

Hypnosis for Fertility

Hypnosis for Fertility Research and Articles

Doctors and scientists from all over the world are proving the effectiveness of hypnosis for fertility and other reproductive challenges.

NEW YORK (Reuters Health) -Women who are hypnotized before undergoing the transfer of an embryo by in-vitro fertilization (IVF), may be more likely to become pregnant, Israeli researchers report. Dr. Eliahu Levitas of Soroka University Medical Center in Beer Sheva and colleagues found that nearly 60 percent of a group of women who used hypnosis during the procedure became pregnant. This compared to about 30 percent of a group of women who didn't use hypnosis.

Many fertility experts see the transfer of an embryo to a woman's uterus as a key event that determines whether IVF will succeed, the researchers report in the journal *Fertility and Sterility*. Women may be stressed during embryo transfer from fear that the treatment will fail, they explain, or that the transfer will be painful.

Hypnosis has been shown to be helpful in reducing patients' stress during many types of surgical procedures, and can also reduce pain during and after surgery. To investigate if this technique might help IVF patients, the researchers assigned 89 couples that underwent 98 treatment cycles to hypnosis, and compared the outcome to 96 couples who underwent 96 cycles and were not hypnotized. Women in the hypnosis group met with a physician certified in hypnosis, who asked them to select a "very pleasant" past experience to think of during embryo transfer. Patients were hypnotized before the transfer, and told to compare the procedure "with the reception of long-awaited and very welcome guests."

After the woman was in trance state for about 10 minutes, the doctors began the transfer. When the procedure was finished, before the patients were taken out of the hypnotized state, they were given instructions intended to help them feel calm, relaxed and optimistic.

In the hypnosis group, 52 pregnancies occurred, for a pregnancy rate of 58.4 percent per patient and 53 percent per cycle. In the regular procedure group, there were 29 pregnancies, for a per patient, and per cycle rate of 30.2 percent. Levitas and his colleagues hypothesize that hypnosis helped a woman's uterus to remain relaxed, allowing the embryo to implant more easily. It is also possible, they say, that hypnosis produced changes in the immune or hormonal uterine function resulting in "an improvement in the interaction between the blastocyst and the endometrium," or the lining of the uterus. While the researchers attempted to make the hypnosis and non-hypnosis groups as similar as possible, the group that did not receive hypnosis had, on average been infertile for a longer period.

Levitas and his team performed statistical analysis to account for this, and found that hypnosis remained the key factor in pregnancy success. They call for additional studies to confirm these findings.

SOURCE: *Fertility and Sterility*, May 2006.

Dr. Gayle Peterson has developed a technique called Body-Centered Hypnosis. Dr. Peterson has found that high anxiety states in the mother must be reduced in order to normalize pregnancy and birth. She cites several research studies that suggest a positive link between fertility and treatments based on hypnosis. She is a pioneer in the field of mind/body states and their effects on fertility, pregnancy and birthing.

Can Treating Depression Improve your Fertility?

by Gayle Peterson, LCSW, PhD

QUESTION: *My partner and I have been trying to conceive for over a year. I am also suffering from depression, though I am not seeing a doctor or therapist for this condition. I recently read that depression can affect a woman's ability to conceive. Could this be true?*

ANSWER: Research studies have documented the correlation between stress and infertility since the 1980s. The usefulness of such information has lagged because the focus has been on vague definitions of anxiety, rather than symptoms of depression. Recently, however, a refined look at depressive symptoms and their impact on biology has been enlightening, offering new hope and a mind/body approach that has proved to be a heartening success for some women.

Consider these findings:

- Women with a history of depressive symptoms reported twice the rate of subsequent infertility (Psychosomatic Medicine, 1995, vol. 57)
- Women with depression, when treated showed a 60 percent viable pregnancy rate within six months, contrasting with 24 percent when depression went untreated. (Journal of American Medical Womens Association, 1999, vol.54)
- Women who experienced depression following the failure of their first in vitro fertilization (IVF), had much lower pregnancy rates than their non depressed counterparts during their second IVF cycle (Journal of Psychosomatic Research, 1993, vol. 37)

The research does not stop there. Another study (Fertility Sterility, 1998, vol. 69) suggests that because mind/body programs are effective for reducing negative emotions that may impair IVF success, patients should be offered such a program in conjunction with IVF.

What is the mind/body connection between depression and fertility? Stress brought on by anxiety and/or depression can alter immune function. We have all heard about how the effects of depression can lower our immunity, making us more vulnerable to colds and other viruses during emotionally stressful periods. It is not such a stretch to discover

that a suppressed immune system can adversely affect our ability to conceive.

Reproduction is one of our most delicately balanced biological systems. Psychological stress can affect our ability to get pregnant on multiple levels, including inhibition of the hypothalamus that helps regulate hormonal levels, or over activation of the hypothalamus which can change the pituitary and adrenal responses. Since the pituitary regulates both how much of a hormone is made and how much is released in the body, its alteration can have dramatic effects on the hormonal balance necessary for ovulation, fertilization, tubal functioning or even successful implantation of the egg once it reaches the womb.

Infertility causes depression, but what about prevention? The bad news is that even when women have not been depressed previously, depression often occurs by the second to third year of infertility and does not return to normal levels until six years later. The good news is that researchers have recently become proactive in studying the effects of treatment for non depressed women BEFORE they get depressed.

A new study reported in Reproductive Endocrinology (April 2000, vol. 73, issue 4), treated women who were in their second year of infertility and not yet depressed. The women who received group psychological interventions to stem the tide of depression caused by infertility, had significantly increased viable pregnancies compared to those who did not receive preventative treatment for depression.

What can you do to increase your chances of getting pregnant?

The following activities were part of the treatment program that the women in the prevention study received. Consider these as possible guidelines for a mind/body approach to help you conceive whether or not you suffer depression currently:

- **Relaxation Techniques**

Yoga, meditation, and visualization increase the body's resources for achieving balance. Consider a daily meditation, yoga or some other activity that calms the mind, but do not stop there. I have had success in my own psychotherapy practice using a body-centered hypnosis, which utilizes imagery, not only for childbirth, but for infertility, too. The hypnotic effects of visualization, coupled with relaxation can be a powerful technique for communicating with the emotional center of the brain (limbic system) that regulates hormonal activity and balance.

Visualize your womb in a state of fertile health and readiness. Make a relaxation tape, or have a professional assist you in creating an audiotape in which imagery and sound helps you experience the sensation of conception and pregnancy. (My

audiotape "Body Centered Hypnosis for Pregnancy, Bonding and Childbirth" can serve as an example of a visualization tape.)

- **Emotional Expression**

Releasing feelings is essential for deep relaxation. Do not use visualization as a form of "positive thinking" alone. Without releasing the "negative" feelings and fears you experience, you will be likely to repress your fears and disappointment, resulting in depression.

Acknowledge your anger, grief, disappointment and fear. Share your anxieties and feelings with others who may feel similarly. Cry when you are disappointed and verbalize anger when it arises, rather than hold it in. Releasing feelings will allow you to feel better later, allowing you to be hopeful instead of hopeless.

- **Cognitive Restructuring**

Write your feelings in a personal journal, but with an eye towards releasing your disappointment and continuing towards your desired goal. For example: When writing you may find yourself saying, "I will never have a child". When you are tempted to express your feelings as a negative projection of your destiny, remind yourself that you are deeply disappointed, even angry. Stop short of crystal ball interpretations that lead to depression. Acknowledge the feelings rather than project them onto a futuristic event. Instead, bring yourself back to reality and write the truth of your actions, "I am doing everything I can to conceive."

- **Group Support**

Your desire to become pregnant and your inability to "make it happen" may bring up emotions that surprise you. It is common for women to harbor feelings of inadequacy that effect their self esteem and performance at work as well as their marital relationships. Anticipate your needs. Do not let these feelings overwhelm you. Instead, use this opportunity to get the support you need from others, friends or professionals, to make this an opportunity for learning and growth.

Supportive group therapy was a part of the treatment in the study correlated with increased pregnancy. Sharing feelings can help you feel less alone and allow you to work through discouragement. These groups focused on the impact of infertility on self esteem, marriage, family, friends and work. Find ways to share your feelings rather than hold them inside.

Do not delay! Seeking treatment may not only help you conceive, but may prevent an even greater spiral of depression that can result from protracted infertility. Treating your depression now may help stem a vicious cycle.

Dr. Alice Domar has been published in several important journals, such as *Fertility & Sterility* (1990 and 2000) and the *Journal of the American Medical Women's Association* (1999). She emphasizes "mind/body" techniques that include self-hypnotic suggestions to reduce stresses that interfere with conception and healthy pregnancy. Domar is the author of *Conquering Infertility*, and other books on the topic. The following is from an article by Dr. Domar:

Infertility has been defined by the World Health Organization as "the inability of a couple to bring pregnancy to term after a year or more of regular unprotected intercourse". Approximately 10-15 percent of couples of childbearing age experience infertility. The psychological impact of infertility can be profound and depressive symptoms are more common in the infertile population than in matched fertile women. Approximately 10 percent of infertile women meet the criteria for a major depressive episode, 30-50 percent report depressive symptoms, and 66 percent report feeling depressed after infertility treatment failure. The majority of infertile women report that infertility is the most upsetting experience of their lives. Infertile women report equivalent levels of anxiety and depression as women with cancer, HIV status or heart disease.

Recent research indicates that psychological distress may impair fertility and that depressive symptoms may reduce the efficacy of infertility treatment. Several studies conducted within the past three years support the theory that psychological distress can have a significant adverse impact on successive rates in vitro fertilization (IVF). In one of the studies, women with depressive symptoms were half as likely to conceive as women who were not depressed, and in the most recent study of 151 women scheduled to undergo an IVF cycle the chance of a live birth was 93 percent higher in women with the highest positive-affect score. Researchers have concluded that the success rates of high-tech infertility treatment can be adversely affected by psychological stress.

Mind/body treatment of infertility patients has been shown to both increase pregnancy rates as well as reducing psychological distress. In a recent study conducted at the MBMI, 185 women who had been trying to conceive for one to two years were randomized into either a 10 week mind/body group, a ten week support group, or a routine care control group. The birth rates during the one year follow up period were as follows: - Mind/body 55%, support 54%, and controls 20%. In addition the mind/body patients reported significantly greater psychological improvements than the support or control patients. Patients in the clinical Mind/Body Program for Infertility show benefits as well; in four published studies on several hundred women with an infertility duration of 3.5 years, 42 percent conceived within six months of completing the program and there were significant decreases in all measured psychological symptoms including depression, anxiety and anger.

Dr. Ernest L. Rossi specializes in psychobiology, or the relationship between the mind and physical body states. He has done extensive research to suggest that human genes must be in a state of physical readiness for conception to take place, and that hypnotic-type suggestions can activate specific genes, including the IL-1, c-fos, and the CYP17 in a specific order

At the Institute of Applied Psychology in Lisbon Portugal, a team of researchers led by Katharina Hirschenhauser has concluded that men who actively want to be fathers automatically adjust their testosterone levels at exactly the right time (the middle of their partners' menstrual cycles). Perhaps there is no better hypnotic suggestion for a male partner than the idea that he wants to become a father.

The following is from an article by Lynsi Eastburn, a fertility hypnotist based in Colorado:

We love to hear the words “unexplained infertility” here in our office. Though they strike terror in the hearts of the individuals who have received this diagnosis, “unexplained infertility” actually means there is no physiological reason for a woman not to become pregnant. Although women often feel helpless upon learning of this “condition” it is actually great news. In the absence of a pathological impediment—the removal of all or part of the reproductive organs, for example—most women can be helped to achieve fertility by exploring prior programming or emotional blocks.

Negative feelings left unexpressed and/or unresolved hold considerable energy which can block conception. Unexpressed emotions such as the anguish, guilt or profound shame often felt after an abortion can create extreme emotional conflict, which affects every cell of the body and can cause or compound reproductive problems. Negative self-talk (self-punishment, real or perceived judgment of God or compounded chastising of others) has a direct causative effect on the endocrine (hormonal) system. This is achieved by the direct stimulation of the amygdala, and its interrelationship with the hypothalamus, and parts of the brain involved with emotions.

Issues involving trauma can diminish overall feelings of safety and cause a woman to live in a state of constant fear. Though the conscious mind resolves to forget or move past the incident, the subconscious mind (the emotional part of the mind) is in conflict because of feelings of betrayal and endangerment. The sympathetic nervous system remains on guard, overriding the body's natural tendency toward balance. As this condition becomes chronic, the parasympathetic nervous system, concerned with conservation of energy and restoration, is unable to fulfill its regenerative duties. Lack of health and vitality, which is the natural result of disharmony between the sympathetic and parasympathetic nervous systems, leads to a variety of stress-related symptoms including “unexplained infertility.”

The neurochemical barrage that is associated with the “fight or flight” response in all human bodies, and which can be triggered by a threat to self-esteem or dignity, translates in the body as contraction of the muscles, an acceleration of the cardiovascular system, and the release of “emergency” hormones throughout the body. The body is on alarm, energy is directed toward the areas needed for actual “fight” or “flight” such as the arms and legs, and away from areas the brain considers less

important. Unfortunately, the reproductive system is the most expendable. Once a chronic imbalance of the autonomic nervous system is created, only the regular and consistent practice of relaxation will facilitate the restoration of the parasympathetic nervous system. Hypnotherapy provides an effective means of establishing that restoration and enables women to establish the level of safety essential for reproduction to occur.

Recently the media has become saturated with stories proclaiming the rise of “infertility” and our increasing “need” for medical intervention. It is now an unfortunate but common belief that it's just not easy to have a baby. Women may become so preoccupied with becoming pregnant that they prematurely rush in for medical testing. The stress brought on by this invasive protocol alone is enough to impede the natural process. And at present time women aged 35 and up are immediately considered “high-risk.” Hearing these words is often enough to cause women devastating emotional upset and seriously increase their already soaring stress levels. And stressor hormones, as we have established, do not contribute to a pregnancy conducive environment.

In an article by Suzy Greaves entitled *Can Hypnosis Help to Make You Pregnant?* Dr. Elizabeth Muir, a clinical psychologist working with hypnotherapy for infertility explains that hypnosis affects the hypothalamus—the neural center at the base of the brain linked to the pituitary gland—and controls the flow of hormones in the body. The hypothalamus is sensitive to stress and acts as a bridge between the emotional and physical, turning emotional messages into physical responses that affect hormone levels. Muir believes that the psychological issues surrounding pregnancy are not sufficiently well addressed for many women with fertility problems.

“Optimism goes all the way with pessimism but arrives at a point far beyond it.” This philosophy is taught to persons living with cancer as they strive toward health. The body has a natural tendency toward health, and embracing an optimistic outlook supports this rebalancing. Hypnotism is the method of teaching this principle to the mind.

Stress and a lack of confidence tend to be the top culprits that must be addressed with hypnosis for “unexplained infertility.” Many couples have lost faith in the natural process of conception and maintain too strong a conviction in the need for medical assistance. And with more and more women in high stress jobs it's really no wonder that conception doesn't always occur immediately (disastrous in our want-it-right-now culture).

Hormonal problems also sometimes contribute to conception issues. Restoration of hormonal balance and eventual pregnancy may occur through the utilization of hypnosis techniques and implementation of positive lifestyle changes such as diet and exercise. Hypnosis is well recognized for its effectiveness in smoking cessation, weight control, stress release, and general habit changing. Interestingly, these same issues pose the biggest threats to fertility.

Hypnotherapy reduces stress and increases confidence, instilling a sense of control in the client, which in turn enables her to maximize chances of conceiving naturally and/or increase the success of medical assistance.

