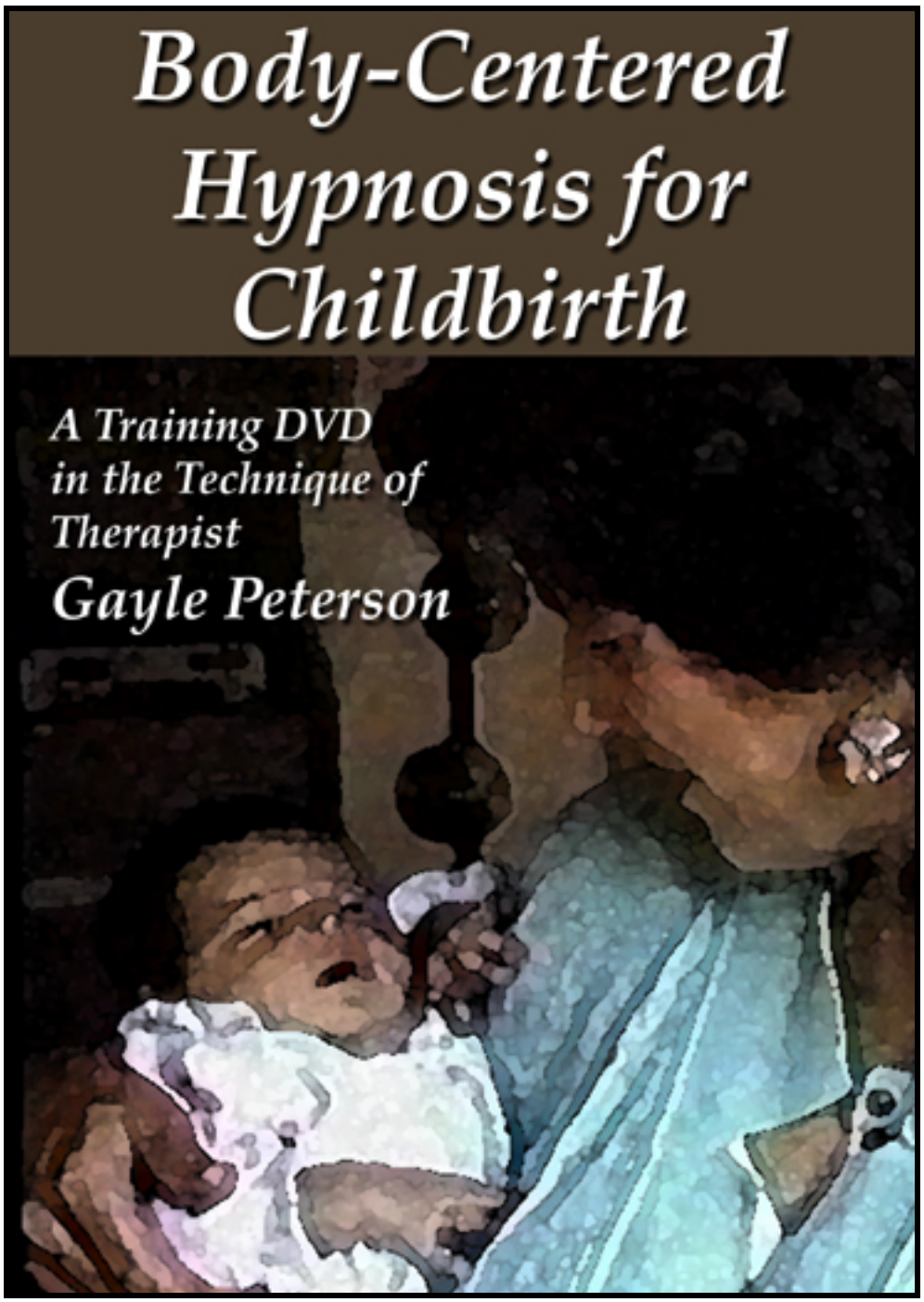
Dr. Gayle Peterson's

E-Manual



E-Manual/Workbook

Introduction

Welcome to the introductory course in Body-Centered Hypnosis for Childbirth. This manual, accompanied by the Training DVD will illustrate the use of the Peterson method for helping women adapt to the labor process. The first chapter is adapted from original dissertation research and explains how this method works. It also explains the use and techniques of body-centered hypnosis as applied in the Peterson method. View the Training DVD first, and then read this manual. Then, if you like, view the training DVD again to see what more you are able to comprehend.

Following the first chapter you will find 4 worksheets to help you write down your thoughts and ideas for constructing a plan for using these techniques in your practice as a childbirth practitioner. Once you have used these techniques in practice, you may want to view the training DVD again for learning even more. Each time you use the DVD and go over the material in this manual, you will gain insight and develop your practice of this very powerful tool for helping women adapt to the individual nature of their childbirth experience.

Whereas some forms of hypnotherapy involve dissociation from bodily experience, (such as hypnobirthing, Mongan technique) body-centered hypnosis deepens a woman's bodily sensation, taking her into a focused experience of her physiological processes. Body-centered hypnotic suggestions are communicated, through a variety of images and sensations, to the visual, auditory, and somasthetic cortices of the brain. Later, the physical processes of the developing pregnancy and labor activate these hypnotic messages. If anxieties have been addressed successfully in hypnosis, then maternal anxiety lessens and labor is more likely to progress smoothly.

Chapter two provides the reader with an understanding of the use of body-centered hypnosis in the context of the Peterson Model of Prenatal Counseling and Birth Hypnosis. Students who are interested in pursuing certification in this method will be interested in the description of the four-session model that follows this second chapter.

This course will allow you to begin your work in applying body-centered hypnotic technique to your practice with pregnant women. When integrated into prenatal preparations, body-centered hypnosis creates a bridge between the unconscious bodily processes of pregnancy and childbirth and the emotional and psychological growth required during this sensitive time in a woman's life cycle.

If you are interested in deepening your training and furthering your understanding of a woman's development through this pivotal life experience, you may want to consider the in depth training program or certification training program which includes directed study. In the full-length training program, participants learn advanced techniques of body-centered hypnosis applied to post traumatic stress and other issues that complicate labor. For further information on the full training programs available, please click the following link:
Complete Online and DVD Certification Training in Prenatal Counseling and Hypnosis for Childbirth

Childbirth is an ordeal. It can be a nightmare, as Jill, in the DVD experienced in her first childbirth. Or it can be an empowering experience. But it is not neutral. It is an honor to be working with pregnant women and their families during this process, which is, after all is said and done----an ordinary miracle.

I hope you thoroughly enjoy your journey!

Gayle Peterson, LCSW, PhD
Director, Prenatal Counseling and Birth Hypnosis Training Programs
http://www.makinghealthyfamilies.com/

Chapter 1

Chapter 1,... adapted from Gayle Peterson's original dissertation research

The Use of Body-Centered Hypnosis in Childbirth

A Case Study

The effectiveness of body-centered hypnosis for facilitating normal delivery has been documented by Mehl, Donovan and Peterson, (1988). The Peterson method for preparing women for childbirth incorporates techniques and processes for coping with the very real pain of labor, thus integrating rather dissociating pain from the natural process of birth. Such an approach has so far proven to be the most effective way of reducing a woman's need for pain medication during labor. The method focuses on pain mastery versus pain relief, using three main techniques: (1) the use of a prerecorded audio recording of a woman in labor in which pain is expressed clearly and audibly during contractions. Hearing this tape stimulates discussion of fears, allowing women and their partners an opportunity to prepare psychologically and emotionally for birth, processing a variety of issues that arise spontaneously from experiencing the intensity of the labor sounds. (2) pain coping practice simulated by an intense pinching exercise in which women are assisted in identifying which, of a variety of coping styles (visual, auditory or somasthetic) best helps them cope with the pain, and (3) use of an individually designed body-centered hypnosis which women experience in an individual session as well as through repeated use of the hypnosis on a prerecorded audio recording at home, prior to labor. In the case of *Jill* presented here, Peterson conducted a body-centered hypnosis (see DVD) after an interview in which she identified Jill's fears and concerns associated with the coming childbirth. They also worked together in a session following the hypnosis to identify Jill's predominant way of coping with pain.

BODY CENTERED HYPNOSIS

The Peterson method of childbirth preparation utilizes a specific type of hypnosis, the goal of which is to create an experiential meeting with, and mastery of, the challenge of labor. As we will note momentarily, this hypnosis method utilizes a variety of techniques, which may have a significant effect upon the limbic system of the brain. Whereas some hypnosis methods involve dissociation from bodily experience, body-centered hypnosis deepens a woman's bodily sensation, taking her into a focused experience of physiological processes in the hypnotic trance. Thus, she is left with body sensations and a physical memory of the hypnotic journey through birth and motherhood.

This hypnosis method is demonstrated in the DVD example. Peterson utilizes an indirect hypnosis technique, which some authors have described as "Ericksonian" (Poncelet, 1985). However she incorporates the body's physical process into the experience, such that the physically occurring processes of the developing pregnancy and labor itself trigger associations to hypnotic messages given in the hypnosis session. She hypothesizes that these suggestions are communicated, through myriad images and sensations, to the visual, auditory, and somasthetic cortices of the brain. These images and sensations, she believes, have enough emotional impact to trigger the release of acetylcholine, a brain neurotransmitter involved in the processing of memories through the hippocampus and into long-term memory storage. Thus, the memory of the hypnotic birth journey is activated from memory, leading many women who have experienced this form of hypnosis to report that they feel that they have already given birth. Such women also report that the hypnotic journey matches their real experience of childbirth, and frequently comment that they have relived certain phrases and images from the hypnotic experience while giving birth. Sometimes their comments reflect a conscious awareness of the connection between

messages given in the hypnosis, and other times women will repeat a phrase from the hypnosis that has become an intrinsic part of their experience -- apparently without conscious awareness of doing so. This point is illustrated on the DVD when Jill says in her postpartum interview, regarding childbirth, that, "It was so much fun, I want to do it again." This is an exact phrasing used in her birth hypnosis, embedded in the imagery of the slide. Yet Jill appears completely unaware of this connection.

The following excerpt is from a session with a 39-year-old woman having her second baby. Her first child is 12 years old, and she remembers his childbirth as a "frightening and terrible experience". Her labor with her first child was long, complicated, eventually ending in a forceps delivery. Twelve years later, she came to the author for childbirth preparation. Her letter regarding her use of the hypnosis suggestions during pregnancy, birth, and postpartum is characteristic of the reports of many of the women Peterson has worked with:

> "...and so "straight down and out he came" (phrase from the hypnosis session) in a 2 hour labor. Around 6 pm I listened to the birth tape and there was lots of activity from Elliott (baby). Around 8 pm labor kicked in and at 9:55 pm he was born. ..Throughout the pregnancy, labor and now a week later, different phrases you had said float in my mind. Also wonderful has been the sweet bonding between the four of us."
>
> Terri R. (personal communication, Dec. 21, 1988)

The suggestion for bonding between all four family members had been included in her hypnosis. It is also interesting to note that when she had visited her midwife during the afternoon of the day her labor began, her baby had been in a posterior position (like her first who had presented poorly) and her

midwife had anticipated a slow, long labor. She had told Terri to expect it to be "putsy" due to the posterior presentation. Terri believes that the movement she felt while listening to the hypnosis tape immediately prior to labor was her baby turning into the correct "straight down" position that had been emphasized in the body--centered hypnosis. One of Peterson's goals in preparing women for birth is to address their fears from previous births in the hypnotic journey, thus stimulating a sense of mastery of these past experience. Certainly for Terri, the change to anterior position of the baby and the unexpectedly fast delivery serves to confirm the effectiveness of the body-centered hypnosis.

THE LIMBIC SYSTEM AND LABOR

The process of labor and childbirth is intimately linked with the activity of the limbic system. The "limbic system" or old mammalian brain comprises two concentric rings, one for each hemisphere of the brain, folded around a central core. It is enclosed in its entirety by the cingulate gyrus above and the parahyppocampal gyrus below. Over the limbic brain is the neo- cortex, or "thinking cap" of present day humans. Below the limbic system lies the reptilian brain, consisting of the matrix of the brain stem, the midbrain, basal ganglia, much of the hypothalamus, and the reticular activating formation. The brain can be thought of as brains-within-brains (Hampden-Turner, 1981), as if consisting of three brains in one: the neo-cortex, the limbic system, and the reptilian brain identified in the writings of Paul MacClean (1969). We share a similar brain structure to that of prehistoric as well as current reptiles, which is located at or near the top of the brain stem. We share a similar brain to that of lower mammals, which consists of the limbic system. Only highly developed homosapiens have developed a neo-cortex. In addition, there are vertical connectors in the human brain, running from the neo-cortex through the limbic system, and into the reptilian part of the brain. Perhaps one of the reasons why psychotherapy is effective is that it can help people to make sense of the connections between thinking and feeling processes. In hypnosis, certainly, the

brain centers governing emotions must be reached if the hypnotic suggestions are to significantly impact the subject's experience.

The limbic system is often described as the emotional center of the human brain, as it functions to control the autonomic nervous system. Now let us focus on some of the known physiology of childbirth, and explore the possible impact that an emotional preparation for labor, such as body-centered hypnosis, might have on the experience of women in labor.

During the labor process, a hormone called "oxytocin" is released from the pituitary gland, where it is produced. The hypothalamus serves to regulate when and how much oxytocin is released into the blood stream of the pregnant woman. Emotional factors, mediated by the limbic system, such as fear and anxiety have been documented to decrease the flow of oxytocin in laboring women (Levinson, and Shnider, 1979). In addition, prostaglandins are circulated throughout the the blood stream, released from tissues, stimulated by hormones produced and released from the pituitary, also regulated by the limbic system, through the hippocampus. Prostaglandins serve to soften the cervix, thus helping to dilate the cervix in unison with the force of the oxytocin release (which causes contractions of the uterus to push the baby out).

Primagravida women (women having first babies) experience a significantly higher incidence of uterine dysfunction in labor than women having subsequent deliveries. Presumably, from a psychophysiological viewpoint, this could be due to the greater fear and anxiety present in an unknown situation, as opposed to a more familiar situation (subsequent childbirth). However, with proper the psychological preparation for pain management and dealing with emotional issues surrounding the childbirth, a primagravida woman may experience fewer conflicting messages in the limbic functioning of the brain, so that her labor proceeds smoothly and without complications. In fact, in the author's clinical and research experience, when women are prepared through her method (Peterson 1981, 1984), the average labor for a first time mother is only 6-7 hours.

This is less than half the laboring time usually expected for first-time mothers in the obstetrical literature.

It has been hypothesized that part of the mediation of emotional response by the limbic system (Turner, 1981, p.85) is to create a positive feedback loop for a variety of emotional dimensions, such as the polarity of "fight-flight". This particular dimension can be said to relate to the two physiological effects in labor that occur in response to fear. One is a decrease in oxytocin flow during the first stage of labor, the same response which would ensure that an animal could run if being threatened. This effectively stops the labor from progressing. The second response to fear that can occur during second stage (pushing through the vagina) is the ejectory reflex, which activates or speeds the labor process, allowing for the quick completion of delivery. It has been noted that women in high states of anxiety (Lederman, Lederman, and Work, 1978; Levinson and Shnider, 1979) demonstrate these physiological responses.

Experimentally stimulating the upper lobe of the limbic system has been found to create pleasurable sensation, while stimulating the lower lobe results in rage and attack responses. Here, again is a polarity of experience mediated by the limbic system. Investigation and research continues on the complex effects and function of the limbic system and its role in mediating the hormonal and chemical balances in the body. This research is too massive and far reaching to explore here. However one significant dimension of the limbic system's function that stands out in relation to our present discussion is the manner in which body-centered hypnosis as a preparation for childbirth may trigger a limbic response which augments, rather than inhibits, the process of giving birth.

EXPECTATION AND PAIN

The hippocampus has been found to mediate between the expectation of an experience and its actuality. As long as the differences between what is expected

in childbirth and what is experienced remain minor, "the hippocampus inhibits the reticular activating system, but as soon as major differences emerge, the reticular activating system is stimulated to alert the entire cortex to these discrepancies." This in turn influences the tension-relaxation dimension, resulting in higher levels of tension in the central nervous system (Hampden-Turner, 1981, p.84). This supports the research of Randi Ettner described in the previous chapter, which suggests that women who experience cognitive dissonance between what they expected and what they are actually experiencing during labor have more birth complications.

When women are prepared realistically and experience mastery of the experience on an emotional (limbic) level through body- centered hypnosis, there is an increasing likelihood that they will experience normal delivery. I hypothesize that if women are reached on a deep emotional level involving the limbic system in a body-centered hypnosis, they experience what Hampden-Turner defines as a positive feedback loop, rather than runaway of the limbic system" (Hampden-Turner, pp.85-6) -- which Hampden- Turner describes as "a mode of pathological feedback by which the system instead of regulating itself (thereby progression of labor for the birth of a baby) as through a thermostat, progressively destabilizes, and disintegrates instead." This is similar to what occurs in case of uterine inertia or titanic contractions of the uterus with no dilation. In states of high anxiety, a laboring woman's contractions commonly cease (uterine inertia) or she may experience abnormally strong and unrelenting contractions which have no effect on dilating the cervix. The uterus is innervated both parasympathetically and sympathetically, creating opposite effects in the autonomic nervous system which serves to balance involuntary processes, such as labor, through the limbic system of the brain.

It is possible that these common dysfunctions of labor are a phenomena of what Hampden-Turner calls "runaway" of the limbic system, in which both polarities of the limbic system are activated, thereby producing messages on a physiological level for labor to proceed, while simultaneously producing messages to turn labor off. Thus, parasympathetic and sympathetic nerve firing

may go "haywire" producing dysfunction instead of balance. In regard to this dimension of expectation-actuality, we can observe how significant it is to achieve what Hampden-Turner calls a rational-emotional synthesis (pp.81-6) in preparing a woman for childbirth. This is the goal of body- centered hypnosis in childbirth preparation.

Although the desire to reduce pain in labor is a primary motivator for women seeking any kind of childbirth preparation, the focus on managing pain is only a part of the body-centered hypnosis technique. In assisting women to cope with pain, their anxiety lessens, resulting in a normalization of the childbirth process. However the body centered hypnosis, as you will observe in the DVD and case study of *Jill*, addresses the anxieties surrounding the childbirth, so that the decrease in anxiety achieved by hypnosis has a profound effect on her experience of the birth of her second child.

JILL: A CASE STUDY PRESENTED IN THE TRAINING DVD

Jill is a 37-year-old woman, married to Steven for 5 years, expecting her second child. Her first child, Daniel, is 3 years old and the natural son of Steven and herself. She is 7 months pregnant at the time of the video recording, and she has come to the author for hypnosis in preparation for her second child's birth. She is an acquaintance of the author's husband, and not a client of the author. Peterson was looking for a subject for DVD on body-centered hypnosis in childbirth, and Jill was looking for a hypnotist to do an audio recording with suggestions she could use during labor. They agreed to a trade, and proceeded with the preparatory interview and the hypnosis, as seen on the DVD. Peterson felt it important not to use a client of hers, for professional reasons, as she believed that having a personal agenda for the counseling session could interfere with the client's needs. Therefore the author felt more comfortable with this kind of arrangement. In addition, Jill was less likely to be self-selected in the manner in which clients seeking Peterson's services might be.

It is also important to note that the author had already edited 90% of the DVD prior to Jill's delivery. She added the postpartum information at the end, after Jill gave birth. Thus, Peterson was planning to utilize the DVD as a training tape in body- centered hypnosis, without any knowledge of what the obstetrical outcome would be. Jill had no knowledge of the author's work in the field, prior to coming to see her, and had not read any of her books. Therefore Jill is probably more likely to be representative of the average woman, and not influenced by the author's philosophy or beliefs prior to the hypnosis.

Peterson conducted the kind of birth counselor interview described in Pregnancy as Healing (Peterson, 1984), which is a means of gathering information and history relevant to childbirth. During her interview with Jill, she discovered that Jill had three main concerns, which encroached, on her ability to trust and surrender to the childbirth process. These were (1) her mother's history of neonatal loss, which she lived with throughout her childhood; (2) her anxiety surrounding her son's readiness to accept a new sister; and (3) her very negative and frightening postpartum experience following Daniel's birth. In addition, Jill's first birth was a prolonged, complicated childbirth resulting in forceps delivery, of which she remembered very little, until after her second childbirth. You will note on the DVD that Jill describes her first childbirth as a "nightmare".

It is important for the reader to know that Jill could not give a clear description of her first experience in the prenatal interview. Instead, she said she could not really remember it at all. Peterson discovered later that Jill had previously experienced hypnosis for childbirth, having procured an audio recording for listening to prior to her first birth. *However this hypnotist had focused on forgetting the pain and blocking it out.* This was the main goal of the first hypnosis, which the author believes deleteriously affected Jill when she approached her second birth. The author's experience with Jill, as with other patients she has seen in clinical practice, leads her to the conclusion that hypnosis used to block out childbirth pain serves only as a form of denial, which leaves the experience of pain out of reach, rendering it even more difficult to

resolve the anxieties around childbirth the second time. Jill corroborated this belief when her anxieties continued to rise prior to the birth.

At this time another session took place with Jill and her husband, which focused on identifying her coping styles for pain. Her husband reported seeing her in pain during the first birth, which she could not remember, until after her second childbirth. However her anxiety lessened greatly, following the session on coping with pain. She also repeatedly relived several of the images from the body-centered hypnosis throughout the last two months of her pregnancy. Her husband commented on how often she related the "slide metaphor" to him, following her use of the hypnosis audio recording that was made during the initial session.

The vivid sensation of imagery is one of the primary ways Peterson believes that body-centered hypnosis reaches the limbic, or emotional center of the brain. Certainly repetition of the phrases and metaphors used in the hypnosis suggest the development of memory tracings during or through continued use of the hypnosis tape. With this memory, a woman can repeat the experience of our journey together, reliving sensations stimulated by the hypnotic messages.

The experiential quality of the hypnosis is the trademark of Peterson's technique, allowing women to experience body sensation, rather than to merely relax and absorb suggestion. In this manner, her subjects become active participants in the hypnosis process, which becomes an intimate part of their living experience. There are some similarities between Peterson's method and an indirect, Ericksonian approach in which the subject's motivation to create positive suggestions is tapped. However the emphasis on bodily sensation in the author's method of hypnosis has greater emotional impact and relates specifically to the physiological sensations suggestive for childbirth.

Throughout the body-centered hypnosis, Peterson addresses Jill's three areas of concern surrounding this second childbirth. A live and healthy bond is created

between Jill and her unborn daughter, which implies a certain strength and health on the baby's part. Suggestions for "The gift of brotherhood" -- implicitly intended to facilitate the bonding of Daniel with the new baby -- are intertwined throughout the birthing journey. Suggestions for a smoother, faster delivery are superimposed with metaphors about a paved road, and a slide that a child can go down, implied that birth can be approached for the second time with less fear and more excitement. All of these images and verbal suggestions are a part of a larger relaxation process of the body, as we travel through all parts of her body, as well as a part of the larger birthing process and process of making family. Future images and experiences she can look forward to with a family of four, " a very stable number," imply not only safety and security in the process of childbirth, but of a security in the family relationships, as well. Suggestions for strength, replenishment and future excitement at a family basketball game so much influenced Jill that 2 months after her birth, she took her whole family to a basketball game, reporting that postpartum depression was not a problem this time and that she was enjoying herself immensely. For a full appreciation of the richness and experiential quality of the hypnosis, the reader is referred to the accompanying DVD, "Body-centered hypnosis for childbirth: A training DVD".

HYPNOSIS TECHNIQUES

The following techniques serve to augment the DVD, and represent the simplest focus for the beginner. Further discussion of these and other techniques of indirect hypnosis related to childbirth can be found in Pregnancy as Healing (Peterson, Mehl, 1984). The reader is further referred to Zieg and Lankton's work (1988), which summarizes the hypnosis techniques of Milton Erickson.

The following techniques can best be understood utilizing Roger Sperry's (1964) and Bergen's (1975) research on the right and left hemispheres of the brain. The right hemisphere (in most people) specializes in spatial orientation -- including a sensitivity to pitch, intensity, and phrases (versus complete grammatical sentences) -- whereas the left hemisphere specializes in analytic thinking, rhythm (as opposed to melody in the right hemisphere) and a

sensitivity to completed grammatical sentences (Ornstein, 1975). Thus the following seven hypnosis techniques can be understood to relax the worries of the left hemisphere and indulge in experiential suggestions which reach the right hemisphere. As the experiential messages successfully engage the subject, the author hypothesizes, as previously discussed, that the limbic system is engaged and memory of the hypnosis is encoded in the brain, making possible ongoing retrieval and reenactment.

TRUISM

In this method, a statement is made that the subject experiences as fact (such as you are breathing out carbon dioxide), followed by a suggestion for an experience such as release of tension or toxins, implying that since they are breathing out carbon dioxide they can breathe out tension as well. Because the left hemisphere is engaged in assessing and affirming the truth of the first statement, the second statement easily reaches the right hemisphere, and is thus more likely to stimulate an experience of tension release.

EMBEDDED COMMAND

Embedded commands are linguistic phrases, which the right hemisphere processes easily. They stand out due to pauses or changes in the textural quality of the voice, which the right hemisphere is sensitive to receiving. The left hemisphere remains occupied with focusing on the completed grammatical sentence, hence the experiential quality of the embedded phrase is more likely to be perceived and registered by the subject. For example, "You can just begin to (pause) *breathe out any tension from your left shoulder, right now* (pause). You don't need any tension there right now." This truism is used to further distract the left hemisphere from the embedded command in the previous sentence, which appears in italics.

LINKAGES

Linking one naturally occurring phenomenon to another creates a greater likelihood that the right hemisphere will take in the suggestion, as it requires greater work for the left hemisphere to sort out the fact that the first phenomenon does not necessarily cause the second. The likelihood of a linkage becoming effective is increased when used in conjunction with a truism or other techniques, which further engage the left hemisphere's analytic tendencies. For example, "As you stand up, gravity will help (truism) the baby to come right down." Standing up is linked to the baby's head coming down.

INCORPORATION

Incorporation is a method using a naturally occurring stimulus to ensure continued stimulation of the suggestion in another environment. For example, "Your child's voice, his eyes, will remind you of that confidence". This technique has also been called "anchoring" by other authors. Incorporation can also use any environmental stimuli occurring in the hypnotic environment to further facilitate the suggestions being given during the hypnosis session.

METAPHOR

Metaphors reach the right hemisphere easily because the left hemisphere is in effect told to rest, since a metaphor is "just pretend." Metaphors and stories provide a larger context for other hypnotic techniques, such as embedded commands, truisms and linkages, which can be utilized for a deeper effect on the nervous system. Metaphors have long been used to provide easy bridging of conscious and unconscious processes.

REFRAMING

An undesirable past experience, such as a previous childbirth, can be utilized as a resource for a second childbirth by reframing the left hemisphere's image of the past experience differently. This allows the right hemisphere a new

experience of the event. For example, in working with a woman who has had a cesarean with her first childbirth (since she reached five centimeters), she was in fact "half way there" (to a second vaginal birth). This invites her to experience her first birth as a part of the ongoing process towards her desired goal of a vaginal delivery, instead of viewing it as a past failure.

SYNESTHESIA

Synesthesia is the mixing together of the sensations of visual, auditory, and somasthetic experience. By making the voice sound like what it would feel like (e.g. the rising and falling crescendo of the author's voice used to represent the rising and falling experienced during the contractions of labor), there is nothing for the left hemisphere to guard against. The feeling quality, experienced texturally through changes in the quality of the voice, travels directly to the unconscious, which takes in the voice tonality. This synesthetic quality is what the author believes impacts the somasthetic cortex, resulting in the involvement of the limbic system and evoking emotional memory. Refer to the DVD for examples of synesthesia.

Through these techniques, Jill's body-centered hypnosis provides her with a sense of mastery of the birth experience. With her anxieties for the most part resolved, she is free to focus her energies on the tasks at hand-- childbirth and postpartum adjustment. Because the hypnotic suggestions are linked to the sensations of childbirth, the birth process itself serves as a stimulus for re-emergence of the many suggestions given.

Jill's two and one half hour labor represents a conclusion to our hypnosis that is quite similar to Terri's two-hour labor, even though for Terri it had been twelve years between babies, and for Jill it had only been three years. Obstetricians expect that the laboring-time for babies born following a ten-year interim to resemble more closely the statistics for a first time mother. Labor length is not expected to decrease dramatically, if at all. In the author's clinical

practice, however, these unusual occurrences abound. Jill reported no postpartum depression at last contact, which was four months after delivery. Her enthusiasm about her second childbirth experience remains high, and she describes Daniel's adjustment to his little sister as much easier than expected. It is the author's belief that the hypnosis helped to decrease Jill's anxieties and maximize her ability to creatively adjust to the changes of this period in her life, including the childbirth and postpartum events. Resolving her fears left her with energy to apply to the task at hand, and created opportunity for achieving her desired goal.

The reader is referred to the DVD as a demonstration of body-centered hypnosis in childbirth.

Worksheets:

#1 WORKSHEET FOR GATHERING INFORMATION FOR BODY-CENTERED HYPNOSIS

Birth Counselor Interview: Suggestions for questions to ask

Not all questions will need to be asked, as the hot spots will appear that are pertinent to this period in a woman's life. Make rapport with the woman and let the interview unfold naturally. There is no right order in which to gather this information. By the end of the interview, you should be able to identify at least 2 or 3 issues that create anxiety or stress. A past birth or childbirth experience, her mother's history of loss or concerns about her ability to be a good mother are a few common ones. Then you use this information to create a list of her concerns and develop a body-centered hypnosis to address these concerns.

1. How pregnant are you?
2. Was this a planned pregnancy?
3. Have you ever been pregnant before?
4. What was your past childbirth experience(s) like for you? Postpartum? Motherhood?
5. What do you know about your own birth? What is your impression of your mother's childbirth experience? sister's? other family members?
6. How will having a baby fit into your current lifestyle? Will it change your longterm plans? Relationship with partner?
7. How many children were in your family? Which one were you? Any particular role you played in the family?
8. How would you describe your childhood? Your relationship to and experience of your mother? Father? Siblings?
9. How did you experience your parents' marriage? Any significant stress or loss in your childhood? How did it influence your ideas about family, parenthood, marriage?

10. Do you have any particular concerns about your baby? Childbirth? Parenting? Career?
11. How do you think you will cope with pain in labor?
12. How are you feeling about your body and its changes so far?
13. How will you and your partner share responsibility for your child in the first year?
14. What are your impressions and expectations of a newborn?
15. Do you feel satisfied with your current plans for childbirth?
16. How do you envision the birth of this baby? What is important to you? Who will be present at the birth?

#2 **WORKSHEET FOR IDENTIFYING OBJECTIVES, GOALS AND TREATMENT PLAN**

Using information gathered in the Birth Counselor Interview, make a list of the woman's concerns and/ or fears related to giving birth, becoming a mother, fitting the baby into her life, her relationship with partner, or any other issues that came up for her around this transition in family life. Include your impressions as well.

MAKING A BIRTH INVENTORY LIST:

From this list, distill her goals, related to pregnancy, birth and postpartum family adjustment that you will address in your work with her. State these goals in process as well as concrete terms, including her own parameters for her goal (for example, VBAC is stated goal, but include her desire to have a healthy baby and a more emotionally supportive and positive experience-cesarean or vaginal).

#3 BODY-CENTERED HYPNOSIS WORKSHEET

Birth related issues to be addressed (from inventory list)

Relaxation induction: What suggestions might you begin to give this phase that would seed the development of the goal later on in the hypnosis?

Ideas about metaphors, synethesia, or other hypnotic techniques you might use to address these issues in the birth/visualization sequence?

#4 A REVIEW OF INDIRECT HYPNOSIS TECHNIQUES

1. TRUISMS --- statements of fact or belief, followed by a suggestion.
2. EMBEDDED COMMAND --- a command embedded within an ongoing sentence, to sound like a suggestion. Commands can be embedded (softened) using pauses, changes in the texture of the voice, or with the name of a person.
3. COUPLING/LINKAGE --- a suggestion that follows or is linked to a previous activity, implying that it wil happen.
4. THERAPEUTIC DOUBLEBIND --- a suggestion that something will happen following making a choice between two or more possibilities that lead to the same outcome.
5. INCORPORATION/ ANCHORING --- a suggestion facilitated by using an already occurring phenomenon (can also be person, place or thing) to trigger the suggestion. In the present it is incorporation. In the future it is anchoring.
6. REFRAMING --- a suggestion given in the context of a different frame of reference, changing the original meaning.
7. FUTURE PACING --- suggestions in the context of something already having been experienced or achieved, which represents a future possibility.
8. METAPHOR --- suggestions embedded in another context, which is easy to identify with, but has been likened to the task being addressed. Sensation is evoked, and embedded command, truisms and linkages are plentifully used in the context of the metaphor.
9. SYNESTHESIA --- a suggestion given thorough the sound texture or quality of vocal tone used. It mixes the sensory channels, so that a sensation is evoked. Something sounds like, what it feels like.

Chapter 2

Article on the Peterson Method of Prenatal Counseling and Body-centered Hypnosis for Childbirth -reviews the above case in context of the full model

Prenatal Counseling and Birth Hypnosis: A Clinical Model

by Gayle Peterson, LCSW, PhD

> The question may be raised... whether the improvement in medical management, in lessening the physical dangers of pregnancy, has contributed to a waning concern with the concomitant psychological changes."
>
> Greta Bibring (1959)[1]

The biological processes of pregnancy and childbirth ready a woman for motherhood psychologically as well as physically. The birth of a baby is the birth of family. A myriad of births take place at once: women become mothers, husbands become fathers, and so on. One birth ripples through generations, creating subtle shifts and rearrangements in the family web.

Pregnancy and childbirth presents women with an opportunity for profound insight and self-understanding. Yet this stage of the family life cycle has gone

[1] Bibring, G. (1959) Some considerations of the psychological process of pregnancy. Psychoanalytic Study of the Child, 14,113- 121.

unrecognized and unnamed. The perinatal stage has its own developmental tasks and unique characteristics. Forging an identity as a parent from past experience is one such task that a woman faces as she crosses the threshold to motherhood. The impact of the childbirth process significantly aids or hinders this process. [2] This stage is indeed a critical period of the family life-cycle which deserves attention apart from the stages that follow: rearing young children, raising teenagers, and launching young adults.[3] Pregnancy and giving birth form an extremely fertile time in the family's life cycle, providing an opportunity for needed adjustments in beliefs, attitudes, and family relationships to occur. As most family therapists are fully aware, transitions are periods of tremendous growth and activity, which can either result in new kinds of adjustment in healthy family systems, or in maladjustments that repeat, causing developmental delays and emotional pain.

I have worked as an early pioneer in the field of perinatal psychology since 1973, to plumb the depth of this transformative period in a woman's life. The result of my clinical work and research is a brief term perinatal counseling model[4] that addresses the specific anxieties a woman experiences at the threshold to motherhood. Psychological counseling using this method enables a therapist to

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[2] Peterson, Gayle *Making Healthy Families*, Shadow and Light, 2000 for author's definition of Pregnancy and Childbirth as a stage in the family life cycle.

[3] Carter, B. & McGoldrick, M. (eds.) (1988). The Changing Family Life Cycle. New York: Gardner Press.

[4] For info on the Prenatal Counseling and Birth Hypnosis model see: www.makinghealthyfamilies.com and the following books on its development: Peterson, G. (1984).
Birthing Normally: A Personal Growth Approach to Childbirth.
Berkeley, CA. : Shadow and Light

Peterson, G. (1989). Body-centered Hypnosis for Childbirth: A Training DVD in the Technique of Gayle Peterson. Berkeley, CA. Shadow & Light Publications.

Peterson, G. (1991). An Easier Childbirth: A Mother's Guide for Birthing Normally, Berkeley, CA, : Shadow & Light Publications.

effectively transfer the powerful experience of pregnancy and childbirth to her client's core sense of self, at a critical time in a woman's development.

Pregnancy is an emotionally as well as physically stressful process of bringing forth new life. In our present-day society, due to the changing roles of women and a fluctuating definition of family, it is an even more stressful process than has been the case for past generations. Changing definitions of what a family is have created considerable confusion over family roles. New family forms such as single-parenting, step-parenting, and lesbian and gay parenting have thrown families into flux. Additional stress is placed on women by newly developed medical technology. Technological advances that provide an alternative for early abortion of a Downs' Syndrome fetus, for example - leave women with emotionally stressful decisions, which impact their subsequent pregnancies[5].

Instead of emotional support, our society has increasingly responded to women's needs with a high rate of cesarean and other technological interventions. While these procedures can help resolve certain difficulties in the physical birth process, more often than not they further augment the emotional stress level of the birthing mother, contributing to difficulties in maternal-infant bonding, maternal self-esteem, couples' relationship problems, and overall stress in the postpartum period.

In the treatment of pregnant women, it is important to understand a woman within her societal context. Cultural attitudes and beliefs about motherhood, a woman's experience of her femininity in the culture, and her role in the family are other variables which impact her resources for bringing forth life. She is not pregnant just with baby, but also with the expectations, responsibilities, and wishes that she and others harvest with the birth of a child. The biological condition of the pregnant woman mirrors her experience as a member of her family as well as a member of society. It is the mother herself that exists at the hub of the transitional stresses of pregnancy and birth, literally embodying the

[5] Peterson, G. (1987). "Prenatal Bonding, Prenatal Communication, and the Prevention of Prematurity". Pre-and Perinatal Psychology, Vol. 2, No.2.

biological changes necessary for this new beginning. She must "body-forth" the energy needed for a healthy pregnancy and birth despite the stresses we have just noted. [6]

Childbirth Professionals and the Perinatal Period

There is an increasing need for counselors and childbirth professionals to specialize in addressing the needs of women and their families during the Pregnancy and childbirth stage of the family life cycle.

Reduced maternal anxiety is the psychological factor most significant in normalizing pregnancy, labor, and birth outcomes. High-anxiety states, which affect oxygenation and the flow of nutrients to the fetus, have been correlated with abnormal decreases in fetal movement since 1978.[7] Anxiety has also been associated with uterine dysfunction in labor, [8] other debilitating labor patterns,[9] as well as prematurity[10] and miscarriage as early as 1961. As anxiety levels drop, these conditions improve.

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[6] Boss,M. (1978) Existential foundations of medicine and psychology. New York: Jacob Aronson.

[7] H. Moroshima and H. Pedersen, "Maternal Psychological Stress and the Fetus," *American Journal of Obstetrics and Gynecology,* 131 (1978): 286.

[8] R. L. Gorsuch and M. K. Key, "Abnormality of Pregnancy As a Function of Anxiety and Life Stress, *Psychosomatic Medicine,* 36 (1974): 352-362.

M. MacDonald, M. Gunther, and A. Christakes, "Relations between Maternal Anxiety and Obstetrical Complications," *Psychosomatic Medicine,* 25 (19v3): 74 77

G. Levenson and S. Shnider,. "Catecholomines: The Effects of Maternal Fear and Its Treatment on Uterine Dysfunction and Circulation," *Birth and Family Journal,* 6 no 3 (1979): 167-174

[9] S. E. Lederman, B. A. Lederman, and 3 Work, "The Relationship of Maternal Anxiety, Plasma Catecholomines, and Plasma Cortisol to Progress in Labor.," *American Journal of Obstetrics and Gynecology,* 132 (1978): 495.

[10] L. M. Gunther, "Psychopathology and Stress in the Life Experience of Mothers and Premature Infants *American Journal of Obstetrics and Gynecology,* 131 (1963): 286

To effectively transform maternal anxieties several researchers and practitioners now recommend the use of hypnosis. Some have pointed to the need for hypnosis in obstetrics, primarily to address the psychological needs of the mother.[11]Others have used hypnosis to address the needs of the family as they prepare for labor.[12] Still others have recommend hypnotherapy to reverse the potentially debilitating emotional factors that can arise with pregnancy.[13]

Over the past 30 years, I have developed a body-centered hypnosis for childbirth[14] to address the psychological aspects of the childbirth and their impact on labor and postpartum adjustment. Using techniques that engage portions of the brain, I create a hypnotic experience of birth, including the sensory patterning of labor. I link the pregnant woman's experiential input with hypnotic suggestions for labor and birth that are based on her personal history. I also link the hypnotic experience of childbirth to the woman's individual needs, weaving suggestions for conflict resolution via Ericksonian storytelling [15]into a guided journey through labor. Overall, I strive to create a subjective experience of having already mastered the birth process.

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

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[11] G. Di Bernando, "The Role of Hypnosis in Present-Day Obstetrics," *Minerva Medicine,* 66, no 6 (1975): 276 - 280.

[12] N. Poncelet, "An Ericksoman Approach to Childbirth," in J. Zeig, ed., *Ericksonian Psychotherapy,* vol 2 (New York: Brunner-Mazel, 1985).

[13] L. E. Mehl, S. Donovan, and G. H. Peterson, "The Role of Hypnotherapy m Facilitating Normal Birth," in P. Freyburgh and L. Vanessa-Vogel, eds. *Prenatal and Perinatal Psychology and Medicine,* (Park Ridge, NJ: Parthenon, 1988).

[14] Peterson, G. (1989). Body-centered Hypnosis for Childbirth: A Training DVD in the Technique of Gayle Peterson. Berkeley, CA. Shadow & Light Publications.

Peterson, G. (1991). An Easier Childbirth: A Mother's Guide for Birthing Normally, Berkeley, CA, : Shadow & Light Publications.

[15] J. Zeig, *Ericksonian Approaches to Hypnosis in Psychotherapy* (New York: Bnunner-Mazel, 1982).

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

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

Facing Pain

Pain in labor is a reality. And the expectation of pain, as well as some means for coping with it, goes a long way toward healthy birth outcomes. The hippocampus plays a major role in this respect, for it mediates between the expectation of an experience and its actuality. One researcher notes that when differences between expectations and realities remain minor, the hippocampus "inhibits the reticular

activating system," but as soon as major differences emerge, the hippocampus stimulates the reticular activating system "to alert the entire cortex to these discrepancies" and, in the process, precipitates higher levels of tension in the central nervous system.[16] Another researcher suggests that women who experience cognitive dissonance between what they expect and what they undergo have more birth complications than women who experience no such dissonance.[17]

Uterine inertia, or the cessation of contractions, is one such complication; another is the occurrence of strong, unrelenting contractions that produce no cervical dilation in both instances, the involuntary processes of the uterus go haywire due to the firing of conflicting messages from the limbic system, the emotional center of the brain. Accompanying the message for labor to proceed comes a new message elicited by the woman's response to unexpected pain or fear—for labor to turn off. When both "fight" and "flight" polarities of the limbic system are activated in this way, labor can easily become dysfunctional. When the expectation of pain is addressed in advance, however, the limbic system is better prepared to create a self-regulating feedback loop that will facilitate the progression of labor.[18]

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

[16] Charles Hampden-Tumer, Maps of the Mind (New York: Macmillan, l981), p. 84.
[17] Randi Ettner, Cesarean Birth: Risk and Culture (Berkeley, CA: Mindbody Press, 1985), ch.13.
[18] Gayle Peterson, "Body-Centered Hypnosis for Childbirth" (unpublished dissertation).

woman has opportunity to identify her coping styles before labor, rendering her a sense of mastery in coping with pain, before labor begins.[19]

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

Case Study in Prenatal Counseling and Birth Hypnosis

Jill is a 37 year old woman, married to Steven for 5 years, expecting her second child. Her first child, Daniel, is 3 years old and the natural son of Steven and herself. She is 7 months pregnant when she came to the author for hypnosis in preparation for her second child's birth.

The author conducted the kind of birth counselor interview described in An Easier Childbirth (Peterson, 1994), which is a means of gathering information and history relevant to childbirth. During her interview with Jill, she discovered that Jill had three main concerns, which encroached, on her ability to trust and surrender to the childbirth process. These were (1) her mother's history of neonatal loss, which she lived with throughout her childhood; (2) her anxiety surrounding her son's readiness to accept a new sister; and (3) her very negative and frightening postpartum experience following Daniel's birth. In addition, Jill's first birth was a prolonged, complicated childbirth resulting in forceps delivery, of which she remembered very little, until after her second childbirth. Jill described her first childbirth as a "nightmare".

Jill could not give a clear description of her first experience in the prenatal interview. Instead, she said she could not really remember it at all. I discovered later that Jill had previously experienced hypnosis for childbirth, having

[19] For a discussion of visual, auditory, and kinesthetic coping styles in labor, see Gayle Peterson, *An Easier Childbirth*, Shadow and Light, Berkeley, Ca 1994

procured an audio recording for listening to prior to her first birth. *However this hypnotist had focused on forgetting the pain and blocking it out.* This was the main goal of the first hypnosis, which the author believes deleteriously affected Jill when she approached her second birth. My experience with Jill, as with other patients in clinical practice, leads me to the conclusion that hypnosis used to block out childbirth pain serves only as a form of denial, which leaves the experience of pain out of reach, rendering it even more difficult to resolve the anxieties around childbirth the second time. This belief was corroborated by Jill when her anxieties continued to rise prior to the birth.

The second session of the model took place with Jill and her husband, which focused on identifying her coping styles for pain. Her husband reported seeing her in pain during the first birth, which she could not remember, until after her second childbirth. However her anxiety lessened greatly, following the session on coping with pain. She also repeatedly relived several of the images from the body-centered hypnosis throughout the last two months of her pregnancy. Her husband commented on how often she related the "slide metaphor" to him, following her use of the hypnosis audio recording that was made during the initial session.

There are some similarities between my method and an indirect, Ericksonian approach in which the subject's motivation to create positive suggestions is tapped. However the emphasis on bodily sensation in the author's method of hypnosis, has greater potential for emotional impact and relates specifically to the physiological sensations suggestive for childbirth.

Throughout the body-centered hypnosis, I addressed Jill's three areas of concern surrounding this second childbirth. A live and healthy bond is created between Jill and her unborn daughter, which implies a certain strength and health on the baby's part. Suggestions for "The gift of brotherhood"—implicitly intended to facilitate the bonding of Daniel with the new baby -- are intertwined throughout the birthing journey. Suggestions for a smoother, faster delivery are superimposed with metaphors about a paved road, and a slide that a child can go down, implied that birth can be approached for the second time with less fear and

more excitement. All of these images and verbal suggestions are a part of a larger relaxation process of the body, as we travel through all parts of her body, as well as a part of the larger birthing process and process of making family. Future images and experiences she can look forward to with a family of four, " a very stable number," imply not only safety and security in the process of childbirth, but of a security in the family relationships, as well. Suggestions for strength, replenishment and future excitement at a family basketball game so much influenced Jill that 2 months after her birth, she took her whole family to a basketball game, reporting that postpartum depression was not a problem this time and that she was enjoying herself immensely.[20]

Jill's two and one half hour labor represents a conclusion to our hypnosis that is quite similar to another client, Terri, who experienced a two hour labor, even though for Terri it had been twelve years between babies, and for Jill it had only been three years. Obstetricians expect that the laboring-time for babies born following a ten-year interim to ressemble more closely the statistics for a first time mother. Labor length is not expected to decrease dramatically, if at all. In the author's clinical practice, however, these unusual occurrences abound. Jill reported no postpartum depression at last contact, which was four months after delivery. Her enthusiasm about her second childbirth experience remains high, and she describes Daniel's adjustment to his little sister as much easier than expected. It is the author's belief that the hypnosis helped to decrease Jill's anxieties and maximize her ability to creatively adjust to the changes of this period in her life, including the childbirth and postpartum events.

Through this model, I am able to support the contemporary woman's entry into motherhood, helping her meet her needs through this significant transition. When women experience a sense of mastery rather than assault during childbirth, they are more available to their newborns and they seek naturally to

[20] the case of Jill can be viewed in this training DVD
Peterson, G. (1989). Body-centered Hypnosis for Childbirth: A Training DVD in the Technique of Gayle Peterson. Berkeley, CA. Shadow & Light Publications.

apply the newfound mastery to other areas of their lives. Women regularly report a sense of mastery that transfers to their overall development. [21] The best part is that everyone benefits. Women who are supported in transforming areas of distress into wellsprings of resourcefulness learn to make the delicate adjustments needed in giving birth, in creating family, and—with each subsequent birth—in creating family anew.

Childbirth is not a neutral event. It can be either very positive or extremely traumatic. This model allows a practitioner to harness the natural power of nature to assist a woman in feeling not only empowered by this process, but to become ready for motherhood.

Therapists can learn to identify birth related issues in a woman's personal history and apply principles of hypnosis and counseling to improve both psychological and medical birth outcomes. Family history, past childbirth, present family support, the woman's own birth experience and realistic preparation for giving birth are important considerations for assessment.

Furthering our understanding of the whole woman as we support her growth and development through this pivotal life experience is a cornerstone to the development of healthy families, from the start. There is a great deal of potential for growth and development within the ordinary miracle (and ordeal) that is childbirth.

A Preventative Prenatal Counseling Model

A Method for Improving Childbirth Outcome through Body-Centered Preparation developed by Gayle Peterson, LCSW, PhD

This four-part model is described in her book, ***An Easier Childbirth*** and includes:

[21] Case of Deirdre in Peterson Method of Prenatal Counseling and Birth Hypnosis online training program at www.makinghealthyfamilies.com

Prenatal Assessment Interview

to assess birth, childbirth, and childhood history to identify issues that can affect the childbirth process. Relationship with mother, father and general family relationships, past childbirth, the woman's own birth experience and realistic preparation for giving birth, may impact her readiness or trepidation, for labor. Participants will learn to identify birth related issues in a woman's personal history and address them using body-centered hypnosis technique for emotional and physical healing. The interview results in an individual profile of the woman's emotional needs through this period. These specific factors are then addressed in the hypnosis, coping style and postpartum interview.

Body-Centered Hypnosis

to address specific issues identified in the individual woman's history (assessment interview above). Body centered hypnosis is utilized in the Peterson method to achieve a sense of mastery necessary for this life transition, psychologically, emotionally and physically. Participants will learn how to facilitate normal birth through hypnosis and visualization technique, which address the woman's fears in a realistic manner that decreases her anxiety through this life transition.

Identification of Individual Coping Styles

for effective pain management in labor. Participants will learn to identify visual, auditory, and kinesthetic coping to augment a woman's natural ability and style for coping with pain in labor. This session increases the couples' ability to master anxiety related to managing pain through effective relating to one another, and forehand knowledge of the woman's natural response to pain. The partner's issues relating to childbirth are also addressed and the healthy process for childbirth is clarified.

Postpartum Interview

to assess and support family adjustment issues in the period immediately following birth, including reframing traumatic birth, when necessary, and incorporating the phenomena of the birthing event into the fabric of a woman's identity. This is a powerful session addressing the culmination of the magnitude of the birth experience in a woman's life, and assisting her in a positive and affirming sense of identity through the process. It also serves to screen for additional postpartum needs in the birthing mother and her family.

Additonal information available at:

www.MakingHealthyFamilies.com

all articles on childbirth and parenting

online family and professional seminars

BIO

Gayle Peterson, MSSW, LCSW, PhD is an international expert specializing in prenatal and family development. She trains professionals in her prenatal counseling model and is the author of An Easier Childbirth, Birthing Normally and her latest book, Making Healthy Families. Dr. Peterson is the founder of: www.makinghealthyfamilies.com, an online resource that has won acclaim from the California division of AAMFT for guidance about what contributes to healthy family relationships. Her articles on family relationships appear in professional journals and she is an oft-quoted expert in popular magazines such as Woman's Day, Mothering, Fit Pregnancy and Parenting. She also serves on the advisory board for Fit Pregnancy magazine.

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