Body-Centered Hypnosis for Pregnancy and Childbirth

Pregnancy, Birth, and Midwifery

By Gayle Peterson, Ph.D.

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The birth of a baby is the birth of a family. A myriad of births take place at once: women become mothers, husbands become fathers, daughters become sisters and sons become big brothers. One birth ripples through generations, creating subtle shifts and rearrangements in the family web.

Unfortunately, we rarely regard pregnancy and birth as formative phases in family making. Nor do we realize that as a woman enters motherhood, she feels new, pressures— some of which derive from her own experience of having been mothered and some of which are engendered by family and societal beliefs and mandates. Moreover, hardly ever are the coping styles promoted in the marketplace applicable to the stress of labor.

To begin to address women's needs in a meaningful way, we must encourage a yielding relationship to the childbirth process. We must emphasize the sensation of following - one's baby, wherever that may lead. Above all, we must foster trust and cooperation in labor, rather than a desire to take control of the process.

Body-centered hypnosis does just that it facilitates prenatal bonding, noninterventive birthing, and healthy postpartum adjustments as well. When integrated into prenatal preparations, it creates a bridge between the unconscious bodily processes of pregnancy and childbirth and the emotional and psychological growth required during this sensitive time in a woman's life cycle.

OVERCOMING ANXIETY THROUGH HYPNOSIS

Reduced maternal anxiety is the psychological factor most significant in normalizing pregnancy, labor, and birth outcomes. High-anxiety states, which affect oxygenation and the flow of nutrients to the fetus, have been correlated with abnormal decreases in fetal movement.(1) Anxiety has also been associated with uterine dysfunction in labor,(2,3,4) other debilitating labor patterns,(5) as well as prematurity(6) and miscarriage. As anxiety levels drop, these conditions improve.

To effectively transform maternal anxieties several researchers and practitioners now recommend the use of hypnosis. Some point to the need for hypnosis in contemporary obstetrics, primarily to address the psychological needs of the mother.(7) Others use hypnosis to address the needs of the family as they prepare for labor.(8) Still others recommend hypnotherapy to reverse the potentially debilitating emotional factors that can arise with pregnancy.(9)

Over the past 17 years, I have developed a body-centered hypnosis to help women prepare for childbirth. Using techniques that engage portions of the brain, I create a hypnotic experience of birth, including the sensory patterning of labor. I link the pregnant woman's experiential input with hypnotic suggestions for labor and birth that are based on her personal history. I also link the hypnotic experience of childbirth to the woman's individual needs, weaving suggestions for conflict resolution via Ericksonian storytelling(10) into a guided journey through labor. Overall, I strive to create a subjective experience of having already mastered the birth process.

Women who have engaged in this form of hypnosis report that phrases and images from the hypnotic experience reemerge during labor. Many laboring women even feel that they are "reliving" the birth. My belief is that the sensation aroused by the hypnotic birth journey becomes encoded in the nervous system through the brain's memory tracings, and that the suggestions for coping with labor and birth become activated by the physiological processes themselves.

Whereas some forms of hypnotherapy involve dissociation from bodily experience, body-centered hypnosis deepens a woman's bodily sensation, taking her into a focused experience of physiological processes. Body-centered hypnotic suggestions are communicated, through a variety of images and sensations, to the visual, auditory, and somasthetic cortices of the brain. Here, I believe, the images and sensations that carry sufficient emotional impact trigger the release of acetylcholine (a neurotransmitter involved in the formation of memories) through the hippocampus and into long-term memory storage. Later, the physical processes of the developing pregnancy and labor

activate these hypnotic messages. If anxieties have been addressed successfully in hypnosis, then maternal anxiety lessens and labor is more likely to progress smoothly.

Hence, body-centered hypnosis mediates a woman's fears about childbirth and motherhood through bodily sensation and physical memory, and the effects are observable. Provided that pain has been adequately addressed, the flow of oxytocin during labor tends to be sustained and the ejectory reflex remains largely unimpeded. In addition, some birthing women retain a conscious awareness of the hypnotic messages given. Others do not; yet, upon recall they will repeat a phrase or two, demonstrating that the messages have become an intrinsic part of their birthing experience. One woman reported the following recollection soon after her second birth: "And so 'straight down and out he came' (a phrase from her hypnosis session, used to help counteract the effect of her previous posterior birth) in a two-hour labor."

FACING PAIN

Pain in labor is a reality. And the expectation of pain, as well as some means for coping with it, goes a long way toward healthy birth outcomes. The hippocampus plays a major role in this respect, for it mediates between the expectation of an experience and its actuality. One researcher notes that when differences between expectations and realities remain minor, the hippocampus "inhibits the reticular activating system," but as soon as major differences emerge, the hippocampus stimulates the reticular activating system "to alert the entire cortex to these discrepancies" and, in the process, precipitates higher levels of tension in the central nervous system.(11) Another researcher suggests that women who experience cognitive dissonance between what they expect and what they undergo have more birth complications than women who experience no such dissonance.(12)

Uterine inertia, or the cessation of contractions, is one such complication; another is the occurrence of strong, unrelenting contractions that produce no cervical dilation in both instances, the involuntary processes of the uterus go haywire due to the firing of conflicting messages from the limbic system (a.k.a. the emotional center of the brain. Accompanying the message for labor to proceed comes a new message elicited by the woman's response to unexpected pain or fear—for labor to turn off. When both "fight" and "flight" polarities of the limbic system are activated in this way, labor can easily become dysfunctional. When the expectation of pain is addressed in advance, however, the limbic system is better prepared to create a self-regulating feedback loop that will facilitate the progression of labor.(13)

Body-centered hypnosis reaches into this self-regulating limbic activity, helping women cope with the likelihood of pain in labor. Sensations evoked by the use of vivid imagery, meaningful metaphors, and the repetition of certain phrases all produce memory tracings in the brain—tracings that are further developed by listening to an audiotape of the hypnosis session. Stimulated by the hypnotic messages, pregnant women thus reexperience the sensations evoked during hypnosis, all the while reactivating limbic pathways that feed into the autonomic nervous system. The hypnosis is rendered even more effective when pregnant women identify their unique coping styles and utilize active coping techniques before labor begins.(14)

This body-centered approach to pain management not only decreases anxiety levels during the upcoming birth, but profoundly affects subsequent births as well. In contrast, most other forms of hypnosis used for childbirth focus on "transcending" the pain or blocking it out, offering few long-range benefits The laboring woman v hose experience of pain is denied or rendered inaccessible often has more difficulty resolving her birthing anxieties the next I time around.

BODY-CENTERED TECHNIQUES

The experiential quality of body-centered hypnosis is equally promising, and a far cry from methods that invite pregnant women to merely relax and absorb suggestions. The more actively women participate in the hypnosis process, the more it becomes an intimate part of everyday life. The more engaged they are in the experience of bodily sensations, the more motivated they will be to create positive suggestions, and the better prepared they will be to bring forth new life.

Some of the techniques used in body-centered hypnosis are these:

- **Linking.** Connecting one naturally occurring phenomenon with another increases the likelihood that the right hemisphere of the brain will take in suggestions. Linkages are most effective when used in conjunction with a truism or some other form of reasoning that engages the left hemisphere's analytic tendencies. For example, in the message "As you stand up, gravity will help the baby come right down," standing up is linked to the baby's head coming down, and the truism about gravity; reinforces the linkage.
- **Incorporation.** Here, a naturally occurring stimulus is utilized to ensure activation of suggestions in a different environment—for example. "Your child's voice and eyes will remind you of that confidence." The use of

environmental stimuli occurring in the hypnotic environment can further activate a suggestion.

- **Metaphor.** This figure of speech bridges conscious and unconscious processes by engaging the right hemisphere directly. The left hemisphere, perceiving a "just pretend" message, simply rests. One striking metaphor is the rosebud, sealed tightly until the right time, when something changes inside and the petals open—softly, gradually—to the sky. Metaphors enlarge the context for embedded commands and other hypnotic techniques, helping them impact more deeply on the nervous system.
- **Reframing.** An undesirable experience in a first birth can become a resource for a second birth once the left hemisphere's image of the event has been altered The right hemisphere is then accorded a newer—and less threatening—experience of the event. For example, a woman who has had a cesarean at 5 centimeters dilation might be given the suggestion that she was "halfway there"— halfway toward her desired goal of a vaginal birth. Reframing her first birth in this way will help her view it not as a past failure and thus a potential source of anxiety, but as part of an ongoing movement toward her desired goal.
- **Synesthesia.** Mixing together visual, auditory, and somasthetic impressions helps transport suggestions directly to the unconscious. For example, the rising and falling of the practitioner's voice can set the stage for the rising and falling sensation of contractions, leaving nothing for the left hemisphere to guard against. The synesthetic quality—in this instance, a change in tonality—impacts immediately on the unconscious, touching into the limbic system and creating pathways of emotional memory.

Through these techniques and others as well, body-centered hypnosis is able to support the contemporary woman's entry into motherhood, helping her meet calmly whatever comes her way in labor. In the event of a complication, it helps ease her anxiety so that she can better cope with a difficult situation. When used routinely in prenatal care, this form of hypnosis can free today's women to focus on the tasks at hand: gestation, childbirth, and ultimately, postpartum adjustment.

The best part is that everyone benefits. Women who are supported in transforming areas of distress into wellsprings of resourcefulness learn to make the delicate adjustments needed in giving birth, in creating family, and—with each subsequent birth—in creating family anew.

Footnotes:

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Dr. Gayle Peterson has written family columns for ParentsPlace.com, igrandparents.com, the Bay Area's *Parents Press* newspaper and the Sierra Foothill's *Family Post*. She has also hosted a live radio show, "Ask Dr. Gayle" onwww.ivillage.com, answering questions on family relationships and parenting. Dr. Peterson has appeared on numerous radio and television interviews including Canadian broadcast as a family and communications expert in the twelve part documentary "Baby's Best Chance". She is former clinical director of the Holistic Health Program at John F. Kennedy University in Northern California and adjunct faculty at the California Institute for Integral Studies in San Francisco. A national public speaker on women's issues and family development, Gayle Peterson practices psychotherapy in Oakland, California and Nevada City, California. She also offers an online certification training program in **Prenatal Counseling and Birth Hypnosis**. Gayle and is a wife, mother of two adult children and a proud grandmother of three lively boys and one sparkling granddaughte