



How Couples Make Meaning of Hypnobirthing: A Heideggerian Hermeneutic Phenomenological Study in Wonosari, Malang, Indonesia

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Abstract

Fear of childbirth involves psychological uncertainty, anticipated pain, and socially transmitted expectations that may influence both pregnant women and their partners. This study examined how married couples in Wonosari, Malang Regency, Indonesia, interpreted hypnobirthing through childbirth anxiety, social relationships, marital participation, and delivery experiences. A qualitative design grounded in Heideggerian hermeneutic phenomenology was employed. Five married couples (ten participants) were recruited through purposive sampling. Data were collected through semi-structured in-depth interviews, participant observation, and documentation, followed by thematic analysis and Heideggerian interpretation. Trustworthiness was addressed through methodological triangulation, negative case analysis, and an audit trail. All five couples described anticipatory childbirth anxiety influenced by interpersonal narratives and social media. Three couples reported substantial improvements in emotional composure, whereas two experienced partial calm associated with irregular practice, limited husband involvement, and expectations of painless childbirth. Physical pain persisted in some accounts despite improved emotional regulation. All five couples described closer marital relationships, while four reported religious meanings involving prayer or gratitude. The findings indicate that hypnobirthing acquired significance through changing interpretations of pain, shared preparation, and relational support rather than pain elimination. Couple-oriented preparation and realistic communication about childbirth expectations may strengthen the experiential relevance of hypnobirthing within community maternal healthcare.

Keywords : *childbirth anxiety; couples; Heidegger; hermeneutic phenomenology; hypnobirthing.*



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INTRODUCTION

Fear of childbirth remains a significant maternal health concern because it affects women's psychological preparation for labor, perceptions of bodily vulnerability, and expectations of childbirth experiences. Contemporary epidemiological evidence indicates that childbirth-related fear is neither uncommon nor restricted to women experiencing pregnancy for the first time. He et al. (2025) reported that fear of childbirth affects approximately 12–33% of pregnant women, with severe fear occurring in 11–14% of cases, while a systematic review and meta-analysis involving more than 900,000 participants estimated the global prevalence of severe childbirth fear at 16.5% and identified a 1.36-fold higher risk among women without previous childbirth experience (Maghalian et al., 2026). The magnitude of this concern is particularly pronounced in Asian populations, where a scoping review documented substantial variation in childbirth fear prevalence, ranging from 56.6% to 82.1% across the populations examined (Kalok et al., 2025). Beyond psychological distress, childbirth fear has been associated with prolonged labor, indicating that anticipatory emotional experiences may be relevant to the course of childbirth (Adams et al., 2012). Childbirth-related apprehension also extends beyond pregnant women, as fathers may experience distinct fears concerning maternal suffering, childbirth complications, and their perceived responsibilities during delivery (Ghaffari et al., 2021). Hypnobirthing has consequently emerged as a nonpharmacological childbirth preparation approach incorporating relaxation, regulated breathing, visualization, and positive suggestion, with partner participation forming an important component of its practice (Mongan, 2015). Nevertheless, the significance of hypnobirthing cannot be adequately understood through clinical outcomes alone,

particularly when childbirth experiences are shaped by family relationships, community narratives, religious beliefs, and the interpretation of pain. These considerations are relevant to Indonesian community-based maternal health services, where childbirth preparation may involve interactions between pregnant women, husbands, midwives, and surrounding social networks. Understanding how couples interpret hypnobirthing within these relationships presents a distinct sociological problem concerning the construction of meaning during a major transition in family life.

Existing scholarship on hypnobirthing has developed along three interconnected but analytically distinct directions: clinical effectiveness, women's subjective childbirth experiences, and interpersonal support during pregnancy and labor. Clinical investigations have predominantly examined whether hypnosis-based interventions influence pain, anxiety, or childbirth outcomes, although systematic reviews have identified limitations in the consistency and methodological quality of the available evidence (Cyna et al., 2004; Madden et al., 2016). Indonesian research has followed a similar outcome-oriented trajectory, investigating hypnobirthing in relation to third-trimester maternal anxiety and pain during normal childbirth (Ariyani & Kamidah, 2024; Humairah & Wulandari, 2023). A second research direction has moved beyond measurable outcomes to examine how women experience hypnosis-assisted childbirth, including perceived control, emotional adjustment, and changes in their understanding of labor. Qualitative and phenomenological investigations have described the importance of personal coping resources, preparedness, and the reinterpretation of childbirth experiences, suggesting that psychological benefits may involve changes in perceived capability rather than the complete elimination of pain (Lafaurie, 2015; Miller, 2020; Uldal et al., 2023; Mohsenpour et al., 2025). Research conducted in Wales and an Indonesian community health center similarly illustrates the relevance of individual expectations, experiential interpretation, and the delivery setting to hypnobirthing practices (Lord, 2023; Andriyani et al., 2016). A third body of literature emphasizes interpersonal relationships, identifying husbands' involvement and family support as relevant to maternal anxiety management, childbirth preparation, and participation in hypnobirthing programs (Wati, 2016; Tiawaningrum et al., 2020; Arroban & Azizah, 2024). More recent investigations indicate that paternal participation is influenced by demographic, structural, and psychological conditions, while research on dyadic coping recognizes that stress during pregnancy and family transitions can be managed through reciprocal processes between partners (Dewi et al., 2025; Roth et al., 2022; Yan et al., 2024). Collectively, these research directions establish hypnobirthing as a clinical, psychological, and relational practice, but their integration remains insufficiently developed at the level of couples' shared meaning-making.

A critical examination of this literature reveals an interpretive research gap between established knowledge concerning hypnobirthing outcomes and understanding of how its meaning develops through couples' interactions with their social environment. Quantitative studies contribute evidence concerning associations between hypnobirthing, maternal anxiety, childbirth pain, and partner involvement, yet their operationalization of husbands' participation as an explanatory variable provides limited insight into how partners negotiate decisions, interpret childbirth narratives, establish shared expectations, and reconstruct their understanding of labor through repeated practice (Wati, 2016; Tiawaningrum et al., 2020). Qualitative investigations offer more extensive accounts of women's experiences, particularly the relationship between perceived control, emotional adjustment, and personal interpretations of childbirth, but the predominantly maternal orientation of these investigations does not fully capture the interaction between husbands' and wives' interpretations within a shared childbirth experience (Miller, 2020; Uldal et al., 2023; Lord, 2023; Mohsenpour et al., 2025). The gap is not simply the limited representation of fathers; it concerns the absence of a sufficiently integrated explanation of how socially acquired childbirth expectations become negotiated, practiced, and potentially transformed within marital relationships. This distinction is theoretically consequential because Heidegger's conception of being-in-the-world locates human understanding within prior social involvement rather than treating meaning as an exclusively individual cognitive construction (Heidegger, 1962; Dreyfus, 1991). His concepts of *das Man*, *Mitsein*, and *Angst* provide a conceptual basis for examining public interpretations, shared existence, and existential uncertainty, while hermeneutic phenomenology permits the interpretation of experiences through their social, historical, and cultural situatedness (Laverty, 2003; Gadamer, 2004). Although these concepts offer analytical possibilities for childbirth research, the studies reviewed do not establish a comprehensive Heideggerian account of couples' hypnobirthing experiences that

connects community narratives, marital participation, religious practices, and changing interpretations of pain. The resulting gap is principally theoretical, relational, and contextual, rather than evidence of an entirely unexplored intervention or an absence of research on childbirth anxiety.

Failure to address this interpretive gap has implications for both the development of maternal health knowledge and the design of childbirth preparation services. When hypnobirthing is evaluated primarily through anxiety reduction or pain-related outcomes, the subjective criteria through which participants judge an experience as successful may remain insufficiently examined, despite evidence that positive childbirth experiences are influenced by women's personal and sociocultural expectations rather than clinical outcomes alone (Downe et al., 2018). The distinction matters because childbirth self-efficacy, anticipatory anxiety, and perceived preparedness may influence how women approach labor without necessarily determining whether pain will occur or disappear (Beebe et al., 2007). Evidence supporting continuous companionship during childbirth further indicates that interpersonal assistance constitutes an important component of maternity care, although the presence of a companion does not itself explain the meanings couples assign to particular forms of assistance (Boren et al., 2017). From a relational standpoint, dyadic coping theory suggests that partners may respond to stress through coordinated efforts, while repeated experiences of capability provide a relevant psychological basis for understanding confidence during demanding situations (Bodenmann, 2008; Bandura et al., 1999). These contributions raise a practical question concerning how childbirth preparation services can accommodate differences in partner availability, communication patterns, and expectations without treating relational participation as a uniform intervention component. The issue becomes more complex when social narratives concerning painful childbirth coexist with religious practices and professional health information, since these sources may influence participants' expectations through different interpretive processes. Research on positive psychology practices in Muslim communities identifies religion as a relevant domain of psychological experience, although it does not establish the effectiveness of religiously integrated hypnobirthing interventions (Anlı, 2025). A more comprehensive interpretation of couples' experiences could consequently inform the communication of realistic childbirth expectations, the organization of partner-inclusive preparation activities, and the development of culturally responsive maternal health education without making unsupported claims about clinical effectiveness.

The present study occupies a distinct position within hypnobirthing scholarship by examining couples, rather than pregnant women considered separately, as the primary unit of experiential interpretation. Its empirical focus is Wonosari, Malang Regency, Indonesia, where childbirth preparation occurs within an agricultural community characterized by interpersonal networks, local maternity services, and religiously situated family life. Unlike outcome-oriented research investigating associations between hypnobirthing and measurable childbirth variables, this investigation adopts Heideggerian hermeneutic phenomenology to examine how husbands and wives interpret the method through their experiences before childbirth, during preparation, and at delivery. The methodological orientation draws on interpretative phenomenological principles that prioritize detailed experiential accounts and contextual interpretation, rather than statistical representation or causal estimation (Smith et al., 2010; Lavery, 2003). Its analytical procedure combines thematic identification with hermeneutic interpretation, allowing recurring experiential patterns to be examined alongside the social and relational circumstances through which participants understand them (Braun & Clarke, 2006; Gadamer, 2004). The study involves five married couples, comprising ten participants, and draws on in-depth interviews, observation, and documentation, with methodological triangulation providing a basis for examining the consistency of interpretations across data sources (Carter et al., 2014; Lincoln & Guba, 1985). Its proposed contribution is not the introduction of an additional hypnobirthing technique but the interpretive integration of public childbirth narratives, existential anxiety, shared marital participation, and the anticipated experience of birth. Specifically, the Heideggerian concepts of *das Man* and *Mitsein* provide a foundation for investigating how socially circulating understandings may shape both fear and engagement with childbirth preparation, while the proposed analytical expressions *being-toward-birth* and *acting-with* offer provisional extensions for examining future-oriented preparation and jointly enacted support. These expressions are treated as study-specific interpretive propositions rather than established Heideggerian categories. The proposed novelty lies in constructing a relational and temporally organized account of

hypnobirthing meaning-making, extending existing individual-centered experiential research without presuming that the proposed interpretations have already been empirically established.

This study aims to interpret how married couples in Wonosari, Malang Regency, construct and reconstruct the meaning of hypnobirthing throughout their childbirth experiences, with particular attention to the interaction between anticipatory anxiety, socially transmitted childbirth narratives, marital participation, and personal interpretations of labor. Three specific objectives guide the investigation: to examine how couples understand hypnobirthing as an approach to managing childbirth-related anxiety; to analyze how social relationships, religious practices, and shared participation influence the development of that understanding; and to interpret how couples describe changes in their relationship with childbirth pain, emotional uncertainty, and one another. These objectives are addressed through a qualitative hermeneutic phenomenological design that treats the experiences of husbands and wives as interconnected accounts situated within their everyday social world. The analysis seeks to identify the experiential patterns through which initial expectations are confronted, negotiated, and reinterpreted during childbirth preparation and delivery, while remaining attentive to differences between couples rather than assuming a uniform experiential trajectory. At the theoretical level, the study is intended to extend the sociological understanding of childbirth as a relationally mediated experience by applying Heideggerian existential concepts to couples' shared interpretations of hypnobirthing. Its methodological contribution consists of combining systematic thematic analysis with contextual hermeneutic interpretation to examine the relationship between individual accounts and shared experiences. At the practical level, the study is expected to provide an interpretive basis for designing childbirth preparation approaches that communicate realistic expectations, recognize husbands as active participants, and accommodate the social and religious meanings attached to childbirth. The intended contribution is explanatory and interpretive rather than causal, with conclusions restricted to the meanings supported by participants' accounts and the specific conditions of the research setting.

RESEARCH METHODS

This study employed a qualitative research design grounded in Heideggerian hermeneutic phenomenology within an interpretive paradigm to examine how married couples constructed and interpreted the meaning of hypnobirthing throughout their childbirth experiences. The research was conducted in Wonosari Subdistrict, Malang Regency, East Java, Indonesia, an agricultural area on the slopes of Mount Kawi where maternal health services are provided through community health centers (Puskesmas), integrated health posts (Posyandu), and independent midwifery practices. The unit of analysis was the married couple, allowing the experiences of wives and husbands to be examined as interrelated accounts rather than independent individual narratives. Participants were recruited through purposive sampling using eligibility criteria requiring couples to be married and expecting a child, irrespective of parity, to have attended at least three hypnobirthing sessions, to have participated actively in the program, and to have agreed to in-depth interviews. Health workers at the research site assisted in identifying eligible couples, after which prospective participants were approached directly to obtain informed consent. The final sample comprised five married couples, representing ten participants consisting of five wives and five husbands, all of whom were Muslim. Recruitment proceeded in two stages, with three couples initially interviewed and two additional couples subsequently included to broaden the range of experiences; data collection was discontinued when subsequent accounts became repetitive and provided no additional substantive information. The couples differed in age, educational attainment, occupation, parity, and initial sources of information about hypnobirthing, allowing the interpretation to consider variation in their social circumstances. Data were collected through semi-structured in-depth interviews, participant observation, and documentation, with interview questions addressing participants' feelings, expectations, experiences, and interpretations of hypnobirthing before program participation, during preparation, and at childbirth. Interviews were audio-recorded with participants' consent, while observations focused on couples' interactions during program sessions, including communication patterns, husbands' emotional support, and their participation in childbirth preparation. Documentary materials consisted of hypnobirthing training modules, program records, and field notes, which provided contextual information for interpreting participants' accounts. The fourth and fifth couples were interviewed

shortly before and after childbirth to capture their experiences surrounding delivery, and interview excerpts used in reporting were translated from Indonesian into English.

Data analysis was conducted through two sequential and hierarchically related stages comprising thematic analysis and Heideggerian hermeneutic interpretation. The first stage followed the thematic analytical procedures described by Braun and Clarke (2006), beginning with verbatim transcription of recorded interviews and observation notes, followed by repeated reading to establish familiarity with participants' narratives. Statements concerning childbirth anxiety, expectations of hypnobirthing, decisions to participate, preparation practices, husbands' involvement, emotional experiences, and relational dynamics were identified and assigned initial codes. Related codes were subsequently grouped into meaningful patterns and organized into analytical themes representing recurrent experiences and differences across participating couples. The second stage involved interpreting these themes through Heidegger's existential concepts, including Dasein and being-in-the-world, Befindlichkeit and Angst, das Man, Mitsein, Verstehen, Auslegung, temporality, projection, and Unheimlichkeit. Interpretation followed the hermeneutic circle by moving between individual statements, the broader accounts of each couple, and the social, cultural, and religious circumstances surrounding childbirth preparation in Wonosari. This procedure allowed the analysis to examine how childbirth-related anxiety was interpreted, how social narratives informed couples' expectations, how spouses participated in preparing for birth, and how participants understood their experiences of pain, uncertainty, and interpersonal relationships. The Heideggerian framework established the interpretive orientation, while thematic analysis provided systematic procedures for organizing and examining the empirical material. Methodological trustworthiness was addressed through triangulation of interviews, participant observation, and documentary evidence, together with negative case analysis and maintenance of an audit trail containing field notes, interview transcripts, analytical codes, and interpretive reflections. The accounts of the fourth and fifth couples were included as negative cases because their experiences differed from patterns identified among the first three couples, allowing emerging interpretations to be examined against divergent evidence rather than relying exclusively on convergent narratives. Participants provided consent for research participation and audio recording, and identifying information was replaced with initials to protect confidentiality. The analysis was restricted to the interpretation of participants' reported and observed experiences; it did not employ experimental manipulation, standardized clinical outcome measurements, or statistical hypothesis testing. These procedures supported a contextualized examination of couples' meaning-making while maintaining the distinction between phenomenological interpretation and claims concerning the clinical effectiveness of hypnobirthing.

RESULTS AND DISCUSSION

Social Construction of Childbirth Anxiety and Couples' Interpretation of Hypnobirthing

Childbirth anxiety among the participating couples emerged as an experience shaped by the interaction between anticipated bodily suffering, uncertainty surrounding delivery, and socially transmitted representations of childbirth. Interviews with five married couples in Wonosari, Malang Regency, indicated that all ten participants experienced apprehension before becoming familiar with hypnobirthing, although the objects and intensity of their concerns differed according to personal expectations and previous reproductive experiences. Women primarily associated childbirth with anticipated pain, difficulties during normal delivery, and uncertainty regarding their capacity to manage labor, whereas husbands described anxiety arising from their inability to experience their wives' physical suffering directly and uncertainty about providing adequate assistance. This distinction corresponds with research recognizing childbirth fear as a multidimensional psychological phenomenon while establishing paternal apprehension as an identifiable dimension of the reproductive experience (He et al., 2025; Ghaffari et al., 2021). The findings indicate that childbirth anxiety should not be interpreted exclusively as an individual maternal condition because its development and expression were closely associated with reciprocal emotional responses within marital relationships.

The social origins of childbirth anxiety were particularly evident in participants' accounts of information received through interpersonal communication and digital media before they developed direct knowledge of childbirth preparation techniques. Participant Sn associated her apprehension with childbirth narratives encountered through TikTok, while participants H and S described

frightening accounts circulated by neighbors and acquaintances concerning severe pain, perineal injuries, and emergency obstetric procedures. These narratives acquired interpretive significance because participants frequently encountered them before possessing sufficient experiential knowledge to assess the applicability of such accounts to their anticipated deliveries. Heidegger's conception of *das Man* provides an explanatory framework for understanding this process, since everyday interpretations may be shaped by anonymous public understandings that individuals absorb before critically examining their relevance to their own existence (Heidegger, 1962; Dreyfus, 1991). The sociological significance of these narratives resides not in their verified medical accuracy but in their capacity to establish expectations through which childbirth becomes anticipated as a threatening and potentially unmanageable event.

Differences in participants' educational backgrounds and sources of childbirth information suggest that the circulation of reproductive knowledge operated through overlapping interpersonal and technological channels rather than a single information system. Sn, who had completed secondary education and participated in paid employment, identified TikTok as a significant source of childbirth narratives, whereas H and S, whose educational backgrounds differed from hers, emphasized information received through neighbors and friends. Such variation may indicate differences in information access and communication preferences, although the small purposively selected sample does not permit a defensible association between educational attainment and particular information channels. The significance of socially transmitted expectations is consistent with research identifying psychosocial determinants of childbirth fear among Asian women, where personal circumstances and socially mediated understandings contribute to variation in reproductive anxiety (Kalok et al., 2025). An interpretive reading consequently treats digital communication and neighborhood interaction as interconnected environments through which childbirth acquires meaning, without assuming that either channel independently determines the psychological condition of pregnant women.

The temporal orientation of childbirth anxiety was reflected in participants' accounts of events that had not yet occurred but were already experienced as emotionally consequential. Sn expressed concern about whether normal delivery would be possible and whether she could regulate her breathing, while S described apprehension concerning her capacity to complete childbirth despite lacking personal experience of labor. Heidegger's distinction between fear directed toward identifiable possibilities and *Angst* as an existential orientation toward uncertainty offers an analytical basis for interpreting the coexistence of specific obstetric concerns and more diffuse apprehension (Heidegger, 1962). This distinction is relevant to the observed variation between first-time mothers and participant V, who had previously given birth but continued to report anxiety before her subsequent delivery. Although epidemiological research identifies a higher probability of severe childbirth fear among women without previous childbirth experience, prior delivery cannot be treated as sufficient protection against subsequent apprehension, as illustrated by V's narrative (Maghalian et al., 2026).

An examination of husbands' narratives further indicates that childbirth anxiety extended beyond the physical experience of pregnancy into the relational responsibilities associated with anticipated fatherhood. Participant Sl described anxiety arising from his inability to experience his wife's pain, while participants Rk and Hl acknowledged confusion when responding to their wives' concerns about childbirth. These accounts suggest that paternal apprehension involved uncertainty about appropriate supportive conduct rather than merely observing maternal distress from an emotionally detached position. Research identifying psychological, demographic, and structural influences on husbands' participation in antenatal preparation provides a relevant basis for interpreting such uncertainty as part of broader patterns of paternal involvement (Dewi et al., 2025). The distinction between emotional concern and practical participation becomes analytically significant because a husband may recognize his wife's anxiety without necessarily possessing the knowledge, availability, or confidence required to contribute effectively to childbirth preparation.

Table 1. Social Sources of Childbirth Information and Childbirth Anxiety Among Participating Couples

Couple	Initial information source	Identified anxiety or expectation	Interpretive significance
1 (Sn/T)	TikTok, followed by a midwife	Fear of pain, delivery difficulties, and breathing difficulties	Digital narratives influenced anticipation of childbirth
2 (H/Hr)	Neighbor with hypnobirthing experience, followed by a midwife	Fear associated with painful childbirth accounts	Community narratives shaped expectations and interest in preparation
3 (S/Sl)	Facebook information and community interaction	Uncertainty about childbirth and anticipated pain	Digital and interpersonal information informed interest in hypnobirthing
4 (V/Rk)	Village midwife through social media	Anxiety despite previous childbirth experience	Professional communication contributed to awareness of the method
5 (D/Hl)	Friends and social media	Anticipation of childbirth pain	Social networks influenced expectations before participation

Source: Categorization of participant characteristics and interview accounts reported in the study.

The classification presented in Table 1 demonstrates that exposure to childbirth information occurred through several overlapping channels, with interpersonal communication and digital platforms frequently preceding direct engagement with professional maternal health services. The table also indicates that pathways through which couples encountered hypnobirthing were not necessarily independent of the channels through which apprehension had previously developed. In Heideggerian terms, this relationship illustrates the interpretive ambivalence of *das Man*, because publicly circulating knowledge may simultaneously reproduce anxiety and introduce alternative possibilities for responding to childbirth uncertainty (Heidegger, 1962). The presence of midwives within several information pathways further suggests that professional health communication interacted with established community relationships instead of replacing them as the exclusive source of reproductive knowledge. These patterns support an interpretation of hypnobirthing participation as socially mediated meaning-making rather than a decision determined solely by individual psychological motivation or exposure to technical information.

The transition from childbirth apprehension toward interest in hypnobirthing involved a process through which participants began reconsidering their assumptions about anticipated pain and their perceived capacity to respond to labor. Sn became interested after encountering digital information suggesting that hypnobirthing could help manage anxiety, whereas H reported being influenced by a neighbor whose childbirth preparation experience appeared comparatively calm. Sl described learning about the method through Facebook information distributed by a midwife and subsequently discussing its potential relevance with his wife, indicating that information acquisition could precede joint deliberation rather than follow an exclusively maternal decision. The conceptual description of hypnobirthing as a practice incorporating breathing, relaxation, visualization, and positive suggestion provides a basis for understanding why participants interpreted the method as an alternative to passive anticipation of childbirth suffering (Mongan, 2015). Nevertheless, the interviews establish participants' reported reasons for engagement rather than independently demonstrating that these techniques prevented pain, reduced obstetric complications, or produced particular clinical outcomes.

Decision-making concerning hypnobirthing also varied in the extent to which husbands were involved before formal participation in the program. Sn discussed the intervention with her husband, who subsequently sought additional information and attended preparation activities, while V described joining before undertaking comparable discussion with her spouse. Participant D relied on information obtained from friends and direct consultation with a midwife, suggesting that professional advice and informal social networks could influence maternal decisions independently of extensive

marital deliberation. Earlier Indonesian research examining husbands' participation in hypnobirthing classes and their relationship with childbirth preparation identifies paternal involvement as relevant to maternal engagement, although such quantitative associations do not fully explain the interpersonal negotiations underlying participation decisions (Wati, 2016; Tiawaningrum et al., 2020). The observed variation indicates that a shared childbirth experience does not necessarily originate from an equally shared initial decision, creating a distinction between the process of entering a preparation program and the subsequent development of cooperative practices within marriage.

The interpretation of hypnobirthing as an anticipated solution to childbirth anxiety was not uniform, particularly where participants associated successful preparation with the expectation of experiencing delivery without pain. Several accounts indicated that the possibility of painless childbirth influenced initial interest, creating expectations that extended beyond the acquisition of breathing or relaxation skills. Such expectations require analytical separation from clinical claims because systematic reviews of hypnosis-based approaches to childbirth identify limitations and variations in the evidence concerning pain-related outcomes (Cyna et al., 2004; Madden et al., 2016). Indonesian investigations examining hypnobirthing in relation to pregnancy anxiety and labor pain further demonstrate the relevance of these outcomes as research subjects, but their clinical orientation does not establish how individual couples interpret success when the anticipated absence of pain is not achieved (Ariyani & Kamidah, 2024; Humairah & Wulandari, 2023). The initial construction of success as pain elimination may consequently become an interpretive condition influencing later evaluations of childbirth, rather than an empirically established property of the intervention itself.

The relationship between socially mediated childbirth fear and couples' expectations of hypnobirthing reveals a process in which reproductive experiences were anticipated, interpreted, and negotiated before delivery occurred. Participants did not approach childbirth as individuals detached from their social environments, since their expectations incorporated narratives received from neighbors, friends, digital media, midwives, and marital interactions. Heideggerian hermeneutics conceptualizes this embeddedness as a constitutive condition of understanding, while qualitative research on women's experiences of hypnobirth recognizes the importance of changes in perceived control, preparedness, and interpretations of childbirth (Heidegger, 1962; Uldal et al., 2023; Miller, 2020). The empirical contribution of these accounts lies in identifying how socially circulated childbirth narratives and marital deliberations jointly shaped the meanings attached to hypnobirthing before participants encountered labor itself. This interpretation establishes an analytical foundation for examining subsequent preparation practices, husbands' active participation, and the reconstruction of childbirth meanings without attributing causal effectiveness to an intervention evaluated through a small qualitative sample.

Shared Hypnobirthing Practices, Marital Participation, and the Reconstruction of Childbirth Experience

The transition from anticipatory childbirth anxiety to active hypnobirthing preparation involved changes in how participating couples understood their capacity to confront labor and manage uncertainty through repeated practices. Interview accounts indicated that breathing exercises, positive affirmations, and visualization constituted the principal techniques introduced during preparation, although the regularity of practice and the extent of spousal involvement varied between couples. Among the first three couples, these practices were incorporated into daily routines, with participants reporting exercises in the morning and before sleep, while husbands contributed through reminders, encouragement, and supervision of the preparation process. The relationship between repeated preparation and perceived capability can be interpreted through self-efficacy theory, which identifies mastery experiences as an important foundation for developing confidence in managing demanding situations (Bandura et al., 1999). Nevertheless, these accounts establish the experiential significance of practice rather than demonstrating a measurable intervention effect, since the study did not employ standardized psychological assessments or clinical comparisons capable of determining whether particular preparation routines independently reduced childbirth anxiety.

Positive affirmation emerged as a central element through which pregnant women attempted to reinterpret anticipated childbirth difficulties as manageable experiences rather than unavoidable sources of distress. Participant Sn described repeatedly assuring herself that she could complete normal childbirth and interpreting contractions through the anticipated happiness associated with

meeting her child, while participant H reported that repeated affirmations gradually altered her initial doubts concerning her ability to give birth. Participant S similarly emphasized the repetition of calming statements when approaching delivery, indicating that affirmations operated as anticipatory resources through which participants oriented themselves toward an uncertain future. Heidegger's concepts of *Verstehen* and *Auslegung* provide an interpretive foundation for examining these accounts because experiences acquire significance through the possibilities individuals project and the meanings they assign to anticipated events (Heidegger, 1962; Dreyfus, 1991). The analytical significance of affirmation consequently extends beyond positive verbal expression, involving a reorganization of how childbirth was anticipated, how personal capability was understood, and how expected bodily sensations were incorporated into participants' emerging interpretations of labor.

Visualization introduced a temporal dimension to hypnobirthing preparation by encouraging participants to imagine childbirth as a future event toward which their present activities were directed. Rather than interpreting childbirth exclusively through previously encountered accounts of pain and complications, participants described the deliberate construction of anticipated delivery experiences characterized by composure, breathing regulation, and the expectation of welcoming a child. Heidegger's account of temporality conceptualizes human existence through the relationship between circumstances already encountered, present engagement, and possibilities toward which individuals project themselves, providing a relevant basis for interpreting this future-oriented preparation (Heidegger, 1962). The proposed expression *being-toward-birth* describes this orientation as an interpretive extension specific to the present study, while Arendt's discussion of natality offers a distinct philosophical point of reference concerning birth and the emergence of new beginnings (Arendt, 1958). This analytical formulation does not equate childbirth with Heidegger's established concept of *being-toward-death*, but identifies a provisional category through which couples' anticipated transition into a new configuration of family relationships may be examined without treating visualization as evidence of clinical efficacy.

Marital participation was reflected not merely in husbands' physical presence during hypnobirthing activities but in concrete practices through which preparation became a coordinated undertaking. Participant T assisted his wife with breathing techniques and supported her efforts to develop confidence, whereas participant SI monitored his wife's twice-daily exercises, organized the preparation environment, and provided reminders intended to maintain familiarity with techniques before childbirth. These activities indicate that husbands' participation could involve practical preparation, emotional reassurance, and the maintenance of shared routines, although the distribution of responsibilities differed across participating households. Heidegger's concept of *Mitsein* locates human existence within relationships with others, while research on dyadic coping suggests that partners may address stressful experiences through reciprocal forms of emotional and behavioral coordination (Heidegger, 1962; Bodenmann, 2008). Interpreting these practices through *Mitsein* makes it possible to distinguish passive accompaniment from actively enacted togetherness, without presuming that comparable levels of marital cooperation existed in every participating couple or that cooperation independently determined childbirth outcomes.

The relationship between marital preparation and childbirth experience became particularly visible when participants described situations in which previously learned techniques were recalled or reinforced during labor. Sn reported that her husband remained beside her and reminded her to regulate breathing, while S described initially becoming overwhelmed before her husband helped her remember the breathing procedures and positive suggestions introduced during preparation. Such accounts suggest that husbands functioned as interpersonal sources of procedural reminders and emotional orientation when the demands of childbirth challenged women's ability to recall previously rehearsed practices. Existing evidence concerning continuous labor support identifies companionship as an important component of childbirth care, although the present qualitative material cannot establish whether the reported assistance changed the duration of labor, pain intensity, or clinical delivery outcomes (Boren et al., 2017). The empirical distinction concerns the form and meaning of assistance, since participants associated supportive involvement with shared preparation and reassurance rather than describing their husbands exclusively as observers of a physiological process.

Table 2. Hypnobirthing Preparation, Spousal Involvement, and Childbirth Experiences Among Participating Couples

Couple	Preparation and husband involvement	Reported experience	Hermeneutic interpretation
1 (Sn/T)	Regular practice; husband supported breathing and attended preparation	Stronger calm despite persistent childbirth pain	Shared projection and active Mitsein
2 (H/Hr)	Regular practice and husband involvement	Increased confidence and more comfortable childbirth experience	Reinterpretation of anticipated childbirth
3 (S/SI)	Twice-daily practice; husband monitored exercises and provided reminders	Strong shift from fear toward calm	Acting-with and shared preparedness
4 (V/Rk)	Irregular practice; husband provided practical assistance but had limited availability	Partial calm and continued pain	Constrained participation and incomplete at-homeness
5 (D/HI)	Less consistent practice; husband offered suggestions, massage, and prayer	Reduced apprehension but continued discomfort	Partial reinterpretation through relational support

The comparative classification in Table 2 illustrates that couples shared exposure to hypnobirthing techniques but differed in their patterns of preparation, husbands' availability, and interpretations of childbirth experiences. The first three couples reported relatively consistent preparation and more extensive participation by husbands, whereas the fourth and fifth couples described less regular engagement and limitations associated with competing work responsibilities. These differences correspond with research indicating that paternal involvement in antenatal activities is shaped by structural and psychological conditions, suggesting that participation cannot be adequately explained through individual willingness alone (Dewi et al., 2025). Although the accounts of more regularly practicing couples were accompanied by descriptions of stronger emotional adjustment, the available data do not establish a causal relationship between practice frequency, spousal involvement, and the magnitude of perceived calm. The comparison is consequently more defensible as an examination of variation in lived experience, demonstrating how preparation routines and relational circumstances formed part of the interpretive conditions through which participants evaluated hypnobirthing.

The experiences of husbands further indicate that coordinated childbirth preparation involved changes in how male partners understood their own emotional responsibilities during labor. Participant SI explained that he initially experienced panic when observing his wife's suffering but subsequently attempted to regulate his reactions so that he could offer reassurance and remind her of previously learned techniques. Participant Hr similarly described improvements in the couple's responses to stressful situations, contrasting earlier difficulties in managing distress with a greater capacity to provide assistance during childbirth. These accounts are compatible with research linking positive dyadic coping to individual and relational adjustment under family-related stress, although the present study did not formally measure coping strategies or relationship quality (Roth et al., 2022; Yan et al., 2024). The interpretive contribution lies in identifying paternal emotional regulation as part of the shared childbirth experience, suggesting that husbands were not simply providing support to pregnant women but were also negotiating their own uncertainty through participation in preparation and delivery.

The original interpretive model, reproduced in Figure 1, situates coordinated practice between couples' initial exposure to childbirth narratives and their subsequent experiences of delivery, highlighting preparation as a relational and temporal transition rather than an isolated intervention activity. The model presents childbirth anxiety, decisions to participate, shared practice, labor, and the construction of meaning as interconnected analytical stages while identifying expectations, practice regularity, and husbands' availability as conditions associated with variation in reported experiences. This formulation is consistent with hermeneutic reasoning, which interprets individual experiences

through their relationship with the broader circumstances in which meaning is produced rather than treating each reported event as an independent psychological occurrence (Gadamer, 2004; Lavery, 2003). Its representation of socially circulating childbirth narratives also illustrates how personal experiences may subsequently become sources of information for other members of the community, preserving the interpretive role of *das Man* across successive encounters with childbirth information. The arrows indicate the proposed organization of participants' accounts and should not be interpreted as empirically verified causal pathways, since the design was qualitative and did not test directional relationships between preparation activities and childbirth outcomes.

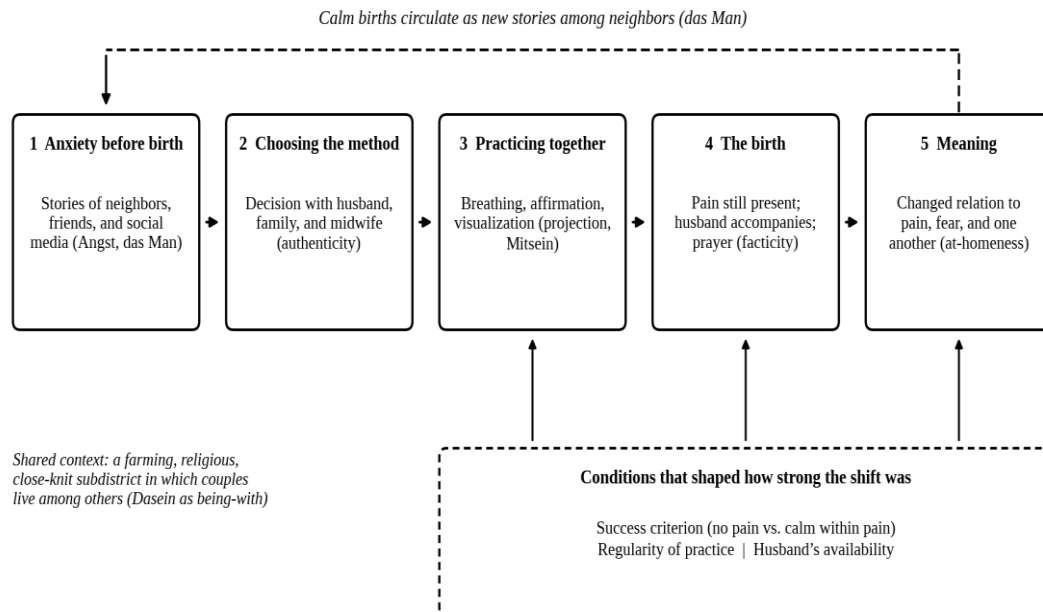


Figure 1. Interpretive Model of Couples' Meaning-Making of Hypnobirthing.

A central analytical implication of shared preparation concerns the relationship between anticipated pain and participants' subsequent interpretations of childbirth, particularly when bodily discomfort persisted despite perceived emotional improvements. Sn explicitly acknowledged experiencing considerable pain during normal delivery while describing a greater ability to remain calm and regulate breathing, indicating that emotional composure and physical discomfort were not mutually exclusive dimensions of her experience. Participant H offered a comparatively different account emphasizing limited fear and discomfort, demonstrating that participants did not necessarily attach identical meanings to childbirth sensations even when they had engaged with similar preparation techniques. Qualitative investigations of hypnosis-assisted childbirth have similarly identified changes in women's interpretations of delivery, perceived control, and emotional preparedness, although these findings should not be equated with evidence that hypnosis reliably eliminates physiological pain (Miller, 2020; Uldal et al., 2023; Mohsenpour et al., 2025). From a hermeneutic standpoint, the distinction between the presence of pain and the meaning attributed to pain is essential because an altered interpretation of childbirth may coexist with substantial bodily suffering without establishing that the underlying physiological experience has been removed.

The relational meaning of hypnobirthing extended beyond preparation and delivery into participants' retrospective accounts of marital closeness, cooperation, and shared emotional adjustment. All five couples described some degree of increased affection, communication, or togetherness following childbirth, although the intensity of husband involvement and the extent of reported calm varied across their accounts. Heidegger's *Mitsein* provides a conceptual foundation for interpreting these narratives as expressions of shared existence, while the study-specific formulation acting-with identifies the practical manifestation of togetherness through breathing assistance,

repeated reminders, emotional reassurance, and participation during labor (Heidegger, 1962). Such accounts contribute to existing maternal health research by specifying the interpersonal activities and interpretations that may underlie quantitative measures of husbands' participation, while remaining distinct from investigations designed to estimate relationships between support, anxiety, and childbirth outcomes (Tiawaningrum et al., 2020; Arroban & Azizah, 2024). The evidence supports an interpretive account of hypnobirthing as a jointly experienced preparation process in which marital roles, emotional expectations, and childbirth meanings were negotiated through everyday interactions, while the limited sample and reliance on participants' accounts preclude generalization to broader populations or claims of intervention effectiveness.

Existential Reconstruction of Childbirth Meaning, Spiritual Integration, and Variations in Hypnobirthing Experiences

The interpretation of childbirth experiences among participating couples revealed that the significance of hypnobirthing extended beyond the reduction of anticipatory anxiety toward changes in how bodily discomfort, emotional uncertainty, and marital relationships were understood. Although the five couples participated in hypnobirthing preparation, their accounts indicated considerable variation in the extent to which childbirth was subsequently experienced as manageable, emotionally reassuring, or consistent with their expectations. Three couples described substantial changes in their emotional orientation toward childbirth, whereas the remaining two reported more limited improvements accompanied by persistent discomfort and uncertainty. Heidegger's conception of *Beindlichkeit* provides an interpretive foundation for understanding these differences because human experience is disclosed through affective dispositions that influence how individuals encounter and interpret situations before deliberate cognitive evaluation occurs (Heidegger, 1962; Dreyfus, 1991). The distinction between bodily sensation and existential interpretation consequently becomes central to explaining why participants could report meaningful psychological adjustment despite continued pain, while others regarded comparable physical discomfort as evidence that their expectations had been only partially fulfilled.

Childbirth pain occupied a particularly significant position in participants' accounts because it challenged the assumption that successful hypnobirthing necessarily required the complete elimination of unpleasant physical sensations. Participant Sn explicitly acknowledged experiencing substantial pain during normal delivery but emphasized that controlled breathing and continued attention to previously learned techniques enabled her to remain comparatively calm throughout the experience. Her interpretation differed from a purely physiological understanding of childbirth discomfort because pain remained present while its significance shifted from an anticipated threat toward an experience she considered more manageable. This distinction corresponds with qualitative findings indicating that hypnosis-assisted childbirth may be associated with changes in perceived control, emotional orientation, and interpretations of labor, although available evidence does not establish consistent elimination of childbirth pain (Miller, 2020; Uldal et al., 2023; Madden et al., 2016). Sn's account therefore supports an interpretation of hypnobirthing as a practice through which participants may reconstruct their relationship with bodily suffering rather than a technique whose value can be determined exclusively by whether physical pain disappears.

The transformation of childbirth from an unfamiliar and threatening event toward an experience perceived as more manageable can be examined through Heidegger's concept of *Unheimlichkeit*, which concerns an existential condition of not feeling at home in one's surrounding world. Before participation in hypnobirthing, several women described childbirth as an uncertain event characterized by limited experiential knowledge, anticipated suffering, and apprehension regarding their ability to respond appropriately during labor. Following preparation, participants such as Sn and H described greater emotional composure and confidence, suggesting a partial movement from experiential estrangement toward increased familiarity with the anticipated demands of childbirth. The analytical expression *at-homeness* is used here as a study-specific counterpart to Heidegger's account of uncanniness, rather than as a claim that the original philosophical framework identifies childbirth preparation as a direct route toward existential authenticity (Heidegger, 1962; Gadamer, 2004). Its explanatory significance lies in identifying familiarity and emotional orientation as dimensions of childbirth experience that cannot be adequately reduced to pain intensity, delivery procedures, or the achievement of predetermined clinical outcomes.

The accounts of participants V and D provided important contrasting evidence because both women described some emotional benefit from hypnobirthing while continuing to experience discomfort that limited their assessment of the method. V characterized her increased calm as modest and continued to evaluate childbirth partly against an expectation that hypnobirthing would substantially eliminate pain, whereas D acknowledged a reduction in apprehension without portraying her experience as entirely free from discomfort. These narratives demonstrate that participants' evaluations were influenced not only by what occurred during labor but also by prior assumptions concerning what successful childbirth preparation should accomplish. A systematic qualitative review of women's childbirth experiences identified the correspondence between expectations and experienced events as relevant to positive evaluations of childbirth, supporting the need to distinguish subjective appraisal from clinical indicators alone (Downe et al., 2018). The divergent accounts of Sn, V, and D indicate that similar categories of bodily experience may acquire different meanings when interpreted through different expectations, although the available interviews cannot determine whether those expectations independently produced the reported emotional differences.

Variation in the reported significance of hypnobirthing was also associated with the consistency of preparation and the practical availability of husbands during pregnancy and childbirth. The first three couples described relatively regular practice and comparatively extensive spousal involvement, while V reported inconsistent practice and participants in the fourth and fifth couples described limitations arising from husbands' occupational responsibilities. These differences are consistent with research indicating that husbands' involvement in antenatal preparation may be constrained by demographic, structural, and psychological circumstances, while repetition and perceived mastery are relevant to the development of confidence in demanding situations (Dewi et al., 2025; Bandura et al., 1999). Nevertheless, the experiences of five purposively selected couples cannot establish that irregular practice or limited husband involvement directly caused weaker emotional adjustment, particularly because preparation, personal expectations, previous childbirth experiences, and social relationships were not experimentally controlled. The interpretive significance of these differences concerns how practical circumstances formed part of the conditions through which participants engaged with hypnobirthing and subsequently evaluated its meaning, rather than the identification of statistically verified determinants of intervention effectiveness.

Table 3. Variations in Childbirth Interpretation, Relational Participation, and Spiritual Meaning Among Participating Couples

Couple	Interpretation of childbirth experience	Relational and spiritual dimensions	Hermeneutic significance
1 (Sn/T)	Substantial emotional adjustment despite persistent childbirth pain	Active husband involvement, gratitude, and religious interpretation	Reinterpretation of pain and shared Mitsein
2 (H/Hr)	Greater confidence and a comparatively comfortable childbirth experience	Joint preparation and improved responses to marital stress	Increased experiential familiarity and at-homeness
3 (S/SI)	Strong transition from anticipatory fear toward perceived calm	Regular spousal participation, prayer, and strengthened family relationships	Shared projection and acting-with
4 (V/Rk)	Limited emotional improvement and continued pain relative to expectations	Restricted husband availability and integration of prayer and dhikr	Partial at-homeness shaped by prior expectations
5 (D/HI)	Reduced apprehension with continuing physical discomfort	Practical assistance, massage, prayer, and perceived relational closeness	Partial reconstruction of meaning through interpersonal support

Table 3 demonstrates that participants' interpretations of hypnobirthing were differentiated by their relationship with childbirth pain, the character of spousal participation, and the meanings

attributed to religious and interpersonal experiences. The contrast between couples reporting substantial emotional adjustment and those describing more limited change indicates that the perceived significance of childbirth preparation was not uniform, even where participants had been exposed to broadly similar techniques. This variation is compatible with hermeneutic phenomenology, which regards lived experience as inseparable from the historical, interpersonal, and interpretive circumstances through which individuals encounter particular situations (Lavery, 2003; Smith et al., 2010). The table also demonstrates that participants reporting limited emotional improvements did not necessarily reject hypnobirthing, since their accounts could accommodate dissatisfaction with persistent pain alongside appreciation for relaxation, spousal assistance, or perceived emotional support. This distinction is analytically important because interpreting participant experiences through a simple successful–unsuccessful classification would obscure the coexistence of beneficial and disappointing elements within the same childbirth narrative.

Religious meaning constituted another dimension of childbirth interpretation, particularly where participants incorporated prayer, gratitude, and dhikr into their experiences of preparation and delivery. Four couples described explicit religious meanings associated with childbirth, while the available accounts indicated that prayer and expressions of gratitude could coexist with breathing exercises, affirmations, and assistance from midwives without being experienced as competing explanatory systems. Sn expressed gratitude toward God and the midwife, while participants V and D described religious practices accompanying their efforts to manage childbirth discomfort and emotional uncertainty. Research examining positive psychology practices in Muslim communities provides a relevant scholarly connection for interpreting the coexistence of religious expression and psychological adjustment, although such literature does not demonstrate that religious practices enhanced the clinical effectiveness of hypnobirthing among these participants (Anlı, 2025). The empirical significance of these accounts lies in the integration of existing religious commitments into participants' interpretations of childbirth, rather than evidence that spirituality independently altered pain perception, labor progression, or maternal health outcomes.

The relationship between religious practices and hypnobirthing can be further interpreted through Heidegger's conception of being-in-the-world, which understands human experience as situated within meaningful environments rather than isolated from established social and cultural relationships. Participants did not encounter breathing exercises or affirmations as practices detached from everyday life, because their accounts frequently connected preparation and delivery with family responsibilities, religious expressions, and expectations concerning the birth of a child. Such integration illustrates how the meaning of a structured childbirth preparation technique may be reshaped through pre-existing understandings that participants bring to their interactions with healthcare professionals and family members. Heidegger's concepts of *Verstehen* and *Auslegung* support this interpretation by locating understanding within the process through which individuals encounter circumstances as meaningful possibilities rather than receiving experiences as neutral information (Heidegger, 1962; Dreyfus, 1991). The coexistence of religious and therapeutic practices is therefore best understood as an aspect of participants' lived interpretation, while any assertion concerning their combined psychological or physiological effectiveness would require research procedures and outcome measures absent from the present study.

The reconstruction of childbirth meaning also extended into participants' relationships with the wider community, where accounts of comparatively calm childbirth could become new sources of information for other prospective parents. Participant S described neighbors' curiosity about her experience and reported communicating information about hypnobirthing to other women, including through conversations associated with community maternal health activities. This process reproduced the social circulation of childbirth narratives identified before participation, but the reported content shifted from anticipated suffering toward experiences represented as comparatively reassuring. Figure 1 preserves the original study's interpretive sequence and its proposed feedback relationship between individual childbirth experiences and community narratives, allowing the distinction between socially acquired fear, shared preparation, and subsequent meaning-making to remain visible. Heidegger's *das Man* offers an analytical explanation for this process because publicly circulating interpretations may contribute both to the reproduction of anxiety and to the availability of alternative understandings, without establishing that community narratives operate as independently measured causal influences (Heidegger, 1962).

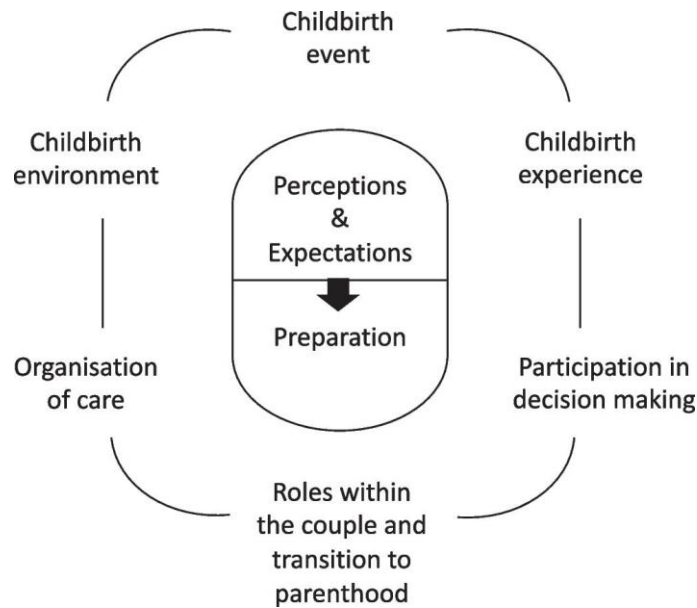


Figure 1. Interpretive Model of Couples' Meaning-Making of Hypnobirthing. The original model links childbirth anxiety, the decision to participate, shared practice, childbirth, and the reconstruction of meaning, while identifying expectations, preparation regularity, and husbands' availability as conditions associated with variations in participants' accounts.

The interpretive model identifies childbirth meaning-making as a relational and temporally organized process through which socially acquired fears, shared preparation activities, and retrospective evaluations become connected within couples' experiences. Its principal theoretical contribution is the proposed integration of the ambivalent role of *das Man*, future-oriented preparation described as being-toward-birth, and practical marital cooperation conceptualized as acting-with, while retaining the distinction between these analytical extensions and Heidegger's established concepts. The empirical accounts also suggest that emotional adjustment should be interpreted as variable and potentially incomplete, particularly when participants' expectations concerning pain reduction were not fulfilled or their opportunities for preparation were restricted. These interpretations are consistent with research emphasizing subjective childbirth experiences and interpersonal support, but they do not establish generalizable relationships between hypnobirthing participation, psychological improvement, and clinical outcomes (Mohsenpour et al., 2025; Lord, 2023; Boren et al., 2017). The resulting contribution is a contextually situated explanation of how couples reconstructed the meaning of childbirth through emotional expectations, bodily experiences, marital participation, and religious interpretation, with its transferability requiring further examination across populations and healthcare settings characterized by different social and cultural conditions.

CONCLUSION

This study examined how married couples in Wonosari, Malang Regency, Indonesia, constructed and interpreted the meaning of hypnobirthing through their experiences of childbirth anxiety, preparation practices, marital participation, and delivery. The findings indicate that childbirth anxiety was shaped not only by anticipated physical pain and uncertainty concerning labor but also by narratives circulating through neighbors, friends, social media, and family relationships. These same interpersonal and digital channels introduced couples to hypnobirthing, illustrating their dual role in generating apprehension and facilitating access to alternative childbirth preparation practices. Participation in hypnobirthing involved more than acquiring relaxation and breathing techniques, as couples incorporated positive affirmations, visualization, emotional reassurance, and practical cooperation into their preparation for childbirth. Husbands contributed through reminders, assistance with breathing, preparation of suitable environments, and companionship during labor, although the intensity of their involvement differed across households. Three couples described substantial changes from anticipatory fear toward greater emotional composure, whereas two reported more limited improvements associated with irregular preparation, restricted husband availability, and expectations

of childbirth without pain. These differences represent interpretive associations within participants' accounts rather than evidence of causal relationships or measured intervention effectiveness.

The principal contribution of this study is an interpretive explanation of hypnobirthing as a socially situated and relationally constructed childbirth experience rather than an intervention understood exclusively through pain reduction or anxiety-related outcomes. Heideggerian hermeneutic interpretation identified how publicly circulating childbirth narratives, shared marital participation, and future-oriented preparation contributed to the meanings couples assigned to childbirth. The proposed analytical concepts of being-toward-birth and acting-with extend this interpretation by describing anticipatory preparation and the practical expression of shared involvement, while the dual role of *das Man* illustrates how community narratives may transmit both anxiety and alternative understandings of childbirth. Participants' accounts further demonstrate that emotional calm could coexist with physical pain and that prayer, gratitude, and religious practices formed part of childbirth meaning-making for several couples. These findings suggest that maternal health professionals should communicate hypnobirthing as an approach to childbirth preparation and emotional regulation without promising painless delivery, while accommodating husbands' participation and supporting consistent practice through accessible preparation arrangements. The study's methodological contribution lies in examining interconnected accounts from wives and husbands through thematic analysis and contextual hermeneutic interpretation. Its conclusions remain limited to five couples from one subdistrict, rely on participants' reported and observed experiences, and cannot establish clinical effectiveness or statistical generalizability. Further qualitative research involving couples from different sociocultural backgrounds and studies incorporating appropriate clinical measurements would help assess the transferability of these interpretations and distinguish experiential meaning from measurable childbirth outcomes.

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