

115

OPINIONS OF SELECTED PHYSICIANS REGARDING THE NURSING
MANAGEMENT OF THE HYPNOTIZED PATIENT IN LABOR

by

MARTHA ELIZABETH HUBER

A technical paper submitted to the faculty of the College of
Graduate Studies in partial fulfillment
of the requirements for the degree

of

MASTER OF NURSING

Approved:

Mrs. Laura Walker Ph.D.
Director, School of Nursing

Eleanore L. Mode
Chairman, Examining Committee

Louis DeSmith
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

August, 1966

1098P

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Origin of the Problem	1
Statement of the Problem	4
Study Procedure	5
Definition of Terms	6
II. REVIEW OF LITERATURE	7
Description of Hypnosis	7
Use of Hypnosis	7
Nurse's Involvement in Its Use for Labor	9
III. ANALYSIS OF DATA	11
Information Necessary for Nurses Involved in the Management of Hypnotized Patients in Labor	11
Patient's response to external stimuli	11
Conditioning to respond to instructions	12
Necessity of remaining with patient	13
Patient's awareness of physical changes	15
Patient's ability to report changes	15
Patient's ability to verbalize needs	16
Usefulness of abdominal breathing	17
Effect on vital signs	18
Effect on length of labor	19

CHAPTER	PAGE
Likelihood of precipitate deliveries	19
Masking effect on signs and symptoms of complications	20
Importance of avoiding use of certain words	22
Criteria for giving nourishment	23
Effect of nurse's attitude	23
Use of nurse to maintain hypnotic state	24
Suggestions for nurse's role in hypnosis	25
Areas of Nursing Care Related to a Patient's Experience in Normal Labor	26
IV. SUMMARY AND CONCLUSIONS	31
Summary	31
Conclusions	31
Implications for Nursing	33
LITERATURE CITED	35
APPENDIX	37
Questionnaire	38
Letter to Physicians	40

LIST OF TABLES

TABLE	PAGE
I. PHYSICIANS' USE OF NURSE IN MANGEMENT OF HYPNOTIZED PATIENT	28

ABSTRACT

It was the objective of this paper to explore the ways in which the nurse could participate in the management of the hypnotized patient in labor. The two main areas considered were: (a) information from physicians about the effect of hypnosis on women in labor which should be of help to the nurse, and (b) how doctors perceive the involvement of the nurse in the management of the hypnotized patient.

The method employed to obtain data for this study was survey by use of a questionnaire which was formulated by means of informal discussions with nurses and sent to several physicians who use hypnosis with obstetrical patients.

The data gathered supported the following two general conclusions: (a) physicians who use hypnosis in obstetric labor vary in their opinions as to the effect of hypnosis on women in labor and the extent of the nurse's involvement in the management of the hypnotized obstetrical patient; and (b) the physician's opinion of the extent to which the nurse is involved in the management of the patient is influenced by the attitude of the nurse toward the use of hypnosis and the physician's approach to conditioning the patient. Some additional generalizations were made which need more research for further support.

OPINIONS OF SELECTED PHYSICIANS REGARDING THE
NURSING MANAGEMENT OF THE HYPNOTIZED
PATIENT IN LABOR

CHAPTER I

INTRODUCTION

Origin of the Problem

Hypnotism has been practiced in various forms and under different names for centuries, but its use has been surrounded with a great deal of skepticism. McCartney writes,

Although hypnosis has been used for centuries, true to historical precedent, it has from time to time risen to popularity and then fallen into general disfavor; at times even its scientific application was discarded. Unfortunately the public as well as the medical profession has had a morbid interest in hypnosis and its present acceptance is spoken of in reticence in scientific circles, although it is now realized that it is neither magical nor occult.¹

The first scientific approach to hypnosis was in the latter part of the eighteenth century when a Viennese physician, Franz Mesmer, took up its practice in Paris. However, it was James Braid, a Scotch physician practicing in England, who in 1841 put this method on a scientific basis and coined the word "hypnosis," meaning sleep, from the Greek "hypnos." At about

¹James L. McCartney, "A Half Century of Personal Experience with Hypnosis," The International Journal of Clinical and Experimental Hypnosis, IX, January, 1961, p. 23.

the same time Braid took up the practice of hypnotism, James Esdaile, an English physician working in India, began using hypnosis as an anesthetic in performing surgery. This was prior to the advent of ether or chloroform which subsequently to a great extent replaced the use of hypnosis in surgery. Esdaile reported that with hypnosis he had performed more than 300 major operations ranging from leg amputations to removal of internal tumors. Since Esdaile, several other well known physicians have been interested in the subject. Studies of hypnosis continued in both laboratory and clinical fields but with the psychoanalytic announcements of Freud, interest in hypnosis was sidetracked until 1930. At this time experiments by psychiatrists aroused interest in the therapeutic aspects of hypnosis.²

Today hypnotism is regarded by many doctors as valuable in obstetrics, as an anesthetic in major and minor operations, in the management of burns, in dentistry, and in numerous other clinical areas. Many psychiatrists regard the hypnotic techniques as a valuable aid in the treatment of

²Gordon Ambrose and George Newbold, A Handbook of Medical Hypnosis (London: Bailliere, Tindall and Cox, Inc., 1956), pp. 1-13.

neurotic ailments. Research findings indicate a continued steady increase in its use for medical purposes.³

In 1962, approximately 2,000 general practitioners throughout the United States were using hypnosis for pain relief, for brief analysis of psychological factors in somatic illness, and for improving the self-respect of their patients.⁴ George Wallace, an anesthesiologist who himself uses hypnotic induction, states, "The practice of hypnotherapy in obstetrical procedures is well documented and well recognized by both the medical profession and the laity."⁵

The use of hypnosis as a routine method for alleviating the pain of labor and delivery is over a hundred years old. The rationale of physicians for using this method of anesthesia in childbirth is typically expressed by Richard Clark in one of his published reports.

The intelligent use of hypnosis allows the patient greater mastery of her emotions and feelings in her

³Harold B. Crasilneck and James A. Hall, "Physiological Changes Associated with Hypnosis: A Review of the Literature since 1948," The International Journal of Clinical and Experimental Hypnosis, VII, No. 1, January, 1959, p. 1.

⁴David B. Cheek, "Hypnosis Without Fear," Northwest Medicine, February, 1962, pp. 174-176.

⁵George Wallace, "Hypnosis in Anesthesiology," The International Journal of Clinical and Experimental Hypnosis, VII, No. 3, July, 1959, p. 135.

everyday living. Anxiety, tensions and apprehension can therefore be tremendously decreased.⁶

Statement of the Problem

With the increasing use of hypnosis in hospitals and doctors' offices there is obviously a corresponding increase in the number of nurses who are coming into contact with hypnotized patients. Nurses often express the opinion that they have inadequate knowledge of the nature of hypnosis and consequently feel that they cannot define their role in its use.⁷

It was the objective of this paper to explore the ways in which the nurse could participate in the management of the hypnotized patient in labor. The two main areas which were considered are: (a) information from physicians about the effect of hypnosis on women in labor which should be of help to the nurse, and (b) how doctors perceive the involvement of the nurse in the management of the hypnotized patient. The scope of this study was limited to hypnosis during labor.

⁶Richard N. Clark, "A Training Method for Childbirth Utilizing Hypnosis," American Journal of Obstetrics and Gynecology, 72:1304, No. 6, December, 1956.

⁷M. T. Jenkins and Harold B. Crasilneck, "Hypnoanesthesia," American Journal of Nursing, 59:958-961, No. 7, July 15, 1959, pp. 958-961.

Study Procedure

The survey method was employed to obtain data for this study by use of a questionnaire. The questions were concerned with both physiological and psychological factors and were formulated by means of informal discussion with nurses. The questions provided the respondents with a maximum opportunity to express their opinions concerning the subject under discussion.

The researcher obtained, by inquiring of various physicians and nurses, a list of names of physicians known to be using hypnosis in the State of Washington. Of these, the physicians utilizing this method with obstetrical patients were selected for the study. In addition a physician, known previously by the researcher, is in practice in the State of Montana. A physician from San Francisco, California was contacted through a seminar on hypnosis held in the Seattle area. Six physicians were thus selected to participate in the study.

The findings of this research project cannot be used as generalizations, since the sample is too limited to be conclusive. However, it is hoped that this study will serve the purpose of stimulating further interest and research in the nursing care of patients receiving hypnosis as part of medical management.

Definition of Terms

The following terms are defined in relation to their use in this study:

Hypnosis. Hypnosis is an artificially induced state in which the subject becomes highly responsive to illusion and reacts to suggestions as though they were facts.⁸

Hypnotized patient. The term refers to a woman in labor who is under hypnosis as the sole means of anesthesia or in conjunction with chemoanesthetics.

Physician. The term "physician" refers to an individual who is licensed to practice as a medical doctor, either as a general practitioner or as a specialist in the field of obstetrics and gynecology.

Nurse. In this paper the term "nurse" is used to refer to any registered nurse responsible for the care of patients in the labor room of a hospital unit.

Nursing management. This term refers to planned action, based on nursing knowledge, utilized in response to identified needs of a patient in labor.

⁸Andre M. Weitzenhoffer, Hypnotism: An Objective Study in Suggestibility (New York: John Wiley and Sons, 1953), p. 3.

CHAPTER II

REVIEW OF LITERATURE

Description of Hypnosis

Hypnosis is defined by Weitzenhoffer as, an artificially induced state, usually resembling sleep, but physiologically distinct from it, which is characterized by heightened suggestibility and as a result of which certain sensory, motor, and memory abnormalities may be induced more readily than in the normal state. It is a state identical with the normal waking state according to all physiological criteria which have been investigated. The subject becomes highly responsive to illusion and reacts to suggestions as though they were facts.⁹

Cheek further explains hypnosis as being "a state of improved concentration enabling the subject to use effectively the tremendous ability of the brain to alter physiological processes in a beneficial way."¹⁰

Use of Hypnosis

Many physicians, particularly the obstetricians, condition their parturients for hypnotherapy in groups. The novices are quickly impressed by those already conditioned and they are

⁹Andre M. Weitzenhoffer, Hypnotism: An Objective Study in Suggestibility (New York: John Wiley and Sons, 1953), p. 3.

¹⁰David B. Cheek, "Rebellion Against Coercion in Hypnosis," The International Journal of Clinical and Experimental Hypnosis, VII, No. 4, October, 1959, p. 223.

all taught self induction techniques. The patients are taught to produce anesthesia of various parts of the body and to maintain this type of altered sensitivity for the duration of their labor and delivery. The patient who seeks the modality of hypnosis for the delivery of her baby is usually a good subject. The one who thinks "she might try it" is usually not the one with whom it will be successful.¹¹

Kroger lists the specific uses of hypnosis as follows:

Hypnosis is almost a specific for relief of the psychogenic component responsible for nausea and vomiting during early pregnancy.

Hypnosis is particularly valuable in prevention of habitual abortion.

Hypnosis can frequently diminish strength and frequency of the uterine contractions, and miscarriage can be prevented in properly selected patients if placental separation has not occurred.

Hypnosis can be employed effectively in heartburn, to promote lactation and to curb the "eating for two" syndrome often responsible for rapid weight gain and subsequent pre-eclampsia and toxemia.¹²

In his article, "A Training Method for Childbirth Utilizing Hypnosis," Clark writes that his patients enthusiastically prefer hypnosis. As they state,

¹¹George Wallace, "Hypnosis in Anesthesiology," The International Journal of Clinical and Experimental Hypnosis, VII, No. 3, July, 1959.

¹²William S. Kroger, Clinical and Experimental Hypnosis (Philadelphia: J. B. Lippincott Company, 1963), p. 204.

The duration of labor seems shorter, there is less fatigue and nervous exhaustion, relaxation is easier and much deeper, anesthesia is not required for the episiotomy and the repair, the stitches are not painful, and they have more energy and vitality during the entire recovery period.¹³

Nurse's Involvement in Its Use for Labor

Very little can be found in medical or nursing literature which describes the nurse's involvement in the management of the hypnotized patient. There is, however, much information which would be of value to the nurse on the nature, technique, and clinical uses of hypnosis. Also of benefit is the increasing amount of literature on the physiological implications and manifestations associated with the use of hypnosis.

In some of the literature on the use of hypnosis in obstetrics, occasional mention is made of the nurse, giving a small clue as to how the author perceives the nurse's involvement with the hypnotized patient. For example, Mason states:

Care should be taken not to suggest in any way that the hypnotist's presence during labor is essential, since his absence, in the event, would be likely to lead to a serious breakdown in co-operation. Rapport can, if necessary, be transferred to a midwife or other attendant, the patient being instructed to do exactly as she is told by that person.¹⁴

¹³Richard N. Clark, "A Training Method for Childbirth Utilizing Hypnosis," American Journal of Obstetrics and Gynecology, 72:1303, No. 6, December, 1956.

¹⁴Albert Mason, Medical Hypnosis (New York: Paul B. Hoeber, Inc., 1960), p. 215.

Clark states:

Naturally her physician should be in constant attendance; this is not absolutely necessary, however. Transference of guidance may be easily given to a nurse, intern or resident with reinforcement from her own physician from time to time.¹⁵

August is the most explicit in his description of the nurse's involvement in the management of the hypnotized patient. He devotes a page to a summary of instructions for nursing personnel in the "art of medical relaxation utilizing the science of suggestion." He stresses co-operation with the hypnotist and care in the choice of words as important in maintaining relaxation and helping the mother attain satisfaction in the experience of labor. A quiet environment, a caressing manner of speaking and specific attention to comfort during every procedure are suggested as important for the success of hypnoanesthesia.¹⁶ Kroger discusses group training of parturients as a time-saving procedure. He states that the classes can be conducted by a nurse or a doctor.¹⁷

¹⁵Richard N. Clark, "A Training Method for Childbirth Utilizing Hypnosis," American Journal of Obstetrics and Gynecology, 72:1303, No. 6, December, 1956.

¹⁶Ralph B. August, Hypnosis in Obstetrics; Obstetric Hypnoanesthesia (New York: Blakiston Division, McGraw-Hill, 1961), p. 127.

¹⁷William S. Kroger, Clinical and Experimental Hypnosis (Philadelphia: J. B. Lippincott Company, 1963), p. 200.

CHAPTER III

ANALYSIS OF DATA

Information Necessary for Nurses Involved in the Management of Hypnotized Patients in Labor

The first part of the questionnaire is considered in this section. The replies are summarized in an informal table when appropriate.

Patient's response to external stimuli. The physicians were questioned concerning the patient's response to external stimuli with the following specifics:

- a. Should she be put in a private room?
- b. Should visitors be limited?
- c. Will environmental factors such as light, noise, other patients, affect the success of the hypnosis?

	Private Room <u>a</u>	Visitors Limited <u>b</u>	Environmental Factors <u>c</u>
Positive	4	4	1
Qualified Positive	1	1	2
Qualified Negative	0	0	2
Negative	1	0	
No Response	0	1	1

There were five positive responses to the question concerning the need for a private room; however, one of these

indicated that this would be ideal but not mandatory. One physician indicated a private room would not be necessary.

Five respondents stated that visitors should be limited. One of these added, "but accede to the desire of the patient."

As to the environmental factors affecting the success of the hypnosis, two physicians gave positive responses, stating that this would vary with the patient. One respondent presented the possibility of using these environmental disturbances to help deepen the hypnotic trance. He stipulated that these must be specifically mentioned as such by the therapist. For example:

Every time that patient cries out you can go deeper and become less aware of your own labor--the more comfortable and relaxed you are the better will be your baby's reactions at birth. Let's make this baby of yours know that it caused you no pain--only a happy anticipation of giving birth comfortably.

One respondent wrote that the environmental disturbances did not significantly affect the success of the hypnosis, although he thought that patients generally do better in dark, quiet rooms. The other negative reply qualified the response with the addition, "if properly trained in her ante partum."

Conditioning to respond to instructions. Respondents were asked to indicate to whose instructions they condition the patient to respond. Four items were suggested: the hypnotist, the nurse, the husband, and anyone in the environment.

A fifth category was suggested by a respondent, and was added to the table which is shown below.

	<u>Hypnotist</u>	<u>Nurse</u>	<u>Husband</u>	<u>Anyone in Environment</u>	<u>Patient</u>
Positive	5	1	1	0	1
Qualified Positive	0	1	0	1	0
Qualified Negative	0	0	0	0	0
Negative	0	0	0	0	0
No Response	0	0	0	0	0

One physician checked "hypnotist," "nurse," and "husband" with the comment, "Individualize; all suitable." Five doctors checked "hypnotist" with one adding, "and more importantly 'self.'" One of these checked "nurse" also, adding that this is true on the condition that the nurse is understanding, knowledgeable and sympathetic to the method. One physician wrote, "Anyone in environment who is willing to cooperate. I work hard to offset influence of nurses who ask about 'pains' or show lack of respect for the patient's efforts."

Necessity of remaining with patient. Respondents were asked how important it is for the nurse and/or the husband to remain with the patient.

One physician thought that the nurse should remain with the patient all the time and that the husband should remain with

	<u>Nurse</u>	<u>Husband</u>
Positive	1	0
Qualified Positive	3	4
Qualified Negative	0	0
Negative	1	1
No Response	1	1

her at his convenience. Three physicians gave qualified positive responses as follows:

1. Again if the nurse is "with it" it would be very important and ideal. Same true, though to lesser extent, with husband (that is, probably less important).
2. This depends entirely on what the patient wants. I fix no rules. A well-trained patient usually does better with a silent, seated, husband.

Mothers of patients may be apprehensive.

I have found that husbands who knew they caused much distress at their own birth may be overly concerned for their wife and may "infect" the laboring patient with this apprehension. One can usually sense which husbands or mothers should be kept in the waiting room or sent out for various errands, and which can really boost the morale of the patient.

3. No more or less than with a patient using other adequate conduction anesthesia.

One respondent was of the opinion that neither the nurse nor the husband should stay with the patient.

One respondent did not answer.

Patient's awareness of physical changes. The physicians were asked if a hypnotized patient in labor is aware of physical changes such as ruptured membranes and the need to void. The following table shows the responses to this question.

	<u>Ruptured Membranes</u>	<u>Need to Void</u>
Positive	4	4
Qualified Positive	2	2
Qualified Negative	0	0
Negative	0	0
No Response	0	0

All the replies indicated that the patient is always aware of her physical needs, and, as one physician stipulated, "no matter how deep the trance." One answer was qualified with the addition, "if so instructed." One respondent suggested the possibility that a patient might doze off during the hypnotic trance, in which case she would not be aware of the changes.

Patient's ability to report changes. The physicians were asked how the patient would communicate the above changes to the nurse.

Four physicians answered, "Verbally," and one of these added that the patient should be instructed to awaken and ring the bell for such needs, "otherwise she may be too lazy to overcome her inertia." Two physicians did not answer the question.

Patient's ability to verbalize needs. The following table shows responses to the question of the hypnotized patient's ability to verbalize needs. The suggested needs were: need to void, need for nourishment, and need to alleviate increasing discomfort.

	Elimination <u>a</u>	Nourishment <u>b</u>	Discomfort <u>c</u>
Positive	6	6	5
Qualified Positive	0	0	0
Qualified Negative	0	0	0
Negative	0	0	1
No Response	0	0	0

There were positive replies for all parts of the question, with one exception. One respondent did not feel that the patient would verbalize her need to alleviate increasing discomfort. To this same aspect of the question, one of the physicians who gave a positive reply stated, "They will come out of hypnosis to ask for help."

Usefulness of abdominal breathing. Respondents were asked whether in their opinion it is helpful for the nurse to instruct the hypnotized patient to do abdominal breathing. The following table shows the variety of physicians' responses to this question.

Positive	1
Qualified Positive	2
Qualified Negative	0
Negative	3
No Response	0

The respondent who gave the only positive reply to this question indicated that the value of abdominal breathing is in its use as a means of diverting attention from the contraction to what can be done to relax vaginal and perineal muscles.

Abdominal breathing occurs naturally when a patient is doing well in labor. Only when there are pain and/or apprehension does the normal reciprocal relaxation of abdominal, perineal and vaginal muscles on inspiration give way to the spastic or tonic contractions of these muscles. They, more than any other are the sources of pyramiding pain and interference with descent and rotation of the presenting fetal part. (This is a personal opinion of my own and may not be accepted by all obstetricians.)

The qualified positive replies indicate that abdominal breathing would be valuable if it had been included as part of the prenatal conditioning. One physician further stated

that the introduction of something new during labor might confuse the patient. One of the negative replies included the point that the patient would not be feeling pain. The other two negative replies were not explained.

Effect on vital signs. Physicians were asked if the nurse could expect vital signs to be affected by hypnosis.

Positive	1
Qualified Positive	4
Qualified Negative	0
Negative	1
No Response	0

One physician conveyed the idea that hypnosis does not have an adverse effect on vital signs, but should help normalize vital signs. The one response in the "positive" category explained that the pulse may be very slow and the blood pressure decreased, while another indicated that the vital signs would be affected "only slightly, if awake." Two respondents stated that a change would depend on the degree or depth of the induced trance state. As one physician put it:

This varies too much to allow a categorical answer. Patients in profoundly deep trances however, will appear to be pale and in shock until asked to take a deep breath and "join the rest of the crowd." Pulse at such times is slow.

Effect on length of labor. Physicians were asked if hypnosis affects the length of labor. For the answer four classifications were suggested: lengthened, shortened, unaffected and not determined. Varying responses are shown below.

	<u>Lengthened</u>	<u>Shortened</u>	<u>Unaffected</u>	<u>Not Determined</u>
Positive	0	3	1	1
Qualified Positive	1	1	1	0
Qualified Negative	0	0	0	0
Negative	0	0	0	0
No Response	0	0	0	0

Three respondents stated that labor is shortened with the use of hypnosis; two of these added, "markedly." One indicated that the length was unaffected by hypnosis and another answered that the effect had not been determined. One physician specified the conditions under which hypnosis does affect the length of labor. He stated, "Lengthened--when drugs are added, shortened--when patient is free of fear, and unaffected--with about 20 percent."

Likelihood of precipitate deliveries. The physicians were asked if hypnotized patients are more likely to have precipitate deliveries than are patients using other means of anesthesia.

Two respondents answered "no" with no additional comment.

Positive	2
Qualified Positive	2
Qualified Negative	0
Negative	2
No Response	0

The two physicians who gave qualified responses indicating the increased likelihood of precipitate deliveries hypnotized patients explained this in terms of lack of close observation. As one respondent expressed it: "There is a tendency for nurses to follow subjective signs--such as discomfort--more closely than objective signs such as cervical dilatation."

Two respondents stated that in their opinion, patients are more likely to precipitate if under hypnosis.

Masking effect on signs and symptoms of complications.

Physicians were asked their opinions as to whether hypnosis masks the signs and symptoms of complications usually observable by the nurse. Four items were listed for consideration: pain, vital signs, restlessness, other. The following table shows the responses.

Responses varied considerably as to the masking effect of hypnosis on pain as a symptom of impending complication.

The problem in answering this question seemed to lie in the fact that successful hypnosis alleviates or makes bearable the

	<u>Pain</u>	<u>Vital Signs</u>	<u>Restlessness</u>	<u>Other</u>
Positive	2	1	2	0
Qualified Positive	2	0	0	0
Qualified Negative	0	0	1	0
Negative	2	5	3	1
No Response	0	0	0	5

discomfort of childbirth. To answer in the negative implies a quality of selectivity attributable to the hypnotic technique which point some physicians may not feel prepared to defend.

The difficulty in dealing with this part of the question was illustrated by one of the qualified positive responses, "Yes, but this (pain) is not masked truly nor is it necessarily a complication." This same respondent further elaborated, "I truly doubt that hypnosis masks complications or the symptoms of complications if the nurse is attendant to vital signs, fetal heart tones, vaginal bleeding, dilatation, etc."

All but one respondent felt that hypnosis would not camouflage a change in vital signs signaling impending complications. The one respondent at variance with the others answered the entire question in the affirmative with the added explanation that hypnosis masks signs and symptoms of

complications "as does other anesthesia such as continuous caudal or peridural."

Another physician held an entirely opposite point of view, answering the entire question with an emphatic "no," and explicitly stating that "this (the non-masking effect) is the greatest value of hypnosis," which implies that this method is safer than other anesthetizing techniques. He further elaborated that "hemorrhage is greatly diminished with relaxed hypnotized patients. Post-operatively and post-partum they should be awakened, but left with analgesia for the vagina or operative area."

Importance of avoiding use of certain words. Physicians were asked if the nurse must avoid the use of certain words, such as "pain," either in talking with the patient or within the patient's hearing. The results are shown below.

Positive	5
Qualified Positive	1
Qualified Negative	0
Negative	0
No Response	0

The respondents were in general agreement that nurses should avoid words and phrases which carry a negative

connotation; however, one stated that this was not absolutely necessary, only good practice.

Criteria for giving nourishment. The physicians were asked what criteria the nurse could use in determining whether nourishment should be given to a hypnotized patient. The responses listed were degree of dehydration, length of labor and the patient's own desire. Two physicians made a point of the latter, stating that the patient can be asked directly about her needs and desires. One qualified this remark with the observation that "the physically (and somewhat emotionally) fatigued woman in labor needs nourishment without knowing it."

One respondent failed to answer the question and another said he did not understand the question "as obstetric patients [in labor] usually do not eat."

Effect of nurse's attitude. The physicians were asked if they thought the nurse's attitude toward the use of hypnosis affected its success with the patient. The following table shows the nature of the responses.

Respondents agree that the nurse's attitude toward the use of hypnosis affects its success with the patient.

The two qualified positive responses were explained in terms of extent, "somewhat" and "in part," with the elaboration,

"don't treat her as bizarre or strange to choose this technique."

Positive	4
Qualified Positive	2
Qualified Negative	0
Negative	0
No Response	0

Two of the physicians indicated the difficulties they encountered while working with nurses with negative attitudes towards the use of hypnosis. One wrote in answer to the question:

Very much so. Unfortunately many nurses are not neutral but actually prejudiced in attitude and demonstrate this in voice inflection, action and word.

The other physician stated,

Yes, I do. In _____ where I first practiced the patients did very well with hypnosis or hypnosis with diminished amounts of Demerol and Scopolamine. In _____ it has taken ten years to overcome the suspicion and doubts of the staff nurses who know only the easy course of well-given caudals by expert anesthesiologists.

Use of nurse to maintain hypnotic state. Physicians were questioned as to what extent they use the nurse to help maintain the patient in a hypnotic state. One respondent answered, "none," while the other five indicated in one way

or another that the nurse was used only "indirectly." The extent of her involvement seemed to depend on her enthusiasm for the method used and the rapport she was able to develop with the patient.

One respondent specified the manner in which the nurse is used to maintain the hypnotic state: "by inducing an aura of calmness in the labor room." One physician wrote:

Nurses are too busy in the two hospitals where I work. Those who are interested help most by sounding enthusiastic at what the patient shows she can do--like walking back from the delivery table.

One respondent who indicated that the nurse was used very little at the hospital, noted that she was involved "to a great extent indirectly in group sessions at the office."

Suggestions for nurse's role in hypnosis. Three physicians stressed the importance of educating the nurse regarding hypnosis, as one physician put it, "by becoming more aware of the means of affecting subconscious activity and response." Another specified the focus: "what it is and what it is not, its uses, its limitations and the importance of verbal communication and word semantics."

One respondent visualized the nurse as potentially giving aid in prenatal instructions for mothers, and functioning in a supportive role during labor.

There was no answer given to this question by one of the respondents.

One of the physicians stated, "I fear for the future. Nurses are handicapped by the unwillingness of doctors to use hypnosis."

Areas of Nursing Care Related to a Patient's Experience in Normal Labor

In this section the second part of the questionnaire is considered which deals with how doctors perceive the involvement of the nurse in the management of the hypnotized patient. Six areas of nursing care relating to a patient's experience in normal labor were listed which allowed for more open ended comments from the physicians. The six areas are:¹⁸

1. Nurse fulfills need for human presence.
2. Nurse helps patient achieve relief from pain.
3. Nurse observes progress of labor.
4. Nurse accepts individual attitude and behavior of patient.
5. Nurse attends to physiological needs.
6. Nurse helps patient attain a sense of achievement in the effort she is making.

¹⁸Adapted from Marion S. Lesser and Vera R. Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: C. V. Mosby Company, 1956), p. 98.

The physicians were asked to comment on the extent to which the nurse is involved in these six areas with regard to hypnotized patients. Table I shows the responses.

It was the opinion of one physician that the nurse's involvement with the hypnotized patient is limited to items 3, 4, and 5. He did not elaborate on these. By implication, in his opinion, areas 1, 2, and 6 involve the nurse to a limited extent. One physician wrote a summary statement for all six items while three physicians wrote comments on each item. One respondent did not answer this part of the questionnaire.

1. Nurse fulfills need for human presence.

Three physicians agreed that this is an important function of the nurse caring for the hypnotized patient. One of these stated, "Obviously to a great extent, but often because of the nurse's lack of orientation and understanding, her presence is more negative in effect than should be. When properly 'with it' the nurse can and does fulfill beautifully the need for 'another person.'" Another states that in his experience "nurses are far more perceptive and understanding than physicians and house staff." A fourth physician indicated that this would remain the same as with a non-hypnotized patient, "but to a lesser degree."

TABLE I
PHYSICIANS' USE OF NURSE IN MANAGEMENT OF HYPNOTIZED PATIENT

Areas of Care Related to Patient's Normal Experience in Labor	Much Involvement	Little Involvement	Same as with Non- Hypnotized Patient	Less Than Non- Hypnotized Patient	No Response
Human Presence	3	1		1	1
Pain Relief	3	1		1	1
Progress of Labor	3		1		2
Attitude Toward Patient	4			1	1
Physiological Needs	1		4		1
Sense of Achievement	3	1		1	1

2. Nurse helps patient achieve relief from pain.

Again, three respondents agreed that the nurse is very much involved in this aspect of the management of the hypnotized patient. One added that she helps the patient achieve relief from pain "by her respect for the patient's ability to perform well." Another pointed out that the nurse's effectiveness in this area is dependent upon her attitude.

3. Nurse observes the progress of labor.

Three physicians stated that this is a very important role for the nurse. One commented further, "The signs of labor progression are more objective than subjective and hence the nurse must do more than observe-- she must examine and evaluate." Another doctor stated that this area of nursing care was the same for the hypnotized patient as for the non-hypnotized. The other doctor answered with a question mark.

4. Nurse accepts individual attitude and behavior of patient. Four respondents expressed the opinion that the nurse's acceptance of the patient's attitude and behavior is significant in the management of the hypnotized patient. The importance of the attitude of the nurse was referred to in response to several of the questions by three of the physicians. One respondent stated, "these would be lessened in the

hypnotized patient." This comment could be interpreted in two ways. He might be implying that patients under hypnoanesthesia show less varied responses to labor, thus requiring less effort on the part of the nurse in exercising an accepting attitude.

5. Nurse attends to physiological needs.

One doctor answered, "most helpful." Four physicians indicated that this area of nursing care would be the same as with the non-hypnotized patient.

6. Nurse helps patient attain a sense of achievement in the effort she is making.

It was the opinion of three physicians that this is an important area in nursing care of hypnotized patients in labor. One referred to earlier comments about the nurse's respect for the patient's ability to perform well. Another wrote, "tremendous area of positive involvement potential for the nurse. Unfortunately in my experience the 'sense of achievement' is more often missed in the nurse's emphasis and a 'sense of relief' is substituted as the goal to be attained." It was the opinion of one physician that the hypnotized patient may not need help in this area.

CHAPTER IV

SUMMARY AND CONCLUSIONS

Summary

The purpose of the study was to explore the ways in which the nurse could participate in the management of the hypnotized patient in labor. A questionnaire was formulated by means of informal discussion with nurses and was sent to six physicians who were known to be utilizing hypnosis in their care of obstetrical patients.

The data were collected and presented under two main categories: 1) information from physicians about the effect of hypnosis on women in labor, and 2) opinions of physicians as to the extent of the nurse's involvement in the management of the hypnotized patient in labor.

Conclusions

The data gathered support the following general conclusions:

1. Physicians who use hypnosis in medical management of obstetric labor vary in their opinions as to the effect of hypnosis on women in labor.

2. Physicians' opinions of the extent to which the nurse is involved in the management of the patient vary and

are influenced by a) the attitude of the nurse toward the use of hypnosis and b) the physician's approach to conditioning the patient.

The following additional generalizations are supported by the data but need further study to substantiate.

1. The physiological and psychological needs of the hypnotized patient in labor are the same or similar to those of non-hypnotized patients in labor.

2. The nurse needs to rely on objective signs of the patient's condition (including progress of labor and complications) with hypnotized labor patients as much as, or more than, she does with labor patients receiving other types of medical management of pain.

3. If the nurse is accepting of hypnosis and of the patient's behavior, she can enhance the comfort of the hypnotized labor patient.

4. It is not necessary or advisable for nurses to instruct labor patients in abdominal breathing or relaxation while they are under hypnoanesthesia.

5. Hypnosis does have a limited effect on vital signs.

6. The individual physicians suggest specific bits of information about the nature and needs of hypnotized labor patients which may be useful to nurses in caring for the patients, but which need further study to confirm. The

information is as follows:

a. Patients in a hypnotic trance often appear to be asleep, but may be alert, depending on the depth of the trance. Thus, the patient's ability to communicate her needs verbally may be little affected.

b. Disturbances in the environment could be utilized advantageously to deepen the hypnotic trance.

c. In caring for the hypnotized labor patient, the nurse should avoid words and phrases which carry a negative connotation.

d. A positive effect on the patient can be established by showing the patient appreciation for her accomplishments in the labor experience.

e. The relaxing effect of hypnosis shortens the length of labor. It might also diminish the possibility of hemorrhage.

f. Hypnosis does not camouflage a change in vital signs signaling impending complications. This might be considered to be the greatest value of hypnosis.

Implications for Nursing

The results of this study indicate the importance of carrying out good obstetrical nursing care for labor patients receiving hypnoanesthesia. Inasmuch as nurses need to gain knowledge about hypnosis and its use with patients in obstetric

labor, it should be determined where and how this content should be taught.

Since the opinions of physicians suggest that the attitude of the nurse affects the success of hypnosis, and since the nursing profession maintains that the nurse is committed to adapt nursing care to changing medical care, it would be of interest for further study to attempt to elicit from nurses responses that would reveal attitudes toward medical innovations such as hypnosis.

LITERATURE CITED

A. Books

- Ambrose, Gordon, and George Newbold. A Handbook of Medical Hypnosis. London: Bailliere, Tindall and Cox, Inc., 1956. 255 pp.
- August, Ralph V. Hypnosis in Obstetrics; Obstetric Hypno-anesthesia. New York: Blakiston Division, McGraw-Hill, 1961. 160 pp.
- Kroger, William S. Clinical and Experimental Hypnosis. Philadelphia: J. B. Lippincott Company, 1963. 361 pp.
- Lesser, Marion S., and Vera R. Keane. Nurse-Patient Relationships in a Hospital Maternity Service. St. Louis: C. V. Mosby Company, 1956. 301 pp.
- Mason, Albert A. Medical Hypnosis. New York: Paul B. Hoeber, Inc., 1960. 223 pp.
- Weitzenhoffer, Andre M. Hypnotism: An Objective Study in Suggestibility. New York: John Wiley and Sons, 1953. 380 pp.

B. Periodicals

- Cheek, David B. "Hypnosis without Fear," Northwest Medicine, February, 1962, pp. 174-76.
- _____. "Rebellion Against Coercion in Hypnosis," The International Journal of Clinical and Experimental Hypnosis, VII, No. 4, October, 1959, pp. 223-27.
- Clark, Richard N. "A Training Method for Childbirth Utilizing Hypnosis," American Journal of Obstetrics and Gynecology, 72:1302-04, No. 6, December, 1956.
- Crasilneck, Harold B., and James A. Hall. "Physiological Changes Associated with Hypnosis: A Review of the Literature Since 1948," The International Journal of Clinical and Experimental Hypnosis, VII, No. 1, January, 1959, pp. 9-50.

Jenkins, M. T., and Harold B. Crasilneck. "Hypnoanesthesia," American Journal of Nursing, 59:958-61, No. 7, July 15, 1959.

McCartney, James L. "A Half Century of Personal Experience with Hypnosis," The International Journal of Clinical and Experimental Hypnosis, IX, No. 1, January, 1961, pp. 23-33.

Wallace, George. "Hypnosis in Anesthesiology," The International Journal of Clinical and Experimental Hypnosis, VIII, No. 3, July, 1959, pp. 135-43.

APPENDIX

QUESTIONNAIRE

I. INFORMATION NECESSARY FOR NURSES INVOLVED IN THE MANAGEMENT OF HYPNOTIZED PATIENTS IN LABOR.

1. In regard to the hypnotized patient's response to external stimuli:
 - a. should she be put in a private room?
 - b. should visitors be limited?
 - c. will environmental factors such as light, noise, other patients, affect the success of hypnosis?
2. To whose instructions do you condition the patient to respond?
 - a. hypnotist
 - b. nurse
 - c. husband
 - d. anyone in environment
3. How important is it for the nurse to remain with the hypnotized patient during labor? for the husband?
4. Can the nurse expect the patient to be aware of physical changes such as
 - a. ruptured membranes
 - b. need to void

How will the patient communicate this to the nurse?

5. Can the patient verbalize needs such as:
 - a. need to void or defecate
 - b. need for nourishment
 - c. need to alleviate increasing discomfort.
6. Is it helpful for the nurse to instruct a hypnotized patient about abdominal breathing?
7. Can the nurse expect vital signs to be affected by hypnosis?
8. Does hypnosis affect the length of labor?
 - a. lengthened
 - b. shortened
 - c. unaffected
 - d. not determined

II. THE FOLLOWING ARE AREAS OF NURSING CARE RELATED TO A
PATIENT'S EXPERIENCE IN NORMAL LABOR.¹⁹

1. Nurse fulfills need for human presence.
2. Nurse helps patient achieve relief from pain.
3. Nurse observes progress of labor.
4. Nurse accepts individual attitude and behavior of patient.
5. Nurse attends to physiological needs.
6. Nurse helps patient attain a sense of achievement in the effort she is making.

Please comment on the extent to which, in your experience, the nurse is involved in the management of the hypnotized patient in labor.

1.

2.

3.

4.

5.

6.

¹⁹Adapted from Lesser and Keene, "Nurse-Patient Relationship in a Hospital Maternity Service."

LETTER TO PHYSICIANS

4722 - 18th N. E.
Seattle, Washington
July 26, 1965

Dear Dr. _____:

As a graduate student of Montana State University School of Nursing, and currently working in Inservice Education at the University of Washington Hospital in Obstetrics and Psychiatry, I am conducting a pilot study to determine in what way the nurse participates in the management of the hypnotized patient in labor.

The title of my paper is, "OPINIONS OF SELECTED PHYSICIANS REGARDING THE NURSING MANAGEMENT OF THE HYPNOTIZED PATIENT IN LABOR." I am sending this questionnaire to seven physicians who are experienced in the use of hypnosis in the field of Obstetrics.

The first part of the questionnaire deals with particular information pertaining to the nurse in the labor room. In the second part, the six items listed may be used as a guideline for your comments.

I must submit this paper by the end of August in order to complete my academic requirements, thus making it necessary to request return of the questionnaire within two weeks of the date received.

I hope you will find this topic interesting and worthy of the time and effort you are contributing. Thank you for your cooperation.

Sincerely,

Martha Huber