The Sounds and Sights of Natural Childbirth: Films and Records in Antenatal Preparation Classes, 1950s–1980s

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Summary. Film and sound recordings are a ubiquitous part of the antenatal preparation courses that serve as a rite of passage to parenthood in Western Europe and North America. This article analyses a sample of these didactic tools used in classes from the 1950s to the 1980s, the heyday of the natural childbirth movement. These audio-visual artefacts both reflected and conditioned expectations for women's behaviour during labour and birth through their representation of pain. They demonstrate changing norms in the role of the father, but show how physician authority—and male authority more broadly—remained largely unchallenged. Two phases are discernable in these sources. From the 1950s through the mid-1960s, natural childbirth was presented as essentially painless. From the late 1960s through the 1980s, pain and effort in labour and birth found graphic representation on the screen, reflecting a shift in what was considered a desirable birth experience and what natural childbirth preparation could accomplish.

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Writing in 1990, a British mother who attended antenatal classes in the 1950s recalled seeing her husband squirm as he watched a film of a baby being born: 'My husband came to the evening under protest, and sat blowing his nose and hiding behind his handkerchief'.¹ In 2009, American artist Jessica Clements described what she hoped to get out of watching a film in her childbirth preparation course: 'I could not envision giving birth. The idea of my vagina stretching wide enough for an infant's head seemed impossible and horrific'.² Separated by nearly six decades, these examples illustrate two parents who, along with millions of others who passed through childbirth preparation courses, shared similar experiences when watching a film as part of their curriculum. The significance of these mixed and memorable emotions lies in the fact that the birth film has become a ubiquitous and indispensable component of antenatal classes, elevated to a rite of passage to parenthood. These images document and reflect—always, of course, tempered by the editorial hand of the filmmakers—the childbirth experiences of the parents

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¹Heda Borton, 'Through the Generations: A Compilation of Memories of Grantly Dick-Read', *New Generation*, September 1990, 9.

²Imogen Tyler and Jessica Clements, 'The Taboo Aesthetics of the Birth Scene', *Feminist Review*, 2009, 93, 135.

they depict, but also condition viewers' expectations of what their own upcoming births will be like. These images and the narratives that accompany them become a lens through which parents comprehend and evaluate their own birth stories. Implicitly and explicitly, birth films inform how women and men make meaning of their own journey into parenthood.

This article analyses the sights and sounds of natural childbirth as presented in audio and film recordings in an effort to gain insight into shifting mid-twentieth-century birth practices and their meaning. Film and sound recordings began to be used routinely in antenatal classes in the 1950s, when preparatory courses sprouted up in Western Europe and North America.³ Though no cumulative national or international statistics point to the precise number of women and their partners who underwent childbirth training, historians have amply documented for the post-war decades the efflorescence of such courses, particularly those devoted to natural childbirth preparation.⁴ These classes emphasised educating women about the process of labour and birth, working effectively with contractions to expel the baby, and coping with any pain or discomfort, ideally without resort to pharmacological pain relief. Along with the childbirth educator's lectures, written instructions, demonstrations and other didactic tools, films and records served to teach women and their partners not just what to expect when expecting, but what was expected of them. Audio and film recordings served the plaited objectives of instructing parents-to-be, especially mothers, how to comport themselves in labour and birth, persuading them that they could meet these behavioural objectives, and demonstrating to them the desirability of that effort. These films were perceived to be so indispensable to preparation that not seeing one left expectant parents feeling unprepared for childbirth, irrespective of whatever other instruction they had received. For example, in 1964 an American woman living in Athens took natural childbirth lessons, but she and her husband did not get a chance to see the instructional film before she went into labour. 'Neither of us had any idea of what to expect,' she lamented, despite her other training.⁵

Questions of what constituted an ideal or desirable birth experience—to use or to avoid pharmacological pain relief, to give birth at home, in hospital or in a so-called alternative birth centre; to have the husband, partner or other non-medical support person present—speak to broader issues of post-war gender roles, family relations, and authoritative knowledge in the clinical encounter. Antenatal classes, including through their use of film and sound recordings, served both to capture and to transmit evolving ideas about pain. These artefacts served to 'translate pain' to expectant parents in a range of

³Visual training had, of course, historically been part of childbirth preparation, as women attended the births of relatives, friends, and neighbours. With the move of childbirth from home to hospital, women needed to find new ways to learn what awaited them. The literature on the transition of childbirth from home to hospital, particularly in the United States, is voluminous. See, for example, Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750–1950* (New York: Oxford University Press, 1986); Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America*, rev. edn (New Haven, CT: Yale University Press, 1989); Jacqueline H. Wolf, *Deliver*

Me from Pain: Anesthesia and Birth in America (Baltimore: Johns Hopkins University Press, 2009).

⁴There are no historical data, but according to anthropologist and childbirth educator Vicki Elson, in the early twenty-first century approximately one-quarter of expectant mothers attended antenatal preparatory courses. *Laboring under an Illusion: Mass Media Childbirth vs. the Real Thing* (Vicki Elson, Birth Media; USA, 2009).

⁵Frances Karlen Santamaria, *Joshua Firstborn: Natural Childbirth and Mothering Experiences of an American Wife in Greece* (New York: Dial Press, 1970), 58.

registers that varied over time, reflecting pain's shifting value and meaning in childbirth.⁶ Moreover, they telegraph and condition notions about companionate marriage as an ideal. The majority of film and sound recordings also reinforced physician authority over women's bodies, even as they touted women's agency in childbirth.

I build my analysis of childbirth films and audio recordings principally on sixteen of the dozens of documentaries produced between the mid-1950s and the mid-1980s—the heyday of the natural childbirth movement. Made in France (4), Great Britain (3), and the United States (9), the films and phonographic records examined here were chosen largely by the accident of what has landed in archives for preservation. They offer a valuable sampling and include the most widely circulated films and records, as well as more obscure titles. The most popular ones found broad audiences in their home countries and, in several cases, abroad.⁷ I also make use of two feature films. *Le cas du Docteur Laurent* (France 1957) and *Il momento più bello* (Italy 1957) enjoyed international circulation and garnered attention for their lengthy, graphic depictions of childbirth.⁸ Two long-playing records (LPs)—one British and one French—made by leading proponents and natural childbirth during the movement's formative period in the 1950s enjoyed a global circulation. Moderately priced, they were accessible to interested consumers for purchase, including by European and American women living in, for example, remote corners of South Africa, where formal antenatal training was unavailable.⁹ The geographical and chronological unevenness of my sample lends the analysis of film and sound recordings offered here a snapshot quality. Despite the limitations of the source base, the centrality of these materials to antenatal education and the experience of natural childbirth, a major life cycle event for multiple generations of women and their partners, merits analysis and the evidence suggests clear shifts over time in ideas about pain in childbirth, the role of fathers, and the authority of medical professionals vis-à-vis the labouring woman.

⁶'Translating Pain: An International Forum on Language, Text and Suffering', Monash University, Melbourne, Australia, 11–12 August 2015. Contrasting representations of birth in the popular media with those in films that advocate natural childbirth, Elson's *Laboring under an Illusion* captures this range well in the contemporary context.

⁷The documentary films on which my analysis draws are: *Becoming* (Kristine Samuelson, ASPO; USA, 1973); *Birth* (Eugene Manner, Verité Productions; USA, 1968); *Birth Reborn* (Michel Odent, BBC Television Service; UK, 1982); *Childbirth without Fear* (Grantly Dick-Read, Encyclopaedia Britannica Educational Corp; UK, 1956); *Fathers* (Henry Biller, ASPO; USA, 1981); *The Lamaze Method: Techniques for Childbirth Preparation* (Woody Robertson, ASPO; USA, 1983); *Naissance* (Jean-Pierre Marchand, Cinétest; France, 1956); *Nan's Class* (Kip Durrin, ASPO; USA, 1977); *A New Generation* (Joseph Marqués, D.S.A.; France, 1963); *La méthode psychoprophylactique d'accouchement sans douleur* (Pierre Vellay; France, [c. early 1960s]); *The Psychoprophylactic Method* (Pearl Bartel, Medical

Electronic Educational Services; USA, 1978); *Saturday's Children* (Philip and Gay Courter, Courier Films; USA, 1981); *Spiritual Midwifery* (Ina May Gaskin), Videofarm; USA, 1978); *The Story of Eric* (David Seltzer, ASPO; USA, 1971). The two phonographic records are: *Natural Childbirth: A Documentary Record of the Birth of a Baby Supervised by Dr. Grantly Dick-Read* (n.p.: Westminster Recording, 1957); *L'accouchement sans douleur: Reportage de Francis Crémieux* ([Paris]: Voix de son maître, 1955).

⁸*Le cas du Docteur Laurent* (Jean Paul Le Chanois, Cocinex, Cocinor, and Sédif Productions; France, 1957); *Il momento più bello* (Luciano Emmer, Ilaria Film, Les Films Modernes, Gladiator Film; Italy, 1957).

⁹E.g., Letter from Grantly Dick-Read to Mrs. A., 2 August 1956, Personal Papers (hereafter PP)/Grantly Dick-Read (hereafter GDR)/series D, folder 74 (hereafter D.74)/Wellcome Library, London (hereafter WL). Because of archival restrictions, I have used initials that do not reflect patient names in order to protect their identities.

I focus on audio and visual media produced in France, Great Britain and the United States because these countries represent a cross-section of the natural childbirth movement's epicentres. They were in a common international conversation about pain management in maternity care, even as they organised and delivered it in distinct ways. Midwifery care has thrived in Great Britain, while being driven to the brink of extinction in the United States. Great Britain and France offered mothers a national health care service that eased the costs of care in comparison to the United States' profit-driven model. But, of course, the economic model shaped the delivery of care in all three national contexts. For example, in France the use of epidural anaesthesia was for most women prohibitively expensive until 1994, when it began to be covered by *Sécurité sociale*, the national health care plan.¹⁰ After 1994 its use rose rapidly, suggesting that financial, rather than medical or social obstacles had previously stood in the way of its popularisation. Despite structural, systemic differences in maternity care, there is across national boundaries a remarkable cohesion that emerges from the cross-border circulation of audio-visual sources, justifying their analysis in a comparative framework.¹¹

Most of the films I analyse were produced for classroom use, but several were also broadcast on television or shown in high school hygiene classes, disseminating information about the practice of natural childbirth to the general public and, along with representations in popular culture, shaping the collective consciousness of it.¹² For example, in 1966 the French film *Naissance* was approved for showing in Detroit public schools.¹³ In 1972 childbirth educators in the Boston area presented an unnamed childbirth education film in 'progressive sex education courses'. The informal discussions that followed suggested a 'favourable' reaction among students. The childbirth educator responsible reported that 'few students in this age group have thought ahead to the kinds of options available to them when they start having their children. It is our hope that they can be aware of the kind of childbirth experience they can have.'¹⁴ In this way the same childbirth films that were presented to expectant couples had a much broader impact, shaping how girls and boys imagined the look, sound and feel of childbirth in their still-distant futures. Arguably this was even more the case for the two feature films that I analyse, which circulated broadly, influenced the general public's understanding of natural childbirth, and stirred public discussion.

What is Natural Childbirth?

In 1933 British physician Grantly Dick-Read coined the term 'natural childbirth' to describe his approach to the management of labour and birth. He believed that antenatal

¹⁰Ministère des Affaires sociales, de la Santé et de la Ville, Haut Comité de la Santé Publique, *La sécurité et la qualité de la grossesse et de la naissance: Pour un nouveau plan périnatalité* (Rennes: ENSP, 1994), 53.

¹¹International circulation and a shared conversation is evident, for example, when the American Society for Psychoprophylaxis in Obstetrics notes in a 1964 newsletter that British natural childbirth advocates have been showing the French films *Naissance* and *Le cas du Docteur Laurent*, an unnamed Belgian film,

and a new British film called *Triumph of Childbirth*. 'PPM is Alive in England', *ASPO News*, 1964, 3, 1.

¹²Judith Walzer Leavitt, *Make Room for Daddy* (Chapel Hill, NC: University of North Carolina Press, 2010).

¹³'Birth Film Approved for Detroit Public Schools', *ASPO News*, 1966, 5, 1.

¹⁴Carole Kelly, 'Lamaze In-Service Programs,' *Lamaze Newsletter*, 1972, 1, 2. See also, for example, Joyce Carlson, 'The Long Island High School Program', *ASPO Focus*, 1976, 3, 3–4.

education in the physiology of pregnancy, labour and birth was the crucial ingredient to reducing or even eliminating pain. Dick-Read theorised that childbirth was a naturally painless physiological process into which fear had inserted itself to the detriment of mother and child. Frightened by woeful stories from mothers and aunts, women expected childbirth to be painful and consequently their bodies tensed up at the onset of labour. Physical tension created pain through what Dick-Read called the 'fear-tension-pain cycle'. He believed that with education about what to expect in pregnancy, labour and birth, women's fears—and thus their pain—could be dispelled. He advocated encouragement and constant companionship during labour and birth to support women's ability to remain calm and relaxed. A willing, prepared and level-headed husband at his wife's side could aid her. With pain dissipated through education and support, women had little or no need for pharmacological pain relief, which Dick-Read warned against because of the associated medical risks for the baby, such as anoxia. Moreover, he believed anaesthetics and analgesics robbed women of a joyful, participatory birth experience.¹⁵

While Dick-Read's ideas about natural childbirth began to spread primarily in the Anglophone world, a similar method known as psychoprophylaxis arose independently and for very different reasons in the USSR in the late 1940s and quickly spread westward. Soviet authorities hoped to encourage a baby boom in order to recover from the demographic devastation of the Second World War. Public health officials believed that conquering pain in childbirth would contribute significantly to reducing women's reluctance to have more children. Obstetricians supported the use of nitrous oxide to manage labour pain, but the drug was in short supply and, in the face of competing financial demands, the state was unwilling or unable to make the necessary investment to ramp up production. An alternative came from Soviet psychologist I. Z. Vel'vovskii, who, since the 1920s, had been experimenting with the use of hypnosis to alleviate the pain of childbirth. In the post-war years it became clear to him that hypnosis would never be a practical approach on a mass scale because it involved too much one-on-one time between the caregiver and the patient; there were precious few hypnotherapists in the USSR and little hope of training more in sufficient numbers. Vel'vovskii sought instead the alleviation of obstetric pain through a psychological approach, deliverable simply and easily in a group setting. Psychoprophylaxis combined the same kind of prenatal education in pregnancy, labour and birth that Dick-Read advocated with instruction in patterned breathing and conscious relaxation. Legitimated on the basis of Pavlovian physical psychology, Vel'vovskii argued that in the weeks before labour's onset, expectant mothers could be conditioned to respond to contractions with profound relaxation, rather than physical tension. Patterned breathing served to interfere with the transmission of pain signals from the uterus to the cerebral cortex, while light massage and deep pressure alleviated any breakthrough pain.¹⁶

¹⁵Grantly Dick-Read, *Natural Childbirth* (London: William Heinemann, 1933); Grantly Dick-Read, *Childbirth without Fear: The Principles and Practices of Natural Childbirth*, 2nd rev edn (New York: Harper & Row, 1959). See also Valerie Allen, *The Legacy of Grantly Dick-Read* (London: National Childbirth Trust,

1991); O. Moscucci, 'Holistic Obstetrics: The Origins of "Natural Childbirth" in Britain', *Postgraduate Medical Journal*, 2003, 79, 168–73.

¹⁶Paula A. Michaels, *Lamaze: An International History* (New York: Oxford University Press, 2014), 27–44.

Both Dick-Read's natural childbirth and Vel'vovskii's psychoprophylaxis spread, but over time they became entangled and the distinctions between them muddled as mothers and their caregivers showed less interest in doctrinal disputes than in results. Psychoprophylaxis made its way to France thanks to the efforts of obstetrician Fernand Lamaze. One of his patients, Marjorie Karmel, helped to launch the dissemination of the method in the United States with the 1959 publication of her book *Thank You, Dr. Lamaze*, in which she described her experience using psychoprophylaxis.¹⁷ Rechristened the Lamaze method in the United States, it rapidly found adherents, building on networks that had been active in spreading Dick-Read's approach. Prenatal calisthenics popularised by Dick-Read were grafted onto the patterned breathing of psychoprophylaxis. Rather than the proper name for Dick-Read's approach, as it initially had been, the term 'natural childbirth' emerged as a generic, vernacular term for any method of childbirth that sought to minimise or avoid entirely the use of pharmacological pain relief and support women's desires to have a less medicalised birth experience.¹⁸

Dignity on Display

Didactic materials from the natural childbirth movement of the 1950s and early 1960s present their female subjects as strong and disciplined, but highly and openly deferential to (primarily male) medical authority. Always white, married and middle-class, the labouring mother's comportment reflected her primary aspiration in choosing natural childbirth: dignity. Dignity in birth meant not making a fuss and labouring quietly and calmly. Listening to, for example, Dick-Read's 1957 LP, one is struck by the labouring woman's disengaged demeanour and Dick-Read's firm control. Mrs Usill, whose birth is captured on the record, relied heavily on Dick-Read to achieve this aim, allowing him to interpret for her the sensations in her own body. At several points Mrs Usill feels the inclination or impulse to do one thing, only to find that Dick-Read believes she should do otherwise and she promptly and obligingly corrects course. 'It helps you know to keep your eyes open during contractions', he instructs. 'Oh, does it?' she asks. 'I find that I've been closing them'. 'Yes, well, it's alright up till now, but I'd like you to keep your eyes open now', he gently insists. On another occasion she states that she's 'pushing down a bit more now' only to find that he wants her to resist this urge. To be clear, there was wisdom in his instruction. Dick-Read hoped Mrs Usill would avoid a tear by allowing the perineum to stretch slowly. But, significantly, both doctor and patient regarded her body's impulses as providing less useful, less advisable information than his professional judgement.¹⁹

The first spate of films, from Dick-Read's 1956 *Childbirth without Fear* through several French documentaries put out by Lamaze's chief assistant, Pierre Vellay, and others over the 1950s and 1960s, place a premium on the same quiet decorum that is evident on Dick-Read's record.²⁰ Vellay's 24-minute film *The Psychoprophylactic Method of Painless Childbirth* (c. early 1960s) is typical of childbirth education films of this era. The black-and-white film lays out the historical roots of the method, explains how psychological

¹⁷Marjorie Karmel, *Thank You, Dr. Lamaze* (reprint, 1959; London: Pinter & Martin, Ltd., 2005).

¹⁹*Natural Childbirth: A Documentary Record*.

²⁰*Naissance; New Generation; Donner la vie*.

¹⁸Michaels, *Lamaze*, 95ff.

conditioning works, and provides general advice on having a healthy pregnancy through sensible diet and exercise. To highlight the drama and significance of the live birth sequence, the film switches to colour. The woman bears down and is clearly making an effort, but does not seem strained by it. Suggestive of an active, engaged role in her own birth experience, the mother reaches between her legs as the baby is emerging and practically catches her herself, with Vellay seemingly a mere bridge between mother and child.²¹ Despite his marginalisation in the final moment, Vellay had been front and centre throughout the birth, offering exuberant and constant direction. His style was a departure from the more placid, stereotypically British demeanour of Dick-Read, but there is no doubt that Vellay, too, was in charge in the delivery room.

Access to educational materials like those produced by Dick-Read and Vellay was sometimes constrained by economic obstacles and moral sensibilities. Renting the films and projectors was costly. Dick-Read produced a pathbreaking film, *Childbirth without Fear* (1956), which contained the first scene of a baby being born to be broadcast on British television (1957). But, unlike antenatal classes today, where showing a birth film is routine, equipment requirements put *Childbirth without Fear* out of reach for classroom showing.²² In the late 1950s and early 1960s London's expectant parents could only watch it at the Crown Film Theatre near Covent Garden on the first Tuesday of every month, while the rest of Britain's interested viewers had the opportunity to see it only from time to time. Even when it was feasible to screen the film, reigning ideas about propriety sometimes inhibited access. *Childbirth without Fear* was originally supposed to have its monthly screenings at the British Council, but the Council's Medical Committee considered it "'unsuitable" to show expectant mothers'.²³ The Australian censorship office similarly determined it to be 'not for general exhibition' and initially restricted shows to medical and nursing professionals and students.²⁴ English-speaking audiences also faced linguistic and cultural obstacles to accessing French films, which were shown without subtitles or dubbing to British and American audiences. A childbirth educator typically explained the action and if anything stirred controversy, she advised the audience member to turn to her physician for guidance. The appearance in *Naissance* of a potted plant in a French hospital room, for example, raised questions frequently enough that American Lamaze educators received specific instructions to reassure expectant parents that, although an unexpected sight, it was not unsanitary.²⁵

Le cas du Docteur Laurent and *Il momento più bello* brought information about natural childbirth to general audiences at a time when relatively few had access to the films made by Vellay, Dick-Read and others. It is no coincidence that these films emerged from France and Italy, the two Western European countries with the largest and most influential communist parties, which agitated to promote Soviet psychoprophylaxis. *Le cas* had a

²¹*La méthode psychoprophylactique d'accouchement sans douleur*.

²²Collection Guide, PP/GDR/WL.

²³Natural Childbirth Association of Great Britain Newsletter, no. 2, March 1957, Natural Childbirth Trust Archive/Box 5, London (hereafter NCTA/5).

²⁴Letter from Grantly Dick-Read to G. R. B. Patterson, 8 June 1956, PP/GDR/C.20; box 20 WL.

²⁵Letter from Adrian Chrust to Connie Castor, 15 April 1971, accession 2000-M58, carton 1, Lamaze International Records, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA; Elaine Zwelling, 'Interview. The Story of Ferris Urbanowski: California, Here We Come!' *Journal of Perinatal Education*, (Spring 2001), 10, no. 2, 11.

particularly transparent didactic function to help spread word of psychoprophylaxis; to that end, it was screened publicly into the mid-1960s in Great Britain and likely elsewhere as well.²⁶ Though not deliberately salacious, *Le cas* faced censorship problems, not unlike Dick-Read's documentary, for its live birth scene. UK natural childbirth advocates anticipated problems getting permission from the British Board of Film Censors to show *Le cas* theatrically to general audiences on the grounds that its graphic birth scene contravened the moral sensibilities of the day.²⁷ *Il momento*, too, stirred controversy when released in the United States under the title *Wasted Lives* with the addition of footage showing the birth of twins.²⁸

Il momento builds a classic melodrama around the promotion of psychoprophylaxis. The dashing young doctor Pietro Valeri (Marcello Mastroianni) becomes fascinated with Lamaze's work. Before heading to Paris to train with Lamaze, he falls in love with his colleague, nurse Luisa Morelli (Giovanna Ralli). Luisa is also interested in psychoprophylaxis and leaves the hospital where she worked with Pietro to join a midwifery practice that trains expectant mothers in this new technique. Some months later, Luisa finds herself pregnant from her liaison with Pietro. When he returns from Paris and learns the news, his first reaction is to reject Luisa, asserting that he loves her, but does not have the money to support a family. Eventually, through various soapy plot twists, the two find their way to one another to live happily ever after. In the background, running through the entire film, is frequent and detailed mention of psychoprophylaxis, its benefits and the specifics of its technique. Luisa herself is a model patient, effectively utilising psychoprophylaxis for a comfortable and satisfying birth experience.

Le cas du Docteur Laurent also has a physician as the protagonist, but in sharp contrast to the dashing Mastroianni, we find an avuncular, middle-aged Jean Gabin at the centre of the story. Based loosely on the real life story of Lamaze's protégé Dr Annie Roland, Dr Laurent has come from Paris, disillusioned and perhaps dismissed by his professional colleagues there, to take up a practice in a remote corner of the Pyrenees. Two parallel and intersecting plot lines unfold. Upon arrival in the village, Laurent finds the old doctor and a midwife caring for Catherine, who endures a tortuous labour before giving birth to a daughter. We also meet Francine, who finds herself 'in trouble' by the midwife's son. Catherine suffers a traumatic birth and goes through a period of what today we would term post-partum depression; with Laurent's assistance and despite the midwife's obstructionism, Francine trains in psychoprophylaxis and gives birth with effort, but without suffering. *Le cas* thus displays the confrontation between and moment of transition from old to new ways in maternity care.

The two female protagonists in *Il momento* and *Le cas* share an interesting and, for the era, uncommon trait: they are single mothers. Both films present negatively those who wag their fingers in judgement of these women. This stance on single motherhood reflects the leftist, pronatalist values promoted by Western European communist parties at that time and, by implication, yokes the movement for natural childbirth, especially

²⁶*Le cas du Docteur Laurent* (Jean Paul Le Chanois, Cocinex, Cocinor, and Sédif Productions; France, 1957); 'Psychoprophylactic Method Alive in England', *ASPO News*, 1964, 3, 1.

²⁷*Le cas du Docteur Laurent*; Meeting Minutes, 13 Oct 1958, Working Committee Minute Book 1 (14 May 1958–23 Feb 1959), NCTA/81.

²⁸*Wasted Lives* (KGM Productions; USA, 1962).

Soviet psychoprophylaxis, to that agenda. In the case of *Il momento*, Pietro castigates Luisa, before her own out-of-wedlock pregnancy, for passing judgement on a homeless, unmarried mother. In *Le cas*, the village women glare at Francine and their harsh looks telegraph to the audience Francine's outsider status. By contrast, Laurent always treats her with respect and kindness and the viewer twigs that his position is the just one. Francine carries herself with great dignity, showing perhaps regret, but not shame at her circumstances.

Il momento's neorealist visual style reinforces its progressive political content. Director Luciano Emmer filmed for several days in a Roman hospital, giving viewers a sense of the hustle and bustle of the maternity ward's daily routine. The film opens with the arrival at the busy hospital of a young, unwed mother; she and the baby's father are homeless. The desperate man pleads successfully with Pietro to let her check in to the maternity ward early. Like post-war Italian neorealist films beginning with Roberto Rossellini's *Open City* (1945), this vignette shines a light on the inequalities in Italian society and the strained conditions for the poor.

Le cas, too, utilises a largely direct and unobtrusive visual presentation that suits its realistic subject matter and didactic aspirations. It eschews the neo-realist style in favour of camera work that, at least on occasion, insinuates the viewer in the scene and links us to the protagonist. For example, as Laurent arrives at Catherine's home during her long and agonising labour, the scene is filmed from a distance, rendering Catherine small and suggesting her fragility and isolation. The camera then adopts a point of view adjacent to Laurent. The viewer approaches Catherine as Laurent does, the lens zooming in parallel to Laurent's eyes, with Laurent barely visible inside the frame as he walks toward Catherine's bed. The shot solidifies our connectedness to Laurent's perspective, not just visually, but intellectually and emotionally.

Where *Le cas* abandons such artistic cinematographic techniques of storytelling in favour of a more documentarian style is in the scenes of Laurent's lectures on psychoprophylaxis, of his training sessions with Francine, and of her labour and birth. Laurent organises a public lecture on psychoprophylaxis. Despite the vocal scepticism of the village midwife and more muted scoffs of Catherine, Laurent draws a crowd to the village pub to hear him speak. He introduces the topic and, with Francine, uncommitted, listening at the doorway, he puts on a phonographic recording of a birth using psychoprophylaxis. He plays the 1955 recording made by Francis Crémieux of his wife Janine labouring and giving birth with the aid of Vellay.²⁹ The film's incorporation of an authentic sound recording adds a flourish of realism to the film and underscores the film's educational purpose.

When marketing *Il momento* and *Le cas* in the United States, promoters repackaged the realistic representations of labour and birth as scandalous, undermining its original

²⁹L'Accouchement sans douleur par la méthode psycho-prophylactique: Un reportage de Francis Crémieux', brochure, [1955], Archives de l'Union fraternelle de la métallurgie, L'Institut d'Histoire Sociale CGT de la Métallurgie, Paris (hereafter UFM), Box J-3; 'Les Disques', *Europe*, September 1955: 221; Francis

Crémieux, 'Nous avons accouché sans douleur', *Heures claires*, March 1955: 29; R. Demeusy, 'L'Accouchement psycho-prophylactique', *Formulaire Dimanche*, 24 July 1955, press clipping, UFM, Box E; Pierre Joffroy, 'Nathalie née sans douleur', *Paris Match*, 2 April 1955: 75, 80, 82.

instructional intent. The 1957 advertisement for *Le cas* emphasised its educational value, but did so in a sensationalistic way. 'Much will be made of the birth scene. It is frank and explicit, leaving no question unanswered', the ad read, beckoning potential viewers to the theatre.³⁰ Sensationalism in the promotion of *Il momento* was far more egregious, distorting the film into a representative of what scholars variously characterise as 'sex hygiene' or 'birthsploitation' genre films.³¹ *Il momento* initially had an art house run under the title *The Most Wonderful Moment*. It earned a respectable review in the *New York Times*, which lauded how it 'bristles with authenticity', while scenes of psychoprophylaxis demonstrated the method in a way that is 'subdued but eminently effective'.³² The film was then acquired by American producer K. Gordon Murray and reissued as *Wasted Lives* with the addition of two alien elements. The first, an hour into the 90-minute film, was a commercial with Dr Carlton Howard peddling sex education manuals. The second insertion comes fifteen minutes after *Il momento* resumes, at which point the film is interrupted by six minutes of graphic, colour footage, allegedly shot in Cuba, of twins being born. Advertisements touted 'The Birth of Twins' segment, as it was billed, for presenting birth 'with delicacy and in reverence', but the colour footage is jarring and its content gory against the otherwise demure black-and-white *Il momento*.³³ Reducing *Il momento* to salacious, titillating fare that verged on pornography was far from the filmmaker's original intent, which was to create cinema that would spread knowledge of and interest in natural childbirth. American viewers would have to look elsewhere for meaningful sources to inform and shape their expectation of birth.

The Embodied Birth

Even as graphic depictions of birth in theatrical films remained controversial, film and sound recordings came to be seen in the classroom context as necessary for expectant parents. By the early 1960s these resources emerged as a common part of the natural childbirth curriculum. There were some modest attempts to market films of live births that were little more than home movies but, for the most part a small number of films were widely used, including Dick-Read's *Childbirth without Pain*, *Le cas du Docteur Laurent*, Vellay's 1956 *Naissance* and, from the early 1960s, his *The Psychoprophylactic Method of Painless Childbirth* (*La méthode psychoprophylactique d'accouchement sans douleur*).³⁴ With the advent of cheap videocassettes in the 1970s, the use of moving images became universal and their number and variety proliferated.

Beginning in the late 1960s and continuing throughout the 1970s, films projected an image of natural childbirth that had some elements in common with earlier audio and

³⁰Freeport Journal-Standard, 18 October 1958, 7.

³¹Eric Schaefer, 'Bold! Daring! Shocking! True!': A History of Exploitation Films, 1919–1959 (Durham, NC: Duke University Press, 1999), 365. For reference to the 'birthsploitation' genre, see Dan Schindel, 'American Grindhouse', *Doc of the Day* (blog), 12 July 2012, <<http://danschindel.com/doc-of-the-day-american-grindhouse/>>, accessed 29 November 2016. Deborah Davidson and Wayne Jerbian, 'Lost Children: Pregnancy, Parenthood, and Potential', in Randy Laist, ed., *Looking for Lost: Critical Essays on*

the Enigmatic Series (Jefferson, NC: McFarland, 2011), 185.

³²A. H. Weiler, 'Natural Birth: The Most Wonderful Moment Bows', *The New York Times*, 1 June 1959.

³³Michael Yockel, 'Miami's B-Movie Mogul', *Miami New Times*, 29 January 2004.

³⁴On the production and use of an 8mm film by one natural childbirth instructor see, for example, Area Officer's Report for 1966, NCT Annual General Meeting, 17 May 1966, NCTA/81.

visual documents, but also broke those patterns in meaningful ways. This second generation of childbirth education films reflected the era's social changes and new ideas about what women and couples could get out of natural childbirth. Countercultural and feminist ideals were seeping into mainstream American and Western European values and reshaping childbirth practices accordingly.³⁵

In 1968 a new image of natural childbirth entered the American household on the small screen when the Public Broadcasting System aired *Birth*, a documentary that highlighted not only the changing vision of how one gave birth 'naturally', but also reflected shifts in ideas about marriage and parenthood. *Birth* told the story of Debbie and Bruce North, who were expecting their first child. The Norths were an unconventional, bohemian couple. Debbie was the breadwinner, while Bruce was an aspiring artist. The documentary chronicled their preparations for childbirth, including antenatal classes. Bruce explained to his anxious and confused parents how the couple would manage financially and share childcare responsibilities. Unlike the mothers in earlier continental European and British childbirth films, Debbie appeared in the childbirth scene neither detached nor merely intensely focused. We see her sweating hard, faltering and grunting, sights and sounds that suggest natural childbirth is both an extraordinary effort and most definitely painful. Interestingly, Debbie attempts to assert her knowledge about what is happening in her own body, only to be contradicted by Bruce, who acts as not just a partner to his wife, but as an extension of the physician's medical authority thanks to his antenatal preparation. Timing her contraction, he observes that 'it should be starting to go down a little by now'. Debbie shakes her head 'no', only to be contradicted by Bruce: 'Don't shake your head. I know it is'. He then commands her, saying, 'We're going to stay relaxed now. No squiggling, no squiggling. Blow, blow, whistle, blow, whistle, blow. 'Atta girl'. When Debbie moans, Bruce acts like a drill sergeant: 'No. No faces. Relax and blow. Relax and blow'. The time to push arrives and he tells her 'none of that screaming, none of that baby stuff'; her mild moans are greeted with 'none of that honey, none of that. Shape up kid! Come on. You're a tough kid!'³⁶

Through today's eyes, Bruce appears an unsympathetic and bossy partner to Debbie. But to understand his tough love one must bear in mind the reigning belief among natural childbirth educators like Elisabeth Bing, doyenne of the American natural childbirth movement and instructor to Bruce and Debbie, that the pain of childbirth was wholly or, by this time, at least primarily psychogenic in origin. The Norths had been told that their training would enable Debbie not just to participate actively in birthing her own child, but to do so in a way that would minimise or even eliminate pain. Though such ideas would be challenged in coming years, most proponents of natural childbirth at this point in time thought that groaning, moaning and screaming were more often than not signs that the labouring woman was overdramatizing her suffering or not applying the method correctly. And what first-hand experience did Bruce have? One can assume that he had never seen a baby born, except on film, and the placid demeanour of those labouring

³⁵For more on the mainstreaming of countercultural values, see Sam Binkley, *Getting Loose: Lifestyle Consumption in the 1970s* (Durham, NC: Duke University Press); Wendy Kline, 'Communicating a New Consciousness: Countercultural Print and the

Home Birth Movement of the 1970s', *Bulletin of the History of Medicine*, 2015, 89, 527–56; Michaels, *Lamaze*, 114–16.

³⁶*Birth*.

women did not prepare him for Debbie's experience of pain. Bruce accepted the authority of such images, vetted by the childbirth educator who had presented them. Moreover, they expected him to fulfil a role of coach that demanded that he exert authority over his wife ostensibly as an extension of the medical team. Unlike British and French husbands, whose task was primarily the provision of moral support, American husbands had to step into a more active caregiving role that would in many cases have been handled by a trained professional, such as a nurse, midwife or doula. His firm manner thus reflects not only his own expectations for Debbie's experience, but his awkward positioning as both partner to his wife and surrogate agent of medical authority.

In 1971 the Los Angeles chapter of the American Society for Psychoprophylaxis in Obstetrics (ASPO; today, Lamaze International), the leading US organisation dedicated to antenatal preparation, produced the first major American natural childbirth film. Through the experience of Wendy and Rich Johnson, a mellow, hip California couple, *The Story of Eric* captures the zeitgeist of the early 1970s.³⁷ The film became standard fare in American antenatal classes for a decade, and was even dubbed into Spanish to enhance ASPO outreach to the Latinx community.³⁸

Like the first wave of childbirth education films and phonographic records, *The Story of Eric* continues to reinforce deference to medical authority coupled with active and engaged patient participation. A premium is placed on the couples' shared empowerment, but ultimately the doctor is in control. The Johnsons, the narrator intones, 'work together as a team', in keeping with the ideals of companionate marriage and also a rising ethos of marriage as a partnership of equals. According to Wendy 'men really did want to participate [in childbirth]. [It's] just that they never before [the natural childbirth movement] had any constructive way of doing it'. The Lamaze method offered the opportunity to be present and active in support of their partners. But for all the talk of active participation, authority continued to rest with the physician. Wendy argued that 'equipped with knowledge [about the Lamaze method], the pregnant woman feels more of an assistant to her doctor than a patient'. For certain the labouring woman here is no passive recipient of the doctor's aid, in contrast to the common depiction by natural childbirth advocates of women who choose a more medicalised approach to birth, particularly with respect to the use of pain medication. But nor is the mother here in the lead. Rather, she is assisting the doctor. In the scenes of Wendy's labour, however, the doctor appears ancillary, with the focus of the camera's lens and the viewer's eye on Wendy and Rich, who work as a unit. Nonetheless, when Rich observes to Dr Frankel that Wendy is 'working like a champ', invoking the widespread analogy between childbirth and athletics, the doctor replies that 'she's a good girl'.

But what does 'good' mean here to the three participants in this conversation and what is it translating to the viewer? Certainly Wendy is earning praise for staying focused and active, but Dr Frankel is also crediting her for what she is not doing, namely not fusing or crying. Like Bruce North, Rich Johnson and Dr Frankel have expectations for

³⁷For an evaluation of this film from today's perspective, see Stacie Bingham, 'Revisiting the Classics in Childbirth Education: *The Story of Eric*', *Journal of Perinatal Education*, 2010, 19, 73–4. For an histo-

rian's analysis, see Leavitt, *Make Room for Daddy*, 150.

³⁸ASPO *Focus*, 1975, 2, 3; 'The Story of Eric Now in Spanish', *ASPO Newsletter*, 1977, 11, 1.

Wendy's comportment that Wendy shares. Despite his minimal presence in the frame, it is clear in *The Story of Eric* that authority continued to reside with the physician, a situation uncontested by Wendy and Rich. When describing her labour, Wendy reflects: 'I realised that I was in total control, able to help every step of the way by responding to Dr. Frankel's direction'. She controls her own behaviour, including her demeanour, while Frankel orchestrates the birthing process.

Where *The Story of Eric*, like *Birth* and other films of this era, really makes a profound departure from earlier films is through its unvarnished depiction of physical discomfort, and the representation of birth as a sensual, even sexual pleasure. What Wendy characterises as 'self-control' works in service not of an orderly and calm delivery, but of something more visceral and embodied. Wendy describes the second stage of labour, as she pushes out her baby, as a physical experience 'near ecstasy. Within my body I could feel every inch of the last journey'. Wendy does not address the question of pain directly, though her effort to manage it is on display in the film. Instead, reflecting on her experience afterward, she chooses to underscore the physical pleasure of birth, at least as it nears an end. Such frank testimony of the sensual aspect of childbirth no doubt would have been unseemly in an earlier era.

This understanding of birth as a sensual and sexual pleasure is even more pronounced in the work of French obstetrician and waterbirth activist Michel Odent and lay midwife Ina May Gaskin, who represent a more radical vision of natural childbirth than that promoted by ASPO. Their work renders vivid, by way of contrast, the disciplined and stoical behavioural norms promoted by more mainstream iterations of natural childbirth. Odent understood birth as a 'primal' and pleasurable act, 'like a sexual experience'.³⁹ In a film of his work that aired on the BBC in 1982, reflecting the approach he had taken to obstetrics since the mid-1970s, the labouring woman, shown stark naked, listens to her body's instincts and not to the doctor, who is very nearly mute throughout, offering physical and moral support, but not direction per se. Similarly, on the Tennessee commune The Farm, midwife Ina May Gaskin strove to promote a way of birth deeply inspired by the counterculture and in tune with nature. Rejecting modern hospital birth, Gaskin sought the restoration of what historians Richard and Dorothy Wertz term 'social childbirth', an event located in the home and shared by the woman's community of friends and family.⁴⁰ Unlike the quiet, composed demeanour Lamaze advocates encouraged, Gaskin promoted what she termed 'spiritual midwifery', which emphasized a sensuous, primal engagement with the act of labour and birth.⁴¹ Women on The Farm, like those in Odent's clinic, embraced birth as an embodied experience. Wendy Johnson's testimony in *The Story of Eric* certainly shares something of this sensual sensibility, but in Gaskin's video, titled—like her better-known work—*Spiritual Midwifery*, it is at the very core of the birthing practice. Throughout labour and birth the couple featured in this film kiss and caress in a state of undress. For all *The Story of Eric*'s relatively more graphic talk of physical pleasure in birth, *Spiritual Midwifery* renders the sensuality of birth visible and

³⁹Where *There's Life* (Nick Abson, Yorkshire Television; UK, 28 August 1985).

⁴⁰Wertz and Wertz, *Lying-In*, 1.

⁴¹Ina May Gaskin, *Spiritual Midwifery* (Summertown, TN: Book Pub Co., 1978); *Spiritual Midwifery* [video];

Ina May Gaskin, 'Birth Matters: A Midwife's Manifesta', interview by Susan Page, *The Diane Rehm Show*, 27 July 2011. On Gaskin and *Spiritual Midwifery*, see Kline, 'Communicating a New Consciousness'.

leads viewers to even greater expectations of the ecstasy possible in childbirth. Moreover, the relationship between patient and caregiver is distinctly different. The narration in *Spiritual Midwifery* reminds the view that the woman in labour keeps 'in touch with the midwife', rather than follows her direction.

In the 1970s the representation of birth was changing in another significant way. American childbirth educators were aware, seemingly for the first time, that their audience was not exclusively white, married and middle class. Diversity began to make its way onto the screen with films designed either specifically to target minority audiences or to appeal to a broader range of potential viewers by displaying the presence of different kinds of parents. *Lynn & Smitty* (n.d.), for example, followed the experience of an African-American couple in Philadelphia. When shown in 1973 to a Lamaze class in the African-American Crenshaw areas of Los Angeles, the instructor reported that it was received 'enthusiastically'.⁴² A staple of Lamaze courses for many years, *Nan's Class* (1978) is the most prominent example of a childbirth education film to showcase diversity. Critically acclaimed, the film was a finalist for the Washington (DC) Film Festival award, recognition of its path breaking qualities.⁴³ Shortly after childbirth instructor Nan Smith introduces herself in the film's opening sequence, the camera greets couples as they enter her classroom. Of the five couples, three are unlike any others seen in earlier natural childbirth films. Though the nature of their relationship is not clarified, a white woman arrives with a female friend or partner who is there to serve as her natural childbirth coach. So striking is her presence that, revisiting the film nearly 30 years later, one reviewer still found it noteworthy that the diverse group included 'even a woman who is single'.⁴⁴ The class also had an African-American couple and a Latinx couple. Each couple's childbirth experience is portrayed in turn, with the single mother the first to go into labour. Significantly, neither race nor marital status is ever discussed in the film. Rather than an opportunity for exploration, these differences appear to be offered only to aid viewers in projecting themselves onto these expectant parents and into their experiences. *Nan's Class* chooses to focus on the diversity of childbearing experiences. One couple has a premature baby; one baby arrives by caesarean section; two mothers choose fetal monitoring, a technology that was just beginning to become more routine. The film closes at the class's reunion, with Nan stating that 'you used your tools and techniques in just the way that you needed to have your babies in the most wonderful, positive way you could'. The message of *Nan's Class* is clear: there are many ways to give birth. The diversity of the families is mirrored in the range of their childbearing experiences, all of which are presented as satisfying, even if they did not proceed as expected.

In the early 1980s this trend toward representing a variety of experiences continued. What women sought and what natural childbirth offered toward this end began to shift and these changing winds are evident in the content and tone of a new generation of

⁴²'Some Steps Forward', *Los Angeles Chapter ASPO Newsletter*, January 1974, 1. Unfortunately, I could not locate a copy of *Lynne & Smitty* or find any information about its production. Public showings of the film are mentioned in other sources, such as 'Childbirth Film at Local Hospital', *The Hour* [Fairfield Co., CT], 11 September 1974, 42.

⁴³'Nan's Class', *State Area Coordinators' Newsletter, ASPO*, 1978, 1, 1.

⁴⁴Terri Schilling and Stacie Bingham, 'Revisiting the Classics in Childbirth Education', *Journal of Perinatal Education*, (Summer 2010), 19, no. 3, 75.

childbirth education films, which attempt to address a seemingly splintering audience. In 1983 ASPO produced a new, polished and professional video for use in its classes that exemplifies these changes. Narrated by actress Patty Duke Astin, *The Lamaze Method: Techniques for Childbirth Preparation* was intended to speak to an audience that increasingly had the option of epidural anaesthesia and, with safe and effective anaesthetics on offer, the video is frank in its discussion of pain. Astin speaks plainly: 'As labour progresses, contractions come closer together and may be hard, powerful, and, yes, painful'. In uttering these words and admitting unequivocally that there is pain of physiological origin in childbirth, the narrator breaks a taboo that had lasted through nearly 30 years of sound and film recordings on the subject. But she is quick to remind us that physical pleasure may also await: 'You may feel a sense of panic, elation, sexual joy, or relief that it's time to get to work and actually deal with the moment you've been waiting for'. This text allows, to a degree earlier ones did not, for a range of emotions and bodily sensations, from fear to joy, pain to pleasure.

This plural representation grew out of the natural childbirth movement's confrontation with a changing marketplace and shifting consumer desires. In an atmosphere where women could be 'awake and aware'—to use a popular expression for characterising the aspiration of natural childbirth—but also pain-free thanks to epidural anaesthesia, natural childbirth advocates needed to turn to other arguments to make the case for this approach.⁴⁵ Natural childbirth might take more effort than birth with epidural anaesthesia, but the psychological and physical reward to the mother, to the couple and to the baby were presented as ample. And, as has recently been touted by a new spate of films promoting natural childbirth, its advocates stressed that it offers something that epidurals most definitely cannot. Picking up on ideas articulated by Wendy in *The Story of Eric* and taken further by Gaskin and Odent, *Orgasmic Birth* (2008) promotes the notion that birth can be a source of extreme physical pleasure. In a similar vein, Ricky Lake's wildly successful *The Business of Being Born* (2008) offers not just a critique of the medicalised, pathologised model of birth, but presents home birth—by definition 'natural' because many medical interventions, including epidural anaesthesia, are not administrable in the home—as a physically pleasurable and emotionally satisfying alternative.⁴⁶ These two films demonstrate how words and images that circulated in the 1970s and 1980s continue to have salience today, even as a more diverse vision of women and their birth experiences have made their way into didactic materials used in antenatal classes.

Conclusion

Over the last 60 years, what natural childbirth meant to each successive generation of parents has changed. Couples in the 1950s and 1960s sought dignity, calm and control and were led to expect little or no pain. As the 1960s gave way to the 1970s, countercultural and feminist values informed mainstream, middle-class life and redefined natural childbirth. No longer did 'natural' just mean unmedicated; it meant primal, sensual and even sexual. From the 1980s to the present, amid a changing technological and cultural

⁴⁵Irwin Chabon, *Awake and Aware: Participating in Childbirth through Psychoprophylaxis* (New York: Dell Publishing, 1966).

⁴⁶*Orgasmic Birth: The Best-Kept Secret* (Debra Pascali-Bonaro, Sunken Treasures; USA, 2008); *The Business of Being Born* (Abby Epstein, Barranca Productions; USA, 2008).

landscape, the pain of childbirth was conceded, but tempered with the enticing promise of pleasure.

Film and sound recordings of natural childbirth offer graphic evidence of the expectations for pain and the aspiration for pleasure, both reflecting them and conditioning them as these texts translate and transmit the bodily sensations and emotional experiences of labour for both expectant parents and the general public. As one British mother who gave birth in 1975 said about her unpreparedness for the pain: 'they brush over it [in antenatal preparation classes], they gloss over it. As if "well it does hurt a bit" but it doesn't hurt a bit, it hurts tremendously'. Another UK mother draws a straight line between these expectations and audio-visual didactic materials, saying in 1985 that, 'I saw Dr. Odent's film. I thought "right. This is for me"'. But then 'there I was waiting for this sexual experience. I mean this orgasmic experience. If that's an orgasm, god help us!'⁴⁷ Thus, these films and records not only offer evidence of the vicissitudes of natural childbirth's meaning and practice over time, but also speak to how women used these documents to shape their imaginings of what awaited them. They served as a yardstick against which women measured their experiences, judged to be successes or failures in light of the sights and sounds they had consumed in antenatal classes. Reflecting decades later on the 1979 birth of her daughter, Connie Livingstone wrote that 'I experienced the Lamaze technique and some of the same feelings we saw in the birth film ... "Nan's Class"'.⁴⁸ The film shaped Livingstone's expectations, helped her to make sense of her experience, and to communicate her reality to others in a meaningful way, including invoking the widely viewed film itself as a shared reference point.

Fathers, too, learned what was expected of them and this changed over time. Male partners appeared only at the margins during the first decade of films and sound recordings. They served as silent, stoic companions to their wives, holding their hands and doing little else. In contrast to earlier British and French portrayals, American men in childbirth films of the late 1960s and 1970s featured much more centrally, serving as 'coaches' to their wives. They timed contractions and helped their partners to stay focused, forms of support that professional birth assistants and midwives in the UK and France offered but that in the US system were taken up by the husband. As the 1970s wore on and gave way to the 1980s, slowly shifting ideas about American manhood allowed for fathers in natural childbirth films to give voice to the emotional experience of bonding with their wives during labour and of entering into fatherhood.

Even as the role of the father and the meanings inscribed on pain changed over time, the representation of physician authority remained largely stable throughout the period of natural childbirth's peak. While natural childbirth is popularly linked with women's empowerment, film and sound recordings demonstrate that the Read method and psychoprophylaxis never profoundly challenged the doctor's dominant position within the maternity care team. The failure of the natural childbirth movement to systematically refashion the balance of authority between the birthing mother and her caregiver in conventional maternity facilities perhaps reflects not just the enormous forces of opposition

⁴⁷*Where There's Life*.

⁴⁸Connie Livingstone, 'The New Birthsource Lamaze Childbirth Educator Program!' *Childbirth Today*

(blog), 6 May 2011, <<http://childbirthtoday.blogspot.com.au/2011/05/new-birthsource-lamaze-childbirth.html>>, accessed 20 November 2016.

to such a restructuring, but also the limits of the critique itself, at least within the dominant variants. Dick-Read, Lamaze and their acolytes sought a revolution in obstetric pain management, but a challenge to the physician's authority was never part of their agenda. As the select, but representative sample of audio and visual materials of the natural childbirth movement analysed here attest, such aspirations historically lay outside the mainstream natural childbirth movement, an observation that challenges us to question what we think is signified by natural childbirth and its place in maternity care.

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