

Psychology for Midwives

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Psychology for Midwives

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Quay Books Division, Mark Allen Publishing Limited, Jesses Farm,
Snow Hill, Dinton, Wiltshire, SP3 5HN

British Library Cataloguing-in-Publication Data
A catalogue record is available for this book

© Mark Allen Publishing Ltd 2002
ISBN 1 85642 040 X

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Printed in the UK by Cromwell Press, Trowbridge, Wiltshire

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Acknowledgements

I want to thank my husband Richard Clements who encouraged me to write the book and then provided me with practical support that gave me the time to write. I also want to thank my parents Charles and Val Paradice who have always encouraged me to achieve my full potential and have been so proud of everything I have accomplished. Mary Stewart gave me a great deal of help with the first drafts of the chapters on birth and loss. This came at a crucial time, when my life was so busy that I would have given up on the book without her input. I must also thank Tamzin Ewers and Binkie Mais at Quay Books, Mark Allen Publishing Limited for being prepared to wait so long before getting the book into print. They have been very patient. Most importantly, I want to acknowledge the midwifery students who attended the University of the West of England while I was lecturing there. Without their positive response to my teaching, their willingness to engage in discussion and their passion for their profession this book would never have come into existence.

Ruth Paradice
March 2002

Introduction

This book is the culmination of many years spent teaching psychology courses to health professionals. During this time my involvement with students studying a variety of courses related to health such as physiotherapy, radiography, health visiting, nursing, district nursing and, of course, midwifery has convinced me of the usefulness of psychology in helping students to develop their professional practice and gain a fuller understanding both of themselves and of the people they interact with in their day-to-day work. However, there are few textbooks available that bring together those aspects of psychological theory that are particularly useful for individual professional groups. At the beginning of her book *Psychology of Pregnancy and Childbirth*, Lorraine Sherr makes this point when she argues that the academic discipline of psychology is not always made available to those health professionals who would find it useful:

... much of the (psychological) knowledge is locked up within the body of psychology and rarely emerges from ivory towers into the labour wards.

(Sherr, 1995, p. 4)

I hope to make psychology accessible to midwives by bringing together in one volume aspects of psychological theory that I believe are relevant and useful for midwifery practice.

The first chapter provides the reader with a very brief introduction to psychology. The various 'schools of thought' are described and the way psychologists obtain information about human behaviour is also discussed. I appreciate that this has the effect of throwing you in at the deep end, particularly if you have not done any psychology before, but I feel that it is important to give the reader a general overview of the subject as many people have misconceptions about what psychology is and what psychologists do. This misunderstanding is reflected in people's reactions when you tell them that you are a psychologist. The conversation (condensed for the purposes of this introduction) usually goes something like this:

Them: *Hello, my name's John. Pleased to meet you.*
Me: *Hi, I'm Ruth.*
Them: *What do you do for a living, Ruth?*
Me: *Well, I'm a psychologist.*
Them: *(Taking two steps away from me) Oh.*

Sometimes that is the end of the conversation, and John goes off to find someone less threatening to talk to, but occasionally it continues:

Them: *So, (nervous laugh) are you going to psycho-analyse me then? I'd better be careful what I say!*
Me: *Well, actually I'm not qualified to psychoanalyse you, I teach developmental and social psychology at a university.*
Them: *(disappointed now) Oh!*

I cannot tell you how many times I have had this conversation with people and nearly all of my colleagues have had similar experiences. So, after reading the first chapter of this book, you should be in no doubt about what psychologists are trying to do (mostly not psycho-analyse people). It will also help to set the rest of the book into the context of psychology as a whole. You will find that I rely far more heavily on social psychology than developmental psychology and hardly touch on cognitive psychology at all. Reading this chapter should enable you to understand why some aspects of psychology are more relevant to midwives and midwifery practice than others.

Of course, it is quite possible to omit this chapter altogether if you already have some knowledge of psychology.

How this book is organised

The book is divided into two sections. The first part discusses topics which are particularly relevant to the practice of the midwife. The focus is on the midwife gaining a fuller understanding of the psychology of the environment in which she works and of her own psychological responses to this; although mothers and babies are brought into the picture they are not the main focus. *Chapter 1* provides a brief introduction to psychology for those who know little about the different subject areas that make up the discipline. This chapter aims to help the reader to locate the content of the rest of the book within psychology as a whole. The next four chapters focus

specifically on the midwifery context. *Chapter 2* considers how wider social forces, such as social influence can affect the work of the midwife and *Chapter 3* discusses the ways in which prejudice can influence relationships. *Chapter 4* looks at social attribution and discusses how this can influence the midwife. The final chapter in the first section looks at the importance of communication and communication skills in midwifery practice. In the second part of the book the focus shifts to the mother/baby dyad and they now become the main subject. We can see it almost as a figure-ground illusion. The midwife, mother and baby are in the frame throughout the book, but in the earlier chapters the midwife is fully in focus while the mother and baby reside in the background. This reverses in the second half of the book, where the mother and baby take centre stage. The chapters in this section follow a logical sequence beginning with pregnancy and following through to the period after childbirth. *Chapter 6* looks at pregnancy, *Chapter 7* considers labour, *Chapter 8* discusses early infancy, *Chapter 9* the postnatal period and *Chapter 10* loss and bereavement.

I have included topics which I believe are particularly relevant to midwifery practice and have tried to make the book accessible by using as little jargon as possible and by illustrating each chapter with examples taken from either midwifery practice or other healthcare settings. I hope you find it interesting, useful and enjoyable.

Ruth Paradise
December, 2001

Section 1:
Theoretical perspectives

