Theoretical approaches to psychology and their application to midwifery practice

Chapter contents

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter aims</td>
<td>Summary of key points</td>
</tr>
<tr>
<td>The major approaches to psychology</td>
<td>References</td>
</tr>
<tr>
<td>Psychologies that have evolved from the five major approaches</td>
<td>Annotated further reading</td>
</tr>
<tr>
<td>Alternative approaches to psychology</td>
<td>Useful website</td>
</tr>
</tbody>
</table>

Introduction

Psychology as a subject discipline is wide-ranging and complex but currently no single theory can effectively explain all its aspects. This chapter is designed to apply relevant approaches of psychology to midwifery practice. It will initially present the five major approaches in order of their historical appearance. These are behaviourism, psychoanalysis, cognitive psychology, humanistic psychology and biopsychology. From these, social and developmental psychology have evolved. Developmental psychology emphasises attachment formation and how people cope at different stages of their lifespan; social psychology focuses on the nature and cause of how people behave when in the company of others in social situations. Abnormal psychology will refer to perinatal mental illness and will be briefly discussed. More recent approaches in psychology include health psychology, social constructionism and feminism.

Chapter aims

- To present the five major approaches of psychology which are the behaviourist approach, the psychoanalytic approach, the cognitive approach, the humanistic approach and the biopsychological approach
- To explore social, developmental and abnormal approaches and how they utilise aspects of the five main approaches, to structure and define them
- To discuss the biopsychosocial model of health psychology and the health/illness continuum
- To reflect upon the social constructionist approach and its links to other psychological approaches especially feminist psychology
The major approaches to psychology

The behaviourist approach

Behaviourists stress the use of defining concepts in terms of observable, measurable events. They emphasise the role of environment factors in influencing behaviour to the near exclusion of innate or inherited factors. This amounts essentially to a focus on learning.

Classical conditioning is referred to as stimulus-response psychology because it demonstrates observable behaviour (response) in terms of environmental events (stimuli). So when the midwife observes heavy lochia in a postnatal woman (stimulus), she will respond by rubbing up a contraction (conditioned response). The midwife has learned this by pairing these two events over many occasions so that her behaviour becomes predictable and automatic.

By comparison operant conditioning focuses upon how behaviour is shaped and maintained by its consequences. These operations are called positive reinforcement, negative reinforcement and punishment. Both positive and negative reinforcement strengthen behaviour (make it more probable), punishment weakens behaviour. If the midwife compliments a mother for the way she changed her baby’s nappy, the mother’s behaviour will be strengthened by this positive reinforcement. If the midwife finds the baby unattended on the mother’s bed, she may choose to reprimand the mother. This approach is punishment. The mother will learn the lesson, but may feel humiliated, even angry. Alternatively, the midwife could quietly talk to her about the dangers of her baby falling to the floor (removal of an unwelcome consequence). This latter situation is an example of negative reinforcement and will strengthen the mother’s behaviour (I have been lucky this time and will never do that again). Both classical and operant conditioning are forms of associative learning whereby connections are formed between stimuli and responses that did not exist before learning took place and will be influenced by context and communication style. Midwives are educators and in using appropriate psychology they can enhance their effectiveness in what can be a challenging circumstance. It is never easy to tell a person they have made an error.

The psychoanalytic approach

Founded by Sigmund Freud this approach has two major components:

- A complete account of human personality. He specified the basic structures of personality, the forces which motivate behaviour and the developmental sequence through which adult personality is acquired. Adult behaviour is determined by unconscious forces, to which a person has no conscious access.
- Psychoanalysis allows the patient access to their unconscious conflicts, motives and fears which have their origins in childhood experiences.

Freud’s theory of consciousness

Freud believes that consciousness is divided into two main parts:

1. The conscious mind which contains thoughts and feelings of which there is immediately awareness at any given moment.
2. The subconscious mind which is below the level of conscious awareness and is divided into two levels:
   - the preconscious mind contains all thoughts, memories and emotions of which a person is not presently aware but can be brought into the conscious mind by deliberate choice
   - the unconscious mind contains ideas, experiences and feelings which are blocked from conscious awareness by a process of repression. Some content can leak out through random thoughts, images or dreams but Freud believes it is the unconscious mind that can be a source of disruption to mental health.

According to Freud, the mind consists of three parts:

1. The Ego, which is the practical part of the person and acts as the interface between the mind and reality.
2. The Superego is the social sense of duty, responsibility and conscience. These are found mainly in the preconscious mind (see Figure 1.1).
3. The Id is the source of all basic drives and buried desires. It demands instant gratification, is totally unconscious, but it is possible to deduce its existence when impulses break through into consciousness in slips of the tongue, symbolic dreams and psychological anxiety.

Both the Superego and Id are equally demanding in attempting to influence the Ego. Freud believes that anxiety arises when the Ego is faced with stimuli with which it cannot cope, as a result of either external danger or the demands of the Id or Superego. Defence mechanisms exist to protect the Ego from anxiety, but do so in ways that distort reality. They operate by allowing gratification in some indirect way. The Ego will often use a combination of them rather than a single mechanism (see Case Vignette 1.1).

![Diagram of the three levels of consciousness](image.png)

**Figure 1.1** To show the Ego, Superego and Id in relation to the three levels of consciousness (adapted from Glassman and Hadad 2009; Gross 2005).
**Case vignette 1.1**

Amanda has an essay to write but is having difficulty in getting started. Amanda knows she has two days off duty (the Ego) and accepts that she must pass the essay to complete her module (the Superego). She wants to scream and cry (Id) but instead of making a start on her essay, she sublimates her frustrations into extensively cleaning her flat.

**Box 1.1 Defence mechanisms and behaviour (adapted from Glassman and Hadad 2009; Gross 2005).**

<table>
<thead>
<tr>
<th>Name</th>
<th>Definition</th>
<th>Midwifery example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial</td>
<td>Refusing to acknowledge anxiety-provoking thoughts or impulses</td>
<td>Josie refused to accept that she was pregnant until she saw her baby on ultrasound scan</td>
</tr>
<tr>
<td>Displacement</td>
<td>Redirecting drive energy from one object to a substitute object</td>
<td>Maria is annoyed that her manager has found fault with her work and is verbally abusive about the late arrival of her new student midwife</td>
</tr>
<tr>
<td>Identification</td>
<td>Incorporating aspects of another person, making them part of oneself</td>
<td>Jane wants to become like her own mother, now that she is a mother herself</td>
</tr>
<tr>
<td>Projection</td>
<td>Attributing one’s unacceptable thoughts and impulses onto others by offering an acceptable reason instead of the true reason</td>
<td>‘I do not like you, because you do not like me’</td>
</tr>
<tr>
<td>Rationalization</td>
<td>Explaining one’s behaviour by offering an acceptable reason instead of the true reason</td>
<td>“I am sorry I am later than expected, ‘there has been an emergency’ (true reason the midwife was chatting to a colleague)</td>
</tr>
<tr>
<td>Reaction</td>
<td>Reacting in a way that is opposite to one’s actual feelings and impulses</td>
<td>Lauren resents and dislikes her midwife manager but acts in a friendly warm way towards her</td>
</tr>
<tr>
<td>Regression</td>
<td>Reverting to behaviours of gratification at an earlier stage of development</td>
<td>The stress of caring for her crying baby prompts Lisa to start smoking again</td>
</tr>
<tr>
<td>Repression</td>
<td>Blocking thoughts, memories or impulses from the conscious mind</td>
<td>During her booking interview, Judie fails to remember that she was abused as a child</td>
</tr>
<tr>
<td>Sublimation</td>
<td>Redirecting drive energy into a socially acceptable activity</td>
<td>Marilyn over-exerts herself at work to forget the argument she had on leaving home that morning</td>
</tr>
</tbody>
</table>

The Id wins out in this situation because Amanda knows that having a clean flat will make her feel good (instant gratification) whereas by comparison, the essay is perceived as a source of
concern and uncertainty. By using a defence mechanism she has, according to Freud, protected her Ego from undue anxiety.

Many of the assumptions of the psychoanalytic approach have been questioned by modern psychology, including the clinical evidence upon which the whole structure is based (Webster 1995). However, according to Gross (2005) many things in life are accepted even though they cannot be tested, and psychoanalytic theories have inspired more empirical research in the social and behavioural sciences, than any other group of theories. Freud remains a dominating figure. Many mental health practitioners, including psychotherapists, counsellors and social workers incorporate elements of Freudian thought and technique into their approaches.

Application of psychoanalytic theory is widespread in midwifery practice and ranges from theories of child development, especially the development of attachment with significant others (Chapter 9), to how previous experiences may affect a mother in different ways. If a mother has had a bad experience in a previous pregnancy, she may be affected by thoughts and memories that she has tried to forget. A woman who is becoming a mother for the first time may have memories of being mothered herself and may be affected in how she perceives her present feelings, thoughts and experiences. Where anxiety exists and defence mechanisms are used, these processes may create elements of irrational behaviour, which may manifest in certain unwarranted or unpredictable communication styles (Chapters 5 and 7). The midwife could stereotype these behaviours as the emotional turmoil of pregnancy and disregard them, or she may offer the mother an opportunity to talk about her thoughts and feelings in an attempt to further understand and help her. (Psychoanalytic psychologists include Bowlby 1969, Winnicott 1990, Raphael-Leff 2005).

Reflective activity 1.1

Think about the words that exist in everyday language that have come from psychoanalytic theory. They may include the unconscious mind, Ego, denial.

Next time you make a Freudian slip, think how it might represent a minor eruption of your unconscious processing. What does it say about you?

Which defence mechanisms do you knowingly use?

The cognitive approach

The human brain is not like other organs of the body because looking at its structure does not reveal anything about how it functions. Thus cognitive psychologists are forced to seek analogies and metaphors when trying to describe a construct within the brain. The most dominant and compelling construct compares the human mind to the computer and asserts that human behaviour is determined by interpretation of events based on incoming information and knowledge of past events, which are mentally represented. The process of analysis and the way in which knowledge is represented is now accepted and higher-order mental activities, which cannot be directly seen but are inferred, include attention, memory, perception, thinking, problem solving, reasoning, concept attainment and language.

Many situations and issues in the midwifery context are not the events themselves but the way each person perceives them (West and Bramwell 2006). Communication failures are often related to attention deficits, problems with comprehension and language difficulties. Where stress and anxiety exist, the cognitive appraisal of threat and use of coping strategies may affect thinking, decision-making and memory. The midwife must be aware of these processes and how they could be affecting the woman she is caring for. The midwife herself needs to be aware
that she too can be similarly affected and disruptions to cognition will influence non-verbal communication and self-awareness.

The humanistic approach

Described by Maslow (1970) as the third force in psychology, humanistic psychology defines the person as unique, free, rational, self-determining and not controlled by stimulus–response reactions or incapacitated by unconscious motives. The person has an ability to accept and express one’s true nature, to take responsibility for one’s own actions and to make authentic choices. People are interpreters of themselves and their world. Behaviour is understood in terms of the person’s subjective experience from their perspective, therefore the approach is one of phenomenology which means that the person is the expert on themselves. Present experience is seen as important as past experience.

Maslow’s theory is based on personality development and motivation and sees self-actualisation as the peak of a hierarchy of needs (see Figure 1.2.) Maslow’s model lacks empirical evidence to lay claim to whether people can actually self-actualise, but the model is a useful conceptual framework that encapsulates many of the needs and values that are intrinsic to the psychological context of care. Maslow (1970) asserts that to progress up the hierarchy, those at the base should be initially satisfied.

<table>
<thead>
<tr>
<th>Reflective activity 1.2 The Hierarchy of Needs model and midwifery practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The reader may wish to work from the base of the hierarchy upwards and consider whether the Hierarchy of Needs model (Figure 1.2) is applicable to midwifery practice by examining the model from:</td>
</tr>
<tr>
<td>1. the woman’s perspective. How may her experiences and perceptions of need, differ in pregnancy, labour and the postnatal period?</td>
</tr>
<tr>
<td>2. the midwife’s perspective when working in a busy antenatal/postnatal clinic, labour ward or postnatal ward. Which needs are fulfilled, which ones may get neglected?</td>
</tr>
<tr>
<td>3. the student midwife’s perspective and where her needs may resonate, when working with the above people.</td>
</tr>
<tr>
<td>4. the woman’s family who have their own individual and diverse set of needs.</td>
</tr>
</tbody>
</table>

Some needs are fundamental for survival, others are desirable and still others are exceptional if achieved. The birthing of one’s baby may represent a once-in-a-lifetime experience of symmetry and beauty for some parents. For another woman, attaching her baby to the breast and seeing him suckle may meet an esteem need, long sought after. Falling short on a physiological need like rest and recuperation may totally wipe out the hierarchy for another person and create a bad day for those in her vicinity. The midwife, working all day without a comfort break, according to the humanistic approach, is engaging in reckless behaviour. She knows what is best for her and ultimately her behaviour becomes self-defeating.

The main focus of humanistic psychology is the person’s sense of self. Rogers (1951) developed the concept of the therapeutic relationship which he incorporated into a new approach in therapy he called client-centred therapy. He later changed the name to person-centred therapy as he wanted to remove the implication of the professional power of the therapist. Both Maslow and Rogers based their principles in holism, the psychology of the whole person not disparate parts of behaviour, and this view is consistent with the holistic model of midwifery that sees the woman in terms of an integration of her mind, body and soul. Thus the core
conditions of the Rogerian approach are utilised by midwives to support women and their families, in many different aspects of childbirth. It is acknowledged that the midwife is not a counsellor per se but uses *counselling skills* in her role (see Chapter 5). She can offer careful and accurate listening skills, while showing empathy, acceptance (unconditional positive regard) and honesty (congruence). By adopting these *attitudes of thought and ways of being*, midwives are better prepared to offer care that is woman-centred (Rogers 1985).
The biopsychological approach

This approach seeks to understand the physiological and genetic basis of behaviour. Thoughts and actions find their basis in the structure of the central nervous system, especially the brain (see Box 1.2). This approach had been widely influenced by the mapping and sequencing of the human genome completed ahead of schedule in 2003. Recent developments in scanning technology such as functional magnetic resonance imaging (fMRI) have also created great advances in understanding how different parts of the brain work together (see Chapter 7). It has been shown that the limbic system, known as the emotional brain, is highly sensitive during pregnancy, labour and the puerperium. Activation of the amygdala for interpretation of facial expression and tone of voice, the hippocampus (recall of memories) and the olfactory nerves (sense of smell) can stimulate the hypothalamus, pituitary gland and autonomic nervous system to respond in accordance with incoming stimuli (Pinel 2006). This may range from a feeling of uneasiness to a major stress reaction.

Box 1.2 To show the different neuro-scientific disciplines that contribute to the biopsychological approach (adapted from Pinel 2006)

- Neuro-anatomy – the structure of the nervous system
- Neuro-chemistry – the chemical basis of neural activity
- Neuro-endocrinology – interactions between the nervous system and the endocrine system
- Neuro-pathology – the study of nervous disorders
- Neuro-pharmacology – the effects of medicines and drugs on neural activity
- Neuro-physiology – functions and activities of the nervous system

Psychologies that have evolved from the five major approaches

The developmental psychology approach

This area of psychology studies the physical, intellectual, social and emotional changes that occur in a person over time, particularly the first two decades, and includes stages of child development (Glassman and Hadad 2009). The central theme is the development of meaningful attachments, which are intense, enduring emotional ties to specific people, with the mother–child relationship acting as a template for later relationships. This approach is particularly pertinent to midwifery practice because the midwife is central in attempting to foster mother–baby, father–baby relationships and prevent, where necessary, interruptions or separations to the processes involved. The psychosocial transition of motherhood involves how women react to the changes that occur when one becomes a parent. From the psychoanalytic approach, Erikson (1980) describes transitions as either normative or idiosyncratic. Normative transitions occur in accordance to the norms of one’s society, will affect many people and is an experience that is largely expected (having a term baby in one’s 20s with no complications). By comparison, if the transition is idiosyncratic, this only applies to the individual (birthing a stillborn baby). Idiosyncratic transitions are unexpected, stressful and psychological recovery tends to be more prolonged.

The social psychology approach

According to McKinlay and McVittie (2008) social psychology is the study of how people think, feel, desire and act in social situations. It is often said that all psychology is social psychology
since all behaviour takes place in a social context; even when people are alone, their behaviour continues to be influenced by others. One’s own self-concept is in large measure a reflection of this process. Interpersonal perception (how one forms impressions of others) is implicit in how women and their named midwife develop a rapport and share mutually supportive communications with each other (Chapter 5).

**Case vignette 1.2**

Lorna was worried about her baby. He was bringing back most of each feed and seemed floppy compared to her first baby. As a healthcare professional herself she did not want to trouble the midwife as she appeared busy with other demanding women. When the midwife did approach her, she treated her like a colleague. Lorna felt unable to communicate her fears.

This social situation rendered Lorna unable to express herself as the midwife had stereotyped her as a coping mother with minimal requirements. Treating Lorna as a healthcare professional rather than a mother had altered their social roles, which also impacted on Lorna’s ability to ask for help. It is important for the midwife to offer psychosocial support, even to those who appear not to need it, especially given the busy, noisy social environment in hospital. A baby with poor muscle tone that is vomiting needs paediatric referral and had the midwife offered Lorna an opportunity to talk through her fears, the midwife could have initiated the necessary neonatal care earlier and provided more focused social support to Lorna.

**The abnormal psychology approach**

Abnormal psychology studies the underlying causes of mental illness, behaviour disorders, emotional disturbances and forms of deviancy. According to Oates and Raynor (2009), when applied to childbearing, the term perinatal psychiatric disorder or perinatal mental illness emphasises the importance of psychiatric disorders that occur in pregnancy as well as those following childbirth. When a woman with a pre-existing mental illness finds out she is pregnant she may stop her medication and this may lead to recurrence or relapse of her condition. Pregnancy itself may trigger mental illness. Midwives using a holistic model need to understand what psychosocial factors may affect a woman and be able to recognise, know and understand the different types of psychiatric disorders and their management. They are divided into serious mental illnesses, mild to moderate psychiatric disorders, adjustment in reactions to life events, substance misuse, personality disorders and learning disabilities. The importance of mental health issues and the effects of morbidity and mortality on family life cannot be over-emphasised.

**Alternative approaches to psychology**

**The health psychology approach**

Health psychology pulls together educational, scientific and professional contributions to the discipline of psychology to promote and maintain health and prevent illness. It is more interested in normal psychological processes in relation to health and illness than psychiatric disorders. According to Ogden (2007), illness is caused by a combination of biological, psychological and social factors, which reflect a bio-psychosocial model of health and illness (see Box 1.3). Health and illness are not qualitatively different, but exist on a continuum and people move up and down the continuum as their health status fluctuates. Their day-to-day status is reliant upon their perception of how they feel.
Concepts such as pain and stress fit into the biopsychosocial model. Although pain is basically physiological, the pain experience has emotional, cognitive and cultural components. Likewise, the causes of stress may be physical as in disruption of circadian rhythms for shift workers (biological) and occupational-linked stressors especially for healthcare workers who have little control over their workload (psychosocial). The psychology of stress has evolved from biological and social perspectives and the transactional model sees stress as the fit between a person and their environment and whether they feel they can cope. Coping with threat involves primary and secondary appraisal and utilisation of approach-focused and/or avoidance-focused coping strategies. Threats to the self-concept can result in negative emotions that may adversely affect health (Klaus and Lebherz 2008).

Barlow et al (2008) report on women who were in hospital for hypertension during pregnancy and comment on how some women felt a fraud in occupying a bed when they had no symptoms of ill health. These women searched for meaning of their situation, in an attempt to adapt to an unexpected, threatening event. This paradox prevented some women from willingly accepting care such as bed rest and medication. The authors agree that the midwife could help such women by affirming their status as worthy of hospital care. The provision of consistent, easily understood information on a regular basis is also recommended with the provision of opportunity to talk about how they feel. Social support from midwives, fellowship with other women on the ward, and family can help them feel more accepted and less confused.

This study reflects how health psychology in rejecting the mind–body split, supports the whole person approach to health. The mind is thought to be involved in both the cause and treatment of illness and supports the view that each person is responsible for their own health and is not a passive victim. See Case vignette 1.3.

**Case vignette 1.3**

Vivien was 28 weeks pregnant, financially comfortable but complained that she was ‘hooked on junk food’ and feared for her baby’s health. She was physically healthy but she said she ‘knew she was doing wrong’ and felt guilty.

The midwife’s role in health promotion in this antenatal clinic situation is to encourage behaviour change in providing Vivien with relevant information to enable her to change her attitude to her eating choices and how to choose coping strategies that will enable her to feel better about
herself and cause less harm to her and her growing fetus. The midwife at this juncture could give Vivien a lecture on what she should be eating, however it is argued that Vivien’s compliance to change her behaviour will be affected by how the midwife communicates her own beliefs to her (how convincing she is) and Vivien’s sense of satisfaction with the interaction. Crucial to this process is Vivien’s desire to change and her cognitive ability to understand, recall and personally connect with the information provided. Given the time constraints on the midwife, the most effective way for her is to find out what Vivien eats and what she feels she should eat. The midwife can then facilitate Vivien in creating her own goals and targets, which can be followed up with each future visit. In taking responsibility for her own actions, Vivien is more likely to be compliant with her own health agenda and given there is some continuity of care, the midwife will be able to encourage and reassure her of her success (Ogden 2007).

The social constructionist (SC) approach

This approach argues that all knowledge, which includes psychological knowledge, is historically and culturally specific and the way to study the person must include their social, political and economic realms of life. The midwife who is taking a booking history from a woman who is a newly arrived migrant must consider her in terms of these features and how she has been affected by her experiences. Since the only common feature of social life is that it is continually changing, all one can do is to try to understand and account for how her world appears at this present time. MacLachlan (2004) asserts that when people from different cultures interact, understandings of reality may differ. Burr (2003) argues that there is no recognition of essentials such as behaviourism or cognitive psychology, because these are based on the ideas of some pre-given ability of the person, so in turn the nature/nurture debate is also rejected. Furthermore, any theories and explanations of psychology which are time and culture bound, cannot be taken as once-and-for-all descriptions of human nature.

It is further argued that language is a precondition for thought and people are born into a world where the conceptual frameworks and categories used in one’s culture already exist. When people talk to each other the world gets constructed, so language is a form of social action. The way the midwife uses language will construct meaning for the woman in her care, even if she only understands that the world she has entered is very different to her own. Therefore in SC, people construct their own and others’ identities through their everyday encounters with each other in social interaction and, in so doing, their own versions of reality.

According to SC, language is constructed into a series of discourses. A discourse refers to a set of meanings, metaphors, representations, images, stories or statements that in some way produce a particular version of events. Each discourse claims to be the truth. So when an issue is said to be socially constructed, it comes from this stance. When a midwife works in a culture where discourses constantly focus on poor care, loss of job satisfaction, stress, disillusionment, poor leadership, this becomes her reality.

Social constructionism and feminist psychology

Discourses construct social phenomena in different ways. Some appear to receive the label of truth or common sense more readily than others and this is directly related to power. Discourses are intimately connected to the way that society is organised and run, so in a capitalist economy dominated by men, the law, education, religion, marriage and family all give shape and substance to each person’s daily life which provides different levels of status and social position.
Discourse socially constructs motherhood as a vital aspect of femininity. Women often engage with the ideal image of motherhood, but find its reality quite different (Choi et al 2005, Weaver and Ussher 1997).

The feminist approach

McKinlay and McVittie (2008) assert that some of the most influential theories within psychology are based on studies of males only, but are meant to apply equally to both women and men. If women’s behaviour differs from men’s the former is often judged through gender discourses to be pathological, abnormal or deficient in some way (sexism) and this is because the behaviour of men is implicitly and explicitly taken as the standard against which women’s behaviour is compared. Traditional explanations of behaviour emphasise that sex differences are biologically determined and not socially constructed. This view reinforces widely held stereotypes held by men and women, about men and women, which contributes to the oppression of women. In the same way, heterosexuality (both male and female) is taken as the norm so that homosexuality is seen as abnormal.

**Case vignette 1.4**

Julie and Jane decided to have a baby together. Julie became pregnant by artificial insemination by a known sperm donor. Two years later, Jane underwent the same process. In this same-sex couple, both women are mother to their own child and both children have the same biological father. As a family of four they are thriving.

Julie and Jane are not conventional parents but still require care that a non-judgemental midwife can offer. Feminist psychologists work to contextualise women’s lives and explain the constraints within a social framework and women’s lack of social power. According to Kaufmann (2004), a feminist approach supports the endorsement of equal opportunity, equal treatment, and the belief that women should be accorded their true value. Embracing feminism can help midwives to understand the diverse realities of women’s lives and to support and respect each woman with whom they work. Woman-centred care is paramount to this philosophy.

**Conclusion**

This chapter has provided a brief overview of how psychology from certain approaches can contribute to midwifery care. Conceptually midwifery care is complex in its own way and there is no one psychological approach that can be, or should be, adopted. The five major approaches of psychology were developed largely over the 20th century and are influenced by the culture that existed at that time. Each approach represents a distinct framework for the study of behaviour and how they differ provides a way to understand the significance of each approach. More recent approaches take account of the effects of society, culture and economics on the person, particularly health psychology that has redefined health, illness, stress and pain. Social constructionism has challenged traditional psychology (based on logical empiricism) and argues for a person psychology that is primarily influenced by social processes that is not just a new theory, but a new way of seeing the world. Thus social constructionism represents a paradigm shift in psychology (Glassman and Hadad 2009). Feminism is now an accepted approach to psychology that explores through discourse analysis and other qualitative
methods, the experience of motherhood from the point of view of the mother. If woman-centred care is at the heart of midwifery care this means that the midwife should engage with her as a person and honour her dignity, intellect, history and sense of self. Psychology as a subject discipline has much to offer midwives and if midwives feel able to relate to psychology, they will come to appreciate its inherent value.

<table>
<thead>
<tr>
<th>Summary of key points</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The different approaches to psychology reflect the differences psychologists have in deciding what aspect of a person is worthy of study.</td>
</tr>
<tr>
<td>• Some approaches emphasise internal workings of the brain, mind/intellect whilst others consider the environment as the influencing agent.</td>
</tr>
<tr>
<td>• The contribution of social constructionism affirms the importance of social, cultural, environmental, political and economic aspects of people’s lives. This applies to the woman, her family, the midwife and the organisation in which she works. Written and spoken discourses create for each person, the truths and realities of their experiences.</td>
</tr>
<tr>
<td>• The impact of feminist psychology positions the midwife as an enabler to communicate a positive cherishing attitude of her faith in the woman to take responsibility for her own body and her emerging parenthood role. Similarly midwives should demonstrate mutually supportive behaviours to each other and immediately vanquish any suggestions of gender stereotypes and bigotry.</td>
</tr>
<tr>
<td>• Certain approaches of psychology can make meaningful contributions to midwifery care.</td>
</tr>
</tbody>
</table>

**References**


**Annotated further reading**


This article provides a guide to how social constructionists deconstruct discourse through a process of discourse analysis and shows how issues are constructed and presented for purpose.

**Useful website**

Mapping and Sequencing the Human genome.

www.ornl.gov/sci/TechResources/Human_Genome/home.html