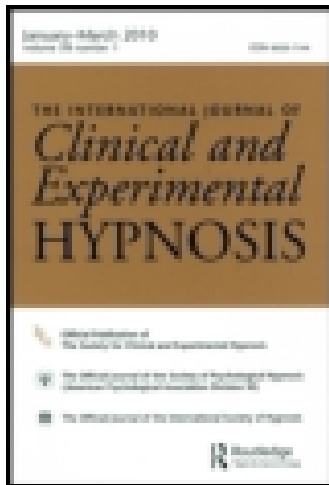


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Self-Hypnosis in Childbirth: A Clinical Evaluation of a Patient Conditioning Program

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The use of hypnosis in obstetrics has shown a steady increase both in clinical utilization and scientific recognition.

Modern obstetrics has followed the course of modern medicine, passing through the distinct phases of bacteriology and chemistry. It is presently, like the whole field of medicine, entering the era of psychology.

The traumatic implications of childbearing and the accompanying fears and bodily tensions, albeit long recognized have received often too little attention at the hands of the busy and overburdened clinician. Recognition of pain reduction as advantageous in the delivery itself reached a new level in the early decades of the twentieth century with the increasing popularity of "twilight sleep" induced by hyoscin or scopolamine (12). Indeed Williams (13) and others at this time dared to challenge the ancient edict: "In sorrow thou shalt bring forth children."

The use of hypnosis as a means of gradually preparing the patient for the experience of childbearing, despite its early promise, was overshadowed in an age of increasing drug utilization. It remained for Grantley Dick Read (9) to lead a new movement toward the recognition of the fact that childbirth could be a relatively comfortable process in a patient trained in relaxation who could enter labor with a minimum of fear. Read's method in various forms was adopted by practitioners in the United States. Finally, Thoms (11) at Yale directed a program in training for childbirth. While the latter has claimed, as did Read himself, that hypnosis or suggestion therapy were not involved in the results, this concept can most certainly be challenged. For example, Mandy, Mandy, Farkas, and Scher (5) emphasize the identity of the Read technique and hypnosis.

There is little question as to the remarkable effectiveness of hypnosis in obstetrics. Several outstanding obstetricians, Abramson (1) and Kroger (3), for example, have in recent times used hypnosis in the birth process. As Kroger (4) points out: "The hypnoidal state is a safe amnesic, analgesic, and anesthetic agent. There are no untoward effects on the mother or baby . . ." Abramson and Heron, a psychologist (1), more conservatively recognize that not all cases give the spectacular picture of deep hypnosis. They say, and correctly: "But we do not have to seek only these outstanding cases in order to establish appreciable benefits from prenatal hypnotic training."

For the greater part, hypnosis in obstetrics has been employed in a heterohypnotic relationship, with the hypnotist assuming direct responsibility and procedure for bringing about those emotional and physiological conditions most conducive to painless and efficient childbirth. In many instances, the

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obstetrician himself has employed hypnosis with his patient, starting early in the program and carrying through to delivery. In other instances, the obstetrician has utilized another person as the hypnotist, either a psychologist or physician specially trained in hypnosis.

Little formal attention and study has been given to self-hypnosis as a training or conditioning procedure in obstetrics. Schneck (10) reports upon the use of self-hypnosis in an obstetric case and in evaluating the results as well as the procedure emphasizes the potential utility of such a program. Newbold (6, 7, 8) places strong emphasis upon such a form of pre-natal training and indicates an outline for such a program.

During the past two years, the authors have utilized a self-hypnosis training program with selected obstetrical patients.¹ A reasonably large number of patients have been seen and their progress through delivery evaluated. It is the purpose of this paper to briefly present an outline of the administrative procedure utilized and a statistical evaluation of the nature of the hypnotic effects and conditions achieved. Such a report for a self-hypnotic obstetrical program has not as yet been presented.

Procedure

In general, the self-hypnotic program includes:

1. Psychological evaluation of the patient's capability to utilize hypnosis in the clinical management of childbirth.
2. The use of psychological test techniques to screen out those patients whose emotional adjustment appeared too precarious to warrant undertaking this type of hypnotic training and the clinical evaluation of their response to hypnosis and the hypnotic-relationship with respect to its emotional desirability and its psychophysiological effectiveness.
3. Following selection, individual training in hypnosis, to the point of greatest response and behavior control that was possible, was undertaken.
4. The development through self-direction of techniques of relaxation, muscular and sensory control and emotional equilibrium.
5. The extent of behavior control obtained ranged from relaxation to complete anaesthesia and particular attention was placed upon methods of pain control and anxiety management by the patient herself.
6. In general, patients were seen once a week over an eight week period for an average of 30-40 minutes per session.

Results

Table 1 presents a statistical report of thirty obstetrical patients who were trained to utilize self-hypnosis during their pregnancy and employed it during the delivery. Their age ranged from 20 to 37 with an average age of about 28. The depth of hypnosis obtained is shown by the Davis-Husband

¹The thirty cases reported upon in this paper represent only the cases seen by one of the writers (MVK).

Scale (2) rating, which while in need of some revision permits a systematic classification of hypnotic depth with respect to its major functional characteristics. The number of training sessions are also reported, as well as the number of patients who utilized drug techniques along with hypnosis. A clinical estimate of comparative dosages of such drugs is also indicated. Tables 1 and 2 show the relationship of hypnotic depth to the utilization of drugs.

Table 1
Statistical Description of Hypnotic Training, Depth and Utilization of Self-Hypnosis Technique for Thirty Obstetrical Patients

Patient	Age	Hypnotic Depth Davis-Husband Scale Rating	No. Hypnotic Training Sessions	Cases in which drugs were used	Clinical Evaluation of Drug Dosage
1	23	6	12	X	0
2	28	15	8	X	—
3	37	18	10		
4	28	18	8		
5	26	25	8		
6	31	15	8		
7	29	11	11	X	0
8	26	10	9		
9	27	6	14	X	+
10	33	15	8		
11	30	15	8		
12	31	15	8		
13	34	11	8	X	0
14	33	6	15	X	0
15	27	11	8		
16	26	25	8		
17	24	18	8		
18	25	11	9		
19	28	15	8		
20	29	6	10	X	0
21	28	11	8	X	—
22	28	6	10	X	—
23	23	11	10		
24	36	10	11	X	—
25	21	15	8		
26	20	25	8		
27	28	6	12	X	0
28	34	6	14		
29	30	11	8	X	—
30	29	6	11	X	—

At the time of delivery, the attending obstetrician evaluated the amount of drug used in relation to "average" ranges in normal cases of childbirth. The following scale was then used to describe these evaluations:

- = less than "average" drug administration
- 0 = "average" drug administration
- + = "more than average" drug administration

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Table 2

Evaluation of Depth of Hypnosis and its Relation to Obstetrical Procedure at Delivery

Davis-Husband Scale Ratings				No Drugs Used 57%	Less than Average Drug Dosage 17%	Average Drug Dosage 23%	More than Average Drug Dosage 3%
0 - 10	11 - 14	15 - 24	25 +				
33.3%	23.4%	33.3%	10%				
Complete relaxation and some analgesia	Hypnotic anaesthesia — self-hypnotic in most cases	Complete post-hypnotic anaesthesia as well as control over sense and perceptual modalities	Complete Somnambulism	Obstetrician and patient felt no need for supplementary drugs	Based on clinical evaluation by obstetrician	Based on clinical evaluation by obstetrician	Based on clinical evaluation by obstetrician

For this group of patients an average of 9.5 hypnotic training sessions of approximately 35 minutes were employed. 57% of these patients did not receive any drugs during delivery. Of the 43% who did utilize supplementary drugs at the discretion of their obstetrician, 40% in the opinion of the obstetrician utilized the same or smaller dosages than might usually be administered in a comparable non-hypnotic delivery. Only one case required greater drug administration than would usually be necessary. 17% used smaller than "average" drug dosages.

33% of the patients achieved a level of hypnosis capable of producing complete relaxation and varying degrees of analgesia. Anesthetic reactions were spotty in this group and not consistent either in hetero or self-hypnosis. This was the group of patients in the "lighter" stage of hypnosis ranging on the Davis-Husband Scale from 0-10. All patients in this group were capable of at least complete relaxation and virtually all achieved some degree of analgesia.

A depth of hypnosis ranging from 11-14 on the Davis-Husband Scale was attained by 25.4% of the patient group. All patients in this group were able to obtain a clinically complete anaesthesia both with hetero and self-hypnosis.

33.3% of the patients ranged from 15-24 on the Davis-Husband Scale and were capable of post-hypnotic anaesthesia as well as partial to complete amnesia. 3 patients of the 30 were somnambules. In sum, 67% of the patients in the entire patient group were capable of achieving some degree of anaesthesia either through hetero-hypnosis, self-hypnosis or post-hypnotic techniques. In some 40%, distinct alterations in perceptual and memory function was possible, permitting more direct management of pain, fear, and muscular control.

Discussion

In appraising the results of this experimental use of self-hypnosis with 30 obstetrical patients it was found that virtually all patients profited to some degree from the hypnotic training. A very large percentage was able to go through childbirth either with no drug techniques or with significantly reduced dosages. Clinical evaluation of the patient's reactions to the delivery and post-delivery periods by the obstetrician indicated that self-hypnosis facilitated the birth process either through an elimination or reduction of drugs and by increasing the patient's response and utilization of those drugs that were employed. More exacting studies of this latter element must be made, since it bears on the general problem of psychopharmacology as well as its function in childbirth.

For the greater part, the obstetricians involved were technically unfamiliar with hypnosis and had not themselves ever employed it. Their reaction to its use was essentially cautious and critical, with some tendency to quickly institute drug techniques at the first sign of pain of any considerable nature. It is likely that with further experience with hypnosis, participating obstetricians will be able to eliminate or cut down drug techniques even beyond the percentages reported here.

It is also likely that with some further intensification of hypnotic induction and conditioning methods, the percentages of "deeper" hypnosis and more extensive pain control can be increased. Observational reports by the obstetricians in this study indicated that they felt most of the patients maintained better emotional control and managed their fears considerably better than "had been expected."

Further research in evaluating emotional as well as psychophysiological adaptations through self hypnosis is needed in order to improve the method of hypnosis in childbirth reported upon here. The results clearly indicate its advantages to the patient and the physician.

Summary

A two year experimental study of the use of self-hypnosis in childbirth has indicated its general effectiveness for virtually all the patients who received this type of pre-natal preparation. Although problems of selecting patients capable of utilizing this method have not been discussed in detail in this paper, it must be understood that this study depended upon a patient population selected on the basis of specific psychological characteristics which were indicative of both the judiciousness and effectiveness of self-hypnosis for obstetrics.

Within the limits set by these selective characteristics, which in themselves may be greatly broadened by further study, self-hypnosis as a means of patient participation in childbirth appears to have very great merit. It is a method that lends itself to simple administration and can be extended to

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many more patients than any other hypnotic approach. It minimizes the need of the obstetrician to utilize time and effort in patient conditioning without sacrificing any of the advantages of hetero-hypnotic techniques. Its use on a larger scale than reported upon here, with more exacting investigative techniques, seems clearly indicated.

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