
Looking Back in Time: An Interview with Madame Blanche Cohen

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Abstract

Madame Blanche Cohen, a French physiotherapist, was both a colleague of Drs. Fernand Lamaze and Pierre Vellay and their primary teacher of the Lamaze method (also known as *accouchement sans douleur*, or “painless childbirth”). She is the woman we read about in Marjorie Karmel’s landmark book, *Thank You, Dr. Lamaze*. In her Paris apartment in 1955, Madame Cohen conducted private classes to prepare Marjorie for her birth experience. She also served as Marjorie’s monitrice when Marjorie gave birth to her first daughter. Madame Cohen is still living in France with her husband, Henry. In this interview, she shares a fascinating glimpse into the history of the Lamaze method.

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As he showed us to the door, Dr. Lamaze handed me a piece of paper on which he had scribbled a name and address. “This will direct you to Mme. Cohen,” he said. “She will instruct you in the method . . . She will be your monitrice, which is to say that it will be she who will teach you the principles of our system and the exercises that will enable you to carry them out . . . Mme. Cohen will also be with you at the time of your delivery, and she and I together will assist you while you do the work of bringing your child into the world” (Karmel 1959, p. 32).

I would imagine that most of us at one time or another have read Marjorie Karmel’s book, *Thank you, Dr. Lamaze*. For those women in the United States who gave



Photo by Henry Cohen

Dr. Fernand Lamaze, founder of the Lamaze method of accouchement sans douleur, or “painless childbirth.”

birth to their children in the 1960s or 1970s, Karmel’s publication was one of the only books available about the psychoprophylactic method. *Thank you, Dr. Lamaze* excited women about the possibilities of a “painless childbirth” in which women could be awake and fully participating. For those who are childbirth educators, the book was probably part of a required reading list to give perspective about the history of the Lamaze method. I can still remember the first (of the many) times I read Karmel’s book because I was so taken by and impressed with her account of the woman in Paris who had taught Karmel the techniques of the Lamaze method and then coached her in labor. And so, when I was asked if I would like to interview Madame Blanche Cohen by E-mail in order to share her story with *The Journal of Perinatal Education* readers, I knew immediately who

she was and felt very excited and honored to have the opportunity to converse with her through cyberspace.

Now over 80 years old, Madame Cohen and her husband, Henry, still live in France. Their home is in the Burgundy region southeast of Paris. Madame Cohen is an accomplished artist now and Henry pursues his hobbies of computing and “surfing” the Internet. On occasion, Madame Cohen still teaches Lamaze-method techniques to pregnant women in her neighborhood. All she asks in return is that they teach the method to other pregnant women whom they know.

The following is my interview with Madame Cohen, which took place this summer over the course of 10 days. Madame Cohen does not speak any English and I do not speak French; so, Henry translated for us.

The Interview

Elaine Zwelling: I remember that you are a physiotherapist. Tell me about your early professional training and what you did prior to working with Dr. Lamaze. Had you always worked in obstetrics or did you work with other types of patients also?

Blanche Cohen: I am a physiotherapist D.E. (*Diplômée d’Etat*, or “state qualified”) trained by Dr. Boris Dolto at the Ecole Française d’Othopédie et de Massage in Paris. A training course, suggested by Dr. Dolto, made a great impression on me. In the rheumatology service at Hôpital St. Louis [in Paris], directed by Dr. Weissenbach, it was the course of Dr. Fège, professor of massotherapy. He had been trained in China for a technique of vibrations based on acupuncture, a technique excluding brutality, bringing relaxation, improving medical care, and alleviating pain in aching areas. One must get accustomed to that vibrational technique with the tip of the fingers; it is very tiring but so gratifying because of the results. I expected to stay for 6 months as a training assistant with Dr. Fège, but stayed for 10 years until his death. In addition to this work, I also had my own office where I practiced physiotherapy and orthopedic re-education. At that time, I had no specific training in obstetrics, but had practiced pre- and postnatal gymnastics for a long time.

Zwelling: When did you begin working in obstetrics? Was that always an area of interest?

Cohen: Obstetrics had not been an interest at first. I

first heard of Dr. Lamaze when I was at a conference organized by L'Union des Femmes Françaises, an association related to the French Communist party. I was there with other hospital assistants from Hôpital St. Louis, in Paris. Dr. Lamaze had been invited with a group of French obstetricians to a symposium in the U.S.S.R. and had seen a painless childbirth. His presentation at the conference was the account of his experiences. The information was important and the house was full. Such extraordinary news was not given every day. A Soviet woman had given birth to her child, smiling, and had taken him in her arms while the umbilical cord was not yet cut. I will never forget that day . . . Never! At the end, I made a decision: Commit myself to ASD (*accouchement sans douleur*, or "painless birth").

A Soviet woman had given birth to her child, smiling, and had taken him in her arms while the umbilical cord was not yet cut. I will never forget that day . . . Never!

—Mme. Blanche Cohen

Zwelling: How did you meet Dr. Lamaze and become his associate in teaching women the psychoprophylactic method?

Cohen: Dr. Lamaze was the obstetrician in the Polyclinique des Métallurgistes, usually called *Les Bleuets*, belonging to the CGT (Confédération Générale du Travail) syndicate. It was, and still is, a syndicate under the control of PCF (Parti Communiste Français). Lamaze was far from being a communist. His family had very modest origins and he wanted to do some social work, therefore his association as the obstetrician with Bleuets. Lamaze's private practice was high upper-class, and when they heard about his journey to the U.S.S.R., and its results (ASD), they abandoned him. He also often sent patients to a religious clinic (Ste. Félicité, in Paris) where I had difficulty in assisting women, as they thought they ought to "give birth with pain" as the Bible had taught women for centuries.

It was September 1951 when Lamaze informed the staff of the maternity clinic at Les Bleuets what he wished

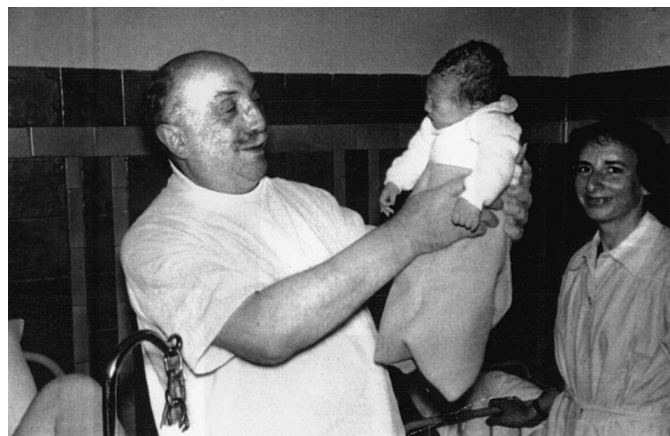


Photo by Henry Cohen

Madame Blanche Cohen smiles in the background as Dr. Fernand Lamaze holds up a newborn baby in a Paris clinic.

to do. They all began to try to set up a method of training the women and it was almost 6 months after (February 1952) that they achieved their ambition—a painless childbirth. At first, only women at the metalworkers' clinic who were affiliated with the syndicate were allowed to benefit from ASD.

But there had been a great deal of publicity in the media about Lamaze's return from the U.S.S.R. and his conference. Therefore, many women other than those who attended the metalworkers' clinic wanted to benefit, and private doctors' patients had nowhere to go. So Dr. Lamaze also saw patients in his private practice. He had an assistant, Dr. Pierre Vellay, with whom I had had the pleasure to work in the past. Dr. Vellay introduced me to Dr. Lamaze and I became their assistant for their private practice. That is how I met Marjorie Karmel. I had no contacts with the Bleuets staff and it was in the practice of Dr. Vellay and Dr. Lamaze that I tested with success the technique of preparation I had conceived, starting from my own previous experience and the work we had collectively done about Ivan Pavlov's writings. I believe that a few months elapsed since the Lamaze conference I had attended and my ability to perform successfully a painless childbirth.

Zwelling: Was there anything written about the psychoprophylactic method (ASD) at that time that you could use to help you?

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D^r FERNAND LAMAZE

ANCIEN CHEF DE CLINIQUE ADJOINT
A LA FACULTÉ DE MÉDECINE

21, RUE DU DRAGON
TÉL. LITTRÉ 15-80

MARDI, JEUDI, SAMEDI DE 14 À 16 H.
SUR RENDEZ-VOUS

PARIS-VI^e, LE

Chère Madame,
Je n'ai pas voulu vous
canoeler par des coups de
téléphone. Mais je m'intéresse
à votre santé, et je devi-
contient quand je vous reverrai
d'aplomb.
Un simple conseil:
sachez mesurer la limite de
vos forces, - ce qui ne réduit
nullement l'enthousiasme.
Bonne votre main pour
vous, mon cordial souvenir
F. Lamaze

6 Avril 56.

Photo by Henry Cohen

In this get-well note to Madame Blanche Cohen, Dr. Fernand Lamaze writes, ". . . I am interested in your health and I will be glad when I see you again quite fit. Just a little advice: Try to know your limits, and it doesn't mean less enthusiasm."

Cohen: There were several books by Pavlov (1960) and several about natural childbirth (Dick-Read, 1951; Goodrich, 1950; Thoms & Roth, 1950). But for me, none of these books seemed to give the clues for a successful birth. In my idea, they described no connection nor interaction between mind and body. And Pavlov's books were insufficient to give me the information I needed. Eventually I wrote my own book, however it is no longer in print in France and was probably never available in the United States (Rennert, Cohen, & Goirand, 1967).

Zwelling: In Marjorie Karmel's book she describes her class sessions with you in your apartment. How were you trained in the scientific background and the techniques of the method? Were you trained by someone to teach the method or did you design your classes yourself?

Cohen: As you see, the books I found were unable to help me build a philosophy of training, according to Pavlov's work, who was the indirect promoter of the painless childbirth Dr. Lamaze witnessed in the U.S.S.R.. [Author's note: For this reason, the method was also sometimes called "the Pavlov method."] The only thing to do was to refer to the original texts. I found nothing in French, but I found one English book by Pavlov (1960). Then I constituted a workgroup with a doctor, a psychoanalyst, a psychiatrist, an obstetrician, a pediatrician, and an industrial medical doctor, all involved by their interest in Pavlov's work. My husband, Henry, translated the book line by line, and only when we agreed on the meaning did we proceed.

And we got acquainted to conditioned reflexes, to inhibitions, to the four nervous types, to the thresholds of pain, to the second type of signals (the words) and so on. Also, before Dr. Lamaze, I had training by Dr. Julian de Ajuriaguerra (an important researcher on psychomotricity) at the Hôpital St. Anne in Paris about nervous connections. It was very useful for me in my physiotherapist practice and, later on, in ASD. With all of this, together with my training as a physiotherapist, I began to conceive of a mode of "preparation" for parturient women. Later on I had the opportunity to apply what I believed to be a good training for expectant women. We had so many successful results that we needed help. I was asked to create and train a team of monitrices, which I did. They were physiotherapists, a midwife, a doctor. Some of our parturients were the wives of well-known international celebrities at that time (e.g., Gérard Philipe, Jorge Amado, von Karajan, and Claude Roy).

Zwelling: How long had you been training women before Marjorie Karmel came to you?

Cohen: Marjorie's delivery was in July 1955 (the year is not mentioned in her book) according to my archives. Therefore I had been educating women in ASD for almost two years before I met her.

Zwelling: How many pregnant women did you have coming to you for training at a time? Did you always

teach the method on an individual basis in your home as you did with Marjorie Karmel, or did you teach group classes as well?

Cohen: I received four women at one and the same time. And always ended the course with a private meeting with wife and husband together. However, sometimes I was asked by Drs. Lamaze or Vellay to train individually some expectant women, such as Marjorie. The reasons could be personalities, or difficult cases. The training was either in my apartment or in the consulting room of Dr. Vellay. Later on it was in a municipal health center in a suburb near Paris.

Zwelling: Was every woman who was trained in ASD assigned a monitrice for labor and birth? That is one component of the method that we have not followed in the U.S. Our childbirth classes have always included preparation of the father as the “coach” for the woman, while at the same time the woman has always been taught to cope with her labor (but of course not all fathers have wanted this role or have been good at it). We are just in the past five years beginning to see *doula* training programs here, but only a small percentage of women hire a doula to help them in labor. Do you think that having a monitrice in labor contributed to the success of the method?

Cohen: Yes, every trained woman was assisted by her own monitrice during labor and childbirth. Thus, no gap of presence could permit anxiety to settle, particularly on weak-type women. The success of the method depended on a permanent presence because, at that time, hostility was ambient from several sources in regard to the method:

- Religious hostility—Pope Pius XII hadn’t yet agreed to the “religiously correct” role of ASD (1956);
- Political hostility—Public opinion assimilated ASD to be a communist method;
- Medical hostility—Many doctors didn’t like to get rid of established ideas;
- Midwives’ hostility—Midwives feared interferences of ASD into their proper work.

As for me, I always took great care to remain in my psychophysical work and never intrude into obstetrics. In addition to teaching the method, I always assisted my

patients as a monitrice in their labor and childbirth phase, except when impossible. Some assistance to primiparas could last over 24 hours. My professional and personal life were permanently under stress. I am very grateful to my husband who helped me during that difficult period. I couldn’t leave home without leaving a telephone number where I could be reached. The permanent stress lasted for years. I do not remember how many years but, in the end, I had to stop because of a depression—both physical and mental. The team of eight monitrices that I trained was very efficient, and my departure had no consequences.

Zwelling: Tell us about Dr. Lamaze as a person. What was he like (e.g., his characteristics, his personality)? Was he easy or difficult to work with?

Cohen: I assisted Dr. Lamaze for many hundreds of births and got to know him in his professional environment. He was an anticonformist and didn’t take himself seriously. He always was smiling and courteous, kind, patient, and human. He didn’t seek honors. He loved mankind, and shall I say, womankind too! He didn’t intimidate people and the whole staff respected and loved him. Whenever he could, he was reading and he had acquired a very large knowledge in literature. He was also a gastronome and willingly received foreign doctors to his table. Henry and I lunched with him sometimes when he invited English-speaking visitors.

[Dr. Lamaze] loved mankind, and shall I say, womankind too! . . . he was an idealist, a sensible and sentimental man.

—Mme. Blanche Cohen

He was very easy to work with as long as the respective jobs were perfectly performed. But I remember once, in a religious clinic, a nurse tried to sabotage his routines by bringing a “sanguinolent basin” with a placenta in it, for the parturient woman to see. He took the first medical instrument he had at hand and threw it at her!

He used to travel in a 3-wheel car (an Isetta?). To enter, one had to lift the roof and introduce himself into the vehicle. Dr. Lamaze was a strong, solid man. The weight of his lady chauffeur, very devoted to his service,

was not sufficient to equilibrate the engine. I often occupied the third seat behind him when he drove me home early in the morning after a childbirth. We discussed then the results of the night.

Dr. Lamaze could have been a happy man, but he was an idealist, a sensible and sentimental man. He couldn't bear the attacks against him from medical authorities. He was blamed twice by the *Ordre des Médecins*, a kind of vigilance committee set up while the German armies occupied France. The media were also hard against him. He was treated as a charlatan. He suffered very much from that. He could not understand why there was such malignity against him. I am not sure he realized the political problems that were aroused behind the method. And when he was told that the maternity clinic of Les Bleuets needed his presence no longer, a heart attack killed him on the following day.

Zwelling: How much time passed from the conference where you heard Dr. Lamaze speak about what he had witnessed in the U.S.S.R. until his death? In other words, how long did he practice ASD?

Cohen: Only less than five years . . . from September 1952 until March 6, 1957. He practiced ASD in Paris from 1951 until 1957.

Zwelling: After Dr. Lamaze died, did ASD go on at all under the direction of others, or did it immediately die with him?

Cohen: I do not know what happened in the maternity clinic of Les Bleuets. As for private practice of some other doctors, it continued with Drs. Vellay, Randon, Pierre Simon, and others. Lamaze had trained foreign doctors and I suppose it went on out of France for a few years. But I have no valid information.

Zwelling: How many total years did you teach ASD? Did you quit teaching after Dr. Lamaze died?

Cohen: I think I taught ASD for about eight years, but I am not quite sure. After Lamaze died, I continued with Dr. Vellay.

Zwelling: When you quit teaching ASD, did you continue to do something else as a physiotherapist, or is that when you retired from your professional career and began your artistic career?

Cohen: When I quit teaching ASD I had other various

activities. I was a physiotherapist for the health center of an aircraft plant, Nord Aviation, near Paris; I was a re-educator for children in orthodontia, at the time a new technique, at the Stomatology Institute, directed then by Drs. J. Cauhépé and Jean-Marie Bouvet; I taught Schultz relaxation training in a day hospital for light psychiatry for labor medicine, L'Elan Retrouvé, under the direction of Dr. Paul Sivadon (a well-known, Belgian psychiatrist and a pioneer in new psychiatry); and I taught ASD in a municipal health center where I could no longer assist pregnant women in maternity clinics because of the staff hostility. There I prepared groups of women with similar due dates. When the first of them entered her maternity clinic, the others were informed and constituted a team (a commando!) to accompany and encourage her. Due to the active solidarity of these women, things went on fairly well during their stay in the maternity clinic. And when all the babies had arrived from a particular class, it was a joyous party back in the health center. Some of those activities were simultaneous and lasted until 1972 when we moved to Burgundy, where we live now.

Zwelling: The Lamaze method as a means of total pain relief (i.e., without any other intervention) was most popular in the U.S. in the 1960s and 1970s. Since that time, women's goals have changed somewhat. They now want childbirth education for information and perhaps some pain management techniques, but many also want anesthesia (particularly epidurals). Has this happened in France as well? Have you seen a decline in interest in the Lamaze method there?

Cohen: Yes. Here in France, obstetricians have won their battle for epidural anesthesia and ASD seems to be forgotten. Women and obstetricians prefer the comfortable solution for both of them. That's the reason why I was so happy when Henry found, through the Internet, that a team of American women [Lamaze International Inc.] continued with success the work that Drs. Lamaze and Vellay initiated in France with their teams, and that all our efforts were not lost, as I feared they were. Thanks and congratulations for those American women!

Zwelling: Even though women in France are receiving epidurals, are childbirth education classes available at all? Is nothing of ASD evident any longer, even if not used totally as when you taught it?

. . . I was so happy when [I] found . . . that all our efforts were not lost, as I feared they were. Thanks and congratulations for those American women!

—Mme. Blanche Cohen

Cohen: Honestly, I cannot answer. I'm away from the medical world. But I believe that not much remains. Perhaps breathing techniques are still employed, but entirely out of their original context.

Zwelling: Tell me about your family and your life today. What type of artwork do you do? Do you and Henry have children? Do you travel?

Cohen: I trained with a Spanish painter, Eduardo Pisano, in his studio all along during my professional years. Now I still have various activities: painting on different supports, having exhibitions, etching on wood or metal after a training course with a Spanish engraver, Enrique Marin, teaching art to children, and tapestry making (woven with wool, string, or paper) for mural decoration. We have one daughter who is now 50 years old and unmarried. She is an editor of books for youth. Presently she is moving her organization from Paris to Saints, where we dwell. We don't travel much any more due to our age and somewhat limited income. Our health is not so bad, but we must be careful. We used to have a small sailing boat when we lived in Paris, but the sea is too far away from Burgundy. We go sightseeing not far from home and live decently, but must be careful about our expenses.

Reflections

As I have reflected on this interview with Madame Cohen in the days since it ended, so many feelings, thoughts, and questions have crossed my mind. I was left with a feeling of sadness for a number of reasons. I had no idea that Dr. Lamaze's practice of the psychoprophylactic method (ASD) was so short-lived. I do not recall reading that fact in any other historical references about his work. I find it interesting that what was practiced for only a decade or so in France, is still evident in varying

degrees almost 50 years later in the United States. How unfortunate that, due to historical factors occurring at that time (political, religious, and medical opposition), the method did not receive the recognition or attention to potential possibilities that it deserved. And finally, how sad it is that the rejection of its philosophy and methods perhaps contributed to the death of Dr. Lamaze and the depression of Madame Cohen. Even today, as she talks about her work, she expresses feelings of sadness that they "failed" in their mission.

Why is the Lamaze method still being practiced in the United States when it did not continue in France? Madame Cohen and I discussed this in our E-mails and decided that several factors probably contributed to this occurrence. In addition to the aforementioned historical circumstances that were influencing the method's use in France in the 1950s, there were other reasons that probably made the method's use more difficult. The Lamaze method was more expensive. At the metalworkers' clinic, the use of the method cost more than the conventional approaches to pain relief because the Lamaze method demanded more personnel and more space. Women were trained individually or in very small groups. Each woman was assigned a monitrice to stay with her throughout labor and birth. The clinic had to apply for an additional subsidy even though it was already receiving a governmental grant to cover part of the difference between the rates paid by social security medical insurance and the cost of running the clinic. As a result, the method entered even further into the political arena, causing great public debate (Karmel, 1959).

Another factor was the "purity" versus the "modification" of the philosophy of the Lamaze method that was practiced. Dr. Lamaze and his early followers did believe that use of the psychoprophylactic relaxation and breathing techniques alone could counter the pain experiences in labor and birth. As Madame Cohen told me, "When we began, we were absolutists, totally against any medication or anesthesia. We succeeded. But, was it an 'elite' that came to us? Elite in the sense of culturally educated or perhaps on the verge of new age without knowing it? You were pragmatists and succeeded in having large and enduring average results. I believe that 'you' are right, but we had no experience allowing us to understand the phenomena."

A historical review of the development of childbirth education in the United States shows a very different

evolution from what occurred in France (Zwelling, 1996). In the United States, the philosophy of the Lamaze method has been modified since its original introduction by Dr. Lamaze in France and, in this country, by Karmel (1959), Elisabeth Bing (1967), and others. Although originally the philosophical intent in the U.S. was to encourage women to use the techniques of the method without any pain medication or anesthesia, the approach has changed. This modification, which was made gradually over time to better work within the maternity care system and thus reach more expectant parents, can be viewed as being either positive or negative (and probably in both ways).

However, when one views these adaptations from the original intent of the psychoprophylactic method, there are several things that we can be proud of in the United States: (a) childbirth education is alive and well—we continue to have a strong system of childbirth education throughout many areas of our country; (b) we are continually making strides to reach underserved populations where strong childbirth-education programs do not as yet exist; (c) we have qualified professionals, many of whom choose to become nationally certified in their specialty to teach childbirth techniques; (d) we have professional organizations that support childbirth educators; (e) we have not had major political, religious, or media opposition against the concept of childbirth education, and we have—for the most part—reversed the medical opposition that might have existed in earlier years; and (f) we have a growing population of childbearing women that see the value of childbirth education

and choose to attend classes to meet their own needs and goals. It often takes a look back in time to see more clearly what is positive about a current state of affairs. My interview with Madame Cohen helped me to do that. My hope is that it has done the same for you as well.

Note: Madame Cohen would enjoy corresponding by E-mail with other childbirth educators who are interested in talking about ASD and its origins under Dr. Lamaze. Her E-mail address is Henry_COHEN@compuserve.com.

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