

HYPNOSIS IN CHILDBIRTH: BEYOND PAIN CONTROL

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ABSTRACT

Pain control in childbirth is a special case because childbirth is not an illness. We are obliged to treat it differently from the pain of disease.

Hypnosis can complement the best prenatal preparation. Most women whose bodies and minds are prepared for labor, who are adequately supported throughout, and whose self-esteem is intact have safer, more comfortable childbirth and considerably less need of drugs.

Hypnotic suggestion and imagery begun early in pregnancy help a woman to work with and assist her own physiologic processes. With hypnosis, a woman can be helped to transcend many limits of expectation and to participate fully in one of life's sublime dramas.

KEYWORDS: Hypnosis, Childbirth, Pain control

An obvious truth that needs to be emphasized is that pain is a natural part of childbirth but it is not its central experience. Childbirth does not have to be traumatic. Birth is made to be more painful when women are abstracted from their native abilities, when important aspects of the birth experience are neglected, and when obstetrical management of childbirth renders women too helpless to use their own emotional and biological resources. Hypnosis can protect against these risks by enhancing women's preparation and participation in childbirth.

When pain is no longer the main preoccupation of either the mother or her helpers it causes less suffering and so it becomes less of a problem to treat, either with hypnosis or with drugs. Furthermore, freed from the vicious cycle of dwelling on pain and then struggling to treat it a woman can have other wishes for her childbirth fulfilled. Women can cope better with pain when they are adequately supported and they are more comfortable when their other wishes are respected.

A woman might want to enhance her sense of competence, fulfillment, ecstasy, power, spirituality, or identification with other childbearing women. She may prefer to focus on her family relationships at a time when love and nurturing are so important. She may need to marshal her inner strength to prevent her energy from being sapped by the hospital. What she probably doesn't want is to be absorbed either in thoughts of pain or in the pursuit of analgesia.

When we do hypnosis, we should remember this and not emphasize either the pain or efforts to treat it. The use of hypnosis purely for analgesia risks setting up a self-fulfilling prophecy that pain, even hypnotically reduced pain, is the main focus. Paradoxically the pain may thus become harder to relieve. More comprehensive hypnosis can help a woman to reframe her pregnancy and childbirth by enhancing desirable experiences, and thus, indirectly, to reduce the importance of pain.

Another risk of focusing disproportionately on pain control, even in hypnosis, is the feeling of failure some women have if they feel any pain at all. Not every woman is going to have textbook hypnoanesthesia. Even women who have had a relatively untroubled labor sometimes admit to a feeling of disappointment – that they had struggled to get a hold of their pain and were distracted by the hospital routines or concerned about how they would appear in the eyes of others.

Yet the pervasive preoccupation of formal childbirth preparation in some societies is how to deal with pain when it comes, and what to expect at the hospital. Too often prenatal classes prepare women to bear children only with significant help from medical technology. After all that they have absorbed from friends, relatives, and prenatal classes many women are left with presuggestions of pain and a felt need to have someone take their pain away, usually by drugs.

The hospital itself evokes thoughts of pain and of treatment. I know as a family doctor that the hospital environment tends to depersonalize, to make people passive, and to strip them of many rich personal resources. Both the givers and receivers of care are prone to this depersonalizing tendency.

Consequently, some of what we do is really dehypnosis to undo the preconditioned fear of childbirth. Counteracting pain-intensifying presuggestions reduces potential pain. In the process, we can diminish anxiety that reinforces the tendency to rely on excess technological intervention as a substitute for peace of mind. In turn, less medical involvement in childbirth means less danger for mother and baby.

Based on the wishes I've heard women express, there are plenty of priorities for hypnosis to address, independent of pain control. Each of these could be a theme of hypnotic intervention:

- the concern first and foremost that the baby be well
- the wish to feel more in control
- the wish not to lose control¹
- that all the muscles and organs involved in labor and delivery work properly
- to be confident
- to enjoy as much as possible the act of bringing life into the world
- to feel the baby being born²
- that the physical separation from the baby occur gently and with nurturing
- wanting not to be paralyzed by fear of medical complications³
- wanting help with fears of dying⁴
- healing the remembered hurts of a previous childbirth
- entering motherhood proudly and with dignity
- affirming her self-esteem and mothering capacity⁵
- achieving spiritual goals.

It seems evident from these and other wishes that many childbearing women are less exclusively preoccupied with pain control than are health care professionals.

Childbirth is not an illness. Quite the contrary, childbirth is about life-giving, the life cycle, about becoming greater with the appearance of the new human being, about achievement and pride. It is an opportunity for a woman to feel supremely alive. Childbirth itself is a transcendent experience for all human beings, whether or not they think of themselves as spiritual.

¹ Fear of loss of control often overshadows the fear of pain. Loss of control can be felt as loss of dignity or even loss of self. Some societies disapprove of women who appear out of control or who engage in wild behavior. And yet there are few experiences that compare with childbirth in challenging our notions of control or inviting wild behavior.

² Chemically anesthetized childbirth robs women of one of life's climactic sensations. Given a comfortable alternative to suffering most women do not wish to lose the feeling of their baby being born. Hypnosis shouldn't try to duplicate this unfortunate feature of drugs.

³ Hypnosis can offer ways to allay conscious and unconscious fears of mishaps that are actually unlikely to occur.

⁴ There's nothing like parenthood and the drama of childbirth to remind one of mortality. Our collective human memories include those of deaths in childbirth.

⁵ These almost certainly diminish the suffering of pain. A most satisfying use of hypnosis during pregnancy is to help a woman optimize her own self-image and thus not feel childbirth to be traumatic.

We must remember that the mother is doing the birthing. The events of pregnancy and birth belong to her; they don't merely happen to her. The less that is done to her the less she will be given the indirect suggestion that she is a passive vessel of childbirth, of obstetrical phenomena, or even of hypnosis and the less she will necessarily be overwhelmed by pain.

The same applies to the trance itself: the mother, not the hypnotist, owns the trance. We may reinforce at every opportunity that the woman herself is in the driver's seat, both consciously and physiologically. This is helpful to counterbalance the many and persistent forces which, throughout pregnancy and especially in the hospital, conspire to render a pregnant woman passive.

Paradoxically it may sometimes be appropriate to appeal to a sort of passivity. No matter how prepared a woman is for confident childbirth, there is always a locus of control which lies outside her conscious grasp. This may be found in the physiological cascade of events which takes place during labor and which may include the unpredictable or the difficult.

We can hypnotically reinforce trust in the birth process which has taken place unbroken for millions of years. I have heard this process described as letting a great wave pass through oneself and not needing to fight or control it. Women say that they knew at certain moments exactly what their bodies were telling them to do. A woman who is trying to focus on control might be helped hypnotically to let go and to let childbirth happen in her and through her.

For each woman there is a balance between being active and being passive during childbirth, and we should not be afraid to make apparently contradictory suggestions. In an elegant application of paradoxical hypnotic communication, we may simultaneously send different yet equally important messages to her various levels of consciousness. One woman eloquently expressed to me: "If you willingly give over control to the natural force that you can trust, you merge with it. Then control is no longer an issue because you are that natural force and it is you."

There are other uses of hypnosis in the realm of mind-body interaction. We know that hypnosis can enhance voluntary control of so-called involuntary muscles such as those of the vascular, respiratory, and digestive systems. Similarly, there is voluntary control affecting the pelvic muscles. For example, in the continuum of labor there comes the time for the muscles of the pelvic floor to relax and allow the passage of the baby. Some women have difficulty with this, possibly because they have been encouraged to focus on contractions rather than on achieving selective muscle looseness.

Hypnosis is ideally suited to assist in the really quite indirect action of relaxing pelvic muscles while squeezing downward with others. Hypnotic suggestions to relax the pelvic outlet include visual imagery of widening and opening, kinesthetic imagery of loosening, of releasing, and of warmth on the perineum, and abstract imagery of the downward outward movement of the slippery baby who passes through and dilates the pelvic structures.

The opening to the womb has inspired imagery throughout human history. The cervix can especially be a source of hypnotic imagery for its owner during the event for which it was expressly designed.

The mouth can be a useful symbol of the pelvic outlet. At the appropriate time during labor we may offer suggestions to a woman that she feel relaxation of her mouth: the lips loose and open, the tongue floating, the throat wide and clear, the jaws slack, the air passing easily through. Then, just as in transferred hypnotic anesthesia, we suggest that she can pass her oral relaxation to the analogous muscles of her pelvic outlet.

It may be appropriate to confirm to a woman that her pelvic muscles have had to remain tightly closed for nine months to protect the baby and then to suggest that now their job is done and they have succeeded. It is safe for them to relax and even to transmit the pleasure of guiding the baby along.

There is other compelling medical justification for promoting hypnosis as an alternative to conventional anesthesia: Quite simply, a woman and her baby are safer in childbirth when she is less in need of technological support. Any form of chemical anesthesia, even the epidural so widely believed to be innocuous, sets in motion a cascade of more frequent and aggressive medical and surgical interventions. The result is increased risk of complications, of danger to mother and baby, and of painful sequelae.

But even when circumstances really do require medical intervention hypnosis has a role in helping it proceed as smoothly and comfortably as possible.

The physical and emotional events of childbirth leave their mark on parents and child for the rest of their lives. A person's lifelong chances for happiness or conflict may in some measure be determined by the gentleness or violence of birth. It would be important to know if there is a correlation between overmanaged childbirth and postpartum depression. Like episiotomies, drug reactions, and some forms of fetal distress, depression has come to be regarded as both a common occurrence and a reason for further medical intervention. If such a correlation exists then postpartum depression may be yet another complication of obstetrical technique and unpreparedness that hypnosis can help prevent. Certainly depression seems incongruous when the joyful context of birth is maintained.

Problems of parent-child bonding caused by overmanaged birth might be prevented when hypnosis helps to provide a gentler alternative. Furthermore, hypnotic suggestion can actively enhance the bonding.

To these concerns hypnosis offers two kinds of help: it can lessen the incidence of aggressive management of childbirth and it can directly promote a peacefulness that is not a high priority of conventional obstetrical practice.

Not surprisingly a woman may want to feel what it's like to have a baby, one of life's climactic sensations. Besides, she may want to know that she possesses the power to have a baby without either technological or psychological anesthesia.

We should remember that “anesthesia” means “no feeling”. Loss of feeling involves also an absence of proprioception, of the awareness that the body belongs to oneself. Anesthesia can steal a woman’s body from her at the moment of its highest and most ecstatic achievement. Rather than anesthetically dulling the senses, hypnosis can sharpen and heighten them. The body, viewed as a source of pleasure and achievement, provides the mother with sensations other than pain. For example, enhancing the feeling of contractions doesn’t necessarily mean the same as increasing the pain. Instead, it can as easily increase the pleasure of working to bear the baby.

A traditional use of hypnosis has been to help women to dissociate mind from laboring body in order to relieve the perception of pain. Although helpful and often appropriate, dissociation raises some philosophical and practical problems. Many women, in the climactic moments of childbirth, seek not fragmentation but yearn for integration. For many a woman this is the time in which she should be whole. There are already many social pressures acting on women that encourage them to divide themselves into differently defined functions. Further division may suggest loss of identity.

If we employ dissociation, the metaphors that we choose contain embedded suggestions whose effects we should consider carefully. Imagery that separates her from “the action” may leave her disappointed afterward, with a feeling of having been abstracted from her deeper parts at a crucial moment. Using such concrete imagery as symbolic wires and switches which control awareness of pain risks suggesting to a woman that she or her childbirth is mechanical. It is a small step for the unconscious mind from this to an unfortunate social injunction that women are to control themselves or be controlled.

The best childbirth experience occurs when a mother or couple is deeply involved, not with an elaborate metaphor for what is happening, but with exactly what is happening. They are having a baby. It is right to help them to remain existentially present in the experience, supported, focused, and comforted.

Fortunately, we can offer suggestions that do not abstract women or couples from what is happening. A host of simple hypnotic techniques can lessen or prevent anxiety and physical tension and allay conscious and unconscious fears of mishaps that are actually unlikely to occur. With our language, we can reframe pain as force, saying, for example: “You will feel the very strong force in your uterus, in your body, as it gathers power and accomplishes its work.” We should frame in a positive way everything that happens in normal labor because a woman who feels that her sensations have purpose is less prone to anxiety and amplified pain. Each event is recognized as part of the process of making life.

Self-esteem alone accounts for much of the comfort of non-medicated childbirth. We can build upon a woman’s self-esteem at all stages of pregnancy and labor and at all phases of the hypnosis.

Hypnosis can deepen her rest between contractions. If she is tired hypnotic suggestion can help her to appreciate the great strength of her uterine muscles and encourage her to carry on.

We can help a woman to remain self-possessed and calm while asserting her wishes to hospital staff. Hypnotic suggestion can create privacy when it is needed in the hospital.

A woman can be helped to “go inside and listen to her body” and recognize the signs of readiness to push. If she wants a positive feeling flowing through her, perhaps as light, warmth, energy, breath, or motherliness, this perception can be enhanced by hypnosis. Hypnotic suggestion can emphasize the connection and communication with the baby before, during, and after labor.

As hypnosis is more and more regarded in the realm of the mainstream it should retain its capacity to be idiosyncratic and therefore to be integrated and human. Just as complications accompany inflexible obstetrical technique, so may disappointment follow too-standardized hypnotic technique. There is not one best way to use hypnosis.

We should not be dogmatic even about using hypnosis exclusively or at all in childbirth. Circumstances or the wishes of the woman may justify the use of other means, including pharmacologic analgesia or anesthesia. The last thing the area of childbirth needs is to replace one rigid behavior with another. We don't need a rigid definition of trance, either. Pregnancy and childbirth always coexist with trance, whether or not anyone calls it hypnosis.

Some women report that they spent much of their pregnancy in a dreamy trance-like state. A pregnant or laboring woman may have plenty of recognizable trance phenomena at her disposal, such as shifted focus of attention, altered body awareness, time distortion, memory alterations, sensory enhancements, emotional and physiological changes, automatic behavior, and the effects of sleep disturbance. Often all we need to do is to help apply these phenomena to the purpose of her comfort and sense of competence. Taking time, we may also explore with her the ways she feels special or transformed and we can then utilize very naturally her own perceptions to generate desirable hypnotic responses.

A woman about to have a baby can't *not* be in a trance. Furthermore, since birthing women are not to be treated as passive participants it is probably better not to conceive of trance as something we induce in them.

With true Ericksonian⁶ inspiration we can utilize a woman's own experience, sensations, values, and trance phenomena to help enhance her childbirth.

⁶Milton Erickson (1901-1980) was an American psychiatrist who was influential in the modern renaissance of therapeutic hypnosis, and who refined it to a high degree, utilizing his patients' own experiences and behaviors to achieve therapeutic change. Many disciples carried his work and example forward in their own practices.

The word “utilize” is problematic because it might imply that the childbearing woman is passive, her perceptions and behavior used as if they were mere tools. Any suggestion of a “one-up, one-down” model doesn't belong in childbirth.

Whether or not we utilize it a woman has at her disposal a rich repertoire of emotional, psychological, cultural, and spiritual resources that don't have to be left outside the birthing room with her street clothes. She may already have ways to deal effectively with notions of suffering and so may have limited need for specific pain control. She may be proficient in her use of imagery and suggestibility. By enlisting her resources, the hypnotist can become a catalyst for her to use her own potential. This is not only elegant therapy; it is most ethical and respectful of her.

Men can be helped by hypnosis to optimize their involvement in all stages of childbirth. Society's expectations of men range from excluding them entirely from the events of childbirth to requiring their full physical and emotional participation. Often, though, a man's role is vague and we can help him define it.

Men share in the generative process and are equally responsible for bringing life into the world. It is not enough that men are encouraged to be useful in the delivery room. Hypnosis can include and integrate them and avoid dissociating them too from the birth experience. By enhancing men's experience of childbirth, they benefit as individuals, as mates, and as fathers. A well-prepared father may reclaim his place beside his birthing partner, a place that has often been usurped by professionals.

He might be helped hypnotically to deal creatively with major changes in his life and in his relationship with his spouse. He can prepare himself to meet the intensity of her labor with supportive strength and respect instead of fear. His optimal self-image will influence the life of the newborn.

A man might want to take things even further and imagine hypnotically that he too is giving birth. In such an empathic way, he confirms his role as a parent and a nurturer for a long time to come.

The empathic rapport between mother and father is a powerful mediator of comfort during pregnancy and labor. Childbirth is made more comfortable in societies which encourage supportive family and group relationships. Hypnosis may help such supportive links to develop where the potential exists.

Sharing a trance with a laboring mother might make it easier for others (including medical staff) to understand and fulfill her needs and to avoid dictating to her the needs of the institution.

Perhaps this discussion of hypnosis reflects a vision of childbirth in which women regain the control they have lost and in which helpers are motivated by empathy and sharing. All this raises possibilities for the future of hypnosis itself. In the way it involves spouse, family, caring supporters, values, and the recognition of the whole person, hypnosis is a manifestation of mutual empathy.

I would like to share the words of a mother who found benefit from hypnosis: “Too many women come through the birth experience feeling defeated. I compare this with the mastery that is possible with the help of something like hypnosis: the sense that the life of the offspring begins with such elemental satisfaction. The euphoria that follows childbirth does not have to be caused only by hormones or by mere reaction to the event itself. It can be rooted in the sense of being present, aware, and actively creating the central experience that changes one's life.”

This, to me, is a clear mandate for hypnosis. What is more, hypnosis helps people explore their own values and parental strengths so that they and their children benefit. After all, birth is not an end; it's a beginning.

EPILOGUE

My 1992 article about hypnosis in childbirth (which was presented that year at the World Congress of the International Society of Hypnosis) represents where I was at the time in my evolution in whole person care. It was an exploration of whole person care through the lens of clinical hypnosis in the specific context of childbirth.

The intended listeners were practitioners and researchers in clinical hypnosis. Among them were people who shared the principles of whole person care, though I think I hoped to bring others around to this orientation. It pleases me to know that at that stage in my career my yearnings as a doctor were very much alive and consistent with today's, including my invoking by its name the concept of whole person care.

The ideas that now give me a home in the community of people involved in whole person care were emerging in me at a time when I felt like an outsider to a kind of dominant medical culture in the 1970s and early 1980s, grappling with some of the hardness in medicine, and later when I felt a bit like a rebel in the middle of my career. Hypnosis offered a way to recognize my patients' humanity and inner resources in a model that acknowledged the relationships of mind and body and the hidden potentials in everybody.

I can also see the arc across my career that unifies and validates what I have been thinking over the decades. I now know that the way I did hypnosis was similar to, and sometimes identical with, forms of mindfulness meditation, particularly when compared to some of the more conventional hypnotic practices of others at the time. In this respect I may have been a maverick among my conventional medical colleagues as well as among my hypnotherapeutic colleagues. But it felt right to me.

As it turned out, and as my family medical practice developed, I was doing less formal hypnosis and more of an integrated practice that involved listening, choosing my words and communication styles carefully (as are done in effective hypnosis), and most importantly an overall respect for my patients, their contexts, and the constructs they brought to our encounters. The formal acts of hypnotic induction seemed less important than facilitating the core experience of establishing contact with the present moment, and then imbuing it with a therapeutic messages whose content and sensory language were based on what I learned from

them. More importantly I think, I came to an understanding that people spend much of their conscious time already in trance states, that some of these could be bound up in suffering, and that with this understanding of trance phenomena I could have a role in helping them wake from them. Trance can be our helpful autopilot, a context for therapeutic change, or a way to describe a set of compelling perceptions and behaviors that limit a person's experience of wholeness. There is a clear connection between this earlier realization and my interest in mindfulness-based practice.

Some personal context is in order here: my wife gave birth to our daughter having used hypnosis during her pregnancy and delivery. She was the only woman in the double cohort of prenatal classes we attended who did not receive medication for analgesia or anesthesia when giving birth.

The paper that I wrote speaks of the opportunity for exhilaration and profound meaning for childbearing women, but I must add that I too experienced the added dimensions afforded to both of us by the process we went through together. Our daughter was born of this.

Now in retrospect, I see how the principles of whole person care were very much on my mind when I gathered my thoughts together to write this paper. ■