

Thank You, Dr. Lamaze
A MOTHER'S EXPERIENCES
IN PAINLESS CHILDBIRTH

MARJORIE KARMEL

Foreword by Sol T. De Lee, M.D.



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A Dolphin Handbook

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Marjorie Karmel

Thank You, Dr. Lamaze

How one mother discovered the
deeply satisfying experience of
painless childbirth.

Plus exercises to be followed
throughout pregnancy.

Seventh Printing!

THRIFT BOOKS



Reference

Marjorie Karmel


Thank You, Dr. Lamaze

"Childbirth without pain?" Marjorie Karmel remarked skeptically after her first visit to Dr. Fernand Lamaze. "Wouldn't it be delightful if it turned out to be true..."

In this lucid and straightforward book, Mrs. Karmel tells how it did come true; how, with special exercises, techniques, and education, she built the mental and physical conditioned reflexes which enabled her not just to overcome fear but consciously to direct the delivery of both her children without anesthesia and without pain. Particularly meaningful is the contrast between her experience in Paris where she had the supervision and encouragement of people trained in the Pavlov method by Dr. Lamaze and her preparation for the birth of her second child in New York without such assistance.

THANK YOU, DR. LAMAZE has been an inspiration and a guide to thousands of women who believed that childbirth could indeed be a deeply satisfying and joyful experience.

COVER PHOTOGRAPH BY ROBERT FRESON

A Dolphin Handbook 

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To the memory of Dr. Fernand Lamaze

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Note

Since the original publication of *Thank You, Dr. Lamaze*, the American Society for Psychoprophylaxis in Obstetrics has been founded. The purpose of this organization of doctors, nurses, physiotherapists, and laymen is to spread knowledge of this method of childbirth in the United States. Information about centers throughout the country can be obtained from ASPO headquarters, 36 West 96th Street, New York, New York 10025.

Foreword

By SOL T. DE LEE, M.D. Assistant Clinical Professor
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It is always flattering to be asked to write a foreword for a book and now it is a real pleasure to prepare one for a contribution as worth while as *Thank You, Dr. Lamaze*. The reading is easy and the contents unusually clear and understandable. Especially written for, and appealing to the pregnant woman, it can be read with real benefit by everyone interested in the process of childbirth.

The author, Marjorie Karmel, has the rare combination of qualities of insight, keen observation and expression, and has written with great feeling and clarity of her experiences through two pregnancies and deliveries. She relates how she first became interested in the Pavlov method of delivering a baby, what this really means, how it compares with other technics of natural childbirth, and why she considers it superior to other current popular methods.

The term psycho-prophylaxis describes the Lamaze modification of Pavlov's original contribution to painless childbirth and encompasses two basic principles in combatting and eliminating pain: a conscious education of the mother, and a building-up of consciously developed conditioned reflexes. Fear is recognized as the first cause of pain, for it not only leads to tension which results in pain but creates a state of mind where any pain is experienced with greater intensity. To obtain effective results there must be a many-sided attack on pain not only through education but by developing the following basic principles: (1) Conditioned reflexes of controlled relaxation can overcome defensive reflexes (tension) and thus eliminate pain. (2) Misinterpretation of sensation can lead to pain. The process of labor and work of the uterus, and pressure in the birth canal, can lead to pain; education can do much

PARIS

1 In Spite of Myself

"I'm not the type," I said when someone suggested I write a book about my experience with the Pavlov method. By this I meant that I am not the type of woman who feels compelled to spout out the details of her most intimate physical experiences to everyone who comes her way. I knew that the birth of each of my children had been a joyous and moving experience, and that this had been made possible by the way they were delivered; but after all they were *my* children—I couldn't expect anyone else to feel the same way. Still, after the idea had rattled around in my head for a few days, my conscience began to bother me. I felt that I owed a debt to the people who had taught me how to have children in this wonderful new way. But Dr. Lamaze is dead, Mme. Cohen is happily at work in her sunlit room high over a gray Parisian courtyard, and I don't even know the names of most of the others responsible for developing the method. The only way I can begin to repay my debt is by passing on to other women the experience that they made possible for me.

The Pavlov method is a technique of natural childbirth based on the conditioned-reflex theories of the famous Russian physiologist. Developed in Russian hospitals, it has become the preferred and nearly universal method of childbirth practiced in the Soviet Union and Communist China. It was introduced to France in 1951 by Dr. Fernand Lamaze, and immediately became a source of heated controversy for reasons having more to do with its country of origin than with its medical merits or demerits. Fortunately most of the wind was taken out of the sails of the political opponents of the method when on January 8, 1956, in a speech delivered at the Vatican before seven hundred gynecologists of fourteen nations, Pope Pius XII endorsed it as a "benefit for the mother in childbirth" which "fully conforms to the will of the Creator." But in

the United States, so far as I can determine, it is unknown to all but the few obstetricians who pay attention to foreign developments, and it is practiced nowhere. Which is a damn shame, considering what a wonderful thing it is.

But then how much does anyone in this "enlightened" country of ours know about childbirth? When I look back at what I knew about the subject only a few years ago, I am appalled at my ignorance. I consider myself a fairly sophisticated person. My high school was noteworthy for its intellectual intensity and wild parties, and as for Bryn Mawr, my beloved second home, it is renowned for turning out super-educated women. Naturally I would have been surprised if anyone called me ignorant. Yet my ideas about childbirth were limited to some very vague notions about how hospitals and "advanced medical science" had solved or were just about to solve whatever the problems involved had been, and I considered the whole subject of no interest to anyone outside the medical profession. What I really meant, I suppose, was that it didn't interest *me*. When I look back now at that state of apparently carefree innocence, I see that it was only a very thin covering over a wealth of misconception and fears. And again I am reminded of my debt to the Pavlov method. It is not only that I am no longer ignorant, no longer afraid; it is not only that I have been spared the pain and anxiety that my ignorance and fear might have caused me. It is more than that. I know that with its help I have got in touch with my essential humanity, that something truly beautiful has been permanently added to my life.

I've always been skeptical about proselytizing. Not only is it often in poor taste, but it is usually ineffective. I don't think it is possible to sell something to anyone who doesn't already want to buy—probably because I have faith in my own powers of resistance. I consider myself impervious to the hard sell and the soft sell; if I don't want something I don't take it, not even if they're giving it away. I came across the Pavlov method by accident. I listened to the claims that were made for it and said,

"Show me!" But then, to my surprise, I was shown—not only shown, but convinced and led into one of the greatest experiences of my life. This is the story of the rewards I reaped by letting myself be persuaded that I had something to learn.

It all began one cold night in England when we ran out of shillings to push into the heating machine in one of those over-quiet English country inns. A few weeks later we were back in Paris, where we had been living for some time. Suddenly I began to feel nervous and upset. I gave up wine for a few days. In France wine can explain a lot of things. But I continued to feel peculiar. I even began to consider going around to a doctor. Then suddenly I was struck by an idea. I sat down with a calendar and did some rapid calculating. I waited a few more days and then decided that it must be true.

"Wonderful!" Alex said when I told him. "What do we do next?"

"I haven't any idea."

"I suppose you ought to see a doctor," he suggested vaguely.

"I suppose so," I answered. "An obstetrician. But where do we find one?"

We asked around and finally made an appointment to see a highly recommended obstetrician in the sixteenth *arrondissement*. As Alex drove me over, we suddenly realized that we were in for an experience that neither of us knew anything about.

The waiting room was an example of high-ceilinged French elegance. For some reason the other women seated about us all appeared to be approaching middle age. The atmosphere was hushed and solemn. The only sound was an occasional rustle as somebody turned a page of *Réalités*. After five minutes I began to feel uneasy. Finally it was my turn. We went together into a tremendous office fitted out with splendid furniture. The doctor, a thoughtful and soft-spoken gentleman, invited us to sit in two large leather chairs across the desk from him. When he

had extracted enough material from us to begin a respectable dossier, he invited me into still another room to be examined. When that was done, he informed me that the delivery would take place at the American Hospital and that I had nothing to worry about. Until that moment it hadn't occurred to me that there might be anything to worry about. Suddenly his air of gravity convinced me that childbirth was a serious matter. I was relieved to find myself in such good hands. All I had to do was to start knitting little things and the rest was up to him. My only responsibility was to show up once a month for an examination. Wasn't Science wonderful!

A few days later we received a telegram about a serious illness in Alex's family. It was necessary for us to return to New York for some time. I called the doctor to cancel my next appointment.

"How do you plan to go?" he asked me.

"We're flying," I said.

"No," he answered. "You must go by ship. At this time it would be dangerous to fly. Aside from that you have nothing to worry about."

So Alex flew and I took the Queen Elizabeth home through one of the worst tempests in North Atlantic history. What with one thing and another five or six weeks slid past before I remembered that I was due for another examination. I called one of the best hospitals in New York and asked for the name of a good obstetrician. The woman at the other end of the line said she couldn't recommend doctors, but I finally persuaded her to read me a list of some of the men on the staff. As she read I jotted down five names that sounded euphonious. Then I put one hand over my eyes, made a mark on the paper with a pencil, and chose the name closest to the mark.

This time the office was on Park Avenue. It was essentially like the French doctor's office, only translated into American terms—read low ceilings for high, compact for spacious, modern for antique, and thirtyish women for fortyish. After a short wait, I was finally let into the doc-

tor's private office, where I supplied the information for my dossier all over again. "I took a ship home," I explained when I got to the part about having returned to New York.

"Why didn't you fly?" the doctor asked me.

"The doctor in France said it wouldn't be wise," I said, much surprised.

"Some physicians are very old-fashioned, Mrs. Karmel," he answered with just a hint of condescension in his voice. "You will find that attitudes toward pregnancy have changed tremendously in the past ten or twenty years, and that a pregnant woman can do anything she would do if she were not pregnant. These days a woman can very nearly go through a pregnancy without being aware that she is pregnant." He chuckled benevolently, as if he had just told a backward child that there was no such thing as a goblin. "Do you drink?" he asked me.

"Yes. Some."

"I see that you smoke. Well, there is no reason to change your habits. Just enjoy yourself and leave the rest to me."

That was the sort of talk I liked to hear. I shook his hand happily and was about to leave. But I was a little bothered by what he had said about my French doctor. He had been very highly recommended, and I was planning to have the baby in France, not New York.

"Make Mrs. Karmel a reservation," the doctor said to his nurse as he showed me out.

"Oh yes, Mrs. Karmel," the nurse said. "Would you like private or semi-private?"

"But I told you I probably won't be here for the delivery," I said.

"You can always cancel," the nurse explained. "It's my opinion that you'll like a private better. There's very little difference in price and the rooms are lovely."

"Then I'll take a private," I said. As I wasn't going to use it, the price was irrelevant. I walked out into the street feeling very satisfied with myself. I had done more than my duty. I had two obstetricians and two hospital reserva-

tions. Aside from the little question as to which doctor was right about flying, I had nothing at all to worry about—even if I wanted to worry.

In this carefree spirit I went off to the fateful cocktail party which was to be the first step toward an unforeseen adventure. Almost as soon as I arrived, I was cornered by a young lady in an advanced stage of pregnancy. It was the third time I had seen her that way. Horrors! I thought. She knows I'm going to have a baby, and I'm going to have to listen to advice on child-rearing. (I had already promised myself that motherhood was not going to eliminate the rest of my life.) I was just preparing to ward off any talk of Spock or Gesell, when she caught me off-guard on the childbirth line. I was dumfounded. Childbirth belonged to the obstetrician, and I didn't see any reason to discuss it at a cocktail party. Obviously American life had changed while I was away. I listened in astonishment while she went on and on about someone named Dr. Dick Grantly or Grantly Read—I couldn't make out which—and being fearless about childbirth.

"But really, I am fearless about it," I protested, as soon as she let me get a word in.

"That's what you think!" she said with the look of someone who knows better. "Besides, that's not the point. The point is the no-anesthesia part. You get to watch the baby be born."

"Watch what?" I asked. I felt sure I hadn't heard correctly.

"The *birth*," she repeated. "You get to watch it in the mirror."

"No, thank you," I said. "I'd rather not."

"But it's very beautiful," she answered. "You ought to try it. I can lend you the book."

The whole thing seemed improbable. "Did you really have your children that way—I mean . . . no anesthesia . . . and looking in the mirror . . . ?"

"Oh heavens no!" she answered. "My doctor doesn't believe in it. But I did read the book and it's so fascinat-

ing. It's so helpful. It really does eliminate fear. Do let me give it to you!"

I slipped off toward the canapés as soon as I could. My first exposure to natural childbirth had not been promising. I filed the subject in the remotest corner of my mind, with no intention of pursuing it further. If it really was a significant development I was sure my doctors would mention it when the time came. After all, they had been to medical school and I hadn't.

Several weeks later I was having lunch with the mother of a fourteen-year-old boy. By this time it was becoming difficult to hide my condition.

"I have a book you must read," she said almost as soon as we sat down.

"Really? What about?"

"It's about natural childbirth," she said. "*Childbirth Without Fear* by Grantly Dick Read—an Englishman."

"I think I've heard the name," I said. "What's so appealing about his book?"

"Appealing? It's just thrilling! I'm going to send you my copy. I know you'll like it. You'll probably want to try it yourself by the time you get to the end."

"What makes you think that?" I asked. "Did you?"

"No," she said, "I hadn't heard about it when John was born. But seriously, please read it. It's just inspiring!"

I was beginning to wonder what there was about me that invited these attacks. Why should people feel compelled to interest me in something they hadn't even done themselves? I felt I was being pressured and I didn't like it. I was not interested in natural childbirth—not even if they were giving it away.

"I don't like inspirational literature," I said.

A week later the book arrived in the mail. It sat on the desk and gathered dust for several weeks.

We made our plans to return to France. We decided to go by ship because we liked it better, and bought our tickets. The night before we left, we packed our suitcases. "What about this?" Alex asked, holding up Dr. Read.

"What about it?"

"Do you want to take it?"

"I'll never read it."

"Are you sure? Nine days is a long time."

"Well . . . throw it in then."

In went Dr. Read, between the *Brothers Karamazov* and the brothers Grimm. Down went the lid. In the morning we set out for the dock in a spirit of lighthearted anticipation. We were about to have nine peaceful, sunny days at sea. We had no idea of the emotional dynamite we had so casually flung into our suitcase. No one had suggested to us that Dr. Read was capable of causing a storm at sea.

2 Doctors Read and Lamaze

For the first three days the weather was lovely. It wasn't until the middle of dinner on the fourth day out that I was seized by the compelling necessity to go below. I dived into bed fully clothed and reached out for something to distract my mind from the disturbing activities that were taking place in my stomach. The dull tan cover of *Childbirth Without Fear* was not particularly inviting, but at the moment it didn't make much difference to me what I read. The ship heaved and trembled; one book was as good as another. I opened to somewhere in the middle and glanced at the top of the page. . . .

"Let us consider what happens to a girl in a maternity home for her first baby . . ." It was an intriguing consideration. I had never consciously thought about the question before. "She probably has every care and attention from the purely obstetric point of view, but is it often remembered that nothing is more terrifying to her during her first labor than being left alone . . . ?" Another interesting question. "Two, three, or even four women lie together, some quietly bearing the unexplained sensations; some suffering pain; some crying out in sheer terror with each contraction. . . . At length, with her spirit almost broken by the assault of agonizing doubts and fears, she is deemed ready for the final stages. . . . She then finds herself being led into such a room as she has never seen before. In spite of her condition, she notices in the twinkling of an eye her surroundings; the nurses, and perhaps the doctor, draped in long white gowns, white caps and masks. . . . She does not fail to notice the glass-fronted cupboard in which hangs a large collection of instruments; she has heard of instruments, but had no idea that they looked like that. . . . Then she climbs upon a high bed, harder and more uncomfortable than any she has ever known. . . . She lies in whatever position she is told. I

wonder if the average man can even imagine the thoughts that would go through his mind if he were subjected to a similar experience?"

Never, I thought, never in this world! In one page I had been won to the cause of misunderstood womanhood. I was in a fever of anxiety; the *mal de mer* had vanished. Something more acute had come to take its place.

Alex came down much later. "I thought you were going to sleep," he said.

"What? Oh . . . later."

He climbed into the upper and switched off his light. I read on. When I got to the end of the book, I immediately turned back to the beginning. I was in the middle of the preface when Alex switched on his light again.

"Go to sleep," he said, "or you'll feel worse tomorrow."

"As soon as I finish," I said.

"Finish it in the morning." His light went off again.

I decided he might be right. I turned off my light and tried to sleep. Inside me the baby began to kick and jiggle. I was wide awake. The book was tucked into the corner of the bed sending out electric signals. I listened to the sound of the waves sloshing against the side of the boat. I was acutely awake. I turned on the light again and returned to the book.

By the time I had finished, I was extraordinarily excited. Dr. Read's book, in spite of its title, had left me the victim of a tumultuous host of fears. But I couldn't blame them on Dr. Read; his book had not created them. Rather I felt them called up from some place deep down inside myself where I had been hiding them. I had repressed every fearful thought, realistic and imaginary alike, because I wanted to be strong. Now they all came flooding up together, and I was going to have to look at them. Nothing in the book seemed improbable to me when I remembered my past experiences with hospitals and doctors. My head was crowded with ideas and impressions. I was quite thoroughly terrified—but at the same time I felt curiously relieved. I was glad to have come face to face

with my fears now, rather than have them suddenly confront me when I was in labor. And the fact that there was someone like Dr. Read in the world who knew about such fears and sympathized with them, was, in itself, tremendously reassuring.

I lay awake trying to think what I was going to do. I couldn't imagine myself having natural childbirth because I felt I was too cowardly to risk feeling any pain. I believed Dr. Read when he said that pain did not necessarily accompany childbirth, but I was sure that I would become tense and create it for myself. I had such a long history of sitting rigid and anguished in the dentist's chair that I couldn't imagine myself smiling peacefully through the long ordeal of labor. On the other hand, I desperately wanted to remain conscious for as long as possible and most of all I wanted not to be left alone. "Don't exaggerate," I told myself, "you're not the first person who ever had a baby." But then all sorts of fragments of stories I had heard and presumably forgotten came rushing back into my head, and I knew that I could not possibly rationalize away my fears.

A gray light began to filter in through the porthole. The cabin gradually grew lighter and lighter. I heard sounds of stirring above.

"Alex?" I asked softly, more to see if he was awake than to awaken him.

"What's the matter?" came the answer from above.

"Would you mind very much being there when I have the baby?"

"Are you still reading that book?"

"No, I finished it long ago. Did I ever tell you what happened to my mother?"

"No."

"She was left alone after the delivery. My father happened to walk in and notice a pool of blood under the bed . . . it was dripping right through the mattress. Mother wasn't even breathing—they had to revive her

with the rescue squad. What would have happened if he hadn't been there?"

"You never told me that before."

"I hadn't thought of it before. Of course, it was only an accident, but I wish you'd stick around anyway."

"Don't worry," he said, "we'll arrange it with the doctor as soon as we get to Paris."

"What if he won't let you be there?"

"Then we'll find another doctor. That seems to be a pretty upsetting book you're reading."

"It is upsetting," I said, "but it's great. Why don't you take a look at it?"

I handed up the book and heard him begin to turn the pages. My insomnia went with it. I didn't wake up again till lunchtime. Alex was just finishing the last chapter.

We discussed the book at great length all afternoon. The one thing we found we could not share was Dr. Read's profoundly mystical view of the spirituality of motherhood. I wanted to have my baby very much but I did not feel I could get rhapsodic about giving birth. I doubted that I could waft myself through the experience without the assistance of an anesthetist. But I was thankful for the knowledge that would enable me to approach the experience in a rational manner instead of being subject to all the fears that I had found hidden away in myself.

That evening we won at horse-racing and then danced late into the night. When I finally got to bed, I was tired and happy, and quickly fell asleep. A few hours later I found myself awake and in the middle of a mental dialogue on the subject of anesthesia.

"Alex?"

"What?"

"Do you think anesthesia really works?"

"Of course it works."

"I had a wisdom tooth pulled with Sodium Pentothol, and when I woke up I was crying. I had a cut sewn up with gas, and I can still remember the hideous nightmares I had. I had a broken back set under something else, and

I remember being terribly upset afterwards. The intern said I made a frightful racket. It must have hurt me dreadfully."

"What difference does it make? You didn't know about it if it did."

"Some part of me knew. I'm convinced that some part of me suffered excruciatingly. . . . And also, I was wondering . . . have you ever thought about their mixing up the babies . . . ? I mean, that you might accidentally get the wrong baby at the hospital."

"As a matter of fact I have. But you don't have to worry, I'm going to be there."

"You know, I think I'd like to try it. What can I lose? They can always give me something if I make a mess of it, but I want to see that baby right away and know it's mine. I don't want to be somewhere else having a nightmare when he's born. . . ."

"Listen," Alex said, "we'll stop in on the Clays while we're in Holland and ask them about their doctor. Then if we can't find anyone who does this thing in France, we can have the baby in The Hague."

"Why the Clays?" I asked.

"Don't you remember? They had their first baby in Rome and it was gruesome. The second one came when they were at The Hague, and Jack insisted on being with her. The doctor was wonderful, and all she had were a couple of whiffs of gas."

"Really? I didn't know that!"

"You do so know it! You're amazing. You seem to have managed to repress the whole subject!"

I was astonished. We had spent a whole evening listening to the Clays talk about their experiences with child-bearing, and I had totally forgotten every word of it until that minute.

Our first stop in Holland was The Hague. The Clays were delighted to tell us their story again. This time I listened carefully to all the details. Jack assured Alex that it was a marvelous experience to watch the birth of

one's own child, and not the least bit upsetting. I privately asked Mary if she wasn't at all embarrassed about having Jack watch—as much as I wanted Alex to be there, the idea seemed just a little unromantic—and she assured me that she was not. They promised to arrange things for us in The Hague if we found it impossible to work something out in Paris. After that we plunged into a week of sight-seeing, confident that things would work out well.

Mary Clay had not taken any preparatory training course, but she had been allowed to have Jack with her in the delivery room, and *he* had been allowed to give her the few whiffs of gas she needed whenever she had asked him for it. She had been fully conscious for all but a few seconds during the delivery. This was not like the method Dr. Read outlined in his book. Nor was it exactly like many of the methods I later came across that professed to be based on Dr. Read's work. The Pavlov method, which I eventually found in Paris, was less like Dr. Read's doctrine than any of the others. In the United States most of what is called natural childbirth is more or less based on the work of Dr. Read, usually with many important modifications. I have a tremendous respect for Dr. Read and his accomplishments—I suppose that is obvious from the strength of my reaction to his book. But the fact remains that I couldn't go along with his rhapsodic and mystical view of childbirth, and, as Dr. Read explains, it is precisely this mystical view that is responsible for the truly successful deliveries performed according to his method.* The

* "We see the rejuvenating pregnancy of women who have faith in the mysterious force that guides them safely through the intricacies of the great adventure." *Childbirth Without Fear* p. 97. "When exhilaration and intense joy are experienced physical changes occur which are readily diagnosable at sight and strangely infectious. The ecstasy of love that floods the whole personality when the earliest call of new life awakens a woman to the realization of motherhood, is a transport akin to mysticism." *Ibid.* p. 98. "Elation, relaxation, amnesia and exultation are the four pillars of parturition upon which the conduct of labor depends." *Ibid.* p. 142.

Pavlov method, as I will describe further on, replaces this emotional force with a whole series of physical and mental techniques based on the conditioned-reflex and pain theories of the Russian physiologist I. A. Pavlov. The differences between the Read and Pavlov methods are not merely theoretical; they are practical as well. They exist in almost every phase of the training the expectant mother receives as she prepares to embark on the adventure of having her baby. The modifications of the Read method which are performed in the United States are even further removed in theory and practice from the Pavlov method (but I will save that for Part II). What is common to all systems of natural childbirth is the belief that much of the pain and distress that so often accompany labor is caused by fear, fear created by widespread misconceptions and by the thoughtless and inhumane organization of many lying-in hospitals. All these systems attempt to eliminate fear by educating women and by reorganizing the institutional setup. Of course I didn't know anything about all this even after our evening with the Clays. All I knew was that Dr. Read's book had convinced me that it was possible for many women to have babies without anesthesia and without much pain, and although I did not have much confidence in my ability to go through with it, I was by now determined to try to have mine that way.

After a week of looking at more Rembrandts and Van Goghs than we had ever thought existed, we got on the *Nord Express* to Paris. As soon as we were comfortably resettled on the Place Maubert, we went to see our general practitioner. When he heard what we wanted, he laughed heartily.

"Now you don't *really* want to go in for all that stuff, do you?" he asked, wrinkling up his nose with amused distaste.

"Oh yes, I *really* do," I persisted.

"I suppose someone here does it," he admitted frankly, "but I certainly wouldn't like it for *my* wife." He raised

an eyebrow and turned to Alex. "And I couldn't bear to be around to watch either!"

He suggested that before we do anything else we visit the American Hospital in Neuilly and a maternity hospital called the Château de Belvédère, decide which décor we preferred, and reserve a room. In the meantime, he promised to look for a doctor indulgent enough to go along with our bizarre desires. He laughed good-humouredly as we said good-bye. It was obvious that we afforded him no end of amusement.

We went to the Belvédère first. It really was a former château of Louis-Napoleon vintage. It was just across the Paris city line near the Porte Saint-Cloud and was surrounded by a charming garden where we caught a glimpse of a few terribly pregnant women and their husbands walking up and down and enjoying the sun. It seemed very remote from the bustle of Parisian life. The directress, a decisively authoritative woman who looked like the headmistress of a fashionable girls' school, showed us about. Each room was more delightful than the last. All of them looked out on the garden, some had balconies, some fireplaces, and in each one was a cradle hung with white ruffles and topped with a pink or blue bow. Looking at all that charming provincial décor, it was difficult to remember that we were really in a hospital. I was just beginning to wonder if we hadn't wandered into a country hotel by mistake, when the directress pointed to a heavy metal door bearing a sign that ordered us in no uncertain terms to stay out. Beyond that door, she informed us, was the modern delivery wing. Just then a young nurse came to call her to the telephone. The directress marched away, leaving us in the care of the newcomer, who was much less prepossessing. I immediately used the opportunity to ask her if she knew anything about natural childbirth—had it ever been done in the clinic?

She looked at me with such astonishment that I was sure I had committed some dreadful indiscretion. Then suddenly she broke out into a torrent of enthusiasm that

severely taxed my French. The main gist of it seemed to be that she had seen it practiced, that it was very often practiced right there in that very clinic, that she had seen it with her own eyes, that it was the latest thing, that it was very daring, very efficient, *très splendide, émouvante, profonde, et très, très belle!*

Well then, I suggested, perhaps she would be able to tell me the name of a doctor who practiced it.

"Alas no," she sighed, unfortunately it was not her province to recommend any particular accoucheur. She was desolated.

"Alas," I sighed back, however was I going to be able to enjoy that *émouvante* experience?

Suddenly she brightened. She could, she remembered, give me a list of all the accoucheurs who regularly used the clinic.

I had just remarked that perhaps it might be possible for her to underline one or two of the names on the list, when the directress rejoined us. I quickly changed the subject. I felt as though I had just escaped being caught smoking in the dormitory.

We went to the office to discuss the fees. We were given some literature and a long list of things I was to bring to the hospital when the time came. Finally we were turned back to the custody of the nurse to be shown to the door. As we started down the steps she stealthily slipped a little folded paper into my hand. "*Bon chance!*" she whispered, and closed the door behind us. We waited till we were in the car to look at the paper. On it we found two names—Dr. Pierre Vellay and Dr. Fernand Lamaze.

"How do we choose?" I asked Alex.

"Flip."

We decided to look at the American Hospital before we did anything decisive. We drove up to Neuilly and looked around. The American Hospital was big, impressive, and American. The rooms were equipped with hospital beds, sparklingly clean and white, earnestly austere. The whole place very clearly said NO NONSENSE. We

were back in the lobby trying to decide whether or not this more businesslike atmosphere implied medical superiority, when who should we see but our own doctor. We waved to him.

"What are you doing here?" he said, when we got his attention.

We reminded him, and he laughed again. "Come along to my office and have a chat." He led us down a side corridor. "I did ask around," he said, "and as preposterous as I think it is, I've nonetheless found the man you are looking for. The name is . . . now what the devil is his name? Well, I wrote it down somewhere . . . where . . . hmmm . . ."

We waited patiently while he ruffled papers, looked under paperweights, lit a cigarette, and scratched his head. It was an elaborate production. "It's Lamere, or something like that. . . ."

"It isn't Lamaze?" I asked.

"Exactly! Lamazel! Fernand. He's famous for that sort of thing—he invented it, or if he didn't invent it—anyway he does it."

"Seriously," I said, "do you recommend him as an obstetrician?"

"I wouldn't tell you his name if I didn't," he answered, smiling blandly.

Looking back now I see that it was not such an extraordinary coincidence that he and the nurse at the Belvédère had hit upon the same man, but in the brightness of that Paris afternoon it seemed as though Fate had pointed the way. We went immediately to the nearest telephone, looked up Dr. Lamaze in the *Bottin*, and called for an appointment.

Two days later we walked down the boulevard Saint-Germain to the rue du Dragon. We were in the heart of Saint-Germain des Près, halfway across Paris from the fashionable Passy apartment house where our first obstetrician's office had been. We found number 21, and went through a dark passageway that led to a shady little court-

yard. The entrance to Dr. Lamaze's office was not prepossessing. I looked at Alex doubtfully. "Let's have a look anyway," he said, and I rang the bell. We were ushered into a dark, cluttered room that did not look as though it was intended to be a waiting room. When my eyes adjusted to the gloom, I found we were in the company of several other women and a few husbands, all of whom were sitting stiffly on uncomfortable, old-fashioned chairs. The room was full of books, Buddhas, paintings, and an assortment of unidentifiable bibelots. The total effect was curious and rather musty. We waited nervously, wondering whether we hadn't stumbled onto some charlatan. What doctor had a waiting room like this? After about an hour, we were told that the doctor would see us.

There in another room very like the first, only smaller and darker, stood a rosy-faced, blue-eyed man, who seemed to me like a magical creature in a children's book, ready to lead us on to a new adventure. "I am Dr. Lamaze," he said in French. "What can I do for you?"

The answer seemed obvious to me, but I began anyway. "I have read Dr. Read's book . . ."

"That is different," he cut me off. "Dr. Read's method is *accouchement sans crainte*—childbirth without fear; I give you *accouchement sans douleur*—childbirth without pain. Are you interested?"

I was a little confused. "I don't understand," I said.

"During my visit to the Soviet Union in 1951 . . ." he began.

We listened with growing astonishment as he gave us a short account of how he had first heard of the Pavlov method of painless childbirth during an international conference on obstetrics in Paris in June 1951 and how later the same year he had observed it being practiced in Russian hospitals. He had been so impressed and thrilled by the deliveries he had witnessed there, that on his return to France he had immediately begun to practice the method. The Read method, he explained, is based on the theory of eliminating tensions caused by fear, and thereby letting

nature take its course unhampered by harmful emotions. The Pavlov method, while it agrees with the principle of conquering fear by knowledge, also makes use of conscious mental and physical control of the birth process. This control is attained through exercises and education designed to build conditioned reflexes which will stand up during the stress of labor and enable the woman consciously to direct her own delivery. "You have your baby yourself," he concluded. "I am only there to assist you." From my limited experience with doctors this struck me as unparalleled modesty.

That was the first I had ever heard of the Pavlov method. I knew the Russians claimed to have invented everything, but childbirth seemed an outlandish addition to the list. I was a little suspicious of the whole thing. I looked at Alex. He was wearing a slightly strained expression that suggested to me that he felt the same way.

"Will you step into this room, madame, and place yourself upon the table?" Dr. Lamaze asked politely. I went behind the hanging curtain at one end of the room and into the tiny alcove that he used for examinations. There was a sink and an examining table, but the shelves along the wall held more of the same collection of books and *objets d'art* that filled the rest of the office. I found this amusing, but at the same time it made me uneasy. I had never before met a doctor who was a humanist as well. Can this scholar really deliver a child, I wondered, or am I really going to be expected to do it all myself?

The examination was like the others I had had, except that all through it Dr. Lamaze kept muttering, "Good, good, very good." "Madame," he pronounced when he had finished, "*vous êtes parfaite!*" I wasn't sure just what aspect of me he was referring to, but it made me feel very good. "Monsieur," I heard him say to Alex as he went back to the office, "I find that madame is perfect." When I rejoined them they were deep in a discussion of French literature.

As he showed us to the door, Dr. Lamaze handed me a piece of paper on which he had scribbled a name and address. "This will direct you to Mme. Cohen," he said. "She will instruct you in the method. She speaks English. She will be your *monitrice*, which is to say that it will be she who will teach you the principles of our system and the exercises that will enable you to carry them out. You are just beginning the seventh month, you have plenty of time. Mme. Cohen will also be with you at the time of your delivery, and she and I together will assist you while you do the work of bringing your child into the world. We will act together as a team. It is a very beautiful thing to bring a child into the world, *n'est-ce pas, madame? C'est beau. C'est la plus belle chose du monde!*"

He looked at me expectantly. I thought of all the other beautiful things in the world. I tried to imagine what it must look like when a baby entered the world. I wasn't at all sure that *belle* was the best word for it. For a moment I felt I was being given a sales talk and I didn't like it.

"*C'est beau, madame, n'est-ce pas?*" he repeated.

I gave in. What difference did it make? "*Oui,*" I murmured, "*c'est belle.*"

"*C'est une expérience profonde,*" he went on radiant with enthusiasm. "And as for your baby, he will be superb. He will suffer none of the harmful effects of drugs. You will know that you have given him the best possible start in the world. But now," he cut himself short (clearly his enthusiasm tempted him to go on much longer), "I will expect to see you again in a month."

We walked out into the sunlight fascinated but skeptical.

"Why not string along for a week or two?" Alex said as we sat down at a café. "Let's find out what it's all about. I don't suppose that politics can affect childbirth one way or another."

"I wouldn't miss it for anything in the world," I agreed. "And I liked what he said about the baby."

"Their system certainly has a confident-sounding name," Alex said. "I wonder if they aren't being a little over-optimistic."

"Childbirth without pain?" I answered. "Wouldn't it be delightful if it turned out to be true. . . ."

3 Do It Yourself . . .

The next morning I got up early and went out to the *tabac* to call Mme. Cohen. I bought a *jeton* and a pack of Gauloises and sat smoking and drinking coffee while I gradually worked up the courage for the phone call. Although I can understand almost anything in French, I don't speak it like a native and somehow when I find myself face to face with a telephone my vocabulary shrinks. I carefully constructed several elegant opening sentences. Then I got worried about subjunctives and discarded them all. Finally I picked up my *jeton* and the paper with the number on it, and marched into the phone booth prepared to take the plunge. I dialed the number and tried to think of what to say while it rang.

"Allo," came a voice from the other end.

"*Je voudrais parler a Mme. Cohen, s'il vous plait.*" It really wasn't so hard as all that.

"And what can I do to serve you?"

"Dr. Lamaze told me to call you to ask—"

"Yes. Good. I understand."

"Dr. Lamaze told me that you understand French . . . oh, no, what I mean is . . . he told me that you can speak English. . . ."

"Oh! But no!"

It was a bad beginning. For a moment I was sorry I had not gone right to the American Hospital where everyone spoke English. While I had this unhappy thought, Mme. Cohen went right on talking. Then she stopped and there was a long silence.

"You are still there, madame?"

"*Oui, madame,*" I answered sadly.

"Tell me please, madame, you are English, isn't that so?"

"No, madame, American."

"All the same. Don't bother yourself about it. But listen

carefully, madame. We will do very well together. You understand? I promise you. You may be sure of it!" She sounded so confident and cheerful that I supposed she must be right. Why shouldn't I be able to have a baby in French? I wasn't planning to have it by telephone.

"Now listen carefully, madame," she went on, "I am going to speak very slowly."

"Thank you," I said relieved.

"I will make you an appointment," she said, rounding out each word with fine precision. "Will you come to me here at eleven o'clock this Friday? Good. What is your metro? St. Michel? Excellent. Get on at St. Michel, go to Barbès . . . Barbès. Do you have a pencil? Good. Get out and cross the boulevard, turn right, you will find the house. You have my address? Good. Go through the doorway and cross the first courtyard. Enter the next doorway. On your right you will discover staircase A. Go straight up to the sixth. Now. Listen carefully. You must go up slowly. Each time when you arrive at a landing, stop. Rest for several seconds. Breathe deeply. Then continue slowly. Don't forget. Breathe deeply on each landing. Walk up slowly. Good. Is that perfectly clear?"

"Perfectly," I repeated. The little map I had drawn according to her directions had an improbable appearance, but I had followed every word she said, and no doubt it would get me there.

"Good. And you will bring your husband with you, no? Excellent. And one thing more, madame . . ."

I had broken my pencil point, and I wasn't sure I could remember one thing more.

"What is your name?"

"Oh," I laughed. "Madame Karmel. K-A-R-M-E-L."

"Very good. Madame Karmel. And madame, you have understood everything? Good. Then, till Friday!"

The instructions were absolutely accurate. We crossed through the little gray court, entered the dark passageway, and turned right into staircase A. As we cautiously began

to negotiate the stairs, I was struck by the thought of Kafka as a realist. When we reached the sixth I was almost surprised to find that there actually was a door on which were cards confirming the existence of a Blanche Cohen, physiotherapist, and an Henri Cohen, photographer. We rang the bell. Mme. Cohen showed us into the living room to wait until she finished her previous appointment.

The walls were covered with beautiful photographs, obviously the work of Henri Cohen. The bookshelves spilled out periodicals. The apartment faced a courtyard on either side, but somehow the atmosphere was cheerful and, mysteriously, sunny as well. There appeared to be only two rooms and a kitchen, and I had the impression that Mme. Cohen, her husband and their child all lived and worked there.

We were shortly shown into what I can only describe as a sort of parlor-office-classroom. The center of the room was taken up by a high hard table such as one finds in a doctor's office or a reducing parlour. There was a daybed against one wall, and all around the others were cabinets, shelves and chests, holding stacks of paper and photographs and books. The walls were covered with photographs, and on a blackboard beside the high table was a diagram that appeared to be a fever chart.

Mme. Cohen was a young woman of medium build, slight, with short dark hair, and large dark eyes that rapidly switched their expression from a serious shyness to a delightfully mischievous sparkle. I liked her immediately. It was impossible not to. She spoke to us simply and earnestly, but from time to time she smiled in a way that made us feel we were sharing in some incomparably gay adventure.

At the sight of the high table in the center of the room, I immediately anticipated that I would be asked to climb up and perform some sort of ridiculous athletic contortion. I wouldn't have minded that terribly if it hadn't been for the presence of my husband. I was greatly relieved when

Mme. Cohen asked us both to sit down on the daybed, and proceeded to talk to Alex.

"I am happy that you could come today, monsieur," she said. "Although it is possible to succeed without you husbands, we much prefer to have your help. There is an important part for you to play in your wife's *accouchement*. I hope you will have the time for it, and I can assure you that you will come to feel that it has been time well spent. It is a great pity that a man should stand back, helpless and inadequate, *de trop*, while his wife alone knows the profound experience of the birth of the child they have created together. Even the man who is willing to come and watch his child be born, but will not share the work of preparation, is likely to feel as much an outsider to her experience as if he had not come at all. That is why I asked you both to come. Madame will come to me six times, at two-week intervals. If you come with her for the first three lessons, that will be enough. But you must help her practice at home, every day if that is possible—a half hour will be enough—and I hope you will be able to come with her to see our movie."

Then she turned to me. "For you there will also be a visit to the hospital where you will become familiar with the delivery room and have an opportunity to question one or two mothers who have already had their babies without pain. You must remember when you go to tell me your impressions of the hospital and the film. We are always looking for suggestions for improvement. Now, madame, let me find out something about you."

I was about to launch into that now-boring history that had already filled so many dossiers, when she explained that my medical records were the concern of Dr. Lamaze. What she was interested in was my knowledge and impressions of the facts of childbirth. As my knowledge was limited to some vague memories of diagrams I had seen in a biology class and what I had managed to get from Dr. Read's book, my impressions had so little to base themselves on that they didn't amount to much more than a

sort of diffused anxiety. She seemed so pleased by my lack of information, that I must have looked surprised, for she immediately exclaimed "You see, we will not have to waste our time undoing misconceptions. Frequently, the women that I see have listened to so much advice from so many friends that we must *decondition* as much as we condition."

She took up a portfolio of plates and diagrams. We were to begin by a "review," as she flatteringly put it, of everything that happened from the moment of conception to the moment when the child was put into his mother's arms. Then we would consider how best we could effect and aid the process. I was a little bored as she flipped through the diagrams showing the embryo working its way down the Fallopian tube to nest and grow in the uterus. I was overcome by the same sleepy feeling that had been responsible for my 68 in biology. Then as the foetus reached term and the time for the delivery approached, she shifted to a set of plates that quickly revived my interest. They were photographs of plaster models that showed the successive cross sections of the woman's body as the baby moved from the womb out into the world during labor. The first one showed the relative positions of the baby, membranes, and uterus at the onset of labor. The plates that followed showed how the uterine muscles pulled at the neck of the uterus (or cervix) and, helped by the pressure of the baby's head, first flattened it so that it seemed to disappear altogether, merging into the general shape of the rest of the uterus, then stretched it open little by little like the neck of a sweater until finally it was a circle wide enough for the head to pass through. The baby appeared to turn as it entered the birth canal. To illustrate this Mme. Cohen took up a little doll and a model of a pelvis to demonstrate how the baby rotated to allow first the head and then the shoulders to pass comfortably through the bony structure of the pelvic cavity. I was aghast with admiration for the clever intricacies of nature. It had never occurred to me that birth involved

such elaborate maneuvers. "*C'est beau, n'est-ce pas?*" Mme. Cohen asked us.

"*C'est extraordinaire!*" I answered.

"Now that we have this child in the birth canal, let's deliver him and put him away for a while. Will you make a circle with your hands? There. The head has crowned—become visible. This is how the doctor will deliver the baby." And she slowly worked out the doll's head, turning it up so that little by little the face appeared, first eyes then nose, then all of it. She turned the child in place and extracted an arm, then another turn, and there was the second arm. Then she lifted the doll triumphantly through the circle of my hands, and put him to rest on the table.

"Are you sure it's that easy?" I asked skeptically. Clearly she must have oversimplified for the purpose of instruction. Her response was more than I had bargained for. She took a stack of photographs from the bookshelf and spread them out on the table. We had to stand up to look at them. At the first glance, my mouth dropped open and I nearly sat down again. She had set out in order a series of photos that showed minute by minute the emergence of the baby from its mother. The pictures were clearly of a real delivery; a real live woman giving birth to a real live baby. I had never even imagined what such a sight might look like, and I was so shocked and embarrassed that I could scarcely focus enough to see what she was pointing out to us. I glanced at Alex nervously to see what his reaction was. I could feel myself blushing. Strangely enough, Alex didn't appear to be the least bit disturbed by it. He gazed intently at the pictures, and seemed to be listening carefully to whatever Mme. Cohen was saying.

Suddenly she swept the entire series to one side of the table and replaced it with another. "There you are again," she said. "The head has crowned. Here you see the entire face, now the shoulder and arm. You see how the doctor has turned him. . . ." At last I had the courage to look. There it was, happening just as she had said it would, only it seemed impossible. I looked at the size of the baby's

head, and knew that I could never go through with it. She had just talked me out of natural childbirth.

"The expressions are marvelous," I heard Alex say.

What could he be thinking of? I looked at the pictures again, and for the first time I noticed the expression on the woman's face. She looked excited, even rapturous, and there was nothing about her that suggested that she was feeling any pain. In the last picture she reached out for her child looking as though she might burst for joy. All the same, I couldn't really make myself believe that the expression on her face had anything to do with the rest of the picture.

"*C'est beau, n'est-ce pas?*" Mme. Cohen smiled.

Alex nodded. I began to think they were both crazy. I had a second of relief when she swept this set away, but when she replaced it with another, and still another, I could feel my irritation growing. The faces of the woman kept smiling, the babies kept coming out. Mme. Cohen kept talking, and Alex kept agreeing with everything she said. Every so often she punctuated her discourse with "*C'est beau, n'est-ce pas?*" and that enraged me. I did not think it was beautiful, far from it, and I was not going to be pushed into agreeing with her for anything in the world.

Suddenly I heard her ask if Alex had a camera. He said he did. "Very good," she exclaimed happily, "then if monsieur would like to—"

I saw what was coming. "No," I stopped her, "it isn't a question of what monsieur would like. Madame will absolutely not allow it."

She smiled sympathetically. "Certainly not, if you feel that way, but in later years you may come to regret not having a tangible record of one of the most meaningful experiences of your life." It was the same speech they had used to sell us wedding photographs. It was a logical extension of a common enough practice, but I couldn't conceive of doing such a thing.

"It really doesn't make any difference," she said with a smile, seeing that I had not taken kindly to her suggestion.

"The important thing is having the baby. And now, I hope, you have some idea of just what we are referring to when we use the word *accouchement*?" I nodded quickly for fear that she would bring out more photographs if I said no. The first shock over—how little I really knew about my own feelings!—I was beginning to feel a certain amount of curiosity, but I did think that I had had enough for one lesson.

"Very well, then I shall go on to tell you something of just what your role will be in this matter. Because even though childbirth is a perfectly natural process, it is not something that you simply let happen to you. That is not sufficient. Rather it is something you *do*. And to do it well, you will have to learn to control your body so that it can work efficiently and painlessly for you, and you will have to learn to control your mind so that it will remain in good working order throughout the whole process. My job is to help you learn this. But first I am going to tell you something about the scientific base on which our method rests. You have heard of Pavlov and conditioned reflexes? And perhaps of Pavlov's famous dog who was trained to salivate when a bell rings, no?"

Again I was reminded of the biology course I had nearly failed. I vaguely remembered something about a dog, but not just what it was supposed to prove. I looked at Alex who was nodding as if he understood every word. I figured he would explain it to me later.

For readers whose recollection of the famous Pavlov experiment may be as vague as mine was, here is a greatly simplified explanation.

It is noted that a dog salivates at the sight of food. This is called a fundamental reflex. For a number of times a bell is rung whenever food is put in front of the dog. Then it is noted that the bell alone without the food produces salivation. The fundamental salivary reflex has been conditioned to respond to a new signal, the bell. It is now a conditioned reflex.

"Very well," Mme. Cohen went on. "That of course is an example of a fundamental, built-in reflex that has been *conditioned* to respond to a new signal. It is also possible to condition reflexes so that the original signal provokes a new response. Much of what we shall be doing in these lessons will be building up conditioned reflexes that will be useful during your *accouchement*. For example, I am going to teach you a way to push by blocking air in your lungs and bearing down with your diaphragm that is far more effective than the way you would instinctively push if you were left to yourself. When, during your delivery, nature sends you the signal to push, you will automatically push the way you have been taught without having to think about it. But we shall make use of more of Pavlov's theories than just that. Again and again I will remind you of Pavlov's insistence that the whole of your nervous system is a physiologic unity, that all your sensations—including pain—and all the things your body does—including the functioning of your internal organs—are controlled by that part of the brain we call the *cerebral cortex*, that is by the surface of the topmost part of the brain. You will be training muscles, yes, but that will be the smallest part of your work. Most of the time you will be working on your brain, developing its inherent capability to control your body and suppress pain—in a word, *conditioning* it to enable you to do what you have to do to have a truly painless childbirth. That is why we do not call our system 'natural' childbirth. The final result should be better than nature. And now, shall we get to work?"

After all that, I was afraid I was going to be called on to do something tremendously difficult. Fortunately we began with some simple exercises designed to develop general suppleness and muscular tone. I stripped to the slip and climbed up on the exercise table. The idea was simply to lie flat on the back alternately raising the legs as high into the air as possible, taking the longest possible time about it, and then lowering them with record slowness. A dance class I'd had in college now paid dividends. I didn't

even have to be told to keep my knees straight. Mme. Cohen smiled approvingly.

"As you find that so easy," she said, "let us proceed to the next one. Please extend your arms to the sides at right angles to your body—like this—now lift your right leg and swing it out to the side in the direction of your right hand. Very good. Excellent! *Formidable!* You American girls are extraordinary, aren't you? So supple, so athletic. This exercise is usually accompanied by moans and lamentations. French girls can be such a lazy lot. You will do these a few times every day, and when you have the opportunity, sit like a tailor. You know how? Very good. These exercises are to help you now; they aren't for use in labor, although they will prepare your body to function at its best when you most need it. They serve to limber the joints that must stretch in the delivery, to increase the elasticity of the pelvic floor, and to keep your circulation from being sluggish. They are also helpful in preventing muscle cramps and varicosities. Have you ever had a muscle cramp? No? Then we will hope you will not have one now, especially during your delivery. They can be very threatening to your control. And now let us move on to some exercises in muscular control."

"But is that the whole calisthenic?" I asked, surprised.

"Yes," she said, "you need not be an acrobat to have a child."

I waited confidently for her instructions. By now I was certain that I would excel in muscular control.

"This exercise, you will see, is training more for the mind than for the body. Tense your left leg and right arm simultaneously. The right leg and left arm must be completely relaxed."

I smiled and nodded before I had really considered what she had said. Then I repeated it to myself. "Aha! Yes, I get it." It took me nearly a minute to get each of my extremities into the required state.

"Very good," she said, testing my tense arm and leg,

"but why do you find it necessary to make that ferocious face?"

"I'm concentrating."

"Try to concentrate while smiling like Buddha," she suggested. "Now let's see how the relaxed extremities are doing." She tested them. They weren't relaxed. She shook them slightly until they were limp enough to meet with her approval. By that time the supposedly tense arm and leg had slumped into a similar state of lethargy. Eventually I achieved the proper arrangement of alternate but simultaneous tension and relaxation. "Excellent," Mme. Cohen pronounced. "Now when I give you the order to reverse, you will immediately relax the left leg and right arm and tense the others—with no faces, please. You must learn to reverse the entire process without having consciously to think about it, automatically and all at once. Now, reverse." My performance was chiefly distinguished for its confusion. Alex laughed. (When he tried it himself later, he apologized.)

"Is that supposed to be an exercise in relaxation?" I asked. "Because, if it is, it had just the opposite effect on me."

"We do not want to achieve 'relaxation' in the American sense of the word," she answered. "You must not think of it as taking it easy. That would be too passive. That would only slow down the activity of your brain, which in turn, as I will explain later, would increase your sensitivity to pain. Instead of 'relaxing,' you must learn to let go of your muscles consciously and actively, so that *they* are at rest, but your mind is not."

That made sense to me. It sounded like what my modern-dance teacher meant when she taught us to contract and release. When I relaxed I was usually on the edge of sleep. To release, on the other hand, was to be very wide awake.

"That is why I did not speak of relaxation exercises, but of exercises in muscular control," Mme. Cohen continued. "You are going to learn to direct your muscles to respond

to a given signal. It will require an active mental effort on your part. Again now, left leg and right arm tense. Everything else relaxed."

I snapped back into the first position.

"Reverse," she said. It took me nearly a minute to get reassembled. "Don't look so discouraged," she said. "How many years did it take you to learn to read and write? You didn't consider yourself hopeless because you had to go to school? You didn't despair because you were born ignorant of the multiplication table? Of course not. Certainly not. And yet you expect to control your body perfectly the first time you ask it to perform in an entirely new way? No. You can't create a conditioned reflex without constant repetition. One concentrated effort is not enough. You must train yourself to make your body respond in a specific way when you give it orders. This is how you will learn to have a child. It is a learning process. You will learn to give birth the way you learned to read. When the time comes you won't have to think about how to do it. You will be fully rehearsed, and your mind will be free to concentrate on your performance."

"Now," she continued, "I would like to try to give you some idea of how a labor contraction will feel to you, and how you will control it. You know that the contractions pull the cervix open and force the baby's head against it at the same time. When that is accomplished they push the baby out into the world and the placenta after him. You have seen the mechanics of the thing. But what will your sensations be while this long process is going on? What will you feel? What will you do? Remember that in the first and longest part of the labor, the uterus will be engaged in pulling open the cervix until it is a circle wide enough to permit the passage of the baby's head. Each of the contractions that does this will be a strong muscular sensation that will begin slowly, giving you sufficient warning of its presence, then mount more or less rapidly to a maximum peak, after which it will decline sharply. Here is a picture of an average contraction."

She snatched up a piece of chalk and outlined another dramatic-looking fever chart on the blackboard. The tiny ups and downs in the graph she explained as representing the pulsating quality of an extreme muscular tension.

"What will your feelings be as this occurs?" she continued. "Imagine that you are at the seashore. You see a great wave begin to gather up far out from the shore. It is obviously going to pass over you. There is no escape. As it approaches it grows higher and higher, gathering force. If you turn and run, you will be knocked down and pounded by the surf. You will certainly be hurt. If you remain facing it, eyes shut, in an attitude of fear and helpless surrender, you will most certainly become rigid as a stick of wood when the wave strikes; you will be swept under, pulled about in the undertow and, ultimately, even drowned. What should you do? You must observe its course calmly, with your eyes fixed on it every second. As it approaches you, you swim above it, for your calm has given you the energy and mental alertness necessary to time your strokes and use your strength to its greatest advantage. As you feel it pass beneath you, you smile and sink slowly to the ground, with the knowledge that you will be able to repeat your performance again and again, as long as the waves continue to come. You will experience the pleasant thrill of victory. But if you panic—you will be submerged. This chart is the outline of that wave. Today I will teach you how to master the rather gentle waves of the sort that are considered the pleasantest for surf-bathing. Actually they occupy a large part of the first stage of labor."

At this point she tucked a pillow under my head and produced a long round bolster, or *traversin*, from somewhere in the corner which she placed under my knees. I felt so relaxed and comfortable that I was in danger of falling off to sleep. I automatically sighed and shut my eyes.

"None of that," she said. "I can see you have never been to the seashore. No experienced vacationer ever takes a nap in the surf. Now, during this period the uterus does

not require any active assistance on your part, in fact it would very much prefer to have you stay out of the way as much as possible. In this respect it will demand your utmost cooperation. It is not an easy thing to provide your uterus with this maximum noninterference. You must maintain a state of relaxation in which your mind is alert and in control of the rest of your body. And you must breathe in a way that will keep you on top of our metaphoric wave. Now take a deep breath."

I was just about to give another demonstration of the excellence of my artistic education, when she stopped me short.

"Not like that!" she said. "Why are you pushing your stomach out that way?"

I made a brief speech on the virtues of abdominal breathing to which she listened very patiently. "Perhaps for singing," she commented. "But remember that here we have set ourselves the goal of not disturbing the uterus while it is at work. What will happen if you come pushing down on it with all that air?"

"Then how am I going to take a deep breath?" I asked indignantly. I had spent so many years perfecting my abdominal breathing. I didn't want all my work to have been in vain.

"The rib cage is capable of great expansion," Mme. Cohen explained. "Here, and here, at the sides, and here at the top. If you lift your chest—shoulders at rest please—you will find that you have room for a large quantity of air. Like this."

She inhaled slowly through her nose, keeping her lips closed tight. It was astonishing to watch the expansion of her chest; everything below her waist remained perfectly still. Then she slowly blew the air out soundlessly through her mouth, much as if she were blowing up a very fragile balloon. The air entered and left her chest in a slow steady stream. It was tremendously yogi. My imitation, on the other hand, was tremendously Sad Sack. My shoulders moved up, my diaphragm down; I made an inelegant hiss-

ing sound, and I finished the circuit in about half the prescribed time. Nevertheless she smiled at me pleasantly and assured me it would come. Then she took up her stop watch.

"We will assume that your contractions are coming every four minutes for a duration of fifty seconds. I will tell you when you first see the wave. You will breathe in this manner, evenly and rhythmically until it has passed under you and subsided. Ready. Begin. Five . . . ten . . . twenty . . ."

By the count of fifty I felt pleasantly dizzy. "Rest," she said, "breathe normally. Four minutes have passed. Begin." After a few more contractions, she told me the work was finished for the day. I started to rise. "No," she said, "don't get up immediately. You are not accustomed to so much oxygen. When you practice you must be sure to rest before you stand up. Otherwise you may find that you feel faint."

"Is that all, really?" I asked, surprised.

"For today," she said. "Do all Americans always want to learn everything at once?" We laughed.

I looked at my watch and saw to my surprise that we had been there over an hour and a half. It seemed as if we had just come. Mme. Cohen made an appointment to see us again in two weeks, and we trooped down the six flights feeling excited and trying to remember everything she had said.

For two weeks we practiced regularly and enjoyed the Paris springtime. In a few days I had mastered the exercises and they took very little of my time. Alex helped me by calling out "reverse!" and testing to see if my arms and legs were truly limp or tense as they were supposed to be. He timed my breathing for me too, and eventually evolved a system whereby he could read, looking up every now and then to call a command or test a leg. We had got the idea of collecting a complete set of an old edition of the *Comédie Humaine* which gave us an excuse for long walks

on the *quais*. I also took advantage of my status as a pregnant woman to make Alex drive to the Halles to buy me oysters and *oursins* at improbable hours of the night, although this often resulted in his making long detours via St. Germain-des-Près that brought him home hours after I had gone to sleep. All this was pleasant enough, but underneath I felt a growing impatience to go back for my second lesson. More than that, Mme. Cohen's description of childbirth had been a challenge to my sporting nature. I was beginning to feel eager for the *accouchement* itself.

4 . . . In Six Easy Lessons

When we arrived for the second lesson, we forgot all about breathing deeply on each landing and raced straight up the six flights without stopping. As we collapsed breathless and puffing onto the daybed, Mme. Cohen took up a piece of chalk and began to scribble something on the blackboard. I watched her fascinated—more fever charts. "Here," she said handing me a pencil and some old photographic paper, "I want you to copy what I write. If you lose it, don't worry. I'll write it out for you many more times. Writing is an excellent way to learn." It turned out to be perfectly true. She was going to write out the same thing many times, and with diagrams. The last copy I received from her crossed the Atlantic in the mail a few weeks before my second child was due. It is now permanently fixed in my mind.

"The whole process of childbirth, as you know, falls into two main parts—the flattening and dilatation (or opening) of the cervix, and the expulsion of the child and the placenta. The moment when the dilatation ends and the expulsion begins is a very complicated one, and is often called the phase of transition. We will talk about what you do during the expulsion later. What I'd like to give you now is a diagrammatic summary of the contractions you will have up to and during the phase of transition and of the techniques you will have at your disposal to use at each stage."

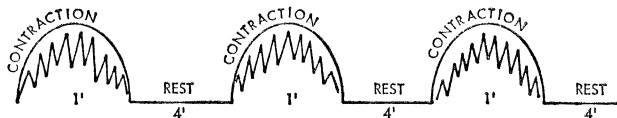
With that she turned to the blackboard and pointed to the first fever chart, which looked like this:



"This is a representation of the contractions that dilate the cervix until the opening is about the size of a five franc

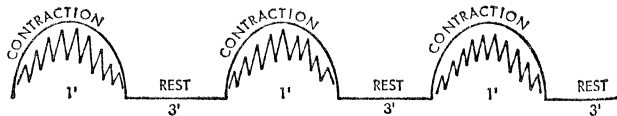
piece [fifty-cent piece]. These contractions may take several hours to do their work, and when they begin they may be so mild that you may not feel the need to do anything about them at all. When they become stronger, you deal with them by doing the slow and deep breathing that you have already learned. You may add to this a slight *effleurage*—light massage—of the abdominal region. I will show you how to do that in a little while. You notice from the diagram that these contractions take forty-five seconds and that you have five minutes to rest in between."

She looked over my shoulder to make sure that I had taken down what she said correctly, then turned back to the blackboard and pointed to the second chart:



"These are the contractions that take the dilatation to about the size of the heel of your hand. You notice these are stronger than the others and mount in a crescendo like a musical phrase. They last one minute, and you have four minutes to rest in between. At some point during this phase the slow and deep breathing will prove inadequate to keep you swimming confidently on top of the wave. Then you will switch to an accelerated breathing or panting, which we will practice later on today, and go on with the *effleurage*."

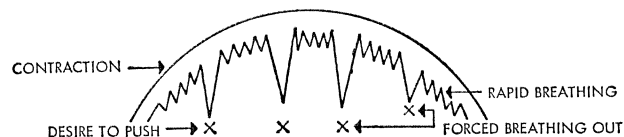
The next diagram looked like this:



"These," Mme. Cohen said, "are the contractions that take you to a dilatation the size of the palm of your hand. You notice that they are stronger than the others, and that

you have only three minutes in between. You go on with the accelerated breathing and the *effleurage*, and make very sure to take full advantage of the time you have for rest."

The last diagram was more complicated than the others:



"This," Mme. Cohen said, "is a representation of a single contraction during the phase of transition. The phase of transition lasts from the time the dilatation is at a full palm until it is large enough to permit the passage of the baby's head. It is complicated by the fact that your nervous system, anticipating a little, is already sending you signals that give you a strong desire to push. These signals are represented by the sharp dips in the graph that I have marked with an X. But if you obey these signals and push now, the result will be painful because the cervix is not yet open wide enough to let the head pass. So what you do is continue the accelerated breathing and punctuate it with a strong blowing out whenever you feel the desire to push. In this way you will be able painlessly to get through what is often a difficult moment. Now, is all this clear to you?"

"It seems a little too clear," I objected. "Or do you mean it to be a general abstraction of what might take place? I don't suppose that anything always works that regularly."

"Oh no," she protested, "you will be surprised to find how accurate everything actually is. The amount of time each phase requires is variable depending on the individual. But the timing of the contractions is normally a constant. Chance really has very little to do with it; it is all ordered like a ballet."

Having seen a few off nights at the ballet, this last statement left me not entirely convinced. But I was in a hurry to get on to the exercises.

Alex looked on proudly while I astonished Mme. Cohen with the results of our practice. To my delight I found that I had completely mastered the muscular control. Seeing that the original exercise was now so easy for me, Mme. Cohen added three more of the same type in rapid succession. My body responded amazingly; I was surprised to find that even on a first try it was no longer difficult to do what was expected of me. When she said right arm tense, it immediately was so. My brain had learned to respond to that particular set of commands in a broader context than I had imagined. Mme. Cohen looked delighted. "You are going to be a great success!" she exclaimed.

Then she pointed to the first diagram on the blackboard. "The contraction is about to begin," she announced. She clocked me while I did my slow breathing. "Excellent," she pronounced. "Now we will add the *effleurage*. Let me demonstrate, first on myself and then on you."

The *effleurage* turned out to be a very light massage of the area just above the pubic bone, the place where the contractions were likely to be felt most intensely. It is hardly accurate to use the word massage to describe it. It was a light stroking, in a circular pattern, that felt as though a butterfly had condescended to brush his wings across my skin. Mme. Cohen arranged my hands in a position where they were held up, not resting on my body, just over the pubic bone, the fingers touching the skin ever so lightly. First, though, she sprinkled the area with talc to avoid irritation of the skin. Then she guided my fingers lightly out toward the hip bones on either side, up over the area of the contracted uterus, then down to meet again at the starting place. The sensation sent a shiver of delightful relaxation out over my entire body.

"At home you will practice this alone and with the breathing," she explained. "In labor it will be performed from the beginning of each contraction, starting simultaneously with the breathing. It is very important to coordinate them both in perfect rhythm. Let me see you try. Go!"

I coordinated them all right, but the timing of the breathing ceased to resemble anything that could be called a rhythm. It was like being asked to sing the Star-Spangled Banner while rubbing your stomach and patting you head at the same time. "What good is all this in labor?" I asked plaintively.

"You will see," Mme. Cohen explained. "We are attacking on several fronts at once. The *effleurage* will relax the abdominal muscles in the region of the cervix which tend automatically to become tense during a contraction. The breathing will increase the supply of oxygen without interfering with the action of the uterus, and keep your blood richly oxygenated. We suspect that much of the pain of labor is caused by the fact that the extraordinary activity of the uterus exhausts the supply of oxygen in the blood. There may be a chemical reaction resulting from this, an accumulation of toxic substances, that causes pain and might be responsible for a sort of cramp that many women experience as an unending state of contraction. This has not yet been firmly proved, but all of our experience points that way."

"It's worth a gamble then," I said. "But why do you keep talking about rhythm? What difference does the timing make so long as I get the oxygen?"

The rhythm turned out to be the most important point of all. As no one had yet managed to understand all the possible causes of pain in labor, a certain amount might persist despite all the mechanical precautions of relaxation and oxygenation. This residue of pain had to be combatted at the place where it was perceived—namely, the brain itself. "The brain," Mme. Cohen explained, "can never be aware of *all* the sensations that are constantly being sent to it. If it were, it would be incapable of doing anything other than merely perceive. This means that whenever the brain is engaged in an activity, it shuts out many of the sensations that are sent to it. This shutting out or inhibition of sensations is referred to as *raising the sill of sensibility*. The greater the activity of the brain, the higher the

sill of sensibility will be, the stronger a sensation must be before it can distract the brain from what it is doing. Thus," she went on, "a man who is running a race, his mind entirely fixed on the goal of winning, may fall and bruise himself severely without being aware of any pain—he will get up and go on running as if nothing had happened. It is only afterwards, when the race has been run, and his mind is no longer concentrating so intently on what he is doing, that he will become aware of just how much his scraped leg hurts. The rhythmic breathing and the activity of relaxation serve the same purpose during a contraction as the goal of winning the race. With your mind concentrated on them—on swimming above the wave—your sill of sensibility will be raised, and any painful sensation arising in your uterus will be inhibited. This is why, in the exercises I gave you to do last time, I stressed that what was desired was conscious control, not generalized relaxation."

We reviewed the exercise a few times. Then Mme. Cohen held up her hand for me to stop. "Listen!" she said. I could hear the loud hammering of a workman somewhere in the court below. "That's very well timed!" she exclaimed.

"Why?" I asked. It seemed anything but that—hammering always annoys me.

"Did you hear that noise when you were doing the exercise? No? And yet it was going on all the while." She looked at Alex and he nodded. So what? I thought. "The center of excitation that you created in your cortex by performing the exercise acted to inhibit your reception of that other excitation. Now that you have stopped, the other excitation can claim its share of attention. You see, this is one of your most effective weapons against pain, and it is entirely in your control."

I was astonished. So that was why I had to begin at the very beginning of each contraction, and that was how I was to stay on top of it. For the first time I had a real sense that I was going to have an active hand in making my labor

painless. Suddenly I felt the baby inside me begin to kick and jiggle. "He's terribly active today," I remarked.

"Why not?" Mme. Cohen smiled. "He feels good. All that oxygen makes him want to play."

She pointed to the second diagram on the blackboard. "Now," she said, "the contractions are getting results. They begin to get stronger and stronger. The sensations they create are increased in intensity and threaten to overwhelm you and turn into pain. Now you must reinforce your defenses. Watch! Here comes a contraction!"

She drew in a long deep breath, then blew out every cubic millimeter of it. Then she began a rapid, superficial breathing, light, soundless, apparently involving little more than her breastbone. She continued soundlessly for sixty seconds by her watch, then exhaled in relief and smiled.

"Contraction over," she said. "I have lifted the mechanical activity of breathing even farther from the uterus, because now the uterus would be truly resentful of any interference from the diaphragm. I have quickened my breathing to compensate for the loss of oxygen, and I have increased the concentration and rhythm so as to strengthen the center of excitation in the cortex. You try it."

It looked easy. I inhaled, exhaled, and began to pant. Within ten seconds my rhythm faltered and I began to feel strangled with breath. My shoulders and abdomen shook violently with every puff. I quit in despair. The second time I began, Mme. Cohen put her hand on my chest and told me to think of pushing it rapidly up and down. She did the exercise herself to accompany me. I managed to get through thirty seconds. Sixty was out of the question.

"Don't try to put this together with the *effleurage* until you have mastered the sixty seconds," she warned, "you won't be able to do it. This is your most important weapon, and you must practice it as often as you can."

"The baby keeps kicking me," I interrupted. She put her hand on my abdomen. "No," she said. "You're having a contraction. Here. Put your hands here and feel it."

"Does that mean I'm having premature labor?" I asked, shocked.

"No, no. The uterus does this very often. It's warming up. It's a muscle after all; it likes to exercise as well as you."

The contraction gradually faded away. I tried to remember if I had ever felt such a thing before; if I had, I must have thought it was the baby stirring.

"But if that's all a contraction is," I exclaimed, "I don't understand what all the fuss is about. That was nothing."

"That contraction, remember, is not a labor contraction. It is serving quite a different function. In labor, the contraction will be doing its job on the cervix. It will follow this mounting curve to a much greater intensity." She pointed to the blackboard. "But you will find this contraction very useful nonetheless," she went on. "You can study it so that you become expert at catching it at its very beginning. Whenever you feel one coming, practice your breathing with it. That way, when you are in labor you will already be trained to begin your activity early enough always to be ahead. The excitation from the uterus will never get over your sill of perception, and you will never lose control."

She looked at her watch, and we realized that once again we were overtime.

Practicing the accelerated breathing was much more difficult for me than the muscular control exercise had been. Nevertheless, by the time two weeks had passed I had mastered it. Alex had become accustomed to having a huffing grampus for a wife. By now the idea that there was any other way to have a baby had vanished from our minds.

The third class began with a review. Mme. Cohen corrected whatever she found wrong with my performance before going on to new material. Then she asked me to do the *effleurage* at the same time as the rapid breathing and, much to my surprise, it was an easy thing to do. From

then on I was always to practice them together. If I found myself short of breath, I was quickly to exhale all the air I could and begin again. I tried this once or twice. When I had mastered it, she went to her blackboard, erased the diagrams that were left there from her last pupil, and again drew the fourth of the diagrams she had made me copy the time before.

"This, as you remember, is a contraction during the phase of transition," she said. "The cervix is almost completely dilated, but not quite. Nature, in anticipation of the next phase, has already begun to send out signals for you to begin to push. This is the most difficult moment in labor. These signals are the first step in what we call an absolute reflex, that is, one you have *not* learned, but that is already built into your nervous system. For that reason it will be very difficult not to respond to these signals. But if you push too soon, it will be painful. What we are going to do now is build up a conditioned reflex that will combat this ill-timed desire. When you feel this sensation, you must let the doctor know, and go on with your light, rapid breathing. Whenever you feel the urge to push, you must exhale forcefully. That will make it impossible for you to push. You must be more alert than ever, your control must be complete. You must go on doing this until Dr. Lamaze or I see that the head has passed through the cervix, and give you the command to push. Let's try it. When you feel the urge to push, you will say '*Ça vient!*'—Here it comes! The answer will probably be '*Pas encore!*'—Not yet!"

It turned out to be an easy exercise to practice. The urge to push was purely imaginary.

"Next," Mme. Cohen went on, when I had performed that to her satisfaction, "we are going to turn to the most active phase of the delivery—the period of expulsion. The work you will do now will be the most demanding and the most rewarding as well."

She took away the pillows that I had practiced with so far. The object of this was to reproduce as nearly as pos-

sible the conditions of the delivery itself. That is why the lessons were all conducted with me on a high table and Mme. Cohen standing over me. We would be in exactly the same relationship at the time of the delivery. Similarly, when the expulsion period began, the pillows would be taken away from me.

She helped me get in position with my knees bent, legs drawn up and spread apart, feet flat on the table. (In the delivery room there would be stirrups instead.) When I felt the contraction or a desire to push, I was to announce "*Ça vient!*" or "Here it comes!" Then if Dr. Lamaze gave me the signal to push, I was to take hold of the bars (in practice my own legs) and, lifting my head and shoulders slightly from the table, I was to pull against them. At the same time, I was to take a deep breath, blow it out, take another, hold it, and push down on my uterus with all the force of the air in my lungs behind the push. Thus the muscle of the diaphragm would add its force to the muscles of the uterus in expelling the baby. When I felt a need for more air, I was to exhale quickly, inhale again, hold, and continue to push. With practice I should be able to learn to push for seventy seconds without taking a breath more than once or twice. I was strictly warned not to exert my full force in practice. Instead I was to puff up my belly so as to get the idea of the action without really exerting much pressure on the uterus.

"Whenever you're ready, madame," Mme. Cohen said when she had completed her instructions. I felt a little foolish. I looked at Alex, and he nodded expectantly. Here goes, I thought to myself. "*Ça vient,*" I said aloud.

"*Pas encore, madame!*"

I hadn't expected that, but I remembered in time and began to pant, blowing out every so often to indicate that I really would like to begin to push. Mme. Cohen smiled happily, and again I announced "*Ça vient!*"

"*Allez-y, madame. Inhale . . . exhale . . . Inspirez . . . soufflez . . . inspirez . . . bloquez . . . poussez . . . PUSSEZ PUSSEZ PUSSEZ PUSSEZ PUSSEZ*

PUSSEZ . . . soufflez . . . inspirez . . . bloquez . . . poussez . . . PUSSEZ PUSSEZ PUSSEZ PUSSEZ . . . CONTINUEZ . . . CONTINUEZ . . . et soufflez. Reposez-vous. Très bien, madame. Très bien! You will be a formidable pusher. FOR-MI-DABLE!"

Mme. Cohen rustled about some piles of paper and finally came up with a little pad and pencil which she handed to Alex. She made him write down the little pushing dialogue word for word to use in our home rehearsals. "Keep it," she said, as he was about to hand back the pencil. "We haven't yet come to the end of the scene."

"Now," she said, turning back to me, "let us analyze the way we have been pushing. It is a way we have arrived at experimentally and which we find very efficient. When we first began we found that when we told women to push, they pushed the way they do when they make a bowel movement. Now, how is that?"

I looked at her blankly. "Think about it," she persisted. "Now do it and tell me what you feel."

"Well . . . I sort of tighten my stomach, I guess, and hold my breath . . ."

"Exactly," she said. "You pull in your abdomen and tighten the muscles of the perineum. If you did this at the moment of the expulsion, it would have the effect of pushing down on the uterus and compressing it laterally, and at the same time, closing the door through which the baby is to make his entrance into the world. It is inefficient, and can be painful as well. That is why I want to warn you about that bad association with pushing. When you practice the exercise I have just taught you, you must always be sure that the perineum is relaxed. You must do all your pushing with the diaphragm, with the whole force of all the air blocked in your lungs behind it. You must repeat this exercise correctly until it becomes a reflex. A fast expulsion is the best thing for your baby."

"Does the way the woman pushes really make a significant difference in the time?" Alex asked.

"She can cut the time in half," Mme. Cohen said. "In

terms of the health of the baby, this is probably the greatest advantage of our method."

She reached into a drawer and pulled out a stack of pictures. They were the same ones that had upset me so during our first visit. This time I was able to look at them more calmly.

"Now we will examine the second moment when nature sends you a command that you must not obey." She pointed to the first picture. "Here the baby's head has just crowned. At this moment I will say '*Ne poussez plus*'—Stop pushing. Will you write that down, monsieur? At this moment, madame, you must lie back and do the rapid, superficial breathing. That will prevent you from pushing."

She glanced at Alex's paper to make sure he had written her command correctly. "Why do we ask you not to push at this moment? Here is the head. It is pressing against an opening which is not yet large enough to let it pass. If you push now, the force of your diaphragm behind the baby may make the head tear the delicate tissues of the perineum. You must lie back, panting and relaxed, so the doctor will be able to perform his delicate task of working the head slowly out without any pain to you."

She put down the picture and picked up the doll she had "delivered" during the first lesson. She outlined a circle on its head. "This is the way the head presents itself when it first crowns. Notice that it is the largest diameter of the skull which is turned to the opening. Instead of letting the head be forced through directly, the doctor will gently work it back and lower it so that the first part to emerge will be a smaller circumference at the back."

She lowered the doll's head to illustrate the angle at which the head would be delivered. Then she turned to the next picture which let us see the moment in real life. There was no longer any question of being shocked.

"Now," she went on, turning from one picture to another, "the doctor slowly lifts the head up and out. Here you see the eyes, now the nose, now the entire head is

clear. Monsieur will be able to look into his baby's face, even before madame."

"No!" I interrupted, my last bit of feminine modesty coming to the surface, "monsieur will stay up at the head of the bed. He can see the baby's face when I do."

Mme. Cohen misunderstood my reason; she thought I was jealous of Alex's seeing the baby first. "Never mind," she said consolingly. "Dr. Lamaze will keep you informed of every step as it progresses. He will announce to you 'forehead, eyes, nose,' etc. You will know just what is going on. Now, here he is turning the baby, and here he is delivering the arm. 'Madame,' he will announce to you, 'here is your baby's arm.' You will feel it on your thigh. You may lift up your head and look into your baby's eyes now, even before he is completely born. Here."

I looked at the photograph before me. For the first time I really understood the expression of joy on the woman's face. She could feel the little arm against her leg, and she was getting her first glimpse of the face of her child.

"After that the rest of your child will slip out easily. You will be able to see whether it is a boy or a girl. A moment later you will hold him in your arms, and on that happy note, let us finish for today."

The fourth lesson was a total review of everything I had learned so far. We took each exercise separately, and discussed when it was to be used and for what purpose. The basic education had been completed. What was left to do was to enforce the new reflexes I had acquired.

The fifth took the form of a rehearsal. We moved straight through an imaginary labor, at each step reviewing the probable time involved, the sensations I might have, and the techniques I would be able to employ. When I finally arrived at the end of the expulsion and was holding the imaginary child in my arms, Mme. Cohen explained how the doctor would cut the cord and how a few moments later I would expel the placenta with a push

or two. "That's all there is to it," she said. "A normal birth is an uncomplicated affair."

"It's just delightful," I agreed. "Nothing to it!"

"I said uncomplicated," she corrected me. "Not easy. Don't forget for a minute that it's going to be very hard work. If you do, you're going to be badly surprised. Remember it's called *travail*. What is the word for it in English?"

"Labor," I answered.

"And what does that mean?" she asked.

"Hard work," I said.

"You see it is the same. Don't forget it. It is the hardest work you will ever do in your life. But unlike so much work, this work will be rewarding."

She went off to look for the paper on which she had written the dates of the movie I was to see and the hospital visit, and I sat back and marveled at how much I had learned. "Be sure to take monsieur to the movie," she reminded me when she came back. "And now, before you go there are one or two things I want to tell you about the hospital. When you go there you will see a large tank at the head of the table in the delivery room. It is nothing poisonous—only oxygen. It is there in case you fall behind in your breathing or for some reason do not get enough oxygen. I will give it to you by holding a mask over your face between contractions. You'll notice the mask is made of plexiglass. We used to have a rubber mask, but some women said they felt psychologically stifled by it. The plexiglass is transparent."

She reached into a drawer and pulled out a funny-looking instrument, rather like a pair of calipers. "If the membranes have not ruptured by themselves by the time you are at five francs dilatation," she explained, "the doctor may use this instrument to rupture them for you. You won't even feel it. But there is one important thing to remember about the rupturing, whether it occurs naturally or artificially—immediately afterwards the contractions will become much stronger and closer together. You

will have to be especially alert; the rhythm of the contractions may suddenly change. Try to analyze the new rhythm as quickly as you can. I'll be there to help you if you threaten to lose control. Now, enjoy the movie, and I'll see you again in two weeks for the dress rehearsal."

All through the ninth month, I was getting larger and larger. Spring had turned into summer. Alex and I had spent an afternoon getting acquainted with French baby clothes and buying a supply. We even bought a delightful musical doll we saw in a store window one afternoon. My due date was only a week away, but even that now seemed like a long time to wait.

"Have you packed your suitcase?" Mme. Cohen asked me as I walked in for my final lesson.

"Should I have?" I asked, wondering if there was something about me that made her think I was going to give birth then and there.

"Pack it tonight," she said smiling. "Be sure to include some talc for the *effleurage* and a sponge to wipe your face if you get hot. Another thing. When your due date comes around, I want you to shave yourself. Don't look so startled. Use a mirror and do it yourself. Otherwise they will have to do it for you when you get to the hospital. If you are having strong contractions, it will interfere with your control. When you are just about to set out for the hospital, give yourself an enema. That way they won't have to give you one at the hospital when you are further along in labor and might find it both unpleasant and disturbing."

Really, she thought of everything. I wondered if the Russians were so considerate. She went on to enumerate the signs of the beginning of labor and the procedure I would follow checking into the hospital. When I got there, I was to be sure to ask any questions that occurred to me, not to puzzle over anything that I didn't understand. If I were not very far along, I might knit, walk in the garden, sleep, or talk, whatever I found most restful. But I was

not to do anything that would tire me for the work that was to come. I understood that Alex could be with me the entire time, and that there would be midwives and nurses in and out periodically to check on my condition. Mme. Cohen herself would arrive when I was approaching five francs dilatation, and Dr. Lamaze shortly afterwards, before I had reached transition.

"Before our final rehearsal," Mme. Cohen went on, "there are several things I want you to keep in mind. One: Go on practicing every day. If you are overdue, you will come for another lesson. You have built up temporary conditioned reflexes. You must stay conditioned and not let them fade away. Two: Rest and save your energy as much as possible. Don't turn up exhausted. Fatigue lowers the sill of perception. Remember, when you are tired you say 'Everything gets on my nerves.' Please do not come to your *accouchement* in a state of exhaustion. Three: Remember that you are entering a competition that you are going to win. The first stage, the dilatation, may be long, hard work, but you will be alert and in control. When you reach the expulsion and feel the baby slowly move down with each of your pushes, you will know that the victory has been well worth all the time we have spent together. We are working as a team—you, me, your husband, Dr. Lamaze, and the staff of the hospital. Each of us has a part to play. Yours is the most important of all. Now, let us rehearse."

We went through the whole thing twice. The second time we threw in an extra push for twins—just in case. I had gone through it all so many times, at home with Alex calling the signals, and here with Mme. Cohen, that I was confident that when I was finally in labor, it would work nearly automatically. Then suddenly, from somewhere in my subconscious, despite all those weeks of training, out popped an old nagging question.

"Will there be anesthesia just in case?"

"The hospital will have anything you want," Mme. Co-

hen laughed. "But do you really think you are going to need it?"

"No," I said, "in fact I know I won't—now that I know it's there."

We discussed an American movie she had recently seen and the Moiseyev ballet, both playing in Paris at the time. (Mme. Cohen liked the movie and labeled the ballet *tarte à la crème*.) Then we said "*Au revoir*—until the *accouchement*." As I made my way down the stairs I thought of how I had felt the first time I went up them, and how much I had learned since then. It was like all the ads for dance studios or language records—"Learn to Whatever in Six Easy Lessons." But this time I was confident it was true. I had faith in Mme. Cohen and Dr. Lamaze, faith in Pavlov, and most of all faith in myself. I was looking forward to the championship match, confident that I would win. Not that I wanted to show off; but there was one face I did want to look into knowing I had done my best—the face of my child drawing his first breath.

5 La Méthode Lamaze

One spring day while we were browsing on the *quais*, I had come across a slightly used copy of a book by Colette Jeanson, *Principes et Pratique de l'Accouchement Sans Douleur*. At last I was able to get the full story of the Pavlov method and of our busy and mysterious Dr. Lamaze.

The whole thing began, I discovered, not only with Pavlov, but with a whole series of attempts in Russia to make painless childbirth possible by the use of hypnosis. At first these attempts were purely experimental. But beginning in 1920 K. I. Platonov, A. P. Nicolaiev, and I. Z. Velvovski, began to investigate the physiologic bases of the action of hypnosis in childbirth. They based this work on the physiological studies that had already been done by Pavlov, and also on the studies of the physiology of hypnosis that Pavlov himself was engaged in at the same time. In the course of this work it was found desirable to supplement purely hypnotic techniques with a preliminary program of education of the expectant mother. Using this approach, a certain number of successful deliveries were performed. But the Russians were still not satisfied because of the difficulty of applying hypnotic techniques on a large scale. They found that the use of hypnosis was impracticable with large numbers of women and required exceptionally highly trained physicians to perform it successfully. What they were looking for was a method that would work equally well for everyone, and that could become widespread.

For this reason about 1930 hypnosis was definitely abandoned as a technique for the suppression of pain. The fact was that hypnosis was only a symptomatic medication for pain, and did not get at its causes. It was to the elucidation of the whole problem of pain in childbirth that the developers of what was later to be the psycho-

prophylactic method now turned. Much of their work at this point was based on Pavlov's studies of the importance of what he called the "second system of signalization"—namely speech. By the process of trial and error a new method of painless childbirth based on the conscious education of women and the building up of consciously developed conditioned reflexes was evolved. It was tried out in clinics in Kharkov, Moscow and Leningrad. The results were so successful that in July of 1951 (following a recommendation of the Ministry of Public Health the previous February) a governmental decree generalized the method throughout the Soviet Union.

Later in the same summer Dr. Lamaze visited Professor Nicolaïev's clinic in Leningrad and saw the method in operation. On his return to France Dr. Lamaze immediately set about introducing the Russian method in the clinic of the metalworkers' union in Paris, whose lying-in section he directed. This naturally required a good deal of reorganization and training of personnel, but as early as May of 1952 most of the deliveries at the metalworkers' clinic were being performed by the psycho-prophylactic method. Nor was Dr. Lamaze content merely to accept the method as he had found it in Russia. He knew that it would have to be adapted to the French situation, and he and his associates were always alert for any improvements that could be made in practice. Much of this development was based on a careful study of the reports which every woman who had her child by this method was required to write shortly after her delivery. These reports were not supposed to be mere expressions of the woman's opinion, but rather a step-by-step description, as complete as possible, of everything she had felt and done during the delivery. The reports of the failures were even more eagerly studied than those of the successes, as it was hoped to eliminate causes of failure. I was fascinated to learn that the panting that Mme. Cohen had taught me, the blowing out during the period of transition, and much of the technique of pushing had been developed in France.

It was also found possible to deliver breech babies and other less usual presentations more efficiently with the woman cooperating than with the woman anesthetized.

It did not take long for politics to get into the act. The French have an elaborate system of social security which pays many maternity costs. Moreover, the clinic of the metalworkers' union was already receiving a governmental subsidy to cover part of the difference between the rates paid by social security medical insurance and the cost of running the clinic. But the Pavlov method cost the clinic more than the conventional methods had, because it demanded more personnel and more space. So the clinic applied for a further subsidy, and the Pavlov method entered the political arena. It was, after all, imported from Russia, and the metalworkers' union was communist-dominated. Much of the debate that followed had little to do with medicine, but it did result in tremendous publicity for the method. A large section of Dr. Lamaze's private clientele deserted him. On the other hand, all over France people became interested, and *Accouchement Sans Douleur* became a household word. (When Alex told our cleaning man that I had just had a baby, he was confronted with the unexpected question "*Avec ou sans douleur?*")*

Colette Jeanson's book also contained a theoretical discussion of the principles of Pavlovian physiology and obstetrics, that I, with my 68 in biology behind me, would not even attempt to reproduce. But it did fascinate me to learn of the many-sided attack the Pavlov method makes

* Dr. Lamaze's struggle to introduce *accouchement sans douleur* in France was the inspiration for a story that was later made into the film, *The Case of Dr. Laurent*, starring Jean Gabin, which has been widely shown in the United States and has met with highly enthusiastic critical reception. But the film is not, as one is tempted to assume, a fictionalized version of an actual incident in Dr. Lamaze's life, but a wholly original story that the writer Le Chamois was inspired to write by the adventure of *accouchement sans douleur* and the revolution in human relations he saw it working in France.

on pain. It led me to understand that none of the statements Mme. Cohen had made about pain was meant to sum up the entire Pavlov system. All of them were meant to complement each other.

The Pavlov method denies that pain is *essential* or beneficial to childbirth—which is not the same thing as saying that it does not exist or that it is an illusion. The Pavlov method, like all of medicine, is a mixture of the applications of biological theory and the results of purely empirical or experimental observations. Its understanding of pain and of how pain can be combatted is the same sort of mixture. The proof lies not in any theoretical logic, but rather in the fact that it works.

The first cause of pain recognized by the Pavlov method is fear, and the unfavorable reflexes fear creates. There is an absolute reflex that makes the body tense when a person becomes afraid. This reaction is reflected in the idiom "gripped by fear." Tense muscles, as Mme. Cohen pointed out, lead to pain. Furthermore, fear affects the brain adversely, and puts it in a condition in which any pain is experienced with greater intensity. The Pavlov method combats fear by education. It combats the tension caused by fear by creating conditioned reflexes of controlled relaxation which are able to overcome the defensive reflexes that lead to tension.

Another cause of pain related to the first is misinterpretation of sensation. Childbirth is a vigorous, active, muscular process. The contractions of the uterus, the moving of the baby down the birth canal, produce strong sensations as does any vigorous muscular effort. A woman who is not prepared to experience these sensations and knows nothing of what they are likely to be, will probably interpret them as pain. This interpretation will in turn lead to fear and even greater pain. This, too, is combatted by education.

Pain may also result from extraneous muscular interference with the action of the uterus. This the Pavlov method combats by the *effleurage* which relaxes the mus-

cles of the abdominal wall, by chest breathing which keeps the pressure of the diaphragm on the uterus to a minimum, and by the techniques of controlled relaxation.

The pain of strong contractions may be caused by a lack of oxygen. This the Pavlov method combats by techniques of accelerated breathing and by giving additional oxygen between contractions whenever necessary.

During what are usually the two most difficult moments in childbirth (transition, crowning) pain is caused by the fact that the natural reflexes are ill-timed, that is, because the woman pushes when it would be better for her not to. The Pavlov method combats this pain by conditioning the pushing reflex so that the woman can control it and avoid pushing when the obstetrician tells her not to.

But in any particular case these methods for combatting pain may not work perfectly, and perhaps there is some other cause of pain, as yet unknown. So the Pavlov method attacks the residue of painful sensations by raising the sill of sensibility to a level where they are inhibited from entering consciousness. This is done by maintaining a high level of conscious activity throughout the delivery. The woman is warned to stay alert and to pay attention to everything that is happening to her; she constantly uses her brain to maintain control over her muscles. In this way all the techniques employed during the delivery, in addition to their direct effect on the muscles concerned, aid in the inhibition of the reception of pain in the cerebral cortex.*

* Two of Pavlov's experiments illustrate the mechanisms involved in painless childbirth. In the first, it is noted that when an electric shock is applied to a dog's paw, the dog has what is called a defense reflex—it barks, tries to get away, shows every sign of feeling pain, etc. For several days the electric shock is given simultaneously with food. It is noted that gradually the defense reflex becomes weaker and weaker. Finally the shock alone, without the food, produces not the defense reflex, but salivation with no sign of pain. A painful stimulus has been transformed into the signal for the salivary reflex. The British

At the back of Colette Jeanson's book, I found a number of the reports of women who had had babies by this method. I read them avidly. I wanted to find out as much as possible about what I might expect from my own delivery. Any impression that I still had that the events would unroll in a simple, dull, overscheduled manner, was entirely banished. Each account read like an adventure. Every one of them reminded me that, while childbirth might be predicted with a great deal of accuracy, the events of the outside world—autos, subways, telephones, babysitters—would be as haphazard as ever, and that one's training might be put to the test of having to cope with any number of unanticipated occurrences. I admiringly read how each of these women had overcome every problem with courage and skill. Every one of them saw the *accouchement* as a series of challenges that she could and did confidently overcome. I was so impressed by the story of one woman who made a two-hour drive in a truck from the country to the hospital, controlling her contractions without anxiety, that I almost began to wish that I might

physiologist Sherrington when shown this experiment exclaimed, "Now I understand the psychology of martyrs."

The other experiment shows that pain can result from conditioning and be eliminated by conditioning in human beings, and that the spoken word can serve as the signal for both of these. A spiral tube is put about a man's arm; by sending water through it rapid and precise changes of temperature can be effected. It is noted that at 43 degrees Centigrade the man feels a pleasant warmth and the blood vessels of his arm dilate, while at 65 degrees he feels a painful heat and the blood vessels contract. When the 65-degree heat is applied a bell is rung. After a while the ringing of the bell or the words "I am going to ring" produces pain and contraction of the blood vessels even when the temperature applied is only 43 degrees. On the other hand the application of 65 degrees without ringing the bell and with the words "This is only warm" produces *no pain* and dilation instead of contraction of the blood vessels. More than that, when the region of the arm is anesthetized with novocaine, the painful degree of heat produces no pain or contraction, but the ringing of the bell continues to produce both.

be presented with some such test to try my skill. Reading the accounts of other women in their own words gave me a sense of the reality of the experience. I was determined to do as well as they.

The day arrived when we were to see the movie. We drove out to the *populaire* quarter of Menilmontant where, for the first time, we saw the clinic of the metalworkers' union. It stood facing a pleasant but noisy square, and once inside the gates, we came upon a scene of bustling activity. A great crowd of pregnant women, many of them accompanied by husbands and even children, was pouring into a large hall. I was astonished at the idea that any one doctor could have so many patients. As it turned out, Dr. Lamaze was assisted by his associate, Dr. Vellay, and several other doctors. Now a technician was running up and down the aisle trying to adjust the sixteen-millimeter projector so that the picture approximated the size of the small screen that stood at one end of the hall. The scene had that casual, homey atmosphere that I associate with the presentation of amateur movies. I half expected to see shots of the activities at the last season of the union camp. I suppose I was led to that idea by the number of enthusiastic little children who ran happily up and down the aisles, crawling in and out over the rows of chairs.

Suddenly a door opened and Dr. Lamaze came in to introduce the film. There was an immediate respectful hush. He spoke in the same friendly humorous manner that he had in his office. The film we were about to see, he explained, had been put together from various sources and some parts of it were very old. He told us briefly what it contained so that we would have no difficulty in following it. As he finished the lights flicked off and the show began.

The first part showed some pictures of Pavlov followed by some scenes that looked like a nursery school—it was hard to tell if Pavlov was directing the children or not, and I missed whatever the point of the goings-on was. Then

suddenly there was a horror sequence that showed a very old-fashioned delivery. The woman was obviously making a terrible racket as she leapt up and down like an epileptic. The nurses were holding her down while the doctor engaged in what looked like a tug of war. It was a nightmare. I looked to see what kind of a traumatic effect it was having on the children in the audience, but they were merely looking around them with expressions of unconcern. Two of them were rolling a ball up and down the aisle. They didn't appear to understand or care about what was going on—fortunately, I thought. The scene left me feeling somewhat sick, and a little rebellious at what was obviously the beginning of a hard sell.

The next sequence moved into more familiar territory—young women in a classroom listening to a lecture. Then the same young women were shown lying on tables, doing the same exercises I had learned—and then a scene of a young woman having a baby and smiling. In contrast with the previous delivery, this one was obviously taking place in an atmosphere of peace and happiness. The people in the delivery room moved very little and appeared to do very little talking as well. The woman on the table had an expression of intense concentration, which her attendants gave every indication of respecting. As the period of expulsion went on she seemed to be working very hard, but between the contractions she was relaxed and peaceful. The doctor delivered the baby very slowly.

When I saw what it looked like as the head crowned, I was terror stricken. It seemed the head couldn't possibly get through without tearing her to shreds. I wasn't the only one who was worried. There was a great gasp from the audience. Only the people on the screen seemed free from anxiety. Slowly, gently, the head was worked out, and when the face was turned up so that you could see the features there was a terrible sigh of relief. Then the doctor in the film turned the head in his hands and deftly extracted the baby's right arm which he placed on the mother's thigh. At that moment she looked up into the

face of her baby, and the expression on her face was radiant. The doctor turned the baby again, and then all at once he lifted him out and up into the air for the mother to admire. At this point, even some of the children in the audience began to pay attention and to join in the "ohs" and "ahs" of delight at the new little child.

Then before I had time to decide whether I found the scene frightening or reassuring, another delivery took place, giving us an opportunity to witness the entire miracle all over again from the very start. The second time I paid even more attention to the actual delivery of the baby's head. I found it difficult to believe that the head could really be born without the most excruciating agony and destruction, and even as I watched it going on in front of my eyes, I was still obsessed by the notion that it was an impossibility. It was reassuring to see that birth was feasible, and how short a time the freeing of the head really took. The mother's face was truly beautiful. I had become so absorbed in the delivery of the head that I had failed to observe what the mother herself had been doing. On later reflection I decided that that was not the purpose of the film at all, and that it had actually performed the function that had been intended for me.

As I stood up to leave I found that my knees were trembling; something in me had been deeply shocked. I took Alex's arm for support and stumbled along to the nearest café. We both ordered double cognacs—for medicinal purposes, Alex said.

"They really oughtn't to show such things," I began. "Traumatic! Can only create fear." But even as I said it I began to feel calm. So that was what it was to have a child. Actually it was very simple. Simple and human; nothing mysterious—only the mystery of birth itself. And everyone looking so calm and happy.

As it happened the film turned out to have been a wonderful psychological experience. As the days went by I thought over those scenes again and again, visualizing them, trying to digest what I had seen and to come to

terms with it. I found that my sense of shock faded away bit by bit, and was replaced by that happy sense of security that attaches to familiar things. It seemed unlikely that I could be twice shocked by the same thing, and I began to be confident that when it was my turn to deliver I would remember what I had seen, and know that there was nothing to fear. As for the first sequence, when I thought it over I realized that it was just some such scene that had previously been somewhere in the back of my mind, associated with the word childbirth. I was glad that it too had been brought out in the open where I could look at it, and that I had been shown the movie far enough in advance for that process of digestion to take place. It was one of the most helpful parts of the education.

A few days after the movie, I went alone to take the hospital tour. By that time I felt I could face anything, and I drove up to the hospital with a feeling of real anticipation. It was such a pleasant place. There were several other girls waiting when I arrived. We were left in the salon, a large room in the center of the ground floor with French doors opening out onto the back garden. It was pleasantly cool and quiet there, a relief after the long drive through traffic. We wandered aimlessly about as if we were waiting for nothing in particular. Soon there were seventeen of us, all curiously silent and shy.

Suddenly a conversation began. It was carried on in subdued tones between a very young girl having her first child and a much older woman about to have her fifth. It would have been an argument except that the two of them were in essential agreement about the main point—that it was impossible that one could really have a child without suffering excruciating anguish. The young girl kept repeating nervously that no matter what anyone told her, she *knew* that having children gave you palpitations of the heart. The elegant older woman replied that she doubted that very seriously, although she was certain that there couldn't be such a thing as painless childbirth. She had gone through torture during her first four deliveries; she

was in a position to know. Of course she hadn't tried this way before, but after all! The two of them sniped at each other intermittently. The rest of us were silent. From time to time we all sneaked oblique glances at each other's maternity dresses. My American clothes were comparatively chic, since the *haute couture* of France hadn't really buckled down to the problems of the pregnant woman. But none of us was ravishing.

At last a great blond nurse came to announce that we were all invited to go home. The hospital was full, there were no vacant delivery rooms to snoop about in, and besides she didn't see the use of such nonsense. But because we had all come such a long distance, because it was such a very hot day, and more especially because this was France, no one stirred a step. The nurse stood looking at us with disgust for a few seconds and then went away muttering. When another fifteen minutes had gone by she returned still scowling. There was another nurse right behind her. I wondered if we were about to be forcibly evicted. The second nurse smiled at us pleasantly. "You understand how it is with nature," she began. "Babies don't wait . . ." We stared impassively. We could wait.

"Well," she said, "if you insist on staying—there is one of Dr. Lamaze's patients who is in the smallest delivery room. [At the Belvédère you stayed in the same room throughout labor and delivery.] She is having a premature birth—seven months, so she hasn't yet begun to train." We stared silently. The blond nurse sputtered out something that sounded like "*Imbéciles!*" The second nurse shrugged her shoulders. She had the good sense to see that she was licked. "You may come along then," she said. "*La monitrice* is with her, teaching as they go, and though I don't recommend it, she doesn't mind if you come—only please, just eight at a time. The room is so small." I was appalled. "I wouldn't like this crew to troop in on *me*," I thought. But I went along with the others.

We straggled along, down the hall, through the door

that warned all extraneous people to keep out, and there we were in the modern delivery wing. The blond nurse came trailing along after us, still muttering imprecations and doing her best to make us feel like the guilty intruders we were about to be. Finally the first group tiptoed into the small delivery room, leaving the rest of us to wait interminably in the corridor. When at last they had tiptoed out again, we stealthily moved to take their places. After all that build-up I expected to see something really dramatic. I was disappointed.

It was a small room. There was a bed, a table, a chair, an oxygen tank and a little cabinet full of bedpans. I was vaguely disturbed. Where were the medical things in case of emergency? In another room, I was told: emergencies are not so common. The young woman on the bed looked over at us and smiled. She said she felt just fine. The nervous girl immediately asked her if she wasn't having some palpitations.

"No, not at all," the imminent mother began. But suddenly she stopped, looked off into space and began to pant. The *monitrice* stood beside her and panted right along to keep her company. We stared, fascinated. "Stop now," said the *monitrice*, exhaling a long slow breath. She stopped and turned back to us. "Where were we?" she asked. "Oh yes, palpitations . . ."

"But isn't she having advanced-stage contractions?" someone asked. "Doesn't that panting come toward the end?"

"Yes," the *monitrice* smiled, "we are doing very nicely."

Someone else asked to see the stirrups that would be used during the period of expelling the baby. The young girl began to pant again, and as soon as she had finished the contraction, she moved over to allow the *monitrice* to demonstrate the stirrups to her audience. We stood there, huddled together at an acceptable distance, and stared about for a few more minutes, baffled by the evident simplicity of the room and the labor that was in progress. Then we thanked the two of them for their

hospitality and filed out much more noisily than we had entered. The visit had begun by showing all the signs of being a fiasco, but it had turned out to be even more profitable than I had anticipated. It was a good thing to become acquainted with the delivery room, but to see it while it was in use was much, much better. It was becoming obvious that the closer one came to the facts of childbirth, the less frightening they seemed.

"Now," our guide said when we were out in the corridor. "we are going to visit a young woman who had her baby last week." In we trooped, this time to a large and pleasantly furnished corner room. At one side, in a bassinet draped with pink and white ribbons, was the baby—her first. How miraculous! The nervous young girl looked over uncomfortably at the baby and began her questions again. "Did you do this? Did you feel that? Was it terrible?" All the answers were the same; "Oh, no, it was wonderful!" Then the elegant lady suggested that perhaps she had already forgotten the suffering—the memory is likely to repress such things. But already she looked beaten.

One by one the other girls found their tongues and pretty soon the poor mother was drenched in questions. She answered each one patiently, explaining her sensations at each and every moment, what techniques she had used, and how successful they had proved. She particularly insisted that the expulsion, far from being the worst phase, was absolutely painless and so very thrilling that she would happily do it again tomorrow. At this everyone became terribly enthusiastic, and began to exchange stories about other people who had had painless childbirth. There was a great deal of noise, with everyone talking at once in the way that only women have mastered to perfection. A nurse came running in to tell us that we were disturbing the peace of the establishment, and our guide whisked us out and down the hall for our next visit.

The second visit was even more startling than the first. This young woman was also a first-time mother. She had come to the hospital the evening before and had delivered

early that very morning. She looked a little tired, but very pleased with herself and her baby. Her testimony dismissed any doubts that could possibly have remained in my head.

With these visits my proselytization was complete. The only thing that could now influence my feelings about the Pavlov method would be the success or failure of my own delivery. I couldn't imagine that it would be anything but a success. I think the others must have felt the same. We were a transformed group of women, and we rushed out of the hospital chattering enthusiastically, eager for the time when we could return to try it for ourselves.

My last visit to Dr. Lamaze gave an additional boost to my confidence. He inquired about my progress with Mme. Cohen, and seemed satisfied by my answers to the questions he asked me about the course. During my examination, he explained to me the position that the baby was in and assured me that it was the most auspicious position possible. My condition in general he described as admirable, and in order to keep it that way for the remaining two weeks, he prescribed a cream that would prevent the formation of any stretch marks on the abdomen. I asked him if this was part of the Pavlov method. "No," he answered with a smile, "it's part of staying a beautiful woman." I was delighted to find that with everything else he had to attend to he still took the time to pay attention to this.

"*Madame, vous êtes parfaite!*" he pronounced as I stood up. "I hope that the next time I see you will be at the Belvédère. Mme. Cohen will review you on the signs of labor. At the first one do not hesitate to call me—no matter what awkward time of day or night it is. You or your husband will telephone me, and I will tell you when to present yourself at the clinic. You need worry about nothing else but getting there. I will tell them to expect you. I will reach Mme. Cohen for you. I know that you will be too excited at the beginning of labor to want to worry

about details. So leave them all to me. And now, madame, *bon chance!*"

My last lesson with Mme. Cohen had been on June 30. The baby was scheduled to arrive on the fifth of July. On the third we drove to Chartres for the day. I was afraid that we wouldn't have another chance for an outing for some time, and I wanted to cram in as much as possible before we had definitively entered the category of parents. On the evening of the fourth we went to a very late cocktail party. On the morning of the fifth I got up and waited for the baby. The fifth passed and then the sixth. Neither of us was able to work or study. We began to recalculate the day of arrival. I read and reread Colette Jeanson's book and practiced every day so as to stay as conditioned as possible. More days went by. I called Mme. Cohen and she made another appointment for me to come in and rehearse. It was important for me to keep up my conditioning.

I found it more and more difficult to pass by those marvelous shops full of baby clothes without buying anything. There was one little dress in particular that I developed a powerful craving for. I had a strong intuition that the baby was going to turn out to be a girl. It was followed up by another strong intuition to the effect that she would be born on the fourteenth. We agreed that we would call her Marianne in honor of the French Republic. I had heard that the government gave special bonuses for children born on the fourteenth. As far as I was concerned it was all settled.

On the morning of the fourteenth I got out my suitcase and put it in the trunk of the car. We walked up and down the quays half the day; in the evening we went to the *bal* on the prow of the Ile-Saint-Louis and danced happily until midnight. The fourteenth had passed and there was still no baby. I began to think that the entire thing was an illusion; there was no baby. The next day I was in a terrible temper. I refused to practice my exercises. I insisted that we go to the Méditerranée for lunch, and I

packed away everything from bouillabaisse to chocolate soufflé. I don't remember how I managed to get through the afternoon. At dinnertime I ate again with a vengeance. I was in that terrible state of nerves that is inevitable when you have successfully got through the dress rehearsal, but you don't know when you will be able to hold the opening night.

We saw on a poster that several rooms at the Louvre were going to be illuminated that evening. Immediately after coffee we drove over and wandered about the exhibit of Roman sculpture. There we distracted each other by making unpleasant comments about the emperors from Augustus downhill. I was particularly pleased to discover that Caligula looked just like a modern American juvenile delinquent. We met some New York friends alongside a bust of Agrippina, and all went on together to the Flore where we discussed painting till after one o'clock in the morning. By this time I was so bitter that I didn't care what was going on. We arrived home at nearly two in the morning. I was tired and discouraged. I undressed and got into bed, resigned to the fact that the baby would never arrive.

The minute I turned out the light a contraction began. I leapt up and looked at the clock. We waited. Ten minutes later there was another.

"What do we do now?" Alex asked.

"Time them a little longer," I said.

We waited together in silence, watching the clock. It was ludicrous. The hands moved terribly slowly. Then, sure enough, exactly ten minutes later, another contraction.

"I think I'll call Dr. Lamaze," Alex said. He grabbed some change and rushed out to the *tabac*. Two minutes later he was back again. "He says to wait until the contractions come every seven minutes, then call him again and go to the hospital." We looked at the clock for another hour. The contractions were coming regularly every

seven or eight minutes. I picked up my toothbrush and we left.

The *tabac* had closed. We drove to the Café du Dôme in Montparnasse and telephoned from there. The night was fresh and full of the smell of earth that blows over Paris on summer nights. "Come ahead," Dr. Lamaze said. We stopped to put down the top of the car, and then we drove to the hospital. The city was beautiful and still as we drove along; it was a perfect night to have a baby.