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STG 2005-2006
Ukraine

On The Trail of Dr. Lamaze: A Transnational History of Childbirth Education, 1930-80

Topic of Research and Country Visited

I analyzed the story of modern efforts to prepare women for childbirth and alleviate pain during delivery through education, and both physical and psychological training. My study examined the transfer of psychoprophylaxis from one national setting to another, following its dissemination from the USSR to France to the US and analyzed the ways that those shifting sociopolitical contexts reshaped its application. I explored arguments within the medical communities of each nation over this childbirth preparation approach, its popular reception, negotiations about it between medical professionals and medical consumers, and the ways in which the discourse of psychoprophylaxis inscribed with new meaning notions of a woman's civic duty, parenthood, childbirth, pain, and what constitutes "natural" and "normal" for women during labor and delivery. I traveled to Kiev and Kharkov, Ukraine to conduct my research.

Relevance of Research to the Field

My topic has policy implications and I would like to comment on this aspect briefly. The collective memory among Ukrainians of the origins of the Lamaze Method there has been completely lost. American aid workers are assisting Ukrainian NGOs in raising the standards of obstetric care at present and part of that effort is a drive for what is called "family-centered birthing," which includes husband-attended birthing, rooming-in, and other approaches that enhance the family's experience without in any way undermining health and safety considerations. Conversations with Peace Corps volunteers in Ukraine working on issues of maternal and child health revealed that there are efforts to develop the Lamaze Method in Ukraine as part of this shift to family-centered birthing. Unfortunately, this is being undertaken with no knowledge or appreciation of the method's origins in Ukraine itself.

Summary of Approach and Research Methodology

Methodologically, my work bridges the social history of medicine and medical anthropology. My book will tell the story of psychoprophylaxis from several perspectives: the medical men who developed and advocated it, the (mostly female) professional childbirth educators, midwives, and other allied medical professionals who bore primary responsibility for transmitting it to pregnant women, and, of course, the childbearing women themselves.

Drawing on the work of Brigitte Jordan, I conceptualize birth as a universal physiological event that unfolds in the context of a specific constellation of cultural and historical factors. The cross-cultural, comparative dimension of this study, an approach more common in medical anthropology than in the history of medicine, should prove useful to highlight the ways in which the story of psychoprophylaxis took on unique contours in different national contexts.

Summary of Research Findings and Preliminary Conclusions

I located over 1,200 pages of documentation directly on the history of psychoprophylaxis, including conference transcripts, reports to Ukraine's Ministry of Public Health from city and

oblast administrators, decrees from both the national and republic Ministry of Public Health, curricula for the training of doctors and midwives in this method, and statistical information on both the dissemination and efficacy of the method.

I also located the personal archive of academician K.I. Platonov, the mentor and collaborator of Z.I. Velvovskii, one of the earliest and most high-profile proponents of psychoprophylaxis. His archive included not only all his publications, but also speeches he gave at conferences and correspondence with psychotherapists and obstetricians around the country. These documents should provide a more intimate view of the method's development than those generated by state organs.

The documentation on psychoprophylaxis is varied in perspective and rich in content. It is premature for me to offer conclusions that are anything other than very preliminary. However, I can offer a rough sketch of some observations based on my initial impression from published and archival sources.

In John Bell's 1981 article, the only scholarly treatment of the history of Soviet psychoprophylaxis in any language, the author argues that the invocation of Pavlov's theories of conditioned response as an explanation of how psychoprophylaxis worked was a purely mercenary, political maneuver. It is absolutely clear from my research in published sources prior to World War II that Pavlov's work was already of central importance to the men working on the issue of pain in childbirth, long before they came up with the idea for psychoprophylaxis. These men, particularly Platonov, Velvovskii, and other members of the so-called Kharkov School of psychotherapy, appear to have been genuine believers in the theory of conditioned response and the role of the cerebral cortex in the experience of pain. These psychologists were then still pursuing the use of hypnosis in childbirth to alleviate pain and they justified this method on the basis of Pavlov's work.

Certainly the central government in 1950 and 1951, when the work of the Kharkov School came to the attention of authorities in Moscow, were especially interested because of how well it meshed with the contemporary campaign for patriotic, Soviet science (associated not only with Pavlovian psychology and physiology, but also with Lysenkoism). Nonetheless, the psychologists themselves were doing more than parroting central demands or dressing their ideas up purely for political reasons. I believe Platonov, Velvovskii and their colleagues genuinely believed the Pavlovian explanations they offered about how psychoprophylaxis worked. That this foundation made it all the more appealing to central authorities is also true, but that does not de-legitimize the scientific merit of the method's rationale. In other words, that the method's scientific justification was also political expeditious does not render it invalid.

I would argue, however, that the regime's ability to promote psychoprophylaxis as patriotic science was a minor consideration in the movement within the USSR. From 1951 to 1956 there was a real push to promote psychoprophylaxis nationally and the reasons lies more in pragmatic considerations than ideology. In particular, economic considerations loomed large in the method's appeal to central officials in the Ministry of Public Health. In a report from the method's supporters in Kharkov to authorities in Kiev and Moscow, advocates make clear and explicit the desirability of the method because it demanded no significant financial expenditure. In comparison to the expansion of pharmacological methods of pain relief during childbirth, psychoprophylaxis represented a negligible financial commitment by the state. Further, unlike anesthesia, which required medical personnel with sophisticated training, psychoprophylaxis could be adapted quickly for use by midwives in rural areas without their supervision by physicians. It was these two points—the relatively low expense and the ease of training low-

and mid-level medical cadres in the method—that the method’s proponents underscored to their superiors. The Pavlovian underpinnings were an added bonus, but not the main consideration.

Suggestions for Further Research

What awaits further research is the relative balance of ideological and pragmatic considerations for central authorities. I suspect that I will find that pragmatic considerations here too were dominant, even if ideological ones prove more important than at the municipal and republic level. Where ideological factors come into greater play is in the international arena. At international medical congresses, including the ones attended in 1950 and 1951 by French obstetrician Fernand Lamaze, Pavlov’s contribution to physiology and psychology were emphasized. In the Cold War context, Soviet representatives to these international meetings found a rare opportunity to promote their work to foreign colleagues. That they were required by party and state authorities to frame their work in terms of Pavlov’s work and its relevance to the understanding of the origins and management of pain seems a small price to pay considering their genuine belief in the relationship between Pavlov’s ideas and psychoprophylaxis.

Archival and published sources need to be supplemented with sources that give voice to ordinary women’s experiences. This is particularly vital because of the transnational perspective of my project. Comparisons across national boundaries would be more fruitful if a researcher can bring similar sources, generated in different national contexts into dialogue with one another. The ostensible absence of civil society in the USSR and the lack of non-governmental documentation on psychoprophylaxis makes situating the Soviet experience in relation to that of France and the US difficult. My research confirms suspicions I had based on previous work in former Soviet archives: the state’s voice is loud and clear, but that of ordinary citizens, in this case the mothers themselves, is all but completely mute.

Recommendations for the US Policy Community

Life is changing rapidly in Ukraine right now, but even as the Soviet experience fades further and further into the past, its mark of life in the former USSR should not be forgotten. I was shocked at how completely psychoprophylaxis had been erased from the memory of medical personnel and mothers in Ukraine, its place of origin. It is no small irony that US aid workers are trying to cultivate family-centered maternity care in Ukraine, including training women (and on occasion their husbands) in the Lamaze Method. How much easier a sell to Ukrainian women and their obstetricians this could be if they knew of its indigenous origins! Finally, some awareness of the historical experience of the method’s introduction in the US and the obstacles it faced could help inform strategies in contemporary Ukraine.

I was deeply distressed to hear the ways in which birth in Ukraine is in fact picking up the worst aspects of American birth practices, including a soaring cesarean section rate. It would do a great deal of good for US policymakers in Ukraine in the field of medicine and public health to educate themselves not only on the history of childbirth practices in the US and elsewhere, but contemporary practices in industrially developed societies other than the US that have had much greater success in keeping childbirth from excessive medicalization and in keeping the C-section rate in check (i.e. Holland). Rather than our own, highly dysfunctional, deeply disempowering obstetric practices, useful models for contemporary Ukraine lie elsewhere. Brigitta Jordan’s work and other feminist scholarship on the anthropology of childbirth should be required reading for US policymakers in medicine and public health in the former USSR.