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# *The History of Lamaze Continues: An Interview with Elisabeth Bing*

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## **Abstract**

Elisabeth Bing—physiotherapist, childbirth educator, and cofounder of the American Society for Psychoprophylaxis in Obstetrics (now Lamaze International)—is well known to most childbirth educators in the United States. She has been a true pioneer in the education of parents for pregnancy and birth. Her book, *Six Practical Lessons for an Easier Childbirth*, served to guide many parents and childbirth educators in the use of the Lamaze Method for labor and birth. She has prepared a countless number of parents for their birth experience in both her hospital classes in the 1950s and 1960s and in her private classes in the “studio” of her New York City apartment building, where she began teaching in the 1960s and continues to teach today. Elisabeth is beloved by all those who have had the opportunity to meet her or work with her. She has created a legacy that will continue for decades to come.

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I remember clearly the first time I saw her. I believe it was in the spring of 1968. As I walked into the auditorium in Dayton, Ohio, where I had traveled to attend her workshop, I was immediately fascinated with her appearance and her warm manner. When she spoke, I was mesmerized—she was delightful, her accent so charming, and her message everything I believed about childbirth. I had heard about Elisabeth Bing because I owned her original training manual in psychoprophylaxis (“the red manual”) that had been the “bible” for many childbirth educators at that time (Bing, Karmel, & Tanz, 1961), followed by Elisabeth’s well-known book, *Six Practical*

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*Lessons for an Easier Childbirth* (Bing, 1967). By the end of the workshop she had become my idol, the role model for what I wanted to become as a childbirth educator. I could not believe that I was actually seeing this pioneer “in person.” I wanted to be “just like her”—to teach pregnant women the techniques of the Lamaze Method just as she had taught the techniques to those attending the workshop. I wanted to stimulate and motivate others as she had motivated me. I had just begun teaching childbirth classes in Columbus, Ohio, and was pursuing my certification through ASPO. Elisabeth’s workshop was to serve as my “training seminar” and, thus, Elisabeth was my “trainer.” That day, I had no idea that we would become professional colleagues and develop a friendship that has lasted 31 years, and I feel so blessed. And despite the fact that I have developed my own career and have learned that none of us can be “just like” another, Elisabeth continues to be my mentor and inspiration, just as she is for many of you who will read this article. I am so pleased to have the privilege of sharing our conversation with *The Journal of Perinatal Education*. This interview took place in October 1999 during the Lamaze International annual conference in Toronto.

### The Interview

**Elaine Zwelling:** I know people will be interested to know about your background. Describe your early years and your family life. Where were you born? When and why did you come to the U.S.?

**Elisabeth Bing:** I was born in a beautiful house in a suburb of Berlin. It was a home birth, as were all my mother’s births. I was the fourth of five siblings—three girls and two boys. Apparently I came so fast, being the fourth birth, that the doctor didn’t make it. But the midwife was there. I was born the month before the first World War broke out. Because my father volunteered to go, I really didn’t see much of him the first 4 years of my life. On the whole, I think I had the most wonderful childhood imaginable. My parents were absolutely marvelous. They did an enormous number of things with us—bicycle trips, boating trips, and skating on the river in the winter. They helped us with our homework. So it was a very stimulating childhood.

I left Germany when I was through high school at age 18 because Hitler had taken over the country. Before



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I left, my mother sent me to a “household school” because she felt I should learn something about how to keep a house. (I remember I got a failing grade in ironing or something like that!) Soon after that, in September 1933, I left for England and was the first one of the family who managed to get out of Germany. My father had died in 1932, but my mother and older brother had the foresight to see that trouble was brewing, and since my parents were of Jewish descent it was best that we all get out. My parents had converted to Protestantism years earlier and I was raised as a Protestant, but of course that didn’t matter to the Nazis. We were fortunate, for none of my immediate family lost their lives. So I went to England with the idea of becoming a physical therapist.

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**Zwelling:** Did you always want to be a physical therapist? Describe your early professional training and what you did in your early career.

**Bing:** I actually had the idea to become a physical therapist while still in Berlin. Right after high school I tried to join the university there and start the course, but I was asked to leave after 3 days because of my Jewish heritage. So I went to England, but because it was very difficult to take any money out of Germany at that time, I first had to take a job as a student nurse in a hospital for rheumatic diseases in the Midlands of England. If you were a student nurse for a year, your physical therapy training was much cheaper. While I was there I fell ill and had to have some surgery. I was told that because of this I had to leave. I went to London and by this time my family managed to get enough money out of Germany to enable me to apply for a school of physical therapy there. My training took about 3 years and I became a member of the Chartered Society of Physical Therapy. After that I had several jobs with doctors in their offices and with hospitals. My patients were paraplegics, hemiplegics, or had such things as Bell's palsy, fractures, and multiple sclerosis. I had nothing to do with obstetrics at that point and in fact had not even had reproduction or obstetrics included in my training course.

**Zwelling:** When did you begin working in obstetrics? How did that become an area of interest?

**Bing:** My introduction to obstetrics came because in one hospital where I worked we had to go to the maternity floor the first thing in the morning when we came on duty, to give exercises to women who had just given birth. At that time they were keeping postpartum women in bed for 10 days and they were not allowed to even put their feet on the floor. So the physical therapists had to give them exercises and massage. I also had a part-time private practice in my apartment at that time, and I had a patient who was an elderly lady who I loved very much and I always told her about my work. She then told me about a book that she'd just come across that she thought might interest me. It was Grantly Dick-Read's *Natural Childbirth* (Dick-Read, 1933). When I read it, I thought it really made a lot of sense for women to learn more about their birth before they delivered and to be given exercises during pregnancy as well as afterwards. So I wrote to Dr. Read and asked if I could

come and learn from him. This was in 1939 and the second World War had just broken out. Dr. Read wrote back saying he would love to have me come, but he had just been called up to serve in the war. But he suggested I get in touch with a physiotherapist who had been working with him, named Helen Herdman. She had written a little booklet on natural childbirth. Unfortunately, she was in the North of England, and at that time it was not possible to travel because the bombs were falling. So I had no way of getting to her. I therefore decided to teach myself. I got some obstetric books and studied. I also asked at the hospital where I was working if I could observe some births. I was given permission if I would do it on my own time. What I saw I disliked intensely and I thought there must be better ways. It was very frightening and upsetting to me. The women either had very heavy anesthesia or nothing at all. They were entirely out of control. And they were treated very roughly. But I couldn't do very much more about it at that time because of the war, which took all one's energy. I had to do some community jobs like fire watching and ambulance driving and that kept me very busy.

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After the war in 1949, my eldest sister, who had married an American and moved to the United States, wrote and asked me to come and look for jobs in the U.S. I came and stayed with them in Jacksonville, Illinois, where she and her husband were teaching at a college. I got a job working with handicapped children. One day we were invited to a party at someone's home. I met an obstetrician that evening and asked him if he knew anything about natural childbirth. He said, "No, not much. Do you?" I said, "Not much." Then he replied, "How would you like to try it?" I was almost speechless and I said, "Yes, please!" He sent me all his patients and he allowed me to train them in the Read method and coach them through labor. I was doing this with individual women, not in group classes, and fathers were not involved yet at this time. So I learned by doing it. I enjoyed it and

learned an enormous amount. I did that for a couple of years.

**Zwelling:** When did you begin teaching group classes? How did you get involved?

**Bing:** After a couple years in Illinois I wanted to get back to England . . . I was homesick. When I came to the U.S. I had bought a return ticket, just to make sure I could get back. But I also wanted to see a bit of the country first. I had good friends in New York, so I stopped there to spend some time with them. While there I met Fred, my husband, and we were married about a year after that. And I'm still there! Jobs in New York were poorly paid at that time, so I decided to specialize in teaching childbirth education. I went around from one obstetrician to another to introduce myself, and tell them about what I had been doing the past 2 years training pregnant women, and I asked them to send me their patients. And one by one they began to come to me. Then I got terribly lucky, for one of the doctors recommended me to Mt. Sinai Hospital, which had just opened their first maternity department. The Chief of Obstetrics, Dr. Alan Guttmacher, hired me. He was a very prominent obstetrician and a great Jewish scholar. So that's when I became "respectable." I taught at Mt. Sinai for 8 years. The doctors there sent their patients to my class and I also worked with clinic patients in large groups.

**Zwelling:** How did you hear about the Lamaze Method? What training did you have in psychoprophylaxis? And how did you develop the course of "six practical lessons" that we have all become so familiar with?

**Bing:** Even though I was teaching Read's method, I had been hearing about the Psychoprophylactic Method (PPM). I read the book on PPM by the Swiss doctor Isidore Bonstein, who was in Cleveland for 3 months (Bonstein, 1958). I asked Dr. Guttmacher if I could go to France to learn more about the method, but he said they did not have the money to send me there. Then I came across Marjorie Karmel's book, *Thank You, Dr. Lamaze* (Karmel, 1959). I called her publisher to get in touch with her because her book inspired me. The book had just been out for 2 weeks when she called me and said, "You're the person I need, because since my book has been out I've been overwhelmed with demands from women asking where they can learn the method. You're going to teach it!" Marjorie taught me the psychopro-

phylactic method just as she had learned it from Dr. Lamaze and Madame Cohen in Paris. It wasn't too hard for me to learn it, for I'd had almost 10 years of experience teaching the Read method by this time. I went to Dr. Guttmacher and asked if I could switch to teaching the psychoprophylactic method and he said, "Yes . . . If you think it's better, then you should teach it." He had met Dr. Lamaze at a conference in Paris. I thought it was really wonderful of him to say that. So, I began teaching it.

One time, though, I was called on the carpet at Mt. Sinai Hospital. They made me appear at grand rounds before 150 people—the whole obstetric staff—because some of the doctors had complained about me. Dr. Guttmacher tried to arrange a private meeting in his office, but these doctors would not hear of it—they wanted it to be public. I called the doctors that I knew were on my side and I asked them to be at the meeting, because I felt they were going to attack me. And they were there! When the meeting started, Dr. Guttmacher said that the question of prepared childbirth would be discussed, but if anyone attacked Elisabeth personally they would have to deal with him. And so I was not personally attacked and prepared childbirth classes were discussed in a lively debate, and I was in the end allowed to continue to teach.

**Zwelling:** How was ASPO born as an organization and how did you become one of the founders?

**Bing:** In 1960, the doctors we'd been working with met with Marjorie and me in her apartment and we founded the American Society for Psychoprophylaxis in Obstetrics. I think the people who attended that first meeting were Dr. Heinz Luschinsky and his partner Dr. Jean Anderson, Dr. Benjamin Segal, Dr. Irving Avelow, Dr. William Rashbaum, Dr. Alfred Tanz, and Dr. Irwin Weiner. It started as a physicians' organization, a medical society. Marjorie and I were allowed to be there, but we could not vote. The other original nonphysician members at that time were Ellie Rakowitz and Cecilia Worth. Then it eventually became a tripartite organization with three divisions. The idea for this came when Khrushchev came to the United States for the meetings at the United Nations. He talked about three divisions of the Russian government. Dr. Luschinsky said, "This is what we need for ASPO—three divisions: Physicians, Parents, and Professionals."



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**Zwelling:** How was it that at that time you were able to find this many physicians in New York City who were willing to become involved in this? Why were they interested?

**Bing:** It was amazing. These doctors were prepared to stick their necks out even though there was a lot of opposition from their colleagues at that time to “this crazy fad” and probably because of the climate of the times as well. I think they were uneasy about the overmedication of women and they probably had the same feeling that we had—that there must be better ways. One also has to understand that it was probably the times as well. It was a time when there were many changes going on—women’s lib, the Vietnam war, the “flower children,” the freedom rides, etc. People seemed to say, “We have to change things; things are not good enough.” Prepared childbirth was easy to introduce in a way because the atmosphere was right.

**Zwelling:** It must have been an incredibly exciting time.

**Bing:** It was. I was constantly stimulated and motivated. It was all very new to me. I did not plan anything like that. Life just sort of took me into it. It wasn’t that I had decided once I was in this country that this was what I was going to do. Things just happened, and I was there at the right moment, and I stayed with it.

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**Zwelling:** What made you stick it out? There must have been times when you wanted to give up.

**Bing:** Oh, yes, there were! I would feel “What’s the good?” On the other hand, the doctors that were in on it from the beginning never let me down. They stayed in it—they continued working with us, and eventually physicians from all over the country joined our group. So the whole movement grew, and soon it wasn’t just a group in New York City, but there were groups in Los Angeles and then all over the country.

**Zwelling:** How did your career evolve then? You have become known as the “Mother” of the Lamaze Method in this country. How did that happen?

**Bing:** I began to travel a great deal lecturing, as you know. I wrote articles and appeared on TV shows like Barbara Walters and Phil Donahue and others. I also gave talks on radio. Whenever I gave a talk in a community, I was always asked to be on radio or TV. The publicity at the time was very good. At that time prepared childbirth was really news. It was fun and I enjoyed it. One day I had a father in my class who was an editor with Bantam Books. He told me I should write a book describing my classes, but I said “No!”, that I couldn’t write. He said, “You’re going to write it and we’ll call it *Six Practical Lessons for an Easier Childbirth*.” And that’s how the book came about. And it’s still in print, which I find unbelievable (Bing, 1967). But I must mention also that I had a husband who supported me, babysat after my son Peter was born in 1955, and encouraged me in every aspect of my work.

**Zwelling:** I want to talk about challenges. What were the challenges in those early years? What do you see as the greatest challenges for childbirth education in the 40 years you’ve been involved? What are the challenges today?

**Bing:** The challenges early on were that both the physicians and nurses felt very threatened. Not by me so much, but by parents who were suddenly very knowledgeable, who were asking questions, and who were demanding certain things in regard to their birth experience. This was the big difficulty at first. Also, because there were other emerging organizations that called prepared childbirth such names as “Childbirth Without Pain” or “Natural Childbirth” and so we were accused of causing a lot of anxieties and feelings of guilt if anyone accepted medication. In my lectures, I made a special point of saying that there should never be feelings of guilt if a woman accepts medication. I really had to cope with this within myself. I hope I never made anyone feel guilty.

Today, the challenges are different. In former times, we fought for humanizing obstetrics and we have been quite successful. We raised the consciousness of care givers and made them realize that every woman giving birth is a tremendous human experience. The new challenges are that the medical profession seems to want us out of

the picture. The epidural, even the so-called *walking epidural*, are viewed as wonderful ways of taking away pain. As one of the doctors said to me, “Elisabeth, all of our patients are smiling now.” This has brought me personally to ask the questions, “Who am I to say that they shouldn’t have that crutch? Why should they have to work so hard?” I was looking for some very good reasons why somebody should not accept help that is comparatively safe. But then I came to the point that it isn’t just the epidural—it’s the attitude towards childbirth which is, even more than it used to be, that it’s a disease from which women have to be cured. Everyone is viewed as high risk. There is nothing accepted anymore by the medical profession that childbirth is part of a woman’s life, of her inner experience, or of her development. Even with regard to the pain—there is no satisfaction achieved because the woman does not have to work for anything. We’ve minimized the sense of achievement one obtains when mastering a difficult experience. Now I think it’s not the method that is at issue, but it is to be allowed to trust one’s body and work with one’s body.

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**Zwelling:** What do you see as your greatest accomplishment? What would you like people to remember about you and your work?

**Bing:** I personally get satisfaction when people stop me on the street and say, “Hi, Elisabeth! I was in your classes 29 years ago.” It does show me that, as the psychiatrists say, *childbirth is a peak experience*, and it stays with you no matter what else happens to you in your life. If I have helped people feel good about birth and about themselves, then I’m satisfied. Surely they must feel that way if they still remember me 29 years later and want to say hello. This happens often enough that I feel that perhaps I have really done something meaningful. I’m sure they wouldn’t stop me on the street if they saw me and thought, “Oh, there is that awful woman who made us learn those breathing techniques!”

**Zwelling:** What is your greatest frustration?

**Bing:** The greatest frustration at the moment is due to my physician colleagues and myself not working as a team anymore. We seem not to be talking to the medical profession at all. We’re not really talking to the parents either. Communication among the key people who are involved in the childbirth experience has almost disappeared.

**Zwelling:** When we talk to parents, what they tell us is that they want an epidural. Is this disappointing or discouraging to you?

**Bing:** Of course they want an epidural. They were born into the computer age and they accept being wired up. This does not look as crazy to them as it does to you or me. They take this absolutely for granted. They believe it’s safer and, if not used, perhaps the baby wouldn’t be OK. And yes, this is very discouraging. If I think about it very much, I do get discouraged. But then I have my classes and I teach the parents, and I get enthusiastic again and I forget about it. And of course the interest in the epidural depends on the group you’re teaching—some are far more interested in it than others.

**Zwelling:** What do you see for the future? In view of the epidural and the interventions, does childbirth education still have a place?

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*Oh, yes, childbirth education still has a place! There’s no question about it.*

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**Bing:** I don’t know what I see for the future . . . I know I’ve been asked that a number of times, but I can’t look into the crystal ball. All I know is that the parents I’m teaching now have the same anxieties they had 40 years ago, and my feeling is that they will have the same anxieties 40 years from now. So the childbirth educators who we are training now will have the same responsibility and I feel they should have the same dedication to helping women through this wonderful, but often quite difficult, period in their lives. I don’t think this is something terribly new, because if you think of women in more primitive societies, they never had to do it just on their own—there was a tradition there. There were unwritten rules of behavior and laws. I think no matter

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how much we hook people up to machines, the anxiety will still be there.

Oh, yes, childbirth education still has a place! There's no question about it. And there are so many new areas for us to be involved in—breastfeeding, postpartum, and parenting. I think our whole field has enlarged tremendously, and obviously it's become very interesting that way. But, even though we've widened our horizons, we must not forget to teach the relaxation and breathing techniques to help women cope with pain. Women still need to know what to do with their bodies during pregnancy, labor, and birth. It's wonderful to go off in all these other directions, but we should not forget these basic needs. I'm sad when I see that this is happening.

**Zwelling:** Tell me about your family and your life today. What are your leisure-time pleasures?

**Bing:** My son, Peter, who is now 44 and an Assistant Professor of Classics at Emory University, is in Cambridge, England, for the academic year doing research and writing. His wife, Mary, is a doctor with the CDC in Atlanta in the Department of TB Research. And my little granddaughter, Anna, is now 4 3/4 and is just starting preschool. She is taking cello lessons because she thinks every grown-up plays the cello. Both her grandmothers and her aunt play the cello, and her mother plays the trombone. I play in a string quartet every other week where we are coached. And of course I'm still teaching my Lamaze classes once or twice a week in my studio. I also go to exercise class twice a week. And I travel extensively—I go to England twice a year, as well as take other trips. And I love to read, read, read!

### Reflection

Although I already knew much of what Elisabeth shared with me that sunny, fall afternoon in Toronto, several things had particular meaning as we talked and have continued to stimulate my thinking as I've contemplated Elisabeth's role in this history of childbirth education and what her example might mean for us today.

The dedication of Elisabeth and the other women who started ASPO (Lamaze International) was incredible. Their experiences were very similar to what many of ours have been—balancing the multiple roles of professional

commitments while, at the same time, nurturing marital relationships and raising young children. And yet they volunteered countless hours to starting an organization that would champion a cause that has endured for 40 years—the education of childbearing women, the advocacy of women's rights to have the childbirth experience they desire, and the reform of the maternity care system in this country. Elisabeth and her colleagues set the stage for what so many childbirth educators have continued to this day. Lamaze International remains successful because of the countless hours of dedication and work by women who share the same passions as its founders did.

Even though discouraged at times, Elisabeth has never given up. She remains positive, upbeat, and enthusiastic. In a 40-year span, there have been many challenging issues, any one of which might have induced her to say, "Oh, what's the use? I give up . . . it's just not worth it!" And how many times have each of us had those same thoughts and frustrations? I wonder . . . is it possible to work for any "social cause" and not be discouraged at times? Probably not. So, what is it that keeps us going? Perhaps those of us who have endured are somewhat stimulated by the challenges and the roadblocks. Or perhaps we are all just stubborn! And, of course, we are committed to our mission of creating positive pregnancy and birth experiences for families. So, thank you Elisabeth, for the example you have set for all of us! If we can all remain committed to this mission until we are in our 80s, there will no doubt continue to be challenges, but think of the progress that will also be made! I feel so grateful to have had Elisabeth in my life as a teacher, role model, and friend!

### References

- Bing, E., Karmel, M., & Tanz, A. (1961). *A practical training course for the psychoprophylactic method of childbirth*. New York: American Society of Psychoprophylaxis in Obstetrics.
- Bing, E. (1967). *Six practical lessons for an easier childbirth*. New York: Grosset & Dunlap, Inc.
- Bonstein, I. (1958). *Psychoprophylactic preparation for painless childbirth*. London: Heinemann Medical Books.
- Dick-Read, G. (1933). *Natural childbirth*. London: Wm. Heinemann Medical Books.
- Karmel, M. (1959). *Thank you, Dr. Lamaze*. New York: J. B. Lippincott Co.