Lamaze: An International History

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Over the last 100 years, childbirth has become increasingly synonymous with the hospital. Around 1900, hospital births were the exception; within less than three generations, it was almost unheard of for women in most industrialised countries to have their babies anywhere else. The same period saw a trend towards the professionalisation of maternity care, with state regulators across Europe and North America coming to define who was and who was not qualified to attend birthing women. Touching vast numbers of women and their families, these shifts have profoundly shaped attitudes to and expectations of health services, medical technology and professional power. A wealth of recent historical scholarship has documented how decision-making in birth both defined and was defined by gender, class and race, as well as identities as mothers, fathers and professionals. In her superb history of the Lamaze – or more accurately, the psychoprophylactic – technique, Paula Michaels shows how transformations in the management of childbirth also mediated the international and domestic rivalries of Cold War politics.

In the summer of 1951, Fernand Lamaze – a dapper, middle-aged and Left-leaning Parisian obstetrician – embarked on a tour of Soviet medical facilities organised by the National Commission of Communist Doctors, an affiliate of the French Communist Party. On a visit to a Leningrad maternity clinic, he witnessed a 35-year-old typist using patterned breathing techniques in place of pharmacological anaesthetics and analgesics to give birth to her first child ‘without pain and with joy’. This encounter with the Soviet state-endorsed psychoprophylactic method (PPM) would turn everything Lamaze had learnt about childbirth on its head. It also put him on the road to years of political and medical controversy that would make the international reputations of both psychoprophylaxis and Fernand Lamaze. Promoted by Lamaze with missionary zeal, the ‘Soviet method’ earned an enormous following in Western Europe and especially the United States, ironically at the height of the Cold War.
What exactly was psychoprophylaxis and how did it become both the ‘Lamaze method’ and an international movement? Answers to these superficially straightforward questions, Michaels so eloquently shows in this lucid, engaging and deeply informative book, can be found neither within the constraints of a single national history nor in the biography of one individual. This is instead a dynamic story of a method and a movement in transformation, of scientific and cultural traffic across borders and of meanings gained, lost and refracted through political agendas, social change and lived experience on both sides of the iron curtain.

_Lamaze_, then, is an exemplary study of what historian of science James Secord has termed ‘knowledge in transit’. Too much of our work, he suggested in an influential paper published ten years ago, has focused on origins and producers, novelty and the places where novelty begins, all too often limited by un-conceptualised geographical and disciplinary boundaries. Calling for greater attention to processes of movement, translation and transmission, Secord appealed for historians to eradicate the distinction between the making and the communicating of knowledge; to understand science itself as a form of communication with receivers as well as producers.(1) Michaels – an expert on East European and Central Asian history of medicine and health – could justifiably have concentrated on the little-known Soviet origins of psychoprophylaxis. Broadening the geographical scope of this study, which looks in detail at the pre-histories, reception and afterlife of the method in France and the United States as well as the USSR, has resulted in a more richly textured and satisfying account. _Lamaze_ is all the more valuable for its attention to the processes and media of communication, from the women’s magazines, radio broadcasts and educational films to the political unions and informal word-of-mouth exchanges that have shaped the practice and meaning of psychoprophylaxis since the 1950s.

The book is organised chronologically into seven chapters. The first half chronicles the development of psychoprophylaxis in the USSR, and then in France where it was more commonly known as _l'accouchement sans douleur_. The latter half takes a more explicitly transnational approach, crisscrossing the Atlantic in order to explain why and with what consequences the method gained traction, and how its practice adapted to different times and places. The United States, which has come to symbolise the trend towards what anthropologist Robbie Davis-Floyd has termed the ‘technocratic’ model of birth, necessarily serves as a touchstone.(2) It was in the United States that the ‘medicalisation of childbirth’ was defined as a historical phenomenon, largely by the second-wave feminist accounts that grew out of the women’s health movement of the 1970s. Other historians have touched on the significance of psychoprophylaxis in reshaping the management of childbirth in post-war America. But the particular strength of _Lamaze_ is that Michaels encourages us to view both the American experience and transformation in childbirth in international perspective. This approach is particularly instructive not only because it allows us to appreciate how far present-day childbirth practices are products of transnational exchange, but also because it illuminates the contingency of the meanings and values that have been attributed to them.

Michaels uses the first chapter to orient the reader in the historical literature on childbirth, and also to introduce the best known precursor to the Lamaze method, advocated by the British obstetrician Grantly Dick-Read. In a 1933 book, Dick-Read proposed an alternative to the conventional, highly drugged, physician supervised way of birth common among Western women of privilege. ‘Natural childbirth’, also known as the Read method, hinged upon the premise that fear lay at the root of pain in labour. Through prenatal education and relaxation exercises in preparation for labour, Dick-Read insisted, women could conquer fear and thus give birth in comfort without resorting to anaesthetics. Natural childbirth made most impact in the Anglo-American context, particularly in the United States, where Dick-Read found an especially receptive audience. Michaels locates the popularity of natural childbirth among American women in the shifting gender ideologies of post-war consumer culture. Part of the appeal of the Read method was that it encouraged husbands’ participation in prenatal education classes, support that advocates considered essential for preparing expectant mothers to approach childbirth with joy rather than with anxiety. This aspect of natural childbirth spoke to the post-war American ideal of satisfying marital partnerships and emotional and physical security in the wake of wartime separation and under the shadow of the atomic bomb.
Grantly Dick-Read would later charge that Soviet obstetricians had plagiarised his work, refusing either to see any validity in psychoprophylaxis or to engage with Lamaze, a hostility framed by his vocal anticommunism. But Michaels convincingly argues that Soviet developers of psychoprophylaxis arrived at their method independently. Chapter two helps us to understand the conditions in which psychoprophylaxis could become, by 1951, the standard method of pain relief in all Soviet maternity wards. Grounded theoretically in physiologist Ivan Pavlov’s concept of conditional response, what became known as psychoprophylaxis was one of several psychological methods of pain relief to emerge from Soviet medicine during the late 1940s. The method offered an attractive alternative to pharmacological anaesthetics amidst medical personnel and pharmaceutical supply shortages in an immediate post-war era in which maternal care was a low priority for the central authorities. This was also an atmosphere in which science and medicine was highly politicised and scholarly research had to pass ideological muster. Psychoprophylaxis rode a wave of Soviet enthusiasm for Pavlov; around the centennial celebration of his birth in 1950, Pavlovian physiology became an essential component of medical teaching and research. Advocates of PPM found in Pavlov not just a theoretical framework for explaining how cortical function could be mobilised to suppress pain, but also a valuable rhetorical tool for promoting a method under the restrictive ideological conditions that governed science under Stalin. Psychoprophylaxis was materially feasible on a mass scale, Michaels explains, and thus fitted within a broader state strategy to present the Soviet government as a benevolent protector of proletarian women.

Turning to France, Michaels highlights the significance of the French Communist Party (PCF) and affiliated organisations, especially women’s unions, in spreading word of psychoprophylaxis as a symbol of the achievements of Soviet science. There are some fascinating passages in chapters three and four describing the entanglement of both national and international politics with efforts to promote the technique and its alternatives, notably the Read method. Lamaze and his supporters were ultimately more successful than Read in continental Europe, Michaels points out, because they were able to rely on the ready-made PCF networks to promote psychoprophylaxis. The Leftist internationalism implied by PPM, she suggests, perhaps also appealed more to French audiences than the virulent anticommunism of Dick-Read. In 1956, the French National Assembly adopted a PCF proposal to secure funding for psychoprophylactic preparatory courses through state social security. This accelerated the integration of the method into mainstream medical practice; by 1961, an estimated 30 per cent of French women chose to use psychoprophylaxis in labour. Michaels is nevertheless careful to show that the psychoprophylaxis popularised in France and elsewhere by Lamaze and his supporters was no direct replica of the Soviet method, but was constantly remade to suit local conditions. For instance, compared to their Soviet counterparts, French advocates of PPM stressed the benefits of more detailed and prolonged prenatal instruction and, more radically, aimed to give husbands enlarged roles as active members of the birthing team.

This core theme of the book, that psychoprophylaxis was never static, but a method constantly in flux, is brought out most evocatively in chapters five and six. These are largely concerned with the contrasting fortunes of psychoprophylaxis in France and the USSR, where it went into relative decline, and in the United States, where the method gained ground with remarkable speed. Michaels offers a fascinating analysis of the promotional strategies of the American Society for Psychoprophylaxis in Obstetrics (ASPO), which proselytised for the ‘Lamaze method’ amid fierce – and often anti-communist-inflected – criticism of psychological approaches to pain relief in the medical and popular press. ASPO built on foundations laid by the earlier success of the Read method, and so what ultimately emerged in the United States was a synthesis of natural childbirth and psychoprophylaxis quite different from what was practised in either the USSR or France. Perhaps the most enlightening section of the book concerns how new meaning was brought to psychoprophylaxis by the counterculture and feminist movements of the late 1960s and 1970s. As the rejection of obstetric anaesthesia became increasingly central to American second wavers’ vision of an empowered birth, the Lamaze method enjoyed considerable success even beyond the Northeastern cities where it had made its initial impact. In stark contrast, French feminists came to challenge psychological approaches, pushing instead for greater access to pharmacological pain management. The book is also excellent in general on the ways in which both the Lamaze method and what counted as a desirable birth
experience were transformed through interaction with other approaches to pain management and medical technology, understandings of female psychology and the mind-body connection (especially those offered by Freudian psychoanalysis), consumer pressures and wider social shifts.

Another key strand in the book is Michaels’ exploration of women’s agency, a major concern of much recent historical writing on childbirth. She places women’s voices centrally, not only to paint a rich portrait of psychoprophylaxis as a lived experience, but also to recover women’s pivotal roles in the promotion and adoption of the method. Yet the international perspective offered by Lamaze allows us to appreciate the political, social and material constraints within which such agency could be exercised. As Michaels emphasises at the outset, the ‘typical’ woman who was drawn to the method differed markedly. In France, it was mostly working-class and Left-leaning women; in the United States, mostly well-educated, married and white women of the middle and upper classes. But in the USSR, she argues, women did not choose psychoprophylaxis but had it imposed upon them by a central government unable or unwilling to provide widespread access to alternative methods of obstetric pain relief. Michaels also attends closely to the contingency of concepts of agency and autonomy. For instance, even as some advocates in the 1970s found in Lamaze a means for labouring women to secure greater control over their bodies and faculties, others saw psychoprophylaxis as merely preserving physicians’ power unchallenged. Michaels returns to these issues in an overtly polemical, though nuanced, epilogue in which she enters into contemporary debates about maternity care in the United States. She is clearly sympathetic to the moderate present day position on the use of pharmacological pain relief by Lamaze International (formerly ASPO). Michaels advocates for a more empowered, care-driven way of birth, but is perhaps appropriately tentative in delineating what this would mean in practice.

Lamaze raises questions it cannot reasonably be expected to answer and it would be unfair to ask such an ambitious and thought-provoking work to do much more. However, the transnational scope of the book did lead me to reflect on the slippage between the terms ‘international’ and ‘global’. The former performs work as an actors’ category, capturing something of both the internationalism evident in Leftist efforts to promote psychoprophylaxis in the post-war USSR and in France and to a slightly lesser extent in the American women’s health movement. It is also relevant to the international ambitions of the various organisations and congresses set up to facilitate discussion among the physicians, childbirth educators and psychologists who favoured the method. When Michaels describes Lamaze as ‘going global’ in chapters five and six, she is largely referring to the success of psychoprophylaxis in the United States. The book offers the occasional glimpse of the reception of psychoprophylaxis beyond its core strongholds; for instance, in the illuminating discussion of one French-Algerian doctor’s contention that psychoprophylaxis was more successful among Arab women than Europeans because of their supposed ignorance and suggestibility. This passage did lead me to wonder whether the long-term fortunes of Lamaze could be sketched on a more genuinely ‘global’ canvas. With this in view, there are perhaps comparisons to be drawn between the global circulation of the ‘bible’ of the women’s health movement, Our Bodies, Ourselves, and the more limited reach of psychoprophylaxis.(3) Was Lamaze’s appeal, as Michaels implies, largely confined to affluent women of the ‘global North’? More parochially, it would also be interesting to learn more about how Lamaze fared in Britain where, as in the United States, it was in closer competition with the Read method.

In showing us how expectations about safety, dignity, control and power in maternity care have been reconfigured by both national and international influences, Michaels has succeeded in producing an innovative, refreshing and insightful book. Lamaze tells us much not only about the history of childbirth, but also Cold War politics, the communication of knowledge across borders, and social change in three very different post-war settings. It deserves a wide readership.

Notes


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