

# Hypnobirthing

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**Abstract: Hypnosis has been used for treatment of sleep, pain, and numerous other disorders for thousands of years. While still considered fringe by many today, hypnosis has been considered mainstream by many, even in the United States. Many cultural practices include hypnosis as part of a holistic approach to treatment. Hypnosis for childbirth is not a new concept and hypnobirthing practice is increasing. Certification as a practitioner of hypnosis can be a viable option for many childbirth educators.**

*Keywords: evidence-based, hypnosis, hypnobirthing, history, certification*

## Introduction

A woman contemplates the experience of labor beginning when pregnancy is confirmed and more as she draws closer to the end of her pregnancy. Portrayal in media and society often presents labor as difficult, painful, something to be feared. The reality of the labor experience is different for each woman, but there is a commonality of concern about expectations of labor. The medical method is the one most often chosen by obstetricians as an intervention in the labor process (analgesics, labor inducing drugs, epidurals), with the assumption that labor and birth are a medical condition and that the woman's role is reduced to passive experience (Kukla & Wayne, 2016). Hypnobirthing changes this dynamic. Hypnosis as a method of inducing a subjective experience where alterations occur in perception, lived experience, behavior, beliefs, thinking, sensation, or emotion (Elkins, Barabasz, Council, & Spiegel, 2015). Hypnosis is a technique used by therapists to help clients relax and focus, and is based on suggestion (APA, 2017). Hypnotherapy is commonly used to treat conditions such as pain control, anxiety, irritable bowel syndrome, and for helping clients to quit smoking (APA, 2017; National Center for Complementary and Integrative

Health, 2015). It is often used as an adjunct to other forms of counseling and therapies (Society for Clinical & Experimental Hypnosis, 2017).

Hypnosis is very much like how it feels when daydreaming; an experience that is familiar to the average person when comfortable and content. The method of hypnosis involves hypnotic induction through body awareness (relaxation of muscle groups), internal breath focus, guided imagery provided by an attendant, or self-hypnosis to facilitate a calm and altered state of consciousness (Lynn, Lawrence, & Kirsch, 2015). Hypnobirthing takes this method of hypnosis and applies it to the labor and delivery process. The process involves reduction of intrapartum pain and discomfort through alteration of response and perception of negative beliefs and fear through concentration and relaxation (Steel, Frawley, Sibbritt, Broom, & Adams, 2016).

Hypnobirthing is not a fad and it is not new. Elements of hypnobirthing have been around formally for almost a century, when Dr. Grantly Dick-Read, an English obstetrician, focused on reduction of fear and tension through relaxation, and hypnosis has been an American Medical Association approved part of scope of practice for physicians in the United States since 1958 (Sakula, 2004). The origins of the method, the technique, evidence/how it works, and training will be discussed further below.

## Origins of Hypnosis and Hypnobirthing

Egyptians used verbal incantations and rhythmic chants to facilitate a natural anesthetic state of mind over two thousand years ago (Hammond, 2013). Evidence has also been found of ceremonies that used hypnotic methods over a thousand years ago in Chinese, African, and pre-Columbian cultures (MacHovec, 1975).

While hypnotic, or trancelike states were in continuous use in many cultures throughout history, it was not formally explored until Franz Anton Mesmer. Modern hypnosis can trace its roots back to this 18th century physician Mesmer, who attributed hypnotic trance states to a form of "animal magnetism" (Stewart, 2005). Mesmer originally called this process animal magnetism because of his assumption that all living things had a magnetic fluid, or common magnetic

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force (Hammond, 2013). The technique for mesmerism required a session in a dimly lit room with music in the background and a light touching over the patient's body starting at the head and going down to the feet (Hammond, 2013). This mesmerism technique often lasted hours with only ten percent of the patients unresponsive to the technique (Morgan & Hilgard, 1973).

The term "hypnosis," from the Greek *hypnos*, was first coined by James Braid, a Scottish surgeon in the 19th century, as he thought the process of mesmerism was similar to sleep. Braid also is known for taking a more modern, scientific approach to hypnosis (Elkins, 2016). The amount and quality of research beginning in the 20th century, along with extensive experience in clinical settings, has given hypnosis mainstream credibility as a therapeutic tool (Elkins, 2016; Elkins, Barbasz, Council, & Spiegel, 2015).

Braid adapted the concept as he realized that hypnosis was not a state of sleep, but actually a concentrated attention and prolonged absorption (Tellegen & Atkinson, 1974). In 2014, the American Psychological Association, long aware of the importance of hypnotherapy as an essential element of clinical application and research, provided a formal definition of hypnosis: "A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion." (Elkins, et al., 2015, p. 383).

As mentioned earlier, Dr. Grantly Dick-Read was an early proponent of a more relaxed method of childbirth in the early 1930s. In 1959, Marie Mongan gave birth to her third and fourth children in a relaxed and self-sedated manner after she came across the works of Dr. Dick-Read. Mongan, who coined the term "hypnobirthing," was asked by her pregnant daughter to duplicate the method she used in her own childbirth experience which involved self-hypnosis (Mullan, 2008). Mongan had previously experienced the typical method of childbearing in the 1950s which included lying flat on a surgical bed while anesthetized with chloroform and serving as more of a participant than the one in charge of her own birth experience. By the time Mongan gave birth to her third child, she chose to follow Dr. Dick-Read's method of relaxed childbirth. Mongan's method provided a foundation for women to explore a level of relaxation that relied on natural birthing instincts and hypnosis in which breathing techniques and creative visualization aid the mother in feeling greater control of her birthing experience (Mullan, 2008). Since the inception of Mongan's hypnobirthing method, countless women have chosen to use hypnosis as a primary method for labor and delivery.



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## Evidence of Efficacy

Evidence-based birthing practices have shown that a minimalist approach is the most beneficial form of birthing for the mother (Wildner, 2008). Use of hypnosis during antenatal and intrapartum periods demonstrate a reduction in medical intervention. Sometimes referred to as hypnotherapy for labor, this method involves a mind-body technique in which the birthing process is reframed as safe, easy, and satisfying (Beebe, 2014). There are some healthcare providers who are resistant to the application of hypnotherapy during labor either because of lack of knowledge or rejection of evidence-based information (Beebe, 2014). Hypnotherapy has shown efficacy in for smoking cessation, anxiety, depression, and pain management, and cross-over to its use in childbirth has been evaluated as equally effective as hypnotherapy for these other treatments.

With the advances of brain scanning technology, there has been a resurgence in hypnosis research. While using hypnosis for pain brain mechanisms involved in the modulation of pain involve cortical (thinking) as well as subcortical areas (Vanhaudenhuyse, Laureys, & Faymonville, 2014). It can be seen on scans that susceptibility to hypnosis is associated with the brain/executive control capabilities associated with being able to focus, particularly in the right prefrontal cortex (Cojan, , Piguët , & Vuilleumier, 2015). In a fMRI study of hypnosis and pain there was found to be reduced activity in the dorsal anterior cingulate cortex, reduced connections between conscious awareness and pain sensation coming in to the brain, focused attention, and enhanced emotional and

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somatic control. Also found was a lack of self-consciousness which typically characterizes hypnosis (Jiang, White, Greicius, Waelde, & Spiegel, 2016).

Montgomery et al., (2014) found hypnosis as effective in controlling fatigue in patients with breast cancer who are undergoing radiotherapy. Under hypnosis researchers see modulations of core brain networks which are involved in higher-order thinking. Landry, Lifshitz, and Raz (2017) in their meta-analysis found that hypnosis relates to increased activity in higher-order visual areas. The visualization during hypnosis seems to be significant to its effect.

Another meta-analysis demonstrated that hypnosis was safe for patients with irritable bowel syndrome resistant to medical treatment (Schaefer, Klose, Moser, & Häuser, 2014). Since hypnosis is not invasive, has no side effects, and benefits are applicable to many life situations, it does need more research and practice in today's world (Wilson & Dillard, 2012). Doulas and nurses often get extra training in guided imagery and hypnosis to assist laboring women.

## How It Works

There are a few common myths or misperceptions about hypnosis. Probably the two most common are beliefs that undergoing hypnosis will make the subject submissive and under the complete control of the hypnotist, and that the person will lose consciousness and memory (American Society of Clinical Hypnosis, 2015). Most who practice therapeutic hypnosis do not assert any power over their clients, rather empowering them to choose and control the process.

Hypnobirthing is relatively simple. Hypnotherapists often start the preparation for childbirth early in pregnancy, but it is still effective if started during the third trimester. It does take some practice. The intention of preparation is to reframe the knowledge of the birth process. Instead of the focus as a painful, difficult, and dangerous experience, the reframe provides a substitution of terms to change the woman's perception of the experience. Instead, the focus is on awareness of the natural instinct of a woman's body toward the innate ability to give birth (Mongan in Beebe, 2005). The induction of hypnosis often starts with closed or lowered eyes and breath focus (Wilson & Dillard, 2012). Through hypnotic suggestion, the laboring woman will focus on areas of her body where muscle tension may occur. Positive affirmations are given to assist in relaxation and to provide a feeling of safety during the birthing process (Beebe, 2005).

## Training and Certification

Many countries, states, and provinces offer certification courses in hypnosis and hypnotherapy with legislation by state in regard to expectations of certification with a general range of 100 hours to over 300 hours depending on the level of training and practice one needs for certification (Southwest Institute of Healing Arts, 2017). Most hypnotherapy certification requires a license to practice in the health care field, but not all. Many are psychologists, nurses, physical therapists, medical doctors, massage therapists, and social workers.

It is wise to look for training courses that have a philosophy of safety and evidence-based practice. Hypnosis certification often includes a network of interprofessional groups which increase understanding and professional cohesion between physicians, nurses, educators, and doulas (James, 2009). Check with your state regulatory agency to determine state level expectations toward certification or licensing. Some states may provide information about certification under the mental health practice umbrella.

Find ways to incorporate hypnosis into childbirth education as a viable option for families. Look for local training opportunities that can count toward licensure for your own practice. Hypnosis during labor has the potential to reduce the use of drugs and fear through practice and education. Shorter labors might be because of less resistance and less emotion with contractions. This low-risk approach can provide a more calm and peaceful birth environment, with lower blood pressure, and more effective regular heart rate. Hypnosis is a viable option for childbirth and an exciting new tool to add to the tool box of those who help women give birth.

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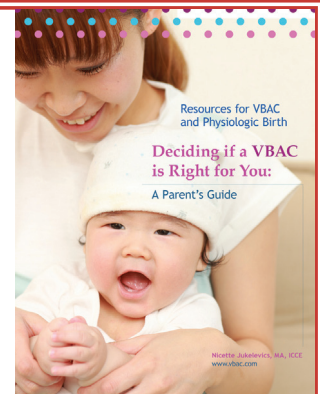
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