

Hypnotherapy as an intervention in infertility treatment

Abstract

Research and scientific evidence have illuminated the emotional and psychological aspects of fertility. Women grappling with fertility problems endure a range of intense emotions, including shock, frustration, anger, despair, and blame. These feelings are not easily resolved and can persist over time. Many women are unaware of their fertility issues until they actively try to conceive. Hypnotherapy is sometimes used as a complementary therapy in infertility treatment. People find it helpful for reducing stress and anxiety related to infertility, which can indirectly benefit their overall well-being and possibly enhance their chances of conception. Hypnotherapy is typically used to help individuals manage the emotional aspects of infertility, reduce stress, and potentially improve their mental and emotional state, which may positively impact fertility. Research suggests that hypnosis can improve ovulation, increase sperm quality, and enhance embryo implantation, by reducing stress and promoting relaxation. However, it should not be used as a sole or primary treatment for infertility, and it's essential to work with a healthcare provider who specializes in fertility issues to develop a comprehensive treatment plan. The present chapter elucidates on the effectiveness of hypnotherapy in infertility counseling with evidence based work done over the years globally as it delves into the history of hypnosis, the brain states associated with it, and its scientific evolution. It emphasizes the role of hypnosis in influencing the mind-body connection, reducing stress, and promoting a positive outlook during fertility treatment.

Keywords: hypnotherapy, infertility counseling, anxiety, PTSD

Volume 5 Issue 3 - 2023

Amita Puri,¹ Brahm Deep Sindhu,² Astha Puri,³ Purnima Bamel,¹ Taniya Singh,¹ Aman Kumar¹

¹Citizen hospital, India

²Consultant Psychiatrist, India

³Data Scientist, USA

Correspondence: Amita Puri, PhD Director, Triarup Foundation, Citizen hospital, Gurgaon, India, Tel 919717458266, Email amitapur@iitd.ac.in

Received: November 27, 2023 | **Published:** December 18, 2023

Introduction

Fertility issues in women are complex and multifaceted. Beyond biological factors, risks for infertility encompass elements like age (especially above 35), smoking, excessive alcohol consumption, poor diet, weight fluctuations, sexually transmitted infections, hormonal imbalances, and stress. Stress, in particular, significantly affects a woman's ability to conceive and can hinder the success of assisted reproductive therapies.¹ Surprisingly, about 20% of women who consult fertility specialists receive an idiopathic infertility diagnosis, leading to disbelief and frustration among otherwise healthy women.² The continuous cycle of attempting to conceive, both naturally and through assisted reproductive treatments, without achieving pregnancy can lead to profound feelings of rage, hopelessness, and depression. A significant portion of women facing infertility, approximately 40%, grapple with various mental health disorders.³ The repeated unsuccessful attempts can prompt self-blame, resulting in feelings of shame and guilt.⁴

Moreover, women dealing with infertility experience a profound sense of loss and grief. Each unsuccessful attempt to conceive intensifies these emotions, extending far beyond the mere absence of pregnancy. Infertility-related losses include the dream of pregnancy and childbirth, the loss of a genetic legacy, parenting experiences, stability in family dynamics, the ability to give grandchildren to parents, hope for the future, and feelings of self-worth and self-esteem.⁵ Women undergoing infertility often enter a grieving process, akin to mourning a significant loss, as they grapple with shattered hopes and dreams associated with having a child. This grief does not necessarily subside when women decide to stop trying to conceive; it can persist throughout their lives. Watching friends and family members becoming parents and grandparents can trigger these feelings of grief, reminding them of the experiences they will never have. These emotional challenges further compound the already stressful lives of women striving to become mothers.⁶

Pregnancy involves a complex interplay of various physiological and psychological factors, such as hormonal changes, alterations in eating and sleeping habits, and shifts in social standing. These changes can pose significant challenges and stress for expectant mothers, often accompanied by the fear of pain during labor and childbirth. While methods for preparing for delivery have been in existence since the 20th century, literature demonstrating their impact on maternal anxiety rates and obstetric complications is scarce. Recent studies underscore the importance of educational programs, as well as techniques for physical and mental relaxation, coping strategies, and psychosocial support. Nakamura et al.,⁷ examined the various ways stress can influence fertility, including its effects on reproductive immune function. Hypnotherapy in obstetrics and surgery is not a recent practice. There's a prevailing belief that women are destined to endure substantial pain and discomfort during pregnancy, largely due to folklore and societal talk. This perception often conditions a woman's mind to anticipate pain during childbirth. Given that the cause of pain during childbirth is significantly psychological, addressing it psychologically is the most effective approach. While the physical effort during labor cannot be overlooked, a substantial portion of the pain and anxiety can be mitigated.⁸

Guidance and hypnosis, when employed during pregnancy and/or childbirth, have been explored in the literature. Hypnosis, recognized as a pain management method worldwide, is as much a philosophy as it is a technique when applied to childbirth. Hypnotherapy is gaining increasing recognition and importance as an adjunct therapy for effectively managing and coping with pain during labor and childbirth. Various studies have reported benefits, including a reduction in labor duration during vaginal delivery, decreased anxiety, and an improvement in the quality of sleep.

Hypnotherapy

Hypnotherapy, formerly known as mesmerism, has evolved into a potent and effective technique embraced by the medical field,

especially in psychiatry. The term “hypnosis” originates from the Greek word “Hypnos,” meaning sleep. In the realm of consciousness, often compared to a vast iceberg, Sigmund Freud, the founder of psychoanalysis, divided it into three levels: conscious, preconscious, and unconscious. The conscious level encompasses thoughts and perceptions, the preconscious stores knowledge and memories, while the unconscious, constituting 90% of the mind, harbors irrational fears, selfish desires, shameful experiences, and unacceptable sexual urges. These buried thoughts and fears can lead to negativity within us, often without us understanding their origins.⁶

Hypnotherapy is a form of therapy that uses guided relaxation, focused attention, and suggestion to help individuals reach a state of heightened awareness and deep relaxation, often referred to as a trance or hypnotic state. During this state, a person is more open to suggestions and is typically more receptive to therapeutic interventions.⁹

A trained hypnotherapist can use this state to help individuals address a wide range of issues, including managing stress, overcoming phobias, changing unwanted habits, improving sleep, and enhancing overall well-being. It can also be applied to address specific medical or psychological conditions, such as chronic pain management, anxiety, and even some aspects of infertility, as mentioned earlier.¹⁰

Hypnotherapy serves as a valuable tool to address these irrational fears and thoughts. It induces an altered state of consciousness, akin to a trance, distinct from waking, sleeping, or dreaming states. Trance-based healing is one of the oldest practices in the realm of medical arts, with ancient Indian scriptures, such as the Atharva Veda (5000 BC), mentioning psychotherapy-like techniques. These methods, akin to contemporary hypnotherapy, include Mantra Vidhya, akin to auto suggestion, and Sadesh, similar to symbolism and metaphor. Additionally, Samvashikaran, described as hypnosis, was used to enhance personalities and treat conditions like epilepsy and hysteria.

Hypnotherapy incorporates elements such as music, soothing imagery, and guided visualization. By relaxing the analytical part of the mind, individuals become more receptive to positive suggestions and affirmations, allowing for therapeutic benefits.¹¹ Several studies have demonstrated the effectiveness of hypnosis in reducing anxiety and pain during labor.¹² For instance, Davidson’s study involving 70 pregnant women treated with hypnosis showed a significant reduction in the duration of labor, with nearly 60% of the participants not requiring chemical analgesia. Another study presented at the Second European Congress of Hypnosis in 1980 by Tiba et al. found that hypnotherapeutic preparation in obstetrics effectively achieved the following:

1. Reduced fear of labor and delivery, regardless of hypnotic susceptibility.
2. Increased pain relief and cooperation during labor and delivery.
3. Decreased the amount of anesthesia required.

Hypnosis during A.R.T

In the realm of assisted reproductive technologies, particularly in vitro fertilization (IVF) treatments, hypnosis has demonstrated promising results. Levitas et al.,¹³ showed that incorporating hypnosis during embryo transfer in IVF cycles can significantly improve outcomes. In their research, the group that utilized hypnosis during ET had higher implantation and clinical pregnancy rates compared to the control group that did not use hypnosis. This finding opens avenues for further research on the integration of hypnosis to enhance fertility and improve the success rates of assisted reproductive technologies.¹⁴

In addition to its impact on fertility treatments, hypnosis has been beneficial in reducing stress, anxiety, and depression during infertility treatments and pregnancy. It has also been effective in managing adverse symptoms experienced during pregnancy, aiding in the reduction of preterm deliveries, and potentially decreasing the likelihood of miscarriages. During labor and delivery, hypnosis has been shown to help manage uterine contractions, alleviate pain and discomfort, reduce the need for epidural anesthesia, shorten labor duration, decrease hospital stays, and speed up postpartum recovery. Overall, the multifaceted applications of hypnosis in obstetrics highlight its potential as a valuable adjunctive therapy, offering various benefits for both expectant mothers and their unborn children. As research in this area continues, hypnosis could become an integral part of obstetric care, providing holistic support to women throughout their reproductive journeys (Table 1).

Table 1 Assumptions in hypnotherapy

Trance state	Hypnotherapy assumes that individuals can enter a trance state or a state of heightened suggestibility, where they become more open to therapeutic suggestions.
Suggestion	It assumes that suggestions made during the hypnotic state can influence a person’s thoughts, feelings, and behaviors.
Access to the Subconscious	Hypnotherapy often works under the assumption that the subconscious mind can be accessed in this trance state, allowing individuals to explore and potentially resolve underlying issues.
Collaboration	It assumes a collaborative therapeutic relationship between the hypnotherapist and the client, where the client actively participates in the process.
Positive change	The underlying assumption is that hypnotherapy can be a catalyst for positive change, helping individuals overcome obstacles, modify behaviors, and improve their well-being.
Non-coercive	Ethical hypnotherapy is non-coercive, meaning individuals cannot be made to do things against their will while in a hypnotic state.

It’s important to note that hypnotherapy’s effectiveness can vary from person to person, and it’s typically used as a complementary or alternative therapy alongside other therapeutic approaches. Additionally, the success of hypnotherapy often depends on the skill and experience of the hypnotherapist and the willingness and receptiveness of the individual seeking treatment.

Common techniques used in hypnotherapy

Hypnotherapy techniques in infertility counseling may focus on addressing the emotional and psychological aspects of infertility. While specific techniques can vary, here are some general approaches that may be used:

1. **Stress Reduction Hypnotherapy** can help individuals manage the stress and anxiety often associated with infertility. Techniques like progressive relaxation and guided imagery can be employed to induce a state of deep relaxation and reduce stress levels.
2. **Addressing Negative Beliefs Hypnotherapy** can be used to identify and reframe negative beliefs or thought patterns related to fertility issues. By altering these beliefs, individuals may experience improved emotional well-being.

3. **Enhancing Confidence** Building self-confidence and self-esteem can be important in coping with infertility. Hypnotherapy can incorporate suggestions to boost self-confidence and foster a positive mindset.
4. **Emotional Release** Hypnotherapy may help individuals release emotional tensions or trauma related to infertility. This can involve guided sessions to address unresolved emotions.
5. **Coping Strategies** Developing effective coping strategies is a key aspect of infertility counseling. Hypnotherapy can teach individuals self-hypnosis techniques to manage emotions and stress when faced with fertility-related challenges.
6. **Visualization techniques** can be used to help individuals create positive mental images of themselves achieving their desired pregnancy or family-building goals.
7. **Improving Well-Being** General well-being, including sleep quality and overall mental and physical health, can be addressed through hypnotherapy to create a more conducive environment for fertility.

It's important to work with a qualified and experienced hypnotherapist who specializes in fertility issues. They can tailor techniques to meet individual needs and integrate them into a comprehensive infertility counseling plan. Additionally, it's advisable to consult with a healthcare provider or fertility specialist for a well-rounded approach to infertility treatment.

Hypnotherapy as an intervention in clinical set up

Hypnotherapy is, today used as an intervention at various stages of infertility treatment within an Assisted Reproductive Technology (ART) setting, including in vitro fertilization (IVF), artificial insemination, and other procedures. Here's a sequence of how hypnotherapy can be incorporated into these processes:

1. **Preparation for ART Procedures-** anxiety and stress reduction

Hypnotherapy can help individuals manage anxiety and stress associated with upcoming ART procedures. This is typically addressed in sessions prior to the procedure.

2. **During ART procedures-**procedure comfort

Hypnotherapy may be used during the actual ART procedure (e.g., egg retrieval or embryo transfer) to help individuals stay calm and relaxed, potentially improving the procedure's success.

3. **Post-procedure recovery-**stress reduction

Hypnotherapy can be employed to reduce post-procedure stress and anxiety, aiding in the recovery process and potentially enhancing the chances of successful implantation.

4. **Emotional support and coping-** coping with uncertainty

Hypnotherapy can provide emotional support, helping individuals cope with the uncertainty and emotional challenges that often accompany ART procedures.

5. **Addressing emotional blocks-** exploration and resolution

If emotional issues are identified as potential factors affecting fertility, hypnotherapy can be used to explore and resolve these issues during the treatment process.

6. **Fertility mindset enhancement-**positive affirmations

Hypnotherapy often includes positive affirmations and guided imagery to enhance an individual's fertility mindset, encouraging a belief in the possibility of success.

7. **Fertility boosting technique-**relaxation and visualization

Hypnotherapy sessions may include relaxation and visualization techniques that encourage the body to be in an optimal state for conception.

8. **Reinforcement and follow-up-**continued support

Hypnotherapy is not a one-time intervention. It often involves a series of sessions, with reinforcement and follow-up to ensure continued emotional well-being and support throughout the ART process.

Seven key ways hypnotherapy can help IVF

1. **Needle Phobia:** Hypnotherapy can address needle phobia through techniques like the Rewind Technique.
2. **Pain and Fear of Pain:** Hypnotherapy excels in managing physical and emotional pain, common in fertility treatments.
3. **Grief and Loss:** Hypnotherapy assists individuals in coping with grief and loss associated with fertility treatments.
4. **Trauma:** The Trauma Rewind Technique can help process and alleviate traumatic experiences.
5. **Tocophobia:** Hypnotherapy can address the fear of pregnancy or birth that may hinder conception.
6. **Stress, Overwhelm, and Low Mood:** Hypnotherapy offers strategies to manage stress and improve mood.
7. **Emotional and Subconscious Blocks:** Hypnotherapy helps individuals overcome emotional barriers affecting fertility.

The structured process of hypnosis

Hypnotherapy in infertility treatment involves a structured process aimed at addressing the emotional and psychological factors that can affect fertility. Here is a general outline of the process:

1. **Initial assessment**

The process begins with an initial assessment, where the hypnotherapist and the individual or couple seeking treatment discuss their fertility journey, emotional challenges, and goals for hypnotherapy.

2. **Goal setting**

Together with the client, the hypnotherapist sets specific and achievable goals for the hypnotherapy sessions. These goals can include reducing stress, managing anxiety, addressing past trauma, improving self-esteem, or enhancing emotional well-being.

3. **Induction and relaxation**

In each session, the hypnotherapist guides the individual or couple into a state of deep relaxation using techniques such as deep breathing, visualization, and progressive muscle relaxation. The purpose is to induce a state of heightened suggestibility and focus.

4. **Suggestion and visualization**

While in the relaxed state, the hypnotherapist provides positive suggestions and guided imagery tailored to the client's goals. These suggestions can help the client address emotional blocks, enhance relaxation, and improve their fertility mindset.

5. Exploration and processing

In some sessions, the therapist may guide the client to explore and process underlying emotional issues related to infertility, such as fears, anxieties, or past traumas that may be hindering the individual's ability to conceive.

6. Coping strategies and empowerment

The hypnotherapist often teaches the client coping strategies, relaxation techniques, and self-hypnosis methods that can be used independently between sessions. Empowering the client to manage the emotional challenges of infertility is a key focus.

7. Progress evaluation

Regularly, the therapist and client evaluate progress toward the established goals. The hypnotherapy process may be adjusted based on the client's evolving needs and progress.

8. Integration with medical treatment

If the individual is undergoing medical treatments for infertility, such as in vitro fertilization (IVF), the hypnotherapy process can be integrated with these treatments to help manage the stress and anxiety associated with medical procedures.

9. Follow-up and continued support

Hypnotherapy is often conducted over a series of sessions, and follow-up sessions may be recommended to provide continued support and reinforcement of the positive changes made during the process.

Challenges of using hypnotherapy in infertility counseling

Using hypnotherapy in infertility counseling comes with several challenges. They are elucidated as under:

1. **Limited Scientific Evidence** One of the primary challenges is the limited scientific evidence supporting the effectiveness of hypnotherapy in improving fertility. While it may help with stress and emotional well-being, its direct impact on infertility is not well-established.
2. **Complexity of Infertility** is often a complex medical issue with various physical, emotional, and psychological factors. Hypnotherapy alone cannot address the root causes of infertility, such as physical conditions or hormonal imbalances.
3. **Individual Variability** People respond differently to hypnotherapy, and some individuals may be more resistant to entering a hypnotic state or may not experience significant benefits.
4. **Ethical Considerations** Ethical issues may arise, such as ensuring that individuals give informed consent and do not feel pressured into using hypnotherapy as a treatment for infertility.
5. **Need for a Multidisciplinary Approach** Infertility often requires a multidisciplinary approach involving medical professionals, psychologists, and counselors. Hypnotherapy should be integrated as part of a comprehensive treatment plan rather than used as the sole approach.
6. **Cost and Accessibility** Hypnotherapy can be costly, and it may not be accessible to all individuals seeking infertility counseling. This can be a barrier for those with limited financial resources.

7. **Expectations and Disappointment** There can be high expectations placed on hypnotherapy as a "miracle cure" for infertility. When it does not lead to pregnancy, individuals may experience disappointment and frustration.

To address these challenges, it's essential for individuals experiencing infertility to work with a healthcare team that includes a reproductive specialist, counselor or therapist, and possibly a hypnotherapist if they choose to explore this option. The combination of evidence-based medical treatments, emotional support, and complementary therapies like hypnotherapy may offer a more holistic approach to infertility counseling.

Ethical considerations in infertility counseling

Infertility counseling raises ethical considerations that revolve around privacy, informed consent, and the emotional well-being of individuals or couples undergoing fertility treatments. Counselors must navigate the delicate balance between providing honest information about potential outcomes and respecting the autonomy of clients to make informed decisions. Issues like the disclosure of sensitive medical information, the emotional toll of fertility treatments, and the potential for conflicts of interest in recommending specific interventions pose ethical challenges. Additionally, ensuring equitable access to counseling services and addressing cultural and societal norms surrounding infertility are essential aspects of ethical practice in this field. Striking a balance between empathy, respect for autonomy, and adherence to professional standards is crucial for infertility counselors as they guide individuals through the emotionally charged journey of fertility treatments.

There exists a widespread misunderstanding about hypnosis that many women find challenging to overcome. Historical portrayals of hypnosis have depicted it as mystical, dangerous, and involving magical mind games, often evoking fear and apprehension. However, this perception couldn't be further from the truth; in reality, hypnosis empowers individuals rather than controlling them.

Conclusion

Thus, it is seen that Hypnosis is a natural and inherent state of mind. We frequently observe people managing their emotions, like steering away from anger and calming themselves mentally before situations escalate. In our daily lives, we exercise control over our emotions and mental states in various ways. Hypnosis simply involves reaching a state of deep relaxation and tranquility, allowing the body to function optimally while the mind remains composed and free from panic or anxiety. Moving in and out of different levels of consciousness is a natural part of life experienced by everyone. Hypnotherapy as a modality for psychotherapeutic interventions in infertility treatments has come to stay, given its multitude benefits.

Acknowledgments

None.

Conflicts of interest

The authors declare that there is no conflict of interest.

References

1. Hajela S, Prasad S, Kumaran A, et al. Stress and infertility: A review. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2016;940–943.
2. Nguyen K. Why unexplained infertility is sometimes explained during IVF. 2014.

3. Katibli S, Mammadzada G, Hajiyeva N. P-1467- Relationship between women infertility and depression, anxiety and stress disorders. *European Psychiatry*. 2012;27(1):1.
4. Vyas R, Adwanikar G, Hathi L, et al. Psychotherapeutic intervention with hypnosis in 554 couples with reproductive failure. *Journal of the Indian Medical Association*. 2013;111(3):167–169.
5. Lindsey B, Driskill C. The psychology of infertility. *International Journal of Childbirth Education*. 2013;28:41–47.
6. Sindhu B, Puri A, Sharma V, et al. Psychotherapy in the Indian context with SEHT-some reflections. *IJMCR*. 2023;11.
7. Nakamura K, Sheps S, Arck PC. Stress and reproductive failure: past notions, present insights, and future directions. *American Journal of Reproductive Immunology*. 2010.
8. Miles LM, Keitel M, Jackson M, et al. Predictors of distress in women being treated for infertility. *Journal of Reproductive and Infant Psychology*. 2009;27:238–257.
9. Riskin JD, Frankel FH. A history of medical hypnosis. *Psychiatric Clinics of North America*. 1994;17:601–609.
10. Banerjee P, Puri A. Enhancing health and transforming lives through optimism attitude model (OAM): Panacea in 21st century. *The Business and Management Review*. 2018;9(4).
11. Louis GMB, Lum KJ, Sundaram R, et al. Stress reduces conception probabilities across the fertile window: evidence in support of relaxation. *Human Reproduction*. 2011.
12. Cwikel J, Gidron Y, Sheiner E, et al. Midwifery care in Israel: cultural considerations and the integration of complementary medicine. *Social Science & Medicine*. 2004;58(3):509–519.
13. Levitas E, Parmet A, Lunenfeld E, et al. Impact of hypnosis during embryo transfer on the outcome of in vitro fertilization–embryo transfer: A case-control study. *Fertility and Sterility*. 2006;85:1404–1408.
14. Domar AD. The impact of stress and the mind-body connection in fertility. *Harvard Review of Psychiatry*. 2000;8(3):126–132.