

Effects of Western and Eastern Perspectives of Mindfulness-Based Interventions during Pregnancy on Birth Outcomes, Maternal Physical Health, and Maternal Mental Health

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Published online: 27 March 2017
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For most women their first pregnancy is a life-changing time. This dynamic period poses many physical and psychological challenges despite the fact that pregnancy is a fundamentally healthy and normative process. One of these challenges has to do with the uncertainty of the outcomes of the birth for the mother, the infant, and the life of the family as a unit. Many women suffer from anxiety, depression, and increased levels of stress during pregnancy (Alder et al. 2011). The detrimental effects of distress, anxiety, and depression for the health and wellbeing of expecting mother and of infants have been documented in numerous animal and human studies (Glover et al. 2010).

Psychosocial interventions with pregnant women at risk for mental health problems are especially important due to the reluctance of many women to resort to standard pharmacological solutions during pregnancy due to the fear of potential harmful effects on the fetus. At the same time, effective stress-reduction programs for pregnant women have been few, and research on their effectiveness is scarce (Clatworthy 2012). The absence of unequivocal data makes it difficult for practitioners to make recommendations. In the context of this absent, interventions based on mindfulness appear to show great potential for promoting both the physical and the psychological wellbeing of mother and newborn. These interventions are based on two traditions, Eastern and Western. They have the advantage of being relatively easy and inexpensive to implement in group settings or even over smartphone.

Several of the promising mindfulness-based interventions for pregnant women reflect Eastern perspectives of mindfulness (Kabat-Zinn 1994), in which the pregnant women learn how to cultivate a mental state of awareness and to accept non-judgmentally and be open to the present moment with all its experiences, sensations, thoughts, bodily states, and environment, without attempting to change them. During the interventions, the pregnant women learn how to focus on the present and direct attention to their mental and physiological states without trying to change them and acknowledge mindfully that each moment that passes is replaced by the next one—throughout pregnancy, childbirth, parenting, and life (Duncan and Bardacke 2010). Sessions consist of group meditation, lectures about mindfulness and how to practice it, and sharing of experiences.

To date, there is little empirical evidence on the effects of mindfulness training during pregnancy, but the little evidence that exists is promising. Though with small samples, studies show that Eastern mindfulness-based interventions result in significantly lower anxiety, depression, and negative affect (Duncan and Bardacke 2010; Dunn et al. 2012; Guardino et al. 2014; Vieten and Astin 2008). The sustainability of the effects, however, and their generalizability across domains of functioning is still questionable (Guardino et al. 2014; Vieten and Astin 2008).

It has been suggested that interventions based on the Western perspective of mindfulness can also be effective for pregnant women, who learn how to distinguish between the various phases of experiences, rather than perceive them as a single, steady chain of events (Langer 2005). Interventions seek to develop context sensitivity, awareness of alternative perspectives of the experiences, and engagement with the present moment, rather than mindlessly focusing

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on the past. For pregnant women, mindless attitudes include the belief that they should be tired, unhappy, and have painful physical symptoms. General preconceptions about the physical condition of pregnant women can become self-fulfilling.

Although abundant studies have been published on the advantages of interventions based on the Western perspective of mindfulness, only recently have Western mindfulness-based interventions been used with populations of pregnant women. In a recent study, one group of participants received by smartphone mindful instructions to attend to the variability of their physical sensations (positive/negative) at week 25–30 of pregnancy. Mindfulness training resulted in better health for the expecting mother than for two control groups. Findings also showed that trait mindfulness predicted the wellbeing of expecting mothers and better neonatal outcomes, including higher APGAR scores immediately after birth and 5 min later. These findings suggest that Western mindfulness intervention can be easily taught and may enhance the pregnancy experience for mother and infant (Zilcha-Mano and Langer 2016).

Although Western and Eastern mindfulness perspectives are derived from different historical and cultural backgrounds, there are several similarities in their core elements, in addition to their unique benefits for pregnant women. Both types have the potential to mitigate the effect of stress resulting from the challenges of pregnancy by encouraging attention to variability, assuming that everything changes constantly from one moment to the next. By combining the two perspectives of mindfulness, women can learn how to cope with the stress, pain, and fear that often accompany pregnancy. They can turn this experience into an opportunity to develop inner resources that can later serve them and their families for a lifetime, enhancing their parenting abilities and increasing their resilience to its many challenges.

Despite the commonalities between the two perspectives, there are unique core mechanisms at work that differ in Eastern and Western mindfulness. Although both perspectives emphasize conscious awareness and attention moment after moment, in Eastern interventions a key component is the non-judgmental acceptance of reality, whereas Western mindfulness encourages participants to challenge what they perceives as reality by observing it from alternative vantage points. These two components, accepting and challenging, are not mutually exclusive, but they may require constructing different modes of living and being.

It may be beneficial to focus on the unique therapeutic mechanisms at the core of each perspective, for two reasons: matching and integration. Acknowledging the differences between the two mechanisms may help professionals in the community make educated decisions about which

intervention is better suited based on each woman's personal characteristics and motives, as well as on the given context. Although many pregnant women could benefit from both perspectives, it is likely that each individual may benefit more from one over the other. A synthesis of the qualitative data from Eastern and Western mindfulness studies suggests core differences in the manner in which each one is implemented in day-to-day life. For example, whereas the Western perspective may be more effective for women who benefit from focusing on challenging cognitive processes and who prefer intervention that can be conducted remotely (by smartphone), the Eastern perspective may be more effective for those who benefit from greater awareness of physical sensations and seek the advantages of a group setting (e.g., supporting surrounding).

The two perspectives can be synergized by focusing on the unique mechanisms of each, to further improve the health and wellbeing of pregnant women. For example, they could be integrated by encouraging pregnant women to accept the various aspects and new distinctions that Western mindfulness suggests producing for each situation. As participants write down the various emotions and sensations they are experiencing in a given moment, they can also be encouraged to show acceptance of these sensations, despite their possibly negative aspects and the contradictions between them. Participants learn to understand that each aspect of the present moment has its place and importance, and are encouraged to accept each moment with all its richness and alternative points of views. Participants should learn that rejection of any aspect of the present moment may have negative consequences, and that attempts to suppress or eliminate unwanted aspects of the present moment may only intensify these aspects and make them more distressful. Rather than attempting to change them, women should be asked to take note of their experiences and of the many alternative ways in which the present moment can be perceived, and accept these moments as they are.

In sum, using both perspectives of mindfulness, independently or in combination, can help families live healthier, happier, and more aware lives. Future studies are needed to understand who may benefit most from each of these perspectives and on potential integrative versions of the two.

Conflict of Interest The author declares that she has no competing interests.

Research Involving Human Participants and/or Animals The manuscript is a review paper. It does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent The manuscript is a review paper.

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