

By Margaret Lowenfeld

For the general welfare of the nation the maternity nurse and midwife have a quite special responsibility. In their' hands lies the welfare of mother and the youngest of our citizens at the most crucial moment of their lives.

Psychology enters into a midwife's work at two points—in relation to the mother and in relation to the child. Let us take these in turn:

I. The mother. Maternal experience separates into three sections, and in each of these the midwife has her part—pregnancy, parturition and lactation. In pregnancy the foundations are laid for all future pregnancies and for the whole of the child's future. A mother's attitude to her child during lactation is laid in the months while she is contemplating its arrival.

Apart from the question of organic disease, modern psychological medicine is becoming more and more certain than it is in the emotional life of the mother herself even more than in her diet, clothing or circumstances, that lie the keystones to the common disorders of pregnancy. Let us examine one of the commonest of them.

Morning sickness:—We have many phrases in our ordinary daily speech which embody phrases like 'I am sick of him,' 'The thought of going to town makes me sick,' in all of which there is a clear connection between the idea of sickness and of wishing to be rid of or to avoid a thought or situation.

Our bodies are so made that they respond automatically with the whole of themselves to the feelings we experience. We go cold all over with fear—our mouth secretion is inhibited, cold perspiration breaks out on our hands, our feet become icy, our knees tremble: we flush with anger, and our eyes brighten and our muscles become tense. We cannot prevent these things—they are the essential accompaniments of emotion. The same is true in regions deeper than the eye can see. It is asking a great deal of many women to ask them to bear children: with their conscious selves they passionately desire their infant, but the bearing of a child alters a woman's body and puts severe restrictions upon her—it ties her freedom then and in the future, and it means sharing her life with another life, another life that feeds upon her whether she continues to desire it or no. The essential sense of self of many women rebels against this surrender and a conflict ensues—a conflict which, because the larger part of it is unconscious to them, cannot come into their consciousness. The body finds a way out of the difficulty and mirrors the

conflict in its behaviour. In the morning, just as the mother is waking out of unconsciousness, the body makes its picture of her situation, and she feels as if her self would 'sick up' the baby if it could.

If, in addition to this almost normal situation, there are errors of diet and errors of metabolism, the body finds its stage set and, instead of a passing wave of nausea quickly overcome and quickly passing, it finds itself able to produce a violent reaction and the serious vomiting of pregnancy sets in.

In the ante-natal clinic or the ante-natal care, the midwife can do much, if she understands it, to modify this situation. Most mothers conceive and bear their children in emotional isolation: no one is interested in their emotional stresses—though considerable care may be given to their physical well-being, their difficulties and feelings are not understood. Sympathy and understanding on the part of the midwife can go far in alleviating this situation. Talking out one's difficulties robs them of half their power, and there is much of bewilderment and dread, apprehension of labour, and sheer ignorance that a midwife can help to relieve in a pregnant mother.

Foundations for success in lactation are laid in this period also. There is no bodily function in which the connection is so intimate between the feelings and the function itself as in lactation. There is much about lactation that is mysterious, and which we do not as yet understand, but it is the experience of all psychological physicians that success or failure in lactation is dependent more upon emotional than upon purely physiological factors.

There too the midwife and maternity nurse have a sphere of great potency. What the experience of successful natural feeding means to the child is outlined below, and in the battle to secure this inestimable boon for the young child the midwife has the pride of power. It is the midwife who has the opportunity during pregnancy to awaken in the mother's mind both a conviction of the supreme importance for her infant of a satisfactory period of natural feeding. and an anticipation of fulfilment for herself.

Parturition. Pregnancy is a stretch of time of fixed length, drawing daily nearer to its culmination in the process of parturition. The mother's interior feelings about this supreme fact are of the profoundest importance in the process itself. Here, as in pregnancy, it is the deeper rather than the superficial feelings which are the more important. The total re-action of an individual to life is mirrored in her secret thoughts about her coming labour. Here again the midwife can be of priceless service. Many women are extraordinarily ignorant about their bodies and all the processes connected with them: they are timorous and apprehensive, shy of asking for information, full of strange phantasies. With the

existence of these phantasies and the fears and shrinkings that are connected with them, the pains of the first stage of labour are inextricably bound up. Parturition is a natural process and, with the exception of the second stage, there is no reason why it should be productive of pain in the healthy human body. Pains of the first stage, like the morning sickness of pregnancy, have a large element in them of unconscious emotion. The apprehension of the mother, and her interior shrinking from the process before her, express themselves in pain when it begins, and this pain can be diminished or even prevented by the same kind of treatment as assists a healthy beginning of pregnancy. Psychological medicine looks forward to the time when there will be available for the pregnant woman at every stage of her experience, not only the advice of the obstetrician and the pathologist, but that of the physician skilled in the adjustment of the emotional life.

When the baby is born, there are two people to be considered—the mother and the infant—and success in lactation is so bound up with the infant's experience that we will take these two together.

2. The Infant.

It is very strange how difficult it is for the average adult human being really to grasp the fact that the new born baby has not been here before, and that his whole behaviour must be based upon his individual experience.

Every nurse knows how widely one baby differs from another, and I myself owe to Miss Liddiard of the Mothercraft Training Society and experiences in Cromwell House my first perception of the wide variety of individuality in young babies. The fundamental lines for the future development of that individuality are laid in the first few weeks of life, and it is the midwife who has the greatest power over them. A baby comes into the world without any previous experience, without also any intellectual capacity to understand his experience. He is at the mercy of those who look after him.

A sense of security is an emotional fact, not an intellectual one, and the same is true of a sense of fear. A baby has no knowledge of the future: he can suck because that is a physiological impulse, as are the processes of digestion and excretion, but when he feels hungry he cannot know he will soon be fed. His experience is one of fundamental dissatisfaction of a persistence in hunger that nothing relieves, and he gives expression to that in a scream or whimper of pain and fear, as later on in life victims of famine break down and sob. The cognitive understanding is widely different, but the emotional distress is the same.

It is impossible to imagine that the baby three days before the process of birth and three days after that date differs in any fundamental way. Before birth the infant was entirely comfortable, completely satisfied, and moving at ease. A short while later and he is faced with an existence in which difficulties and deprivation: follow hard one upon the other. The experience of being held again by the mother, warmly in her own arms, or being able to re-establish a vital and satisfying contact with her through her breast, is a vital and absolute necessity for the reassurance of his feeling life.

A tiny infant cannot understand 'discipline.' He can only feel that his life is in danger. To cry and not be soothed, to be left alone unhappy in his first month of life, means to him to go through an experience of utter desolation of spirit. Discipline involves the possibility for the individual to understand the connection between his own acts and those of the discipliners. For this to be possible an 'ego' must already have been developed, a part of the self that can stand aside and evaluate the acts of the self. No such thing exists in infancy and 'discipline' applied to the infant has the effect of torture applied to the adult. If pain is sufficient and the connection between the pain and a specific action is grasped the action is not repeated. In an infant so treated, the crying disappears: the basis of this disappearance is fear and that fear remains as an apprehensive or a truculant attitude to the outside world throughout life.

From the psychological point of view, it is impossible to be too tender with a young infant, provided that tenderness is expressed towards the infant alone and without a reflex using of the infant to assuage love hunger in the adult. A psychological physician, Dr. Joyce Partridge, who is herself a mother besides being a general practitioner of wide experience, has summed up the whole matter for us in a little book issued recently by the Oxford University Press and called 'The Baby's point of view,' in which she sets out the experiences of the first 6-12 months of life as seen from the angle of the infant itself.

Greater power to prevent neurosis in later life lies perhaps in the hands of the midwife than of any other single class in the community. Successful lactation depends upon a positive feeling attitude to it in the mother; successfully carried out lactation is fundamentally important for the healthy emotional development of the infant. Fears in the mother and fears in the infant react the one upon the other, and dislike and resentment in the mother means deep seated emotional distress in the child. It is in the hands of the midwife in her care of her patient before, during and after labour, to bring about a satisfactory adjustment between mother and child. By the recognition she herself shows of the nature of an infant's needs, she can secure, both for mother and child, the foundations of a satisfactory future development.