



By RALPH V. AUGUST, M. D.  
as told to  
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A pioneering obstetrician tells why he—and his patients—are enthusiastic about this painless method of delivery

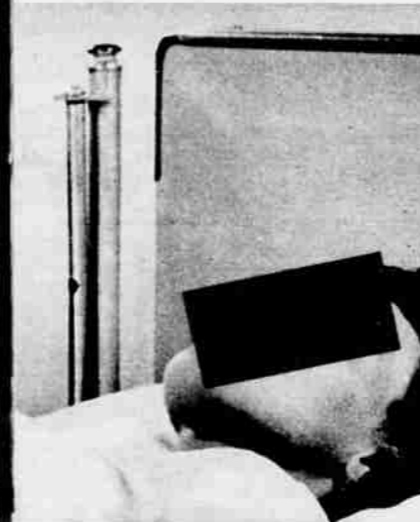
# Safer, Easier Childbirth—Through Hypnosis



Dr. August holds weekly group hypnotic sessions with mothers-to-be.



A patient is put into trance in her hospital room.



Under hypnosis, the patient is encouraged to hallucinate pleasant events until birth takes place.

**Editors' Note:** This busy Muskegon Heights, Mich., obstetrician believes hypnosis is often the only painkiller a woman needs in childbirth. He has found that chemical agents for pain relief, whether inhaled as a gas or injected by needle, cannot compare—although they continue to be useful under certain conditions.

In a monumental study, "Hypnosis in Obstetrics" (McGraw-Hill), Dr. August has reported on 1,000 consecutive cases of childbirth-by-hypnosis from his own private practice.

To give FAMILY WEEKLY readers a close-up of this amazing procedure, we went to Dr. August for this firsthand report on the facts every woman facing motherhood might ask herself about this dramatic aid to safer, easier childbirth.

## Doctor, just what is medical hypnosis?

It is a state of mind into which the patient permits her doctor to guide her. She is in control at all times; she can enter and leave hypnosis at will. In that sense, I have never hypnotized anyone. What I have done has been to help the obstetric patient to hypnotize herself. It's like driving a car: I show her how.

## Why is hypnosis a better way to relieve pain in childbirth?

For two reasons: (1) it protects the baby

as nothing else can, and (2) it makes things easier for the mother.

Take the ordinary anesthesia of childbirth. Through the mother's blood stream, it imposes on a seven-pound baby the same dose of powerful chemicals needed to affect a woman weighing 120 pounds or more. No wonder so many babies are born groggy, and worse. No wonder that 22 percent of newborn infants who die (and 8.4 percent of new mothers who die) do so as a direct or indirect result of the chemical anesthesia that is normally used in childbirth.

Many medical schools still do not teach hypnosis in their regular obstetrical programs. But more and more obstetricians are training themselves. Their desire to offer hypnosis to their patients underlines a growing awareness that it is an absolutely safe form of pain relief for both mother and baby—not least when the mother is a cardiac.

## How does it make things easier for the mother?

Paradoxically, hypnosis sharpens her senses even while it is making her more suggestible. As a result, it helps a woman in labor to cooperate passively, as it were, with any reasonable recommendation the doctor may make for her benefit or the baby's. In this way, the hypnotic state greatly improves her

ability to perform well in giving birth.

At the same time, hypnosis permits the skilled physician to have his patient direct her attention elsewhere as the need arises—thereby keeping her from experiencing any pain whatever. When properly "hypnoanesthetized," she later will retain nothing but pleasant memories of her delivery.

## How about discomfort immediately after she "wakes up"?

Once a mother comes out of her trance, posthypnotic suggestion takes over to let her actually enjoy her hospital stay, free of all pain and discomfort. That means no anesthetic hang-over, no breast problems, no afterpains, no pain from surgical repair, no constipation or hemorrhoids, no restlessness or sleeplessness, no complaints that the room is too hot or the mattress too hard.

Elimination of pain and discomfort by posthypnotic suggestion works so well, in fact, that the doctor must take special care in examining his patient during her hospital stay to make sure he overlooks nothing that might need attention.

As a final touch before leaving her trance, the new mother is asked if she wishes to nurse her baby or not. If she does, we implant this posthypnotic suggestion: on the second day after delivery, she will have all the milk her

baby requires. And she does, unfailingly! If she does not wish to nurse, she is assured there may be only a drop or two and that her breasts will retain their present size—and they do!

We always suggest that the milk flow will start on the second day after delivery to reinforce the mother's confidence in hypnosis. A new mother's breasts would freshen anyway on the third day after giving birth.

We can even use hypnotic suggestion to reduce blood loss—a feature that is particularly useful in Caesarean sections.

## What if she comes out of her trance at the wrong time?

The actual moment of delivery and ensuing repair is the one time she is not free to leave hypnosis—and even that is so only because she has agreed beforehand to let the doctor tell her "when we are through."

## Couldn't an unscrupulous doctor prolong that moment indefinitely?

No. During each training session, I instruct the patient that she may leave hypnosis whenever she wishes—"except when you are in the hospital in the process of having your baby." By repetition, I give this statement a degree of emphasis which equals or supersedes all other suggestions designed to encourage compliance. I believe this to be of the utmost

importance—and one of the main reasons why 95 percent of my patients will accept hypnosis for delivery, in contrast to the commonly quoted 20 to 30 percent.

Furthermore, even the deepest levels of hypnosis are self-limiting. They are always of fairly brief duration and will dissipate of their own accord. No one can hypnotize you—or make you hypnotize yourself—once and for all. Nor can anyone make you do something under hypnosis that is against your principles.

To test this, I once tried to have a well-educated patient repeat after me a sentence with deliberately garbled grammar. She repeated the sentence obediently enough—but with the bad grammar corrected! If training makes people that careful about grammar, it is certain they will react much more strongly about more serious matters.

## Can anyone be hypnotized?

Medical authorities estimate that from 20 to 30 percent of our population is readily hypnotizable—women more so than men. Hypnosis, after all, is only a learning process; some are quicker at it than others.

Age is no barrier. In my series of 1,000 cases, where hypnosis was attempted with 85 percent of the patients, we had 95 percent success in delivering mothers whose ages ranged from 14 to 46.

The ideal candidate for hypnosis is the woman who goes to sleep easily and enjoys a good night's rest. The excessively critical, highly intelligent, demanding patient is hardest to help with hypnosis. Yet I have used hypnosis to deliver a fellow physician—a well-educated, brainy woman who, like all expectant mothers, had the best possible motivation: her baby's well-being.

## Are there any types of persons who should not be hypnotized?

Doctors generally agree that the psychotic or prepsychotic patient, the very young and the very old, the person of markedly subnormal intelligence, and those who do not wish to be hypnotized should not or cannot be helped in this way.

## What are the chief patient requirements for hypnosis?

Above all, motivation and the willingness to accept useful suggestions and to make sacrifices for the baby's sake. Fortunately, the maternal instinct takes care of this, especially during pregnancy. A patient also should have the intellectual capacity to understand what she and the doctor are trying to accomplish and to go along with his instructions. For that, of course, strong rapport with the obstetrician is a must. Here again, nature lends a hand, for

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