

## **Concealing Labor Pain – the Evil Eye and the Psychoprophylactic Method of Painless Childbirth in Soviet Russia**

On 13 February 1951, the Soviet Ministry of Public Health issued decree No. 142 endorsing the “Psychoprophylactic Method of Painless Childbirth.”<sup>1</sup> This was a great victory for Ukrainian based psychoneurologists. Since the 1920s, Il’ia Vel’vovskii, his mentor Konstantin Platonov and others had been developing a psychotherapeutic drugless method for preventing birthing pains. They experimented primarily with the effects of suggestion and hypnosis on pregnant women. Yet until the late 1940s, an adoptable statewide method was not forthcoming. Both hypnosis and suggestion required highly trained medical personnel, and even under the best conditions, their effectiveness varied according to the patient’s suggestibility. Finally in 1947, Vel’vovskii began experimenting with a method which combined a completely new perception of childbirth with the mobilization of the parturient.

The psychoprophylactic method of painless childbirth was based on Vel’vovskii’s idea that natural childbirth was painless and women who did not expect pain would not experience it. The method sought to prevent labor pain by heightening women’s self-awareness and teaching them techniques of bodily control. In a six-session training course conducted at local maternity homes, pregnant women learned the physiology of pregnancy and how their body would change and prepare for birth. The knowledge sought to reassure women that pain was an unnecessary aspect of childbirth. In addition, pregnant women were taught a series of techniques to control their body during labor. These included controlled breathing, massaging the abdomen, rubbing pressure points, correct lying positions, and ways to identify, record, and monitor birth pangs.

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<sup>1</sup> Though the method may have been officially adopted in the Soviet Union in February 1951, it was not until 1955-6 that it became truly wide spread. A. I. Malinin and G. T. Khmyz, "O Nekotorykh Itogakh Vnedreniia Psikhoprofilakticheskoi Podgotovki Beremennykh," *Fel'dsher i Akusherka*, no. 1 (1961): 29.

Women could prevent birthing pain, Vel'vovskii argued, by taking control of their body, environment, and the overall birthing experience.

Since the 1920s, psychoneurologists had been competing with obstetricians and gynecologists who experimented with pharmacological means for pain relief. After World War II, pronatalist policies to replenish the Soviet Union's casualty stricken population raised the stakes of the debate.<sup>2</sup> Alleviating birthing pain was viewed as a way to encourage pregnancy among women who were afraid of suffering during childbirth. The psychoprophylactic method won out over pharmacology at the 1951 Anesthesia in Childbirth conference in Leningrad, a mere two weeks before the Ministry issued its decree. This was by no means an expected victory. While psychotherapists may have had the know-how to handle fear and stress and treat trauma and neurosis, obstetricians were the true specialists in childbirth. Why then did the psychoprophylactic method win out?

First, the method was proven effective in relieving pain. In 1950, Vel'vovskii's experiments expanded to a number of hospitals in Moscow, Kiev and elsewhere. Every physician who employed the method reported that it relieved stress, fear, and "increased the coordination between the medical personnel and the parturient women."<sup>3</sup> In fact, even the obstetricians who examined the method at the Ministry of Public Health were impressed. "Out of 107 births," they reported in 1951, "we observed beneficial effects in 86 parturient women (80.4%)."<sup>4</sup>

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<sup>2</sup> Mie Nakachi, "N. S. Khrushchev and the 1944 Soviet Family Law: Politics, Reproduction, and Language " *East European Politics & Societies* 20, no. 1 (2006).

<sup>3</sup> On the experience in Krasnopresnenskii region of Moscow, for example, in which the experiment started in March 1950, see B. K. Korabel'nyk et al., "Opyt Obezbolivaniia Rodov Psikhprofilakticheskim Metodom," *Akusherstvo i ginekologiya*, no. 2 (March-April 1951).

<sup>4</sup> V. N. Shishkova, P. M. Bronshein, and E. I. Ivanova, "Psikhoprofilakticheskoe Obezbolivanie Rodov," *Akusherstvo i ginekologiya*, no. 2 (1951): 27-8.

A second factor in the great victory of the psychoprophylactic method was institutional. The majority of Soviet women in the early 1950s did not give birth in fully equipped hospitals but in local maternity homes, usually run by a midwife with three to four years of medical training.<sup>5</sup> Soviet midwives delivered babies in villages without electricity, a phone or reliable transportation to hospitals. Pharmacological pain relief was doomed because potential side effects of medication were difficult to manage under these conditions. The psychoprophylactic method, however, was risk-free. Moreover, as Vel'vovskii stressed in his doctorate dissertation, the success rate in villages was higher than in cities. He explained that the method fit well with the rural obstetric patronage system over which a village midwife presided for the health of expectant mothers and infants.<sup>6</sup>

This paper argues that culture was a third factor in the victory of psychoprophylaxis over pharmaceuticals. It uncovers the similarities between the highly modern psychoprophylactic method and traditional folk beliefs about childbirth in order to argue that traditional culture and modernity is not a binary pair of opposites. Rather they are best viewed as braided where the former is subsumed into the latter; and the latter reconfigures the former to fit within its logic. Thus, traditional and Soviet culture shared the demand for a high degree of self-control from women in labor, but while the former perceived it as a way to avoid the evil eye, the latter considered self-control indicative of a cultured person. I argue that Soviet psychoneurologists

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<sup>5</sup> In 1948 the length of feldsher-midwife school was prolonged from three to four years. E. I. Stantso, "Podgotova I Spetsializatsiia Akusherek," *Akusherstvo i Ginekologiya*, no. 5 (1952): 29.

<sup>6</sup> I.Z. Vel'vovskii, "Sistema Psikhoprofilaktiki Bolei V Rodakh" (Tsentral'naia Klinicheskaiia Psikhonevrologicheskaiia bol'nitsa, Glavnoe Sanitarnoe Upravlenie Ministerstva Putei Soobshcheniia SSSR, 1957), T.2 460-2. More on the implementation of the method in villages see N.I. Mamontov, "Provedenie Psikhoprofilakticheskoi Podgotovki Zhenshchin K Rodam V Sel'skikh Rodovspomogatel'nykh Uchrezhdeniakh" (1956).

developed the psychoprophylactic method within a particular *cultural* context dominated by certain beliefs, practices and folk knowledges of childbirth.

Any attempt to transform Soviet birthing practices along scientific and rational principles had to account for the deep structure of rural culture. Analyzing Soviet science the historian should not forget that the majority of the population lived in the countryside until the 1960s. In addition, many medical practitioners came from peasant and working class backgrounds thanks to Soviet affirmative action programs.<sup>7</sup> But one did not have to come from a peasant background to be influenced by traditional culture. As Irina Sedakova argues traditional culture “is common knowledge ingested since childhood through *bylichki* [narratives relating to personal experience].” She writes that Slavs to this day preserve elements of ancient beliefs about pregnancy and the health of newborns both in rural and urban culture.<sup>8</sup> While direct connections between traditional culture and Soviet science are difficult to prove, the ways the psychoprophylactic method paralleled folk beliefs suggest that though scientists were most likely unconscious of the influence rural culture had on them, their worldviews were nonetheless influenced by it.

The psychoprophylactic and the traditional methods of childbirth shared similar assumptions. Both considered birth inherently painless, attributed pain to an external force, and emphasized practices of concealment, silence and the regulation information about pregnancy and birth as ways to prevent pain. However, this is not to imply that the scientism at the heart of the psychoprophylactic method was merely a modern mask over a traditional face. The method

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<sup>7</sup> Sheila Fitzpatrick, *Education and Social Mobility in the Soviet Union, 1921-1934* (Cambridge, Eng. ; New York: Cambridge University Press, 1979).

<sup>8</sup> I.A. Sedakova, "Zametki Po Etnografii Rechi (Na Materiale Slavianskikh Rodin)," in *Slovo I Kul'tura*, ed. T.A. Agapkina (Moscow: Indrik, 1998), 212.

employed a variety of institutions, ideologies, knowledges, and practices associated with the modern in general, and Soviet modernity in particular. These include professionalized medical personnel, a universal language of physiology, a state system of hospitals and maternity wards, and a self-disciplined, conscious woman. Its claim to universalism was so compelling that the French obstetrician Fernand Lamaze was drawn to its “sound physiological basis.”<sup>9</sup>

When the anthropologist Olga Glazunova interviewed Olimpiada Bakhmesterova of the village *Staroe Selo*, Moscow Province, about her birthing experiences, Bakhmesterova, who had given birth to six children between 1925 and 1941, refused to speak of childbirth as a traumatic event: “Women in those days gave birth everyday,” she said. Playfully, the ninety year old woman continued: “[The baby] flew out like a cork! (*vyletit kak probka*).” Completely aware of the differences in the perception of birth between “those days” and “nowadays,” Bakhmesterova was not sure Glazunova understood her. Throughout the interview she frequently asked, “Do you understand, darling?” Yet, though Glazunova replied in the affirmative, Bakhmesterova was still not convinced. To be sure that the anthropologist understood, she chose to re-enact her births: “I came from the harvest: oy, oy, oy, oy, they sent for the midwife. “Here you have a son.” But Glazunova seemed to still not understand. Once again she asked, “And when she [the traditional midwife] arrived, what did she do?” Bakhmesterova began losing her patience. Once again she re-enacted a birth, but this time in the form of a conversation between her and her sister-in-law, auntie Dunia, the village’s traditional midwife (*babka*): “She came. I felt something... I said to her: “What is that?” and she

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<sup>9</sup> Fernand Lamaze, *Painless Childbirth; Psychoprophylactic Method* (Chicago,: H. Regnery Co., 1970), 30.

said: Oy, you are about to give birth now. And I said: "Well, let's." I was fast. It popped out like a cork (*vyskochil kak probka*). Well, giving birth was easy."<sup>10</sup>

Colorful and funny, Bakhmesterova's narrative resembles other Russian peasant women. "We [peasant women] usually give birth easily. The baby pops out (*vyskochit*) and no assistance is needed," Elena Sorokoumova, from Smolensk province said in an interview. Like most women, Sorokoumova used the assistance of a traditional midwife, or *babka*. But the *babka*, she argued, was invited only as a precaution."<sup>11</sup> Natalia Skovorodina explained: "We had special *babki* - *babnichali* - and they were called when the birth was difficult. But if you give birth on your own – they weren't sent for."<sup>12</sup> This experience is echoed in an interview with Anna Zueva, who had served as a medic in a village in Novgorod in the late 1930s. Zueva could not remember intervening in any childbirth. "You see most Russian women gave birth without help, even without the *babka*..." she recounted. "They would sit down to dinner, this at least is how they told it, and they would feel pain in the stomach. The woman would leave [the house] for the barn, take a piece of cloth and then she would return with the child."<sup>13</sup>

The narration of painless childbirth reflects a deeper symbolic strand in Russian culture. In an article on labor pain Ekaterina Belouslova writes that "every culture has a particular perception of pain. Every bodily strain can be perceived either as painful or painless according to

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<sup>10</sup> Olimpiada Timofeevna Bakhmesterova, in *Village Mothers* (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, June 7, 1993).

<sup>11</sup> Elena Anisimovna Sorokoumova, 00-058, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, Summer 1993), 1

<sup>12</sup> Natalia Efimovna Skovorodina, 00-055, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, 1981), 1

<sup>13</sup> Anna Vasil'evna Zueva, 00-068, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, May 24 and 26, 1990), 2-3.

the conditions of the given culture.”<sup>14</sup> Russian culture, she argues, is split between two contradictory ideas about pain during childbirth. One contends that childbirth is intolerably painful while the other rejects the possibility of pain altogether.<sup>15</sup> While in the former pain transforms women into heroic mothers, in the latter it reflects their liminal state during birth. A woman during birth was between the world of the living and that of the dead.<sup>16</sup> Since “the ability to feel (foremost pain) is a characteristic of the living,” a laboring woman should not feel pain.<sup>17</sup>

Psychoneurologists and obstetricians, who developed and adopted the psychoprophylactic method, accepted the premise that childbirth should be painless. Whether conscious of its traditional roots or not, scientists did not turn to the experience of peasant women as evidence of their premise. Rather Vel’vovskii narrated his discovery as the result of a series of scientific observations. As a psychotherapist, Vel’vovskii was often invited to intervene in deliveries when the parturient woman was “disturbing” the medical personnel. Watching women in labor, he noticed “from a neurological point of view” a discrepancy between the physical manifestations of labor and women’s reaction to it. “But soon it was ascertained that the complaints of pain did not always correspond or coincide with the manifestations of motor anxiety, cries etc,” he concluded. Vel’vovskii’s first scientific discovery was a gap between a parturient complaint of

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<sup>14</sup> E.A. Belouslova, "Rodovaia Bol' V Antropologicheskoi Perspektive," *Arbor Mundi: Mezhdunarodnyi Zhurnal po Teorii i Istorii Mirovoi Kul'tury*, no. 6 (1998).

<sup>15</sup> See more examples in the archive of the Field Center, Department of Anthropology, European University at St.Petersburg. For instance: and interview with Antonova Anna Markovna, of Shol'skii region, Vologodskaiia province

<sup>16</sup> Therefore anyone who attended the birth had to be ritualistically cleansed. This is also the reason births rarely occurred in the house and tended instead to take place either in the barn or the bathhouse. See: Tatiana A. Listova, "Russian Rituals, Customs and Beliefs Associated with the Midwife (1850-1930)," in *Russian Traditional Culture : Religion, Gender, and Customary Law*, ed. Marjorie Mandelstam Balzer (Armonk, N.Y.: M.E. Sharpe, 1992), 130-1; Jeanmarie Rouhier-Willoughby, "Birth Customs: Ancient Traditions in Modern Guise," *The Slavic and East European Journal* 47, no. 2 (2003): 230-1.

<sup>17</sup> A.K. Baiburin, *Ritual V Traditsionnoi Kul'ture, Strukturno-Semanticheskii Analiz Vostochnoslavianskikh Obriadov* (St. Petersburg: Nauka, 1993), 211.

pain and the physiological progression of birth. He noted objective causes of pain, such as tearing or pressure on a nerve ending, yet argued that most ‘normal’ births did not have such complications and therefore should be objectively pain-free. Moreover, some women downplayed the severity of pain after giving birth. Vel’vovskii argued that women “became vulgar and then after the birth, they behaved as civilized cultured people and said that they didn’t suffer much.” These discrepancies alongside the realization that birth was controlled by the involuntary nervous system led Vel’vovskii to believe that normal birth was painless.<sup>18</sup>

The majority of Soviet obstetricians did not share Vel’vovskii’s premise.<sup>19</sup> Thus, when the renowned obstetrician Anatolii P. Nikolaev (1896-1972) introduced the psychoprophylactic method at the 1951 Leningrad conference and argued that pain was not inevitable during childbirth, he needed a wide breath of evidence.<sup>20</sup> “Obstetricians know well,” Nikolaev told his audience, “that 7-14 percent of completely normal births occur entirely pain free.” In fact “obstetric practice shows,” he continued, “that pain, in and of itself, particularly in combination with fear, often hinders the physiological course of birth.” Thus, if the study of labor pain proved that the dilation and effacement of the cervix caused no pain, obstetricians were wrong to understand and treat the pain “from a physiological point of view.”<sup>21</sup> So striking was Nikolaev’s

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<sup>18</sup> Il’ia Zakharovich Vel’vovskii, *Sistema Psikhoprofilakticheskogo Obezbolivaniia Rodov* (Moscow: Gosudarstvennoe Izdatel'stvo Meditsinskoi Literatury, 1963), 39-40.

<sup>19</sup> In 1951, three candidates of medical sciences from the Institute of Obstetrics and Gynecology, The Ministry of Public Health and Department of Obstetrics and Gynecology of the Moscow Medical Institute published an article evaluating the method from an obstetric point of view. They acknowledged the efficiency of the method, but criticized the theoretical assumptions behind it. See Shishkova, Bronshein, and Ivanova, “Psikhoprofilakticheskoe Obezbolivanie Rodov,” 27.

<sup>20</sup> Nikolaev was a corresponding-member of the Academy of Medical Science, who had served as the deputy director of the Institute of Obstetrics and Gynaecology of the Soviet Ministry of Public Health. On his biography see: “Anatolii Petrovich Nikolaev: K 70-Letiiu So Dnia Rozhdeniia,” *Akusherstvo i ginekologiiia* 42, no. 6 (June 1966): 75-77; “Pamiati A.P. Nikolaev,” *Akusherstvo i ginekologiiia* 49, no. 2 (February 1973): 77-8.

<sup>21</sup> A. P. Nikolaev, “Osnovnye Printsipy I Puti Obezbolivaniia V Rodakh,” in *Obezbolivanie V Rodakh, Trudy Konferentsii V G. Leningrade, 29-31 Ianvara 1951g.*, ed. A. P. Nikolaev (Moscow: Akademiia Meditsinskikh Nauk SSSR, 1952), 29, 31.



counter intuitive statement that a certain Prof. Chukalov from the Department of Obstetric and Gynecology in Izhevsk ironically asked. “Prof. A. P. Nikolaev said that pain during birth is unnecessary. If this is the case how would a pregnant woman know that the birth started?”<sup>22</sup>

Nikolaev, of course, did not mean that there were no physiological causes for labor pain. He admitted that in some cases there were obstacles to the normal course of birth. But they required special medical intervention that went beyond the scope of psychoprophylaxis.<sup>23</sup> The aim of the method was not to deal with pathological cases, but rather to eliminate pain for the vast majority of women. Understanding the cause of labor pain, Nikolaev argued, meant analyzing it under “normal” conditions. According to new medical research, he contended that birthing pain was the result of emotional trauma. Among the women who experienced severe pain without physiological cause were those with a “grave obstetric history.” These women had experienced a traumatic birth and carried this trauma to the next birth. But trauma was not restricted to a patient’s personal birthing experience. Nikolaev discovered that women who were giving birth for the first time suffered from pain too. Here the cause was somewhat different. “They had heard many [birthing] nightmares,” he explained.

As a matter of fact, often (if not always) there was someone around her during her childhood who spoke about the inevitability of labor pain. These words cause irritations which could last for a split second but the reaction to them continues for many years and

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<sup>22</sup> N. N. Chukalov, "Vystupleniia," in *Obezbolivanie V Rodakh, Trudy Konferentsii V G. Leningrade, 29-31 Ianvara 1951g.*, ed. A. P. Nikolaev (Moscow: Akademiia Meditsinskikh Nauk SSSR, 1952), 64.

<sup>23</sup> Soviet physicians did not use the psychoprophylactic method to treat patients with abnormal foetal presentation. In fact this was one of the most significant differences between their application of the method and Lamaze’s. See A. T. McNeil, "The Soviet or Psychoprophylactic Method of Painless Childbirth," *Developmental Medicine & Child Neurology* 3, no. 2 (1961).

could reappear after a long period of time. It is well known that emotions and affects increase pain and that emotional impact could be much stronger than any physical factors.<sup>24</sup>

Three years later, Vel'vovskii simplified things further in a series of published lectures for obstetricians. "For practical purposes," he wrote, "we deem it possible to divide labor pain according to the causes of its emergence into two groups." The first group included labor pain which resulted from "some obstacles to the physiological course of labor." For the second group Vel'vovskii discovered historical materialist causes for labor pain, rather than limiting it to a woman's individual experience. He argued that women's long historical oppression through forced marriage and early pregnancy produced pathological obstacles that caused pain. Unable to scientifically explain the phenomenon of labor pain, men, he continued, "found explanations in mysticism. The suffering of women in childbirth began to be regarded as an effect of sorcery, 'evil eye,' 'curse,' etc.; subsequently religion firmly branded women as 'cursed by God for the original sin.'" Yet ignorance could not explain away this mass cultural phenomenon. "We must not forget," Vel'vovskii added, "that the beliefs, ideas and judgments of society are the superstructure on the economic base." Seeking to oppress women and exploit their labor, men imposed notions of filth and sin on them. Literature too contributed to the notion that labor pain was inevitable:

In the novel *War and Peace* Lev Tolstoy vividly describes the sufferings of Princess Bolkonskaya in labor. Such a description cannot fail to impress the imagination and leave

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<sup>24</sup> Nikolaev, "Osnovnye Printsipy I Puti Obezbolivaniia V Rodakh," 32, 34.

an imprint on the readers' minds. And yet Bolkonskaya's labor was not physiological, i.e. not normal, but clearly pathological and ended in her death.<sup>25</sup>

Interestingly, Vel'vovskii's categorization of the cause of pain also echoes traditional perceptions. If within the psychoprophylactic method labor pain could be understood either as resulting from a pathological obstruction or psychological baggage, the traditional worldview too allowed for two possibilities. As Anna Reutova explained, "Births were difficult either because the baby lay incorrectly or because of the evil eye."<sup>26</sup> The experienced traditional midwife was equipped to handle the first cause of pain. The evil eye, however, required a more nuanced approach.<sup>27</sup> Olga Maltseva from Novgorod province explained: "In those days, if you felt it, you had to be quiet so that no one would know. This is what they knew then, that the woman would suffer from more pain the more people knew about it. This is what they said, this is what I understood, and this is what my mother told me."<sup>28</sup> In Slavic cultures, explains Irina Sedakova, "a woman in labor should not raise her voice, cry, speak loudly or sing," or according to Albert Baiburin "Birth becomes more difficult the more people know about it."<sup>29</sup>

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<sup>25</sup> I. Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis, Lectures for Obstetricians* (Moscow: Foreign Languages Publishing House, 1960), 163-65. Vel'vovskii's book was published in Russian in 1954 and translated to English in 1960.

<sup>26</sup> Anna Konstantinova Reutova, 00-47, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, Summer 1994), 1

<sup>27</sup> Elena Anisimovna Sorokoumova, 00-058, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, Summer 1993), 1

<sup>28</sup> Ol'ga Timoteevna Mal'tseva, 00-033, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, May 25, 1990), 8 G. I. Kabakova, "Otets i Povitukha v Rodil'noi Obriadnosti Poles'ia," in *Rodiny, Deti, Povitukhi v Traditsiiakh Narodnoi Kul'tury*, ed. E. A. Belousova and Nekliudov (Moscow: Rossiiskii Gosudarstvennyi Gumanitarnyi Universitet, 2001), 109; Tatiana A. Listova, "Russian Rituals, Customs and Beliefs Associated with the Midwife (1850-1930)," in *Russian Traditional Culture: Religion, Gender, and Customary Law*, ed. Marjorie Mandelstam Balzer (Armonk, N.Y.: M.E. Sharpe, 1992), 124. The belief is not limited to Russians, see D.A. Baranov, "Rodinnyi Obriad: Vremia, Prostranstvo, Dvizhenie," in *Rodiny, Deti, Povitukhi v Traditsiiakh Narodnoi Kul'tury*, ed. Belousova E.A. and S.Iu Nekliudov (Moscow: Rossiiskii Gosudarstvennyi Gumanitarnyi Universitet, 2001), 10.

<sup>29</sup> I.A. Sedakova, "Krik v Pover'iakh i Obriadakh Sviazannykh s Rozhdeniem i Razvitiem Rebenka," in *Mir Zvuchashchii i Molchashchii: Semiotika Zvuka i Rechi v Traditsionnoi Kulture Slavian*, ed. S. M. Tolstaia

When it came to telling her own tale of birth, Maltseva was aware of her skeptical audience. “Did I believe [that shouting would increase pain] or not? It didn’t matter. In those days everyone was quiet and I did the same so no one would know.” An unidentified peasant woman who was present during Maltseva’s interview questioned her memory saying that there were no secrets in the village. Everyone knew everything about everybody. To this, Maltseva recalled the day she went into labor. She was living at her mother-in-law’s but wanted to give birth in her mother’s house. “In those days we lived across the river and you had to cross the bridge [to get to my mother’s]. My mother-in-law told me: “Don’t walk through the village but walk across the river. This way no one would see.”<sup>30</sup> Maltseva’s mother-in-law insisted that she take the longer route in order to avoid the potentially harmful glances of villagers.

Occasionally, silence was more costly than a longer route home. Some women gave birth alone “and only then, fearing the evil eye, sent for a midwife.”<sup>31</sup> Praskov Korotchenkova, who had managed to avoid screaming during her first birth by stuffing her hair into her mouth “against the bearing down pain,” was not as successful the second time. Her husband was in the field and she was alone in the house. Unable to go out and call for assistance fearing strangers would see her, Korotchenkova attempted to handle the birth on her own.

The birth started hard. I hung myself from a big hook by wrapping a towel under my arms. I didn't even think that the baby could pop out, hit itself and die. And that's what happened. It was good thing that my neighbor came over. I had asked her to look for me and if I wasn't in the yard it meant that labor had started. She came in and saw me hanging from the hook

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(Moscow Indrik, 1999), 106. A.K. Baiburin, "Etnograficheskie Zametki O Iazyke I Slove V Russkoi Traditsii," *Antropologicheskii forum*, no. 3 (2005): 386.

<sup>30</sup> Mal'tseva, 8

<sup>31</sup> Listova, "Russian Rituals, Customs and Beliefs Associated with the Midwife (1850-1930)," 125.

while the umbilical cord was dangling down. She laid me down and sent for the *babka*. The *babka* came and cut the cord. Right after that they heated the bathhouse, and the *babka* washed me and the baby there and shaped up the baby's head and legs. That was it. This is all she did to help.

Enduring agonizing pain, Korotchenkova did not cry for help. Quietly she awaited her neighbor to find her. "It is better to keep quiet about pregnancy and birth, or else one can end up with evil eye," she said in an interview.<sup>32</sup>

Women were extremely vulnerable to evil eye throughout pregnancy, during, and immediately after giving birth. The evil eye was provoked by a family's good fortune, a woman's good health or good looks.<sup>33</sup> Pelageia Sharaveva from Sverdlovsk Province remembered how she was taken to the bathhouse when she was ready to give birth. There, she met her sister-in-law, who complimented her on her looks and spoke positively of the unborn child. After leaving the bathhouse the sister-in-law went up to an old woman and repeated the story. The old woman spat and said: "Pah! You probably went and inflicted the evil eye on the woman, ravaged (*s'ela*) her. Don't you know you can't talk that way about someone who is raw?" Inna Peshkova, the ethnographer who interviewed Sharaveva in 1993, did not fully understand the expression "raw" [*syraila*]. Sharaveva explained:

Raw is a woman who has just given birth... Raw is a person who still is not allowed to celebrate—for this may not be to her benefit. This is what happened to me. My chest started

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<sup>32</sup> Korotchenkova, 2-3

<sup>33</sup> Samuel C Ramer, "Childbirth and Culture: Midwifery in the Nineteenth-Century Russian Countryside," in *Russian Peasant Woman*, ed. Beatrice Farnsworth and Lynne Viola (Oxford: Oxford University Press, 1992), 114; Alan Dundes, "Wet and Dry, the Evil Eye: An Essay in Indo-European and Semitic Worldview," in *The Evil Eye: A Folklore Casebook*, ed. Alan Dundes (New York: Garland Pub., 1981), 258.

hurting. Maybe I caught a cold or something. I drudged and then I dozed off. I gave birth with much difficulty—they thought I would die.<sup>34</sup>

Reading Pelageia Sharaveva's story through Vel'vovskii's eyes, we could say that her sister-in-law's words produced a fear of the evil eye, which in turn caused her unbearable labor pain. Yet, for Vel'vovskii, an abstract theory explaining the efficacy of the evil eye could not suffice. Vel'vovskii could also not suggest that it was the workings of some Freudian unconscious process. Soviet psychotherapy had rejected Freud's unconscious as bourgeois idealism.<sup>35</sup> Vel'vovskii therefore had to find a physiological-materialist explanation of how the belief in birth pain produced the sensation of pain. He found the answer in Pavlov's teachings on the central nervous system.<sup>36</sup> Just like Pavlov's dogs reacted to a bell as if it was meat, Vel'vovskii's parturient women reacted to contractions as if they were pain. Yet while the original stimulation

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<sup>34</sup> Pelageia Grigor'evna Sharav'eva, 00-051, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, Summer 1993),. 4/9b Most of the respondents said that they had concealed the pregnancy as long as they possibly could. They kept the birth a secret from everyone but close family and even avoided leaving the house for weeks after they had given birth. Anna Kirsanova, for example, concealed her pregnancy, and after she had given birth: "[My husband] didn't allow me out on the street so that no one would damn (*isportil*). I only went out in the yard." Anna Vasil'evna Kirsanova, 00-020, in *Village Mothers*, (Bloomington, Indiana: Indiana University Center for the Study of History and Memory, Summer 1993), 3.

<sup>35</sup> Martin A. Miller, *Freud and the Bolsheviks : Psychoanalysis in Imperial Russia and the Soviet Union* (New Haven: Yale University Press, 1998); David Joravsky, *Russian Psychology : A Critical History* (Oxford, UK ; Cambridge, Mass., USA: Blackwell, 1989).

<sup>36</sup> The celebration of Pavlov's centennial was in 1949. In June-July 1950, the Academy of Medical Sciences held a discussion on the shortcomings of medical research. The meeting ended with a decision to apply Pavlov's methods to all medical research. On the adoption of Pavlov by the Soviet medical establishment in 1950-51 see: David Joravsky, "The Mechanical Spirit: The Stalinist Marriage of Pavlov to Marx " *Theory and Society* 4, no. 4 (1977). John Bell and Paula Michael disagree on whether the usage of Pavlov was simply an "an opportunistic sleight of hand for the sake of self-promotion" or whether it was genuine. The issue is beyond the scope of this article. See Paula A. Michaels, "Childbirth Pain Relief and the Soviet Origins of the Lamaze Method," (NCEEER, 2007); John D. Bell, "Giving Birth to the New Soviet Man: Politics and Obstetrics in the Ussr," *Slavic Review* 40, no. 1 (Spring, 1981).

of the dogs' brain was material, the women's stimulation was verbal. Indeed the ability to react to verbal stimuli, according to Pavlov, was the main difference between humans and animals.<sup>37</sup>

There was nothing new in Vel'vovskii's application of Pavlov's teachings. Konstantin Platonov (1877-1969), Vel'vovskii's mentor, had been working on developing a materialist psychotherapeutic method since the mid-1920s. Rejecting Western theories for their idealism and abstraction, Platonov sought a neurologically grounded therapeutic method of healing that proved, on the one hand, that "all processes going on within the organism are actually reflected in man's cerebral cortex," and, on the other hand, that words had a concrete effect on the brain.<sup>38</sup> Experimenting with methods of suggestion and hypnosis, Platonov argued that speech took the form of suggestions that could evoke an identical reaction to that of physical stimuli:

It has been established, for example, that by suggesting to a subject that he is drinking a certain amount of water, it is possible to evoke within an hour of the suggested drinking excretion of 10 to 20 times as much urine as usual.<sup>39</sup>

In Platonov's theory, words were a material force that produced material results. Just as words could produce urine through suggestion, they could also create labor pain. When uttered, words, according to Platonov, "provoke an excitation in the cerebral cortex that spreads through the subcortical centers of the vegetative nervous system to the internal organs and the endocrine

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<sup>37</sup> K. Platonov, "Fundamentals of I. Pavlov's Teaching on the Higher Nervous Activity," in *Painless Childbirth through Psychoprophylaxis, Lectures for Obstetricians*, ed. I. Velvovsky, et al. (Moscow: Foreign Languages Publishing House, 1960), 38.

<sup>38</sup> K. I. Platonov, *The Word as a Physiological and Therapeutic Factor, the Theory and Practice of Psychotherapy According to I.P. Pavlov* (Moscow: Foreign Languages Publishing House, 1959), 420. On the rejection of Western psychotherapeutic and psychoanalytic methods for idealism, see Rene Van Der Veer, "Vygotsky in Context: 1900-1935," in *The Cambridge Companion to Vygotsky*, ed. Harry Daniels, Michael Cole, and James V. Wertsch (Cambridge ; New York: Cambridge University Press, 2007); Martin A. Miller, *Freud and the Bolsheviks : Psychoanalysis in Imperial Russia and the Soviet Union* (New Haven: Yale University Press, 1998), 53-92.

<sup>39</sup> Platonov, "Fundamentals of I. Pavlov's Teaching," 59.

glands. The latter immediately sends impulses to the cerebral cortex indicating their active state. This kind of signaling is the physiological substratum of emotions.”<sup>40</sup> Thus words could manufacture fear, and fear could cause a physiological change in the brain which produced pain.

Yet perhaps the most striking similarity between the traditional and the psychoprophylactic perceptions of childbirth is the scientific reproduction of the idea that a pregnant woman was in a liminal state and therefore was more susceptible to negative thoughts and words. In the early 1920s Soviet scientists conducted research which proved that pregnant and lactating women were more susceptible to suggestion, or in Sharaveva’s words “raw.” Pregnancy, Platonov argued, was characterized by a “lowering of the tone of the cerebral cortex,” which “heightened suggestibility mainly with respect to everything that concerns childbirth and asthenic emotions (fear, anxiety, etc.).”<sup>41</sup> To be sure, Platonov utilized a recent study to explain that during pregnancy a woman’s nervous system was in a mode of “self-defense.”<sup>42</sup> Thus, for scientists following Platonov it was not a pregnant woman’s good fortune that made her vulnerable to the evil eye. Rather nature helped her protect herself and her fetus by lowering the tone of the cerebral cortex and heightening her suggestibility.

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Thus the problem that the psychoprophylactic method set to resolve was not the physiological cause of birth pain but rather the problem of fear. Since pregnant women were in a state heightened suggestibility, the psychoprophylactic method sought to control the information they received. This was done in two ways. First, it exchanged traditional sources of

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<sup>40</sup> ———, *The Word as a Physiological and Therapeutic Factor, the Theory and Practice of Psychotherapy According to I.P. Pavlov*, 205.

<sup>41</sup> ———, “Fundamentals of I. Pavlov’s Teaching,” 50.

<sup>42</sup> *Ibid.*, 21.



knowledge—mothers, neighbors and priests—for a modern, authoritative medical practitioner. Doctors and educated midwives provided scientific information about the physiology of pregnancy and birth to alleviate women's fears. Second, since words produced material effects, the psychoprophylactic method endeavored to sanitize language of all sources of fear and create a calm, cultured environment for women to give birth.

In traditional Slavic culture medical practitioners were strong authoritative figures. The traditional midwife (*povitukha*) knew how to ease a difficult birth using a combination of potions, incantations and symbolic action, such as untying clothing and removing rings which released the baby from the womb. But her knowledge was not limited to birthing procedures. Her authority resided in her power to sanction a newborn's entrance into the community. The *povitukha*'s ability to read a child's future before he was born, interpret his first cry, and her right to baptize him determined a newborn's status and future path.<sup>43</sup> Her skill in divining good fortune was a consideration for peasant families, as they "choose the *povitukha* according to her ability to say prayers and divine or deliver well wishes, for it is widely believed that *all her words will become true*."<sup>44</sup> The *povitukha* and her mastery, therefore, served as a gatekeeper between the

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<sup>43</sup> Tatiana A. Listova, "Russian Rituals, Customs and Beliefs Associated with the Midwife (1850-1930)," in *Russian Traditional Culture : Religion, Gender, and Customary Law*, ed. Marjorie Mandelstam Balzer (Armonk, N.Y.: M.E. Sharpe, 1992); Olena Boriak, "The Anthropology of Birth in Russia and Ukraine, the Midwife in Traditional Ukrainian Culture: Ritual, Folklore and Mythology," *SEEFA Journal* VII, no. 2 (2002); Sedakova, "Krik V Pover'iakh I Obriadakh Sviazannykh S Rozhdeniem I Razvitiem Rebenka." David L. Ransel, "Infant Care Cultures in the Russian Empire," in *Russia's Women, Accommodation, Resistance, Transformation*, ed. Barbara Evans Clements, Barbara Alpern Engel, and Christine Worobec (Berkeley: University of California Press, 1991); Jeanmarie Rouhier-Willoughby, "Birth Customs: Ancient Traditions in Modern Guise," *The Slavic and East European Journal* 47, no. 2 (2003).

<sup>44</sup> Sedakova, "Zametki Po Etnografii Rechi," 207. Emphasis added.

spiritual and material worlds, a holder and dispenser of truth, and a powerful influence over woman's pregnancy and birth.<sup>45</sup>

The psychoprophylactic method reconfigured and spilled the traditional authority of medical practitioners into a modern, scientific mold. The theoretical cornerstone of the method was the idea that proper education could replace superstition and hearsay with scientific knowledge. An authoritative teacher had the ability to convince a woman that her fears were unfounded and all she had heard in her childhood from her mother, neighbors or the local priest was false. If words could convince a woman to anticipate pain, they could also persuade her that normal childbirth was painless. Or in Nikolaev's words: "It is quite natural that all people are under the influence of their teacher's words while they are studying."<sup>46</sup>

Pregnant women received specialized training in the facilities where they had registered to give birth. Originally the instructional program included five to six sessions in the last month of the pregnancy.<sup>47</sup> The first session was designed for doctors to get acquainted with the woman and conduct a physical examination in order to reveal any physiological or emotional obstacles to "normal parturition." In an urban setting this was the only one-on-one meeting between doctor and patient.<sup>48</sup> In the following group sessions, the physician familiarized the women with their bodies before and during pregnancy. They learned to identify their sexual organs and understand

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<sup>45</sup> On traditional midwives' "monopoly of authoritative knowledge" see: E.A. Belouslova, "Rodil'nyi Obriad," in *Sovremennyi Gorodskoi Fol'klor*, ed. A F Belousov, I S Veselova, and S IU Nekliudov (Moskva Rossiiskii gos. gumanitarnyi universitet, 2003), 344.

<sup>46</sup> A. P. Nikolaev, "Teoreticheskie Obosnovaniia Psykhoprofilaktiki Rodovoi Boli," *Akusherstvo i ginekologiya*, no. 5 (1952): [6].

<sup>47</sup> I. Z. Vel'vovskii, V. A Ploticher, and E. A. Shugom, "Psykhoprofilakticheskoe Obezbolivanie Rodov," *Akusherstvo i ginekologiya*, no. 6 (1950): 6.

<sup>48</sup> Collective farm midwives conducted most of the instruction in a personalized setting. According to Zabolotnaia, a collective farm midwife from Charkasy province, Ukraine, she chose to conduct individual meetings not merely because of the institutional setting of the village but also because "under these conditions one can take into account the condition of the nervous system and the level of fear before birth." L. D. Zabolotnaia, "Opyt Raboty Akusherki Kolkhoznogo Rodil'nogo Doma," *Fel'dsher i Akusherka*, no. 8 (1962): 40.

their function. They learned to anticipate every change in their bodies, weight gain, protruding naval, changes in balance, and the darkening pigmentation of the nipples. But most importantly, they were taught that the body naturally prepares itself for birth from the moment of conception. “During pregnancy the woman’s organism adapts itself not only to developing the fetus, but also to delivering it when it matures.”<sup>49</sup> In this sense the method echoed Soviet anti-religious propaganda by debunking superstition with scientific evidence. Much like the Soviet enlightenment project used evolution to overwrite the belief in creation; the psychoprophylactic lecturer would use medical experience to undermine the belief in the inevitability of pain during childbirth.<sup>50</sup> As Vel’vovskii explained,

We wage our struggle against fear and negative emotions by methods of education, enlightenment and instruction in the truest sense of the words. This is why the entire preparation of pregnant women for childbirth assumes the nature of real teaching and is made up of lessons, lectures and talks with the use of tables, drawings, diagrams, photographs and other visual aids.<sup>51</sup>

Teaching the natural physiological process of birth was only the beginning. The physician also had to question women about the nature of their fears and consciously eliminate them one by one. Not all fears were the same. They varied according to the woman’s own personal experience. For example, M., 22 years old, was admitted to a maternity ward on December 17, 1948 after passing the psychoprophylactic training.

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<sup>49</sup> Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 234-8, 41.

<sup>50</sup> William Husband, “*Godless Communists*”: *Atheism and Society in Soviet Russia, 1917-1932* (DeKalb: Northern Illinois University Press, 2000), 69-99; James T. Andrews, *Science for the Masses: The Bolshevik State, Public Science, and the Popular Imagination in Soviet Russia, 1917-1934*, 1st ed. (College Station, Tex.: Texas A&M University Press, 2003), 108-18.

<sup>51</sup> Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 180-1.

She was calm until she shed the mucous, blood-tinged plug. The bloody tinge frightened and greatly upset her. She lost contact with the personnel, ceased to understand their instructions, and to execute the pain prevention techniques. She began to complain of pain. She delivered her baby in this state, i.e. greatly agitated and constantly complaining of pain.

Vel'vovskii used M.'s case as an example of the psychoprophylactic teacher's failure. "A subsequent analysis," he continued, revealed that "the parturient woman was afraid mainly of bleeding to death during labor because her close relative had died of a postpartum hemorrhage two months earlier."<sup>52</sup> The instructor failed to ask M. what she was afraid of and therefore did not confront her fears with scientific-statistical information on the rarity of bleeding to death.

Women, whose fears were not confronted before birth, tended to become aware of them only during labor. L., a 35 year old primara, was an active participant in psychoprophylactic training. Much like M., she too arrived in the maternity ward calm and relaxed. But L. like M. was burdened by a hidden fear. One of her neighbors had "repeatedly" told her that it was very difficult to give birth at the age of thirty-five, and there would definitely be incisions." So certain was L. that birth was tearing her up that "she started complaining and screaming with every contraction." After her healthy child was born, L. "asked in an emotional voice: Are you going to stitch me up now?" L. needed no stitches. She had been anticipating a difficult birth and therefore felt pain as a result.<sup>53</sup>

Yet beyond the theoretical-physiological information, the method offered women several pain preventing techniques. Expectant mothers were taught how to breathe deeply in the first

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<sup>52</sup> Vel'vovskii, Ploticher, and Shugom, "Psykhprofilakticheskoe Obezbolivanie Rodov," 11; Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 330.

<sup>53</sup> M. A. Petrov-Maslakov and P. A. Zahepickii, *Psykhprofilaktika Rodovykh Bolei: Materialy K Zaniatiiam S Beremennymi Zhenshchinami* (Leningrad: Medgiz, 1953), 75.

stage of birth, how to stroke their lower abdomen, and massage the small of their back. Another important technique was to record the exact time and duration of every pang in a notebook. These practices were designed to discipline, activate and mobilize women during birth. By mobilizing the parturient woman, Vel'vovskii theorized, the method activated her cerebral cortex and by extension turned her into a productive member of Soviet society. This language of mobilization and activation was predominant in Soviet political discourse. Soviet citizens were repeatedly urged to activate their political will and concentrate it toward a higher goal. The Soviet concept of mobilization not only meant the mass organization and movement of people. It also called on individuals to actuate themselves by their own initiative and will.<sup>54</sup>

But the mobilization of women during birth was not simply political. It also eliminated pain and acculturated women. "During the pangs," argued Vel'vovskii, women had a tendency to close their eyes and "lapse into a drowsy state." While implementing the psychoprophylactic method, "they must keep wide awake, their eyes necessarily open."<sup>55</sup> Only when women were fully awake and focused on pain relieving techniques, explained Nikolaev, was "it possible to properly manage [their] conduct during labor." Otherwise, they were distracted by their surroundings and became "reactive and emotionally charged."<sup>56</sup> Remaining alert activated the brain and enhanced inhibition which helped "reduce the possibility of the emergence of pain."<sup>57</sup>

Indeed inhibition and self-control were the desired effects of the method. As noted above, Vel'vovskii connected the discovery of the method to an observation of a cultured woman

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<sup>54</sup> David Priestland, *Stalinism and the Politics of Mobilization : Ideas, Power, and Terror in Inter-War Russia* (Oxford ; New York: Oxford University Press, 2007); Stephen Kotkin, *Magnetic Mountain : Stalinism as a Civilization* (Berkeley: University of California Press, 1995), 73-77.

<sup>55</sup> Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 256.

<sup>56</sup> Nikolaev, "Teoreticheskie Obosnovaniia Psykhoprofilaktiki Rodovoi Boli," 57.

<sup>57</sup> Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 257.

becoming vulgar during birth. Vulgarity, emotional outbursts, and uncontrolled spasms disturbed the working conditions of doctors and medical personnel and prolonged the birth. Women were taught that the benefits of the method depended almost entirely on their ability to maintain self-control so they could “save [their] strength” and not “needlessly waste it.”<sup>58</sup> To maintain proper conduct and preserve her strength during labor, a woman was forbidden from shouting, crying, or screaming. In fact one of the techniques, which she mastered during the training sessions, was “closing the glottis properly” and holding her breath. Doctors were reminded to repeatedly mention that “calm conduct was necessary for painless birth.” “Under no circumstances should you tolerate long restlessness,” Vel’vovskii instructed doctors. Women, who failed to maintain a calm disposition and practice self-restraint, had to be medicated. “First because the restless conduct of these women had a negative effect on other parturient women in the same delivery room. Second, because she would go around and shatter the confidence of other women in the method.”<sup>59</sup> There was a third reason why restlessness and screaming were not allowed. “The introduction of the psychoprophylactic method . . . creates a calm atmosphere in the birthing ward which helps the personnel conduct labor and effectively relieve pain.”<sup>60</sup> Thus, while remaining quiet was a necessary traditional measure to shorten the length of the birth, under the new psychoprophylactic method, it served the general good. It relieved other women of the burden of listening to others in pain, while creating a good calm work environment for the medical personnel.

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<sup>58</sup> Ibid., 225.

<sup>59</sup> Petrov-Maslakov and Zahepickii, *Psikhprofilaktika Rodovykh Bolei*, 70.

<sup>60</sup> K. Figurnov, *Painless Childbirth (Latest Achievements of Soviet Medicine in Obstetric Analgesia and Anaesthesia)* (Moscow: Foreign languages publishing house, 1955), 14.

One of the byproducts of the psychoprophylactic method was to civilize parturient women. For some, this acculturation was the method's prime goal. In 1959, an article even went so far as to reverse the order of significance between painlessness and acculturation, stating that this method "heightens a woman's culture, teaches her to actively manage the birth, and increases her pain threshold"<sup>61</sup> As some scholars have argued, efforts to acculturate citizens into self-disciplined, rational, and temperate individuals are intimately connected to the process of modernity.<sup>62</sup> In Soviet Russia, the civilizing process was at the foundation of the revolutionary goals of the state. The concept of *kulturnost* "emphasized proper conduct in everyday life, including bodily hygiene, domestic order, and labor efficiency, as well as a demonstrative appreciation of high culture."<sup>63</sup>

And yet, while acquiring a modern form of a civilizing process, the idea that a parturient should maintain calm was anything but new. The women interviewed for the Village Mothers Project were all conscious of the need to remain calm and of the potential dangers conjured by screaming. This belief continues up to the present. As Belouslova explains in an article about contemporary urban birthing rituals: "The most important components in "correct" conduct during birth are calm, endurance, bravery and ignoring pain. Any sign of weakness is condemned and ridiculed." Women are expected to lie on their backs and submit to medical procedure. A woman who sat up was castigated, "Have you lost your mind! Lie down immediately! You're

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<sup>61</sup> M. Gleizer and R. Sololovskaia-Baksht, "K Metodike Prepodavaniia Psikhoprofilakticheskoi Podgotovki Beremennykh K Rodam V Meditsinskikh Uchilishchakh," *Fel'dsher i Akusherka* 9(1959): 52.

<sup>62</sup> Norbert Elias et al., *The Civilizing Process : Sociogenetic and Psychogenetic Investigations*, Rev. ed. (Oxford ; Malden, Mass.: Blackwell Publishers, 2000). Michel Foucault, *Discipline and punish: the birth of the prison*, 2nd Vintage Books ed. (New York: Vintage Books, 1995).

<sup>63</sup> David L. Hoffmann, *Stalinist Values : The Cultural Norms of Soviet Modernity, 1917-1941* (Ithaca: Cornell University Press, 2003), 16. More on Soviet kul'turnost' see: Vadim Volkov, "The Concept of Kul'turnost: Notes on the Stalinist Civilizing Process," in *Stalinism: New Directions*, ed. Sheila Fitzpatrick (London ; New York: Routledge, 1999), 210-30.

sitting on the baby's head!" Another of Belouslova's informants recalled a midwife warning: "Don't scream, don't scream – you will tear completely!" While another was told: "Don't wail (*orat*) like this or the child will suffocate."<sup>64</sup>

The second aspect in the psychoprophylactic approach was the regimentation of speech. In accordance with the belief in the power of words, the physician's words could make or break the execution of the method. Words had the power to produce and eliminate pain. But the power of words was not limited to intentional utterance. Much like the evil eye did not require premeditated wish to harm, experienced physicians, according to Vel'vovskii, had ruined success by mere accidental utterance. The words and actions of doctors, midwives, and nurses were so powerful that an important part of their training was learning "psychohygienic behavior." Medical personnel, including administrative workers, were required to observe the so-called "sterility of words".<sup>65</sup> This was not an entirely new idea. Platonov, Nikolaev and others had discussed the effects of an inhospitable environment on parturient women since the 1920s. In 1936, Nikolaev went as far as to suggest that maternity homes should establish a behavioral code for their employees.<sup>66</sup>

The "sterility of words" demanded "accuracy of expression." Doctors were instructed to consider "every phrase" they used to avoid misunderstandings that raised "negative feelings" in

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<sup>64</sup> Belouslova, "Rodil'nyi Obriad," 345.

<sup>65</sup> Vel'vovskii, Ploticher, and Shugom, "Psikhprofilakticheskoe Obezbolivanie Rodov," 8. Administrative personnel in maternity wards went through a four hours training in the psychoprophylactic method which gave them the basic information on the method, explained the significance of fear and their own role in observing the "sterility of word and deed." See Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 367.

<sup>66</sup> But it was only with the introduction of psychoprophylactic method that this notion acquired a physiological explanation. "None of these statements," explained Vel'vovskii, "were results of new physiological conceptions of childbirth and its laws because, at that time, the latter were not interpreted in the light of I. Pavlov's teachings and labor pain was not regarded as a result of certain neurodynamic changes in the cerebral cortex and the adjacent subcortex." Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 172.



pregnant women.<sup>67</sup> In this sense, the psychoprophylactic method responded to another prevailing traditional behavior: the ritualistic humiliation of women during birth. In an article on the persistence of traditional verbal abasement rituals in contemporary Russian urban society, Belouslova explains that the humiliation of women during labor is part of a symbolic transitional rite. On the verge of motherhood, at the very moment in which women's social status rises, medical personnel unconsciously perform carnivalesque acts of abasement. They threaten women with pathologies, force them to clean soiled toilets, scare and deceive them.<sup>68</sup> To this effect, Vel'vovskii offered his readers an abundance of examples in which a doctor used wrong expressions that inadvertently raised the anxiety of a patient:

In the maternity health center, Doctor Z. said to expectant mother F: "You seem to be carrying twins but I can find only one head." The woman long entertained the thought that she was carrying some sort of freak.<sup>69</sup>

Though pregnant women often asked questions about possible complications, medical personnel were instructed to never mention solutions to pathological childbirths. "Pregnant women often ask about the inevitability of incision of the vaginal tissue," Petrov-Maslakov informed his readers. "The occasional necessity to perform an episiotomy scares women for no reason." Just to be sure that his readers fully understood the significance of not offering unnecessary information, Petrov-Maslakov gave the example of patient P, a healthy 22 year old, who came to the psychoprophylactic training with the notion that her pelvis was too narrow. In the very first session the doctor explained that her measurements were normal. Yet P. was not

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<sup>67</sup> Petrov-Maslakov and Zahepickii, *Psykhprofilaktika Rodovykh Bolei*, 67-8.

<sup>68</sup> Belouslova, "Rodil'nyi Obriad."

<sup>69</sup> Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 279.

convinced. She asked the doctor what would happen if she could not deliver. The doctor replied “We’ll do an incision - we do incisions all the time. There’s nothing to it.” P. was terrified of an episiotomy and became restless as soon as contractions began. “She complained about pain, and screamed during every contraction.” Petrov-Maslakov continued, “There were no complications. After 12 hours and 20 minutes she gave birth to a healthy child. The tissue of the birth canal remained unharmed.”<sup>70</sup>

In 1959, an article on teaching the psychoprophylactic method in medical institutions explained its benefits for making Soviet midwives more cultured. The Central Committee, the article reminded its readers, decreed that schools should rear “a New Person,” a person “in whom spiritual wealth, moral purity and physical perfection should coincide.” The psychoprophylactic method had the capacity to foster precisely these characteristics. It taught medical personnel “cultured speech,” it trained them in “internal discipline,” and forced them “to be vigilant.” A midwife or a physician who was practicing the psychoprophylactic method could not say what came to mind. Their words had consequences and they had a responsibility. They had to feel “fully mobilized” and understand that the “product” of their labor was “the future active builders of the Communist world.”<sup>71</sup>

The struggle for psychohygienic language went beyond building a Communist world. It was also a fight against the Russian language itself. The “sterility of words” demanded purging terms which suggested pain. Thus, for example, the common word for pangs, “pains” (*boli*) was eliminated, and medical personnel were required to use the clean-scientific term “contractions” (*skhvatki*) in its place. For many women “contractions” and “pain” became synonymous,

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<sup>70</sup> Petrov-Maslakov and Zahepickii, *Psikhprofilaktika Rodovykh Bolei*, 105, 74-5.

<sup>71</sup> Gleizer and Sololovskaia-Baksht, “K Metodike Prepodavaniia Psikhoprofilakticheskoi Podgotovki Beremennykh K Rodam V Meditsinskikh Uchilishchakh,” 52, 53.

complained one author. “The conditioned connection between the two notions [i.e. contractions and pain] has become so strong that the very first contraction causes the sensation of pain, even if it is quite painless, when combined with reactions to previously experienced pain or to the idea of it and its inevitability.”<sup>72</sup>

The psychoprophylactic notion of the “sterility of words” had deep roots in the power Slavic cultures ascribe to words. Words could curse, heal or kill. The power of words was not limited to ritual performances, but also manifested itself in everyday spoken taboos and conventions.<sup>73</sup> In the context of pregnancy, birth, and christening, the regimentation of speech was even more consequential. Much like psychoprophylactic method, traditional culture recognized that improper, even if accidental, utterances could cast a dark shroud over the expectant mother and child. Therefore, “neither [the pregnant woman] nor those close to her are allowed to swear, or else an evil force would damage the child.”<sup>74</sup> Every form of inappropriate speech carried corporal consequences. As one ethnographer recorded: “If a child is born with cleft palette it means that the mother was punished for “a sharp tongue,” that is for obscenity.”<sup>75</sup>

Therefore, to avoid summoning dark forces like the evil eye, traditional language too purged certain words and replaced them with euphemisms. However, while the psychoprophylactic purged references to pain, traditional language considered pain safe and labor contractions as taboo. In the village, the term ‘contraction’ was not used precisely because it exposed the laboring woman to the evil eye. Village mothers, therefore, chose the more generic term ‘pains.’ Anna Konobievskiaia, the collective farm midwife who was interviewed in the Village Mothers’

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<sup>72</sup> Figurnov, *Painless Childbirth*, 9.

<sup>73</sup> Sedakova, "Zametki Po Etnografii Rechi," 205.

<sup>74</sup> Baiburin, "Etnograficheskie Zametki O Iazyke I Slove V Russkoi Traditsii," 386.

<sup>75</sup> Sedakova, "Zametki Po Etnografii Rechi," 212.

project, told of women who came knocking on her door saying: “It hurts here and it hurts there,” or “She complains of pain here and there.”<sup>76</sup>

To further avoid the danger of the evil eye, traditional language avoided the use of “pregnant” or “pregnancy.” As the anthropologist Jeanmarie Rouhier-Willoughby observed, “Even in modern Russian, the word pregnant [*beremennaia*] is generally limited to animals. Russians use a series of euphemisms for pregnancy, such as “in a condition” [*v polozhenii*], to avoid direct reference to the issue.”<sup>77</sup> This avoidance of the word “pregnant” had deep cultural roots. Even when it was time to give birth and the *babka* was invited, tradition required that the exact purpose of the visit would not be explicitly mentioned. Olga Tian-Shanskaia, an ethnographer who worked in Riazan province in the 1890s observed: “When summoning the midwife, women usually avoid direct reference to the birth, so that no one expect the midwife will know that the labor pains have begun. The secrecy is believed to make things easier for the laboring mother. So they say something like: “What’s this, old woman, you promised to look at my cow and you aren’t coming?”<sup>78</sup> Pelageia Sharaveva, for example, managed to use a wide variety of expressions referring to her pregnancy in just a few concurring sentences. “I started carrying immediately (*vskore ia ponesela*) after I got married,” she said. “The second was also fast. I didn't have a drought (*zamety*). One time I went to visit my mother. I came in and she said: “Polka, you’ve gotten heavier. Are you hauling again?” (*Tolsteesh, opiat, navernoe, tashchish*).<sup>79</sup> The taboo of speaking about pregnancy and birth is so strong that Belouslova’s urban

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<sup>76</sup> Konobievskaja, 8, 12

<sup>77</sup> Jeanmarie Rouhier-Willoughby, “Birth Customs: Ancient Traditions in Modern Guise,” *Slavic and East European Journal* 47, no. 2 (2003): 237.

<sup>78</sup> Olga Semyonova Tian-Shanskaia and David L. Ransel, *Village Life in Late Tsarist Russia*, Indiana-Michigan Series in Russian and East European Studies (Bloomington: Indiana University Press, 1993), 11. In Ukrainian the midwife was called with the saying “Ходим до нас на щос” see Sedakova, “Zametki Po Etnografii Rechi,” 211.

<sup>79</sup> Sharav'eva p. 3/9

respondents refused to know anything about birth “until the very last minute.” One respondent told her, “Once before I got pregnant I heard one of my classmates tell about her birth. I asked her to stop after the first sentence.” Another stated, “I knew nothing and went to give birth simply with closed eyes, ignoring all possible risks just to avoid fear.”<sup>80</sup>

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The state’s endorsement of the psychoprophylactic method in 1951 did not put an end to its evaluation. On the contrary, it allowed psychiatrists and obstetricians from all over the Soviet Union to experiment with it and publish the results in scientific journals. From the very beginning Vel’vovskii and his colleagues conducted subjective analysis of pain sensation. They asked parturient women to evaluate the level of pain during each stage of labor and graded the responses on a scale of 2 to 5. Five stood for women who were active throughout the birth and showed no sign of restlessness and two stood for deliveries in which the method failed completely. The results were astounding. The method failed completely in merely 4-5 percent of deliveries. Some 82.7 percent of deliveries were conducted either entirely without pain (grade 5) or with little pain and short duration of restlessness (grade 4).<sup>81</sup>

Subjective measurements would not suffice. Scientists sought objective ways of evaluating the method. Two gynecologists from the Stalingrad Medical Institute confirmed Vel’vovskii’s results with an objective examination. They analyzed the electrical brain activity of women during labor and proved that it changed only a little during a pang in comparison to in-between

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<sup>80</sup> Belouslova, "Rodovaia Bol' V Antropologicheskoi Perspektive."

<sup>81</sup> Vel'vovskii, Ploticher, and Shugom, "Psykhprofilakticheskoe Obezbolivanie Rodov," 10-11.

pangs.<sup>82</sup> A certain Moscow based obstetric researcher discovered that the method reduced the chances of perineal tear.<sup>83</sup> Another proved that women, who had been trained in the psychoprophylactic method, produced less adrenaline and were found to have less acetone in their urine during birth.<sup>84</sup> Nikolaev compared data collected before the introduction of psychoprophylaxis and after to find a decrease in the number of toxicosis cases (3.6 percent instead of 6.5 percent). He found that poor uterine contraction strength was rarer (4.6 percent instead of 6.2 percent) and child mortality decreased (0.7 percent instead of 1.7 percent). Postpartum hemorrhage and fetal asphyxia were also less common.<sup>85</sup>

## Conclusion

The braiding of folk beliefs into the psychoprophylactic method is visible in three areas. First, scientists held certain assumptions about childbirth indicative of traditional belief: “normal” childbirth was painless, and pain where it existed emanated from an outside force. While folk belief attributed pain to the evil eye, scientists located the cause of birthing pain in the material force of words to generate fear. Second, though scientists rejected superstition, a number of their findings appeared to explain away the efficacy of the evil eye. When scientists delineated the mechanical effect of words on the brain or proved women’s heightened suggestibility during pregnancy, they essentially accounted for the power of the evil eye in a scientific idiom. It seems that Soviet scientists were compelled to articulate commonly

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<sup>82</sup> F. A Syrovatko and V. I Iakhontov, "Izmeneniia Elektroetsefalogramm Rozhenits Pri Medikantoznom I Psikhoprofilakticheskom Metodax Obezbolivaniia V Rodakh," *Akusherstvo i ginekologiya*, no. 1 (1953): 9-17.

<sup>83</sup> I. M. Griaznova, "Obezbolivaniia Rodov I Razryvy Proezhnosti," *Akusherstvo i ginekologiya*, no. 1 (1953): 44-48.

<sup>84</sup> P. P. Nikulin, "Vliianie Psikhoprofilakticheskogo Obezbolivaniia Rodov Na Soderzhanie V Krovi Adrenalina I Atsetilkholina," *Akusherstvo i ginekologiya*, no. 2 (1952): 10-15.

<sup>85</sup> Malinin and Khmyz, "O Nekotorykh Itogakh Vnedreniia Psikhoprofilakticheskoi Podgotovki Beremennykh," 29.

perceived cultural beliefs in a scientific vernacular. Lastly, certain practices persisted in the move from traditional to modern birth. Both the psychoprophylactic and the folk methods prevented pain by controlling information. While traditionally, pregnancy and birth were concealed from neighbors and friends; in the modern setting certain information was withheld from pregnant women. Underlying both practices was the assumption that women had agency and could control their birthing experience.<sup>86</sup> Ironically, one can say that the traditional contained an element of the modern in the last instance by making a pregnant woman the subject of her own fate.

Though the psychoprophylactic method was the product of local folk beliefs, it nevertheless had universal application. After posting successes in Ukraine, it spread to the rest of the Soviet Union and from there to China, the Eastern Communist Bloc, France, and the United States. "There is nothing specifically Russian about this method," wrote Fernand Lamaze, "It... could be applied everywhere... Childbirth will be only a source of happiness and joy when all the world's women know the enviable lot of their Soviet sisters."<sup>87</sup> In the Soviet Union full effect of the method was evaluated at 60-80 percent with a complete failure rate of 4-20 percent. The Czechoslovakian obstetricians Krakora and Gaek achieved full success with 67.7 percent of cases. Lamaze's success rate in France was only slightly higher and stood on 70.6 percent with a failure rate of only 4.3 percent. Only the Chinese obstetrician Chan Wan-Chin reported a 94 percent success rate.<sup>88</sup>

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<sup>86</sup> On more continuities between traditional and modern urban birthing practices, see: Rouhier-Willoughby, "Birth Customs."

<sup>87</sup> Quoted in Paula A. Michels, "Comrades in the Labor Room: The Lamaze Method of Childbirth Preparation and France's Cold War Home Front, 1951-1957," *American Historical Review* 15, no. 4 (2010): 1042.

<sup>88</sup> Malinin and Khmyz, "O Nekotorykh Itogakh Vnedreniia Psikhoprofilakticheskoi Podgotovki Beremennykh," 30.

Despite its global success, however, the cultural component of the psychoprophylactic method remained an important factor. Culture continued to play a significant role in the way physicians from different countries made sense of their success. Fernand Lamaze, for example, argued that the success was the result of the breathing techniques. According to Lamaze, the new respiratory style replaced the old conditional reflexes which connected pain to childbirth. The learned breathing techniques formed a new conditional reflex and therefore “uterine contractions, as a sequel of this, become the signal for a specific respiration and not any longer for pain.” Indeed this was one of only two changes that Lamaze claimed he had made to the Soviet method.<sup>89</sup> The Czechoslovakian obstetricians, Dolezal and Matski, on the other hand, found the success of the method to be the woman’s calm disposition. As a result they modified the method to include the husband and mother of the expecting women in the psychoprophylactic preparations.<sup>90</sup>

For Soviet physicians the success of the method made sense because of the cultural belief in the power of words. Words were the “most potent drugs” stated one author.<sup>91</sup> Soviet obstetric and psychiatric researchers debated whether the success of the method was the result of suggestion or merely as Vel’vovskii argued that of a pedagogical education.<sup>92</sup> Researching the

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<sup>89</sup> Lamaze, *Painless Childbirth; Psychoprophylactic Method*, 71, 15.

<sup>90</sup> Malinin and Khmyz, "O Nekotorykh Itogakh Vnedreniia Psikhoprofilakticheskoi Podgotovki Beremennykh," 31.

<sup>91</sup> Gleizer and Sololovskaia-Baksht, "K Metodike Prepodavaniia Psikhoprofilakticheskoi Podgotovki Beremennykh K Rodam V Meditsinskikh Uchilishchakh," 53.

<sup>92</sup> A certain V. Konstantinov spoke at a conference in Kiev and argued that suggestion had a decisive role in the method. Vel’vovskii evoked Platonov, one of the leading Soviet specialists on suggestion, to argue that suggestion may have something to do with the method but it was not a leading factor in its success. Vel’vovskii’s rejection of suggestion and hypnosis had two main causes. First, he argued that suggestion and hypnosis left the subject relatively passive by inhibiting the cortex. The psychoprophylactic method, on the other hand, prided itself on activating and mobilizing the woman and allowing her to fully participate in childbirth. The second reason to reject suggestion was institutional. The authors of the method desired state sanction. Had suggestion been the decisive factor in the method, it could not be practiced by local midwives with limited education. Moreover, the Soviet Union operated educational programs all over the country. If the



method Soviet scientists often posed questions about its influence on the brain not merely during childbirth, but during the preparation. A graduate student from Tomsk, for example, examined whether the training was indeed activating the brain. He conducted a free association experiment that showed that after the training less time lapsed between the utterance of a word and a woman's response.<sup>93</sup>

Indeed when it came to modifying the method, Soviet physicians debated when the preparation should begin. Some argued that it was more effective toward the end of the pregnancy because during delivery the woman was still under the influence of instruction. Others, including Vel'vovskii believed that fears built up throughout and therefore the preparation should begin as early as the eighth week of pregnancy. Some went as far as to recommend adding one or two sessions under suggestive hypnotic sleep for women who failed to inculcate the method.<sup>94</sup>

The success of the preparation depends to a large extent on the authority of the doctor or midwife, on the confidence the pregnant woman has in the medical personnel and also on the quality of care during the delivery. Everything comes down to how doctors communicate with pregnant woman and explain her condition to her, how the most powerful means of influence is used – the word.<sup>95</sup>

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psychoprophylactic method could establish itself as merely another educational program, its chances of state backing were far greater. See Velvovsky et al., eds., *Painless Childbirth through Psychoprophylaxis*, 373.

<sup>93</sup> I. I. Benediktov, "K Voprosu Ob Izmeneniiakh Uslovnorechevykh Sviazei V Protsesse Psikhoprofilakticheskoi Podgotovki K Rodam," *Akusherstvo i ginekologiya*, no. 4 (1953): 27-31.

<sup>94</sup> Malinin and Khmyz, "O Nekotorykh Itogakh Vnedreniia Psikhoprofilakticheskoi Podgotovki Beremennykh," 29-32. More on the later Soviet debates see: Michels, "Comrades in the Labor Room," 1053.

<sup>95</sup> Malinin and Khmyz, "O Nekotorykh Itogakh Vnedreniia Psikhoprofilakticheskoi Podgotovki Beremennykh," 32.