin, 1993).

Background

Though Franz Mesmer's controversial demonstrations of *animal magnetism* as a psychotherapeutic agent in Paris were not successful (Animal Magnetism, n.d.), he did significantly influence others to explore working with patients psychotherapeutically to induce medically valuable changes.

Charles Lafontane (1803-1892), a mesmerist, made a dramatic demonstration of mind-body influence through suggestion in London in 1841. He strongly influenced the Scottish neurosurgeon John Braid, who was in the audience. Within a year, Braid made his own inspired use of the mesmerist method, defining a new psychotherapeutic agent, hypnosis, and a new therapeutic field, hypnotherapy (Braid, 1846). His method required repose and general quietude to induce a state of somnolence, a state of "brain and central nervous system mobility" (Braid, 1846). Braid saw that physiology could be influenced therapeutically through the mind. As a medical doctor, he sensed the far-reaching potential of hypnotically-induced mind-body effect in medicine, especially for pain management.

Braid had several significant French medical doctor disciples, including Etienne Eugene Azam (1822-1899) of Bourdeau; Pierre Paul Broca (1824-1880), an anatomist; the physiologist Joseph Pierre Durand de Gros (1826-1890); and the eminent hypnotist, cofounder of the Nancy School, Ambroise Liebeault (1823-1904).

The famous physician Fernand Lamaze said that by 1880 French physicians were known to be using hypnosis as a therapeutic agent at the Salpetriere Hospital in Paris; as had Bernheim in Nancy. They pointed out that it was possible to use hypnosis to induce a state of insensitivity that allowed operations to be performed. (Lamaze, 1984, p.22)

Essential to the therapeutic use of hypnosis was and is the mind-body effect, requiring the patient's focused attention and will, whether induced by a doctor or self-induced. As we shall see, both clinical hypnotic induction and guided meditation have similar effects, and as the use of mind-body methodology in obstetrics has advanced, the principals of self-hypnotic induction and guided meditation are valuable to that advance.

The Use of Hypnosis in Obstetrics

In 1899, Paul Joire, OB/GYN, of Lille, France, made remarkable breakthroughs in the application of hypnosis to manage pain in childbirth. He demonstrated importantly that pain and contraction are not related. The experience of pain comes after the sensation of contraction. He was aware of the technical difficulties of hypnosis and favored the use of suggestion in the fully conscious pregnant woman. He explained the natural function of contractions, saying that there was no need for the experience of pain, that pain was neither necessary nor helpful. He gave women a means to participate in and consciously influence the quality of the birth.

The center of research into the use of hypnosis in obstetrics shifted to the USSR after the revolution in 1917. With a national health program based on the Nobel Prize science of physiologist and psychologist Ivan Pavlov (1849-1936), some Soviet obstetricians applied hypnosis in childbirth

through the 1920s and 1930s, on into the 1940s. The USSR was poor and there were shortages of medicine. There was a mass pain management problem. The goal of the use of hypnotherapy in childbirth was to evolve a psychotherapeutic obstetrical technique to reduce or eliminate the need for costly nitrous oxide, Novocain, morphine, ether, and chloroform. After the decimation of the Russian population in WWII, women were widely encouraged to have children and the government wanted to make childbirth appealing to them. Soviet obstetrics wanted to offer women "painless childbirth" with little or no medicine. In the severity of their shortages they needed to offer significant psychotherapeutic alternatives.

In 1923, Platonov and Velvosky presented their report on hypno-suggestive analgesia (HAS) to the Second Pan-Russian congress of Psychiatrists and Neurologists, describing uses of HAS in surgery, obstetrics, and gynecology. However, it was left to Nicolaiev in 1927 to pioneer the application of hypnosis in obstetrics in the light of Pavlov's theories, and it was from that date that he and Platonov clearly demonstrated the importance of "fighting fear in the woman by means of a psychotherapeutic approach" (Lamaze, 1984, p.25).

Several methods were explored. Some women were induced into a state of hypnotic sleep at the time of delivery. Others were prepared in a state of hypnosis but brought round for the birth. The clinician chose whether or not to be present the whole time. Indirect suggestion was also applied. An anesthetic mask was used but no gas was made to flow through it. Some women using auto-suggestion were fully awake (Lamaze, 1984, p.25).

However, the clinical application of hypnosis in obstetrics in USSR did not evolve to be the "universal" mind-body method that was desired. In the 1940s there was increasing dissatisfaction with the variance of the quality of ability in the medical practitioners and variance in the receptiveness of patients. Clinical capability in hypnotherapy required intensive training and was time-consuming for the obstetrician in practice. It concentrated on the symptomatic treatment of pain over a period of hours and sometimes longer. It also encouraged passivity in the woman, which was not desirable. Finally, it was found to be of limited help with the real causes of pain. Counter-suggestions from the woman's environment and up-bringing could nullify the efforts of the obstetrician.

There was progress in the development of other mind-body methods in the USSR in the late 1940s, and among them the psychoprophylactic method emerged to become the official childbirth method in the USSR and a significant achievement for mind-body method in obstetrics.

Stage 2: The Psychoprophylactic Method (PPM)

Behind the use of hypnosis in obstetrics in the USSR was the inspiration of Pavlovian science concerning the neurology and physiology of conditioned reflexes. Having observed that responses are conditioned, we can observe that we can change conditioning. In the field of medicine, the idea of changing conditioned responses to pain, particularly in childbirth, required a shift to self-care in which education was essential. Education in the nature of the human pain experience and in the physical facts of childbirth was essential to changing conditioned responses in childbirth.

Instead of hypnosis and suggestion that concentrated on the symptomatic treatment of the pain, Velvosky recommends a preventive training of the fully conscious woman by means of educational methods. This approach appealed to the perceptive faculties of the woman, and encouraged her to take an active part in her delivery, which remained under her control (Lamaze, 1984, p.32)

In 1933, Platonov published his book *The Spoken Word as a Physiological and Therapeutic Agent*. The ultimate aim of Platonov and Velvovsky was to change the attitude of women and all of society toward the pain of childbirth.

As the Psychoprophylic Method (PPM) program was being developed in a few clinics, childbirth preparation classes were attended once a week for six or eight weeks, and the woman was required to read the literature and practice patterned breathing exercises at home. The program emphasized deep breathing, but "…over time the number of breathing patterns recommended for different stages of labor became quite complex and cumbersome." (Lamaze, 1984, p.23)

The term "psychoprophylaxis" was first presented by Nicolaiev in 1949. Later that year, in Kharkov, in the Ukraine, Velvosky, Platonov, and their associates demonstrated and defined PPM.

In 1951, in a major declaration of Soviet health care policy, it was mandated that PPM be applied in every normal birth in all birthing establishments throughout all the USSR. They needed to package it quickly for vast dissemination, and then try to evaluate outcomes. Communication was slow then.

Fernand Lamaze, an OB/GYN practicing in Paris, had been keenly interested in the development of mind-body obstetrical techniques in the USSR. He was there in 1951 for the historic mandate. He had trouble being allowed to witness a demonstration of the method, but when he did, he was very impressed. He said that as a 60-year-old obstetrician he felt like a little boy compared to the level of the Soviet psychotherapist OBs he met. He completely believed that the program was effective and well-defined. He was satisfied with it as a demonstration of Pavlovian science in childbirth.

Lamaze had founded his obstetrics practice in Paris in 1947 at the Maternité du Metallurgiste in Paris. That means that he was the obstetrician at the OB clinic of the pro-communist metal workers union. Lamaze idealized the USSR. He agreed to present PPM in the West exactly as it was taught in the USSR. When he returned from the USSR in 1951, inspired to apply the Soviet childbirth method in the West, he did so in a field of extremely serious Cold War tensions where his extolling of Soviet methods offended many French people.

PPM was implemented in the USSR at a time of national poverty and high anxiety. When we speak of the power of the spoken or written word to influence conditioning, we have to sense how life was in Stalinist USSR, with the wide-spread fear caused in part by all the violence in the forming of the totalitarian state through two world wars. The words spoken by the obstetricians and midwives carried the voice of the authority of the totalitarian state. All women everywhere in the USSR were required to use one method for normal births, using patterned breathing to distract and dissociate from labor pain (Achterberg, 1985). It was applied for low expense and ease of training.

Though the Soviets and Lamaze proclaimed great success for PPM, today the Soviet evaluation methods look clearly inadequate. One of the keys to the failure of PPM lies in the translation of the word *psychoprophylactic* itself. It is widely called "painless childbirth." We note that part of applying Pavlovian principals to childbirth was the belief by Soviet psychotherapists that they could psychologically "destroy" and "eradicate" pain from the childbirth experience. For them and for Lamaze, pain was negative. If a woman moaned or writhed during labor the Soviet doctors disapproved, often making a negative tongue-clicking sound, making the birth more stressful for the woman. But denial and propaganda heralded the method.

The USSR government's voice was loud and clear and the woman's voice was almost mute. The Soviet and Lamaze PPM was promoted as a method of liberating women, but for many women it was the opposite. With the Lamaze method, "the woman actually colludes in her own denial by adopting a system that 'controls' her response to pain, her breathing, her position, and even the sounds she makes, the most basic aspects of a laboring woman's behavior." (Odent, 1994, p.12)

Lamaze called PPM a "physiological and experimental method aimed … at abolishing pain associated with uterine contraction" (Lamaze, 1984, p.13). Note serious concerns here. The breathing exercises that Soviet OB doctors and Lamaze implemented were, to use Lamaze's terminology, "experimental." That is: as far as we know, none of the PPM obstetricians were trained in the sciences of breathing available in traditional medicine. This is in sharp contrast to Stage three OB methodology, which is based on profound knowledge of breathing.

Today, we can see that PPM did not distinguish enough between the experiences of pain, fear, and suffering, between the normal sensation of labor contractions and what the mind may do in response. But it was a great event in the evolution of mind-body practice in obstetrics and hundreds of thousands of women in the USSR, in China, and in the West experienced successful natural childbirths with the method, though even more may have experienced failure because they could not dissociate from the normal intensity of contractions. There also has been a concern over maternal fatigue and the possibility of hyperventilation from the use of the rapid shallow pant-breaths during labor (Huch, 1986).

Stage 3: Prenatal Meditation (PM)

The use of mind-body practice in obstetrics is presently proceeding mainly through the use of meditation in childbirth preparation. This includes prenatal yoga programs. In Stage Three, teaching women obstetrical meditation can help them to self-initiate into new levels of childbirth capability.

The shift from Stage One mind-body OB practice to stage two was a transition from doctor-controlled health care, where the woman was mostly passive and submissive, to self-care, where the woman was actively involved in the outcome of the birth. Stage Three has emerged from our need for a complete model of the woman's body and potential in childbirth. Stage Three mind-body OB practice expands and deepens our sense of what the woman's mind-body is. This practice gives us the physical body, the quantum physics body, and the energy body in one. Supported by various living traditions of meditation science and by a remarkable amount of contemporary clinical evidence, Stage Three OB mind-body practice is strongly supported by evidence-based medicine.

Stage three is founded on the pain and anxiety management program of the University of Massachusetts Medical Center (UMMC). That program has long asserted that mindfulness meditation is a remarkable method of pain and anxiety management, using current scientific standards. Since more than 30,000 people have taken the UMMC eight-week meditation/medicine program, and since the clinical and research standards are higher now than at previous times in the history of medicine, it is possible to offer women scientifically respected mind-body practice for OB.

Simultaneous with the UMMC program, meditation traditions have been a growing presence throughout the West. Increasing numbers of women are practicing meditation methods when they become pregnant. Childbirth preparation practice involving meditation is desirable to many pregnant women, those with meditation experience and those interested in learning.

In surveying the variety of meditation methods available for childbirth application including advances in mind/ body medicine made for childbirth, we have several methods available that are naturally complementary and can be described to indicate stage three OB practices:

- mindfulness-based labor management
- awareness-based energy breathing
- progressive neuromuscular release

Mindfulness-Based Labor Management

The proving ground for meditation as a pain and anxiety management method has been all the people attending the UMMC program and the hundreds of other hospital Mindfulness-Based Stress Reduction programs it has generated, from 1979 to the present, in Canada and Europe as well as in the USA. Among those people have been thousands of patients with terminal cancer, critical cardiovascular problems, and irreparable nervous system damage. They have almost all been cases where the application of more medication or surgery would be dangerous, and where the pain levels were sometimes considered intolerable. "Extensive research conducted at UMMC demonstrated that meditation produced significant reductions in the following: present moment pain, negative body image, inhibition of activity, psychological disturbance, anxiety, and depression, and the need for pain-related drugs" (Murphy, Donovan, & Taylor,1999, p. 51). Inseparable from the significant pain management capability demonstrated by mindfulness meditation is its important anxiety management ability. Many medical and healthcare professionals participated in the program to learn an important method that has several potential uses.

Today, mindfulness meditation is respected by the medical establishment as a practical tool, and we find mindful childbirth programs emerging, (Vieten, 2009) very much based on the method as taught at UMMC.

The key to the function of mindfulness meditation in childbirth is the innate ability of the pregnant woman to distinguish between her mind and her awareness in order to recognize and release stress and anxiety. Because the woman is able to expose her mind to her awareness, she is able to recognize incidents of anxiety and fear in herself without reacting, without being disturbed (Newman, 2005). The woman is able to have a psychologically undisturbed birth.

The preparation for mindfulness-based labor management is daily mindfulness practice, which becomes natural and ongoing. Edges of anxiety that may arise are met with patience and an inclination to calm down. Increased tolerance of pain is a developed disposition to not react to mind and emotion, allowing a state of openness and courage, with unrestricted physical and psychological function.

Awareness-Based Energy Breathing

The form of mindfulness practice described above is based on the Era I and Era II models of the woman's body: the physical and the mind-body models. Another form of mindfulness practice, awareness-based energy breathing, is based on the Era III model of the woman's body, the energy system model, and can integrate the best of the three Eras of medicine.

All the characteristics of mindfulness meditation described above are equally true of awareness-based energy breathing. It uses exactly the same mindfulness technique but with an Era III model of the woman's body. Her inseparable physical and energy body have different breathing capabilities. Women are endowed with the ability to breathe with both the energy body and the physical body at once (Newman, 2005). With energy breathing a pregnant woman may breathe completely to access full mind-body-spirit capability in labor.

Progressive Neuromuscular Release

From the very start of the UMMC meditation/medicine program in 1979, reclining progressive relaxation (PR), progressive neuromuscular release, was used as a complement to sitting mindfulness meditation. Kabat-Zinn adapted Jacobson's whole-body practice for healing the nervous system (body scan), turning it into a reclining practice of mindfulness meditation, with increased attention to moment-by-moment neuromuscular release. In doing so the UMMC method advanced PR as a therapeutic agent.

In applying the UMMC PR advancement to childbirth, there is a shift to the Era III model of the woman's body. In guided meditation, as the woman practices the progressive release of stresses on her nervous system, she practices healing her nervous system and her child's at the same time. She is connecting to her quantum body, a body of atomic light. She simultaneously practices shifting from mind to awareness while releasing neuromuscular stress. As she does so she may discover life-supportive dimensions of her energy body, and she may experience developmental bonding with her womb-child (Newman, 2005).

Comparing Stage Three mind-body OB practice with Stage One, we can see that induction instructions given by obstetricians using hypnosis for pain management are comparable to the instructions of childbirth methods today that use guided imagery (Achterberg, 1985). With respect to all three Stage Three methods described above, today women have audio-guides, made with sensitive voice intonations. Some give authentic prenatal and postnatal meditation instruction. Women play the instruction cds or mp3 files as a practice guide but they must do the practices for themselves, consciously and silently. They are active, in a healthful way, compared to the passivity of birthing women in Stage One mind-body OB practice and in medical birth.

Integral Childbirth Care

Imagine that we have the basis of a new childbirth health care system founded on integral medicine. The concept of integral medicine was defined in the 1940s from an older sense of the need for a total or complete model of patient care. When integral medicine is our model, body, mind, and spirit are inseparable. Ken Wilber (2005), in *Consciousness and Healing: Integral Approaches to Mind-Body Medicine,* says that the physician or care provider must be cared for, too. All factors that affect heath must be considered (Schlitz, Amorok, & Micozzi, 2005).

We can say that integral childbirth care began with Soviet/Lamaze PPM, educating women and teaching them a mind-body method that enabled them to be actively involved in the birth. That

is healthier for the woman and child than ignorant and passive birth and may avoid the risks of medical birth. Prenatal meditation offers us a more complete model of care. Through the use of mind-body and energy meditation we are evolving a more complete vision of the potential of maternal and infant health.

If complete childbirth care is to be given to women, they should be offered the model of complete function early in the pregnancy as a primary option, whether or not a medical birth is planned. The model of complete-function birth has the support of subtle energy science that exists in various traditions and has the increasing scientific study of the human energy system. We can sense the importance of energy system care in childbirth and in women's health in general. The amount of care that a woman is actually given in childbirth depends on how completely her body is respected.

When a woman receives childbirth education in the Era III model of medicine, she learns how to use her energy system in comprehensive prenatal care. Integral childbirth means that if the pregnant woman is not offered mind-body and energy breathing practice, then she is not receiving potentially important care that could help her significantly affect the quality of the pregnancy, birth, and parenthood.

Summary

Mind-body practice in childbirth began with the use of hypnosis in France in the 1850s, then evolved in Russia a century later. In the past fifty years, childbirth practice has advanced based on the principals of self-care and the methods of mind-body science. A new model of childbirth health care has emerged based on the principals of integral medicine and more sensitive research into the nature of maternal-infant health.

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