Giving Birth to Misconceptions
Portrayal of Childbirth in Popular Visual Media
Coral A. Walker
Abstract

*Giving Birth to Misconceptions* is the study of how childbirth in popular media for the sake of entertainment and dramatic effect can influence how the audience understands childbirth. I take a closer look at how reality television shows like *16 & Pregnant*, and fictional films and television shows, like *Knocked Up, Up All Night, Juno*, and *Baby Mama*, depict the childbirth process and this how these are understood and internalized by some viewers. Through the use of a critical lens I analyze the previously mentioned forms of visual media using the theoretical lens of authoritative knowledge, the birthing body as a machine of production, childbirth as pathological, the media effects of editing techniques in different genres, and artifice of visual media productions. I then expand my research with the help of a focus-group to understand how these forms of visual media influence the audiences’ understanding of childbirth through editing techniques and creation of expectations. These analysis provide a closer understanding of how despite the participants awareness of editing techniques and plotline fabrications, are still influenced to understand childbirth as it is depicted in fictional films and television shows.
This is a photograph taken after the birth of my cousin’s youngest daughter. Here I am helping my mother weigh the newborn. December 31, 2008. (Photo Credit to Zoe Walker)
Acknowledgements

I would like to take this time to thank the countless individuals who have helped me throughout this journey. I want to thank all of the participants in my research, especially those involved in the focus-group. I would like to thank my advisor for her support in my turbulent research. As well as Jemma Benson for the long hours spent in the Writing Center helping me hash out my ideas and for getting so invested in my work. I would like to thank my suitemates and DGP for putting up and humoring my endless rants about childbirth, as well as my very rambunctious outbursts of unintelligible energy (and Lizzy for confirming my life goal of being a ‘creepy anthropologist!’).

And endless thank you’s to the women who told me their childbirth narratives and whom allowed me to be part of their momentous moment, for inspiring me to take a closer look at our understanding of childbirth. And to all of my mother’s friends involved in childbirth activism, I am sure in some way it sparked or encouraged my interests in childbirth.

I would like to thank my family for being so supportive throughout my research and my journey at Haverford, como mi Abuela Carmen y mi prima Fabiola. Thank you to my grandparents, David & Della, for encouraging me to attend Haverford, and although my grandfather is no longer around to see my accomplishments, I know he would be proud.

And unconceivable thank you to my parents and sister. To my little sister, for being my little sister, Zoe. To my dad, Jeff, for encouraging me, supporting me through the many obstacles I faced, and for staying up endless hours helping me brainstorm and edit. And of course for sparking my interest in anthropology, because without that I would not have been able to create the perfect balance between an interest in anthropology and a devotion to childbirth. And lastly to my mama, Rita, for being the inspiration and encouragement any daughter needs, and for arousing my love for all things childbirth related. This work is dedicated to those who have accompanied me along the way and encouraged me to follow my interests.

Thank you.

Con mucho amor y agradecimientos.
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Introduction

The episode begins with Reagan excitedly planning a very extensive and detailed 20+ page birth plan in hopes of relaxing herself. It then transitions to the couple commenting on a birthing DVD to quickly being repulsed by and frantically shutting it off. It was then followed by the opening credits and other aspects of the storyline. As Reagan’s labor pains begin, her husband frantically rushes out of his office to pick her up at her work. Reagan sits in her office breathing through some minor contractions, accompanied by two co-workers, one of whom begins to yell “Back it up people, back it up! This baby is going to blow out at any second. There is going to be cervix everywhere!” Reagan tries to calm her down and tell her everything is all right, just as her distraught husband rushes in. Ava, the same co-worker as before, starts yelling “She is crowning, oh god, she is crowning! I am sorry, I am panicking.” Reagan calms her down and tells her “I am not crowning, that doesn’t happen until step 22 of the birth plan.” She then tells her husband that she is feeling good, and that while most people would feel nervous, but she is doing fine, and begins to joke about dilating. And Ava continues to hysterically yell ‘birth words’, as Reagan refers to them, like placenta. As the couple walks into check in they run into some friends and talks about her expectations for a natural birth, and her friends brush her off laughing at her absurd expectations for no pain killers and birth plan, and exaggerate the length of time of the birth, and the possible complications. As time elapses Reagan begins to voice her pain outwardly while still maintaining a positive outlook. The couple waits for the obstetrician in the ‘prep room’, as an attractive male doctor enters the room to their unexpected surprise. Reagan insists that she is waiting for her own practitioner, but the obstetrician informs her that her practitioner will be unable to attend her birth due to some complications in another birth. Reagan begins to freak out at the change of plans because of his attractiveness because she does not want him “up in her business when things get real, and when I start pushing things are going to get real, real.” Which her husband translates to, “I think she means poop”. As she continues to argue for her comfort level and ability to make choices, she is forced to accept the change in plans, and gets upset with the doctor and insists that he stay quiet if she poops. As time progresses Reagan is shown on a hospital bed with an IV, working through her contractions, declaring that despite the doctor saying it will take several hours she will do it in half the time. Her husband attempts to comfort her by telling her that it is not a competition and she can always get an epidural, but she refuses to accept the possibility, and insists they are sticking to the plan. After several hours elapse, Reagan continues to voice her discomfort through the pain, and her husband asks her if she is sure she does not want the epidural, to which she yells “No painkillers”. The scene swiftly transitions to the Reagan happily stating “So much better, like hell, o, so much better. Why did I wait so long? Lots of women get epidurals”. The doctor then tells her he will check her, but he thinks she is about ready to push, and she starts to brag about her pushing skills. Reagan begins to push with her husband by her side encouraging her, counting to ten for each push. One of the nurses offers her a mirror, to see what is going on, and the couple quickly agrees to the opportunity. When the mirror is placed and she begins to push, the couple begins to yell “No mirror, no mirror!” After several hours of unsuccessful pushing the doctor recommends a C-section because the baby’s head is too big, to which Reagan rejects it because it is not in the plan, and insists that she will continue to push, and if not she will simply come back tomorrow and do it the right way. When her husband tells her that they must stay, Reagan begins to argue that she is an accomplished woman and that a C-section simply is not in the plan. As her husband tries telling her that the plans have changed, she frantically tells him that the plan is “the only thing keeping me from complete chaos”, because everything is about to change. But he insists that plans change and things will be okay, as she begins to accept the new reality. Reagan calmly enters the surgery room, with a newly inspired embrace of the birth process, accepting the change of plans. They soon hear the baby’s first cry and smile at their new life. (Up All Night, “Birth” 2011)
Throughout my upbringing I have been surrounded by the theme of natural childbirth. I am the daughter of an active and well-respected midwife and childbirth activist in Puerto Rico, so I spent my early (and later) days running around helping my mother gather up the necessary equipment and attending many births. Since I was young child I have been enthralled by the topic of childbirth, listening carefully as my mother spoke to mothers-to-be, visiting wrinkled newborns for their first check-up, and admiring the beautiful artwork depicting childbirth that covers the walls of my home. As I grew older I was captivated by the lectures and classes my mother gave and attended, and I even began to read the countless books about childbirth that overflowed the numerous bookcases around the house. By the time I entered middle school I stopped attending as many births because school and friends became a greater priority, but my interests never diminished, instead they grew. Despite not going to births any longer, I still accompanied and helped my mother with lectures, classes, meetings with the other midwives, doula trainings, and so forth. It was not until winter break of freshman year in college that I once again began to attend births; this was my cousin’s third child. That New Year’s Eve day was inspiring; as I saw her eldest son’s eyes sparkle with excitement, curiosity, and admiration for his mother, as he witnessed the birth of his youngest sister. As I continue with my undergraduate education, I have begun to look at childbirth in a new light, one of education, empowerment, and social change. Since that birth I have attended a few more, and last summer alongside my best friend I was trained as a doula by my mother and her organization. Throughout my life I have heard women’s amazing and inspiring childbirth narratives (even bearing witness to some of them), and many not so great. The not so great tended to be quite traumatic, for both the mother and the listener. Many of these traumatic hospital experiences lead women in search for childbirth activism and a more empowering model birth. My mother in conjunction with these
women’s narratives, have inspired my interest in childbirth related themes, especially those
devoted to natural childbirth activism and empowerment.

I have spent my entire life surrounded by the theme of natural childbirth. So whenever I hear someone who is not exposed to the world of birth express their understanding of childbirth, I am incredibly surprised by how heavily influenced by popular visual media they are. Childbirth is after all a natural biological occurrence that happens every second around the world, yet mainstream visual media tends to portray it as a painful and gory event, that has every potential to go drastically awry, and likely ending in fatality for both the mother and baby. In general the portrayal of childbirth in popular visual media is for the sake of entertainment and dramatic effect, but the larger question is, what effects do these portrayals have on the greater audience? In my thesis I will explore how two specific genres in visual media, reality television shows and fictional films/television shows, represent childbirth, and how these are understood and internalized by some viewers.

Childbirth is one of the most important aspects of society, after all we were all born and society could not exist without childbirth. Birth, or being born, is a biological ritual that every human being experiences at least once. In the United States childbirth has become a tabooed ritual performed and discussed only in private settings, yet in the last decade we have begun to see a rise in childbirth portrayals in mainstream visual media, like Juno, Knocked Up, Baby Mama, Up All Night, 16 & Pregnant, among many others. There has even been an increase in childbirth activist documentaries distributed in the mainstream media, like Business of Being Born, Orgasmic Birth, Pregnant in America, etc. Most of the popular visual media representing childbirth that actually show the birth process, especially the fictional portrayals, tend to illustrate birth as grotesque and terrifying. The glorification of the momentous change in
someone’s life is routinely hyped-up during the plotline, but when the liminal event actually occurs, it is skipped, like in Juno and Baby Mama. Nonetheless the increase in fictional dramas surrounding themes of pregnancy and birth, are indicative of an increasing trend of the producers and viewers fascinations with the human body and childbirth.

The rise in popular visual media has consequently increased the number of popular feminist blogs that discuss and critique the manner in which childbirth is being represented; some of these blogs include Jezebel and Feministing. It was not until I was finalizing my research that I came across one of the most captivating feminist blog series criticizing the portrayal of childbirth in visual media. Bitch Magazine, a feminist magazine based in Portland, Oregon, started a blog series, “Bringing up Baby” by Katherine Don, in which she makes in-depth analysis of these depictions (Don 2011). In this blog series she poses the broader question, the same one I make in my thesis, what the effects do these depictions have on the viewer’s understanding of birth?

According to the Center for Disease Control (CDC) about 99% of births in the United States take place in hospitals (MacDorman, et all, 2012). Many of the blogs and childbirth activists criticize this trend of highly-medicalized births, specifically highlighting that the United States has some of the highest rates of Cesarean sections in the world, at 32% in 2007 (more recent data is not available). A National Center for Health Statistics (NCHS) Data Brief published in 2010 problematizes the rising trend of Cesarean birth in the U.S. in various ways:

“Although there are often clear clinical indications for a cesarean delivery, the short-and long-term benefits and risks for both mother and infant have been the subject of intense debate for over 25 years. Cesarean delivery involves major abdominal surgery, and is associated with higher rates of surgical complications and maternal re-hospitalization, as well as with complications requiring neonatal intensive care unit admission. In addition to health and safety
risks for mothers and newborns, hospital charges for a cesarean delivery are almost double those for a vaginal delivery, imposing significant costs” (Menacker and Hamilton 2010: 1).

This quite alone is representative of the side effects of unnecessary medical interventions during the childbirth process. From this data brief we can tell that this is not only a preoccupation of feminists and childbirth activists, but also a preoccupation held by the NCHS. Another similar but global and more in-depth study was done by the World Health Organization (WHO), titled “The Global Numbers and Costs of Additionally Needed and Unnecessary Cesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage” (Gibbons, et al. 2010). The increase of in-depth reports sponsored by well-respected public health organizations is yet another clue at the problematic trend that hospital births are embarked on.

This trend is also visible in the number of articles I encountered using this new term *tokophobia*. One of the articles defines *tokophobia* as “a morbid fear of childbirth which in many cases is so profound that it sometimes leads to a complete avoidance of pregnancy,” (Nicholas 2007, 1). Despite having searched fervently for the definition of this term in federal public health agencies, I never did find it, but I did find several articles in the National Institute for Health (NIH) website using the term.

Taking into account these rising trends, in my thesis I will look at various forms of mainstream visual media representing childbirth through a close analysis of themes in anthropology of childbirth and anthropology of visual media. With the help of a focus-group, I will investigate individual’s understanding of birth through these forms of visual media. With this research I will explore how reality television shows and fictional television shows and films represent childbirth, and accordingly get a better understanding of how these depictions are understood and internalized by some viewers.
Chapter 1: Literature Reviews

Anthropology of Childbirth

For the mother, childbirth is the culmination of a natural biological process, for the child, birth is the beginning of life in society. Although this process has significant meaning in all societies, within the field of anthropology childbirth is a relatively recent discipline of study. It is interesting to note that the mission of early anthropologists was to study humankind and its development, yet the discipline failed to closely study childbirth until the late 1970s, during the rise of second wave feminism and the emergence of feminist anthropology. At this point the anthropologist Brigette Jordan wrote *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States* (1993). The study of visual media is also a recent field of anthropological study. So, it comes as little surprise that within the discipline of anthropology the areas of childbirth and visual media have rarely intersected; this literature review will attempt to create a dialogue between the two fields. Some of the reoccurring themes within the scholarship of childbirth are: models of birth, concepts of choice and decision-making, the pregnant and birthing body as pathologized, and birth as a rite of passage. Within the literature of anthropology of visual media, some of the themes are on the consumption and production of visual media and the construction of identity and production of truths through visual media. These various themes will be examined in greater detail through the lens of authoritative knowledge within the childbearing process throughout this thesis.
Authoritative Knowledge

Ethnographer Brigette Jordan first published her seminal comparative ethnography on childbirth *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States* (1993) in 1978. The cross-cultural study functions to create a dialogue between different frameworks of childbirth across the world by comparing data from multiple field sites through participant observations and interviews. Jordan identifies specific patterns about how knowledge is administered and by whom, and developed the notion of “correct” knowledge (Jordan 1993: 149). She refers to this type of knowledge as “authoritative knowledge”, meaning “a medical version [of knowledge] that becomes authoritative in the setting where women and midwives are disenfranchised” (Jordan 1993: 150).

In other words, authoritative knowledge is the concept that woman’s embodied knowledge is dismissed through the increased use of medical technology which is legitimizied as the dominant way of knowing. The theory of authoritative knowledge is one of the key frameworks used in the majority of anthropological work in this field to analyze the modern practices of the childbirth process. Jordan describes authoritative knowledge as continuous social process affirming power relationships which are accepted as the current social order that appear to be natural and indisputable (Jordan 1993: 152). Jordan specifically uses her observations of medically and technologically-surrounded hospital births in the United States in reaching her conclusions. Jordan’s theories are the basis for my own research; I am interested in closely analyzing how authoritative knowledge, one of the fundamental themes in anthropology of childbirth, plays out in the representation of childbirth in visual media, specifically television shows and films.

Robbie Davis-Floyd, another influential anthropologist in the field of childbirth, and Carolyn Sargent, an anthropologist focused in gender and health studies, have followed Jordan’s
lead in their book, *Childbirth and Authoritative Knowledge* (1997). This compilation of essays analyzes and critiques different models of birth through the lens of authoritative knowledge. Sections of the book discuss how variations in culture (like race, nationality, socio-economic level and regions) affect how authoritative knowledge is utilized in biomedical hegemony, hierarchy in women’s choice, community, and the local social ground. Other sections discuss how advocates for homebirths, midwifery and indigenous models, create a resistance force to protect alternative models of authoritative knowledge.

In other works, Davis-Floyd (1993) discusses the technocratic or biomedical model of birth, which uses science and technology as the primary mediator consistently used in American rituals. In various texts she contemplates how obstetrics uses authoritative knowledge and its technological privileges to claim control over the birthing process by stating that all births have a high potential to go awry and the only way to address and reverse these complications is through the use of technological advances. By deeming all birth as high risk events that must be controlled, this technocratic model implicitly labels childbirth as pathological (Davis Floyd 1992, 1993, 1994a, 1994b, 2004; Davis-Floyd & Sargent 1996). Davis-Floyd analyses the symbology of “standard procedures for normal births” (1992: 73), and how they function to confirm the “rightness of the technocratic model” and to “ensure the effective socialization of its citizens and thus its own perpetuation” (75). Davis-Floyd focuses on how the practice of childbirth in the United States shapes how pregnant and birthing bodies are portrayed by these practices, and consequently what are the distinct roles of the medical personnel and birthing mother. Davis-Floyd’s important article, “The Technocratic Model of Birth” (1993), she argues that modern Western obstetrics was formed through the “the demise of the midwife and rise of the male-attended, mechanically manipulated birth followed close on the heels of the wide
cultural acceptance of the metaphor of the body-as-machine in the West, and the accompanying acceptance of the metaphor of the body as a defective machine” (Davis-Floyd 1993: 5). She points out that a technocratic model of birth is dependent on a highly-technological process for “the manipulation and improvement of the inherently defective and therefore anomalous and dangerous process of birth” (Davis-Floyd 1993:5). Most scholars in the field of anthropology of childbirth employ Davis-Floyd’s definition of a technocratic model of birth, so this will be the terminology used in my research to refer to the current mainstream model of childbirth in the United States. My own work relies heavily on Davis-Floyd’s ethnographic work, because her theories are most applicable to representation of childbirth within visual media.

Other texts, such as Christa Craven’s article, “Claiming Respectable American Motherhood: Homebirth Mothers, Medical Officials and the State” (2005) analyze how women who choose alternative forms of birthing outside of hospitals, like homebirths and midwives, are deemed pathological. She examines how medical officials use authoritative knowledge to judge mothers who choose alternative models of birth as negligent and abusive by portraying biomedical models as logical and natural. Craven uses an interesting approach by analyzing legislative debates about the legal status of direct-entry midwives and homebirths, and investigates the discourse used by home-birth mothers and political advocates for midwifery. While most scholarship concerning authoritative knowledge discuss how it is being used during the physical process of birth, Craven examines how authoritative knowledge is used outside of the birthing room to appropriate, co-opt, and invalidate alternative models of birth (Kitzinger 2006; Artschwager Kay 1982; Michaelson 1988). While my own research does not deal specifically with alternative models of birth, in my work I do encounter and deconstruct examples of women’s decisions being deemed as negligent and abusive.
A different study that focuses on women’s choice during birth is Carolyn Sargent and Nancy Stark’s article “Childbirth Education and Childbirth Models: Parental Perspectives on Control, Anesthesia, and Technological Intervention in the Birth Process” (1989). This study looks into what messages of birth are being communicated by two different models of prenatal classes and consequently what are the women’s birth experiences as a result of the prenatal class they attend. Essentially this article investigates authoritative knowledge, and argues that biomedical models are challenged or enforced depending on the mission of the prenatal classes women attend. By directly correlating how prenatal classes can have an effect on how women utilize their agency over their birthing process, Sargent and Stark manage to expand on the works of previous childbirth anthropologists who discuss authoritative knowledge. This indirectly relates to my research regarding how the pre-natal preparation that the women represented in these visual media appear to have are reflected in their own childbirth experience.

**Birth as Pathological and the Birthing Body as a Machine**

The interpretation of childbirth as pathological and the birthing body as a machine that needs to be fixes is another common these in the anthropology of childbirth. Emily Martin’s book *A Woman in the Body: A Cultural Analysis of Reproduction* (1992), does a outstanding job at analyzing how the field of obstetrics within medicine discusses a woman’s pregnant body, the birthing body as a machine that needs fixing, and pregnancy and birth as equivalent to a physical disease that can only be reserved or improved through medical intervention. Some of her work involves analyzing how early fifteenth century medical texts describe birth, as the body being a machine manufacturing a product, which Martin compares to the concepts anthropologists relate to labor and production (Martin 1992:66). Essentially, Martin’s theory investigates the notion of the pregnant and birthing female body as a machine that produces a product. She points out that
the use of the term as ‘labor’ to refer to the birthing process, is also the term most commonly used to refer to work that produces goods. Martin argues that this metaphor of childbirth as a form of labor equates the uterus to a machine that is working to create and expulse a product (Martin 1992:58-59). She summarize these arguments by stating “In sum, medical imagery juxtaposes two pictures: the uterus as a machine that produces the baby and the woman as a laborer who produces the baby” (Martin 1992:63). Martin’s theories are essential to the general scholarship of anthropology of childbirth. While the view of the body as a machine is not an explicit topic in all of the scholarship; it is an underlying theme. Martin’s theories generally inform how most childbirth anthropologists’ analyze and critique the biomedical model of birth (Hahn 1987). My research uses Martin’s theories as a guide to analyze how a woman’s pregnant and birthing body is represented in the visual media forms.

Sheila Kitzinger (2006) uses formal and informal interviews to discuss women’s perceptions and experiences of birth and how these relate back to the institutional power of the biomedical culture. She focuses on the biomedical tactic to manage the body as a machine in need of medical encouragement or interventions, such as inductions, pain medication and anatomical manipulation, to ‘properly’ function and produce a viable and healthy baby. Kitzinger provides strategies to combat biomedical interventions, including homebirths, midwives, and alternative forms of pain management. Her work adds to Jordan, Martin, and Davis-Floyd’s dialogue about the metaphors of the birthing body as a machine and pathological; but she explores the topic further by incorporating the potential negative effects of the biomedical model, as how it is being used to maintain control over the woman’s birthing experience. In many ways these theorists focus on the language and mentality of new standard procedures of birth functions as ways to represent the body as mechanical, inefficient, failing and diseased. Through these
symbols and representations, the technocratic model of birth has imposed control over the female body in a process that has been naturalized and hegemonized through the concept of authoritative knowledge. Kitzinger, on the other hand goes further by developing the possibility of negative consequences of these symbols and biomedical models of birth. By doing so, she problematizes the issue into a sphere outside of the birthing room and considers what happens to the individual emotionally and physically after these models are imposed on women. Kitzinger’s stems from Martin, Jordan, and Davis-Floyds work but broadens her dialogue to the direct consequences women face due to the biomedical model, such as Post-traumatic stress disorder (PTSD) and Post-partum depression. While Kitzinger’s writings do not relate directly to my work, she provides concrete arguments about why childbirth anthropologists analyze the biomedical model of birth as problematic (which I also find problematic).

**Agency**

Other anthropology scholars have explored how matters of choice and decision-making play out within the realm of the dominant biomedical model. Ellen S. Lazarus’s article, “What do Women Want?: Issues of Choice, Control, and Class in Pregnancy and Childbirth” (1994), uses socio-economic class differences to analyze how concepts of choice and control are enacted within the birthing process. Through observations and interviews she takes a look at the experiences of three groups categorized by their socio-economic and educational standing: lay middle-class women, middle-class health professionals, and poor women. As expected, middle-class women of both groups were most likely to be concerned about choice and control over their experience, and were able to use their knowledge to implement some mediation strategy in regards to control over their experience. Meanwhile, the poor women were less likely to be concerned or desire control over their experience, but instead, were interested in having
continuous care. These women fear the lack of continuous care because they are more likely to go to clinical health services which are less consistent than other forms of medical care, thus their agency in choice of medical care has been stripped from them. Lazarus uses her article to critique how biomedical forms of power and authoritative knowledge are being over-utilized to impart controlling forms of power over women in lower more vulnerable socio-economic classes. Lazarus’s work expands on those of other childbirth anthropologists by explaining how concepts of authoritative knowledge differ depending on the socio-economic position of the woman. My work will use Lazarus’s research to analyze how different forms of visual media represent women in different socio-economic situations, and how these correspond to how their sense of agency is enacted.

**Advocacy and Social Change**

Many of the publications on anthropology of childbirth advocate for social change. This form of literature tends to problematize the current model of childbirth in the United States. All of the texts mentioned so far emphasize the distinction between the technocratic model of birth and holistic models, which are generally defined as alternative models like midwifery and homebirths. These texts compare the two models, most commonly they portray technocratic models as negative and harmful, while opting for positive views on alternative models of childbirth (Craven 2005; Davis-Floyd 1993, 1994a, 1994b, 2004, 2011; Davis-Floyd & Sargent 1996, 1997; Davis-Floyd et al. 2009; Jordan 1978; Kay 1982; Kitzinger 2006; Lazarus 1994; Martin 1992; Michaelson 1988; Morton 2009; Reiger & Kitzinger 2001; Romalis 1981; Sargent & Stark 1989). For example Christine H. Morton (2009) rather than using ethnographic work to explore the current situation of the childbirth process, she criticizes the lack of ethnographic work in US hospital births. The article has an aura of childbirth activism, but she argues that
most of the ethnographic work done in relation to childbirth within the United States focuses on alternative models of birth, which she points out is only practiced by about 1% of the population, and thus is not an adequate representation of women’s birthing experience. Basically, Morton calls for more ethnography on U.S. hospital births, she sees this as a significant tactic for social change and birth activism because, though there is plenty of data supporting the mission of birth activists, their mission would be better supported with works that include thick descriptions and take context into consideration. In general this type of work analyzes the current situation concerning childbirth in the United States and calls for a social change that focuses equally on the mother’s healthy experience, as well as the baby. The literature reviewed suggests that there is general agreement in the field of anthropology of childbirth that the technocratic model of birth is harmful and has negative effects on women’s experience of childbirth.

This dialogue around advocacy and social change works to problematize the biomedical models of birth in a way that combats and rebels against the standard model. Many of these writings suggest alternative models of birth as an effective means to improve women’s experience of childbirth and thus empower individuals through the birthing process. These texts use various arguments to criticize the biomedical model especially in regards to authoritative knowledge, birth as pathological and the birthing body as a machine. Most of the scholarship surrounding anthropology of childbirth function as a form of activism and call for social change of the biomedical model, and function as explicit forms of criticism and advocacy for change.

**Scholarship of Visual Media**

Anthropological studies on how childbirth is represented in the media are non-existent. My review explores several relevant concepts in the field of anthropology of television and visual
media, as well as exploring the field of sociology which does have a few studies about how childbirth is represented in the media.

**Production of Truths**

Within the discipline of media the subtopic ‘production of truths’, serves to theorize how portrayal of facts in popular television shows, especially fictional shows, have the potential to construct happening as facts, and absolute truths (Kruse 2010). In other words the fictional popular television show, through its ‘factual’ persona, has influenced the society to interpret fictional absolute truths, as absolute truths in the non-fictional society. Since very little is done in these fictional shows to explain what aspects of it are truth and what are fictional, they have made it almost impossible for the audience to separate fact from fiction.

Some helpful additions to the scholarship of anthropology of visual media are books by Ginsburg et al. (2002) and Askew & Wilk (2002) which are compilations of different ethnographic works by various anthropologists. Their works discuss how media is theorized, produced, consumed, and circulated. The producers of visual media create and enforce identities and truths for the consumer (Ginsburg et al. 2002; Askew & Wilk 2002; Spitulnik 1993; Mankekar 1999). These authors examine how technologies of power in visual media are used to create hegemonic and anti-hegemonic effects to enforce or challenge mainstream ideologies. They discuss how visual media, especially mainstream visual media, serve as a way to police and influence its consumers. While these essays do not directly converse with the scholarship in the anthropology of childbirth, they are helpful in creating an understanding of how visual media can be studied in terms of in shaping ideologies of childbirth. In this way these media studies begin to bridge the gap of scholarship in anthropology of childbirth and its portrayal in visual media.
These texts are helpful in my work because they guide me through the anthropological manner in which visual media is studied.

Another helpful ethnography is one by Lila Abu-Lughod (2002) which studies how in Egypt, women’s roles in society is profoundly shaped by the consumption of television shows that utilize a melodramatic genre, like soap operas. She comments on how to analyze the way in which the feminine audience has consumed and interpreted the melodramatic genre. This genre is created to influence the viewers’ emotions, while the media I am analyzing is not clearly defined as melodrama; she makes helpful arguments about how the genres play a crucial role in the production and consumption of the themes in the visual media.

*Medicine’s Moving Pictures: Medicine, Health, and Bodies in American Film and Television* (2007), edited by Leslie J. Reagan et. al., is a remarkable compilation of essays by media scholars and historians of medicine. Similarly, Theo van Leeuwen and Carey Jewitt book, *Handbook of Visual Analysis* (2001), is a compilation of essays about varying methods of analysis for different types of visual images. These essays discuss how medical shows attract viewers by portraying a type of ‘accuracy’ of real life, in a way that depicts events that are likely to happen in reality. The most interesting aspect of their conclusions is that to depict accuracy on screen, it is necessary to utilize artifice so that it translates properly. Since most of the representations of childbirth in visual media are medicalized, these texts serve as a helpful foundation to analyze the visual media about medical topics.

Though the research discussed above does not specifically relate to the topic of representations of childbirth in the media, as pointed out at the outset, there is no anthropological literature on this subject. Therefore it is necessary to look to the anthropology of media to
determine how media portrays the field of medicine in general, in order to frame the central theme of this literature review.

**Representations of Childbirth**

Jennifer Ellis West (2009), a media study analyst, provides an in-depth analysis of films and other visual representations of media that portray the pregnancy process of childbirth. West concludes that the media’s interpretation of birth defines what is acceptable and unacceptable during the process, thus creating an inevitable and natural movement towards “technologically negotiated births” (2009:118). Ellis West confirms the underlying premise of most childbirth anthropologists: mainstream birth stories and experiences are not likely to change until the representations in popular cultural imagery also change. Her work is directly relevant to what I am asking in my own research, she investigates: “How do medicine and film work together to produce knowledge about what it means to give birth and about what it means to care for women giving birth? How meanings produced in filmic representations affect the material conditions birthing American women?” (West 2009, 105-106).

Theresa Morris and Katherine McInerney, in their article “Media Representations of Pregnancy and Childbirth: An Analysis of Reality Television Program in the United States” (2010), analyze how women’s bodies are portrayed in popular reality television shows relating to birth. They argue that these types of television shows portray the female birthing body as inferior and in need of manipulation by the biomedical world. Similar arguments are present in Camilla A. Sears and Rebecca Godderis in their article “‘Roar Like a Tiger on TV?’ Constructions of Women and Childbirth in Reality TV” (2011). Their work links childbirth and reality television in the United States, similar to how I do throughout thesis, but I will do this from an anthropological perspective instead of media studies. Their work is helpful in filling the gap in
scholarship between the field of anthropology of childbirth and the anthropology of visual media.

This is a useful starting point for my own work relating to how childbirth is represented (similarly and differently) in reality television shows and fictional films and shows and how viewers interpret these.
Chapter 2: Methodology

While there is a broad array of visual media portraying themes of childbirth, I sorted through these to make a concise list of television shows and films to analyze for my research. There are many reality television shows about childbirth, such as Baby Story, Birth Day, One Born Every Minute, 16 & Pregnant, among many others. While all of these shows are directly focused on the pregnancy and childbirth process, I chose to use 16 & Pregnant as my main source for reality television shows because it is produced to target a specific age group, teens to early twenties, which is the same age group that I chose to do my interviews and focus-groups with. And of course, it is a currently a popular television show, so there is a greater possibility that the participants have some background knowledge of the show, and have previously seen it. Its current popularity also increases the accessibility to easily watch and analyze the show.

There are also a lot of fictional films and television shows that portray or discuss childbirth in one way or another. I decided to specifically focus on fictional films and television shows in which the main theme is pregnancy and childbirth, which were produced within the last five to six years, and whose main targeted audience is also individuals in their teens and early twenties. For these reasons the fictional films and television shows I am analyzing are Juno, Knocked Up, Baby Mama, and the sixth episode of the first season of Up All Night, titled “Birth”. A more detailed explanation of why I specifically chose these films and television shows is addressed in the following paragraphs.

In the last two decades there has been an increasing rise in the popularity of reality television shows. This category of television shows, or more generally visual media, attempts to capture real life experiences of individuals as they face the challenges of their daily lives. Reality
television shows are produced through constant monitoring and filming of individuals in their everyday lives. The ways in which these events are represented are left to the editors and producers mercy; they choose what scenes and events the television show will broadcast and present as public for the audience’s pleasure and entertainment (Van Leeuwen and Jewitt 2001, Reagan, Tomes and Treichler 2007). I have chosen to focus on one such reality show, *16 & Pregnant*, which represents childbirth scenes as part of its main plotline.

During the summer of 2009 MTV debuted the first episode of the reality television *16 & Pregnant* (which later spurred the spin-off *Teen Mom*), quickly attracting a large viewing audience. The show, produced by Morgan J. Freeman (not the actor), is focused on portraying young women’s personal journeys through the challenges of teenage pregnancy and parenthood. According to the show’s official site, “We realize that this is a very sensitive subject for many, so our goal is to show what teen-aged pregnant women, from varying backgrounds, experience in their lives and relationships as a result of their unplanned pregnancies” (MTV 2011). It does so by showing the experience of teenaged pregnant women as they steer through the obstacles they meet as a result of their unplanned pregnancies. The sixty minute long episodes focus on the constraints of pregnancy, childbirth and teenage parenthood. Since the show’s first broadcast in 2009 there have been a total of three seasons and forty-one episodes, thirty-five of which involve childbirth, and the rest revisit these girls and the challenges they face as teenage parents. As of now, the series is slated to continue, attracting 3.4 million viewers in February 2010 (Godwin 2010). In general, the series attempts to represent varied young women with different background experiences, but through close analysis we can see that the majority of these girls come from low-income backgrounds, many stemming from unstable family lives; some were raised by single mothers or faced other forms of familial instability, such as foster care and
adoption at a late age. There has been a somewhat varied portrayal of racial and ethnic identifications, with 77% Caucasian, 18% Hispanic, and 18% Black young women. In most cases the girls are located in small cities or towns, presumably not well-known or recognized by the greater audience. There has been an overrepresentation of girls from Southern states with a total of 58%, 20% from Midwestern, 11% from Western, and 11% from Northern states, with the most being from Texas, with a total of six girls (16 & Pregnant 2009-2011). 16 & Pregnant most commonly represents teenage expecting mothers from vulnerable family situations from lower-economic situation.

Two other popular visual forms in which childbirth is represented are fictional films and television shows; these are produced solely for the entertainment and pleasure of the audience, and often times, have a twist of dramatic value, whether it is comedy, melodrama, horror or other genres. Within this genre, my discussion will specifically focus on three films and one television show episode that fall under the comedic genre. I will be focusing on Juno (2007), Knocked Up (2007), Baby Mama (2008), and the episode 6 of season 1 of Up All Night, “Birth” (2011). The reason I have chosen these specific examples of visual media, is because they are recent productions and are contemporaneous with 16 & Pregnant, had an immense and broad range of popularity, and their subject matter specifically surrounds pregnancy and childbirth.

Juno is the quirky story of a 16 year-old girl’s challenges as she faces an unplanned pregnancy and the subsequent decision to give it up for adoption. This comedic movie became very popular and was viewed and publicized to a broad audience, and won a number of awards including an Oscar and three other Oscar nominations. The film Knocked Up is the story of yet another unplanned pregnancy, but this time it is the story of a young woman in her 20’s, Allison, with an established career and stable economic situation alongside an immature unemployed man
also in his early 20’s, who is forced to quickly grow-up to successfully maintain a family. In this comedic film, the two main characters struggle to get along in attempts to stay together and create a stable situation for the unplanned baby. This film was very popular when it first came out winning the People’s Choice Awards for Favorite Movie Comedy. Baby Mama is a slightly different twist; it is the story of a successful career woman who is determined to raise kids of her own, but in her late thirties she discovers that she cannot get pregnant, so she seeks out the help of a surrogate. Like all other comedic films, the plotline focuses on the many mishaps that occur with the hired surrogate. Lastly, Up All Night is a new television series about an economically and professionally established couple who unexpectedly gets pregnant and is forced to adapt to the challenges of parenthood. The specific episode I will be looking at in my analysis, “Birth”, is a flashback of the couple during the pregnancy and childbirth process and the ups and downs that happen throughout the process. It is interesting to note that in all of these films and shows the women represented are Caucasian, and with the exception of Juno and the surrogate in Baby Mama, the expecting mothers (and mothers-to be through adoption or surrogacy) are educated, middle-class women with stable economic and professional situations.

After selecting the television shows and films I utilized in my research, I used a theoretical lens to closely analyze how childbirth is being represented in these forms of visual media. I identified patterns, themes, and editing techniques present in most, if not all the examples. I did this close analysis to have a better understanding of the message being presented in the media. This allowed me to have a better understanding of what the audience possibly consumes during their viewing experience. The discussion of this close analysis and conclusions can be found in the third chapter of my thesis.
This analysis was followed with an online survey that asked broad questions about individuals’ demographics, childbirth experience, viewing practices of visual media portraying childbirth, and education regarding childbirth (a copy of this survey can be found in the appendix). This online survey was made available to Haverford College students, college-aged students in other institutions in the United States and Puerto Rico, and individuals’ involved in childbirth activism in the United States and Puerto Rico. In other words it is necessary to consider that the sample utilized for this survey is very limited and somewhat biased in regards to their perspectives on childbirth. I used the surveys to have a better understanding of others’ childbirth experience and education. This survey also functioned as a form of recruitment for the following interviews and focus-groups. Through this survey I was able to recruit students from Haverford; the reason I choose Haverford had to do with logistics and easier accessibility.

After the recruiting process I held several one-on-one interviews with the individuals who participated in the focus-groups. These formal interviews lasted from about thirty minutes to an hour, and consisted of questions about their childbirth experience and knowledge, and their media watching habits (specifically those that portrayed childbirth). During these interviews I had several formal questions, but most of the interviews were free-flowing in regards to the topics of the conversation. I then held a focus-group with four people, which lasted about two to three hours. During the focus-group I had volunteers watch two different clips, one from a reality television show and another from a fictional film. I showed these clips to have concrete example of what would be discussed during the focus-group. I specifically chose to show the participants the same clips that I analyze in depth in further sections of this thesis; this way there would be a consistent thread of analysis. I then led an informal discussion with formal questions and free-flowing conversation of the themes mentioned. Some of the questions included: what caught
their attention in these shows, why they thought they noticed those things, why they watched (or did not watch) these shows or films, and comparing and contrasting the two clips. The focus-group was mostly free-flowing conversation between the participants and me, with a few guiding questions or asking for clarifications.

This methodology proved to be somewhat limiting, due to the limited accessibility of gender, age, and demographics of the participants. Taking this into account, it should become clear that the analysis and conclusions made in this thesis is solely representative of a very limited demographic, which will be addressed in the fourth chapter.
Chapter 3: The Representation of Childbirth in Popular Forms of Visual Media

Childbirth is a natural biological process that occurs every second around the world, to women of all ages, races, ethnicities, social and economic classes, and all education levels. Despite childbirth’s necessary role in the reproduction of every society, it has not been a very common theme in popular visual media. Before the 1940’s the only time childbirth made an appearance in visual media, specifically in film, was for the sake of educating women and medical personnel about the birthing process (Feaster 1994). In the 1940’s with the rise of exploitation films, childbirth had its debut in more mainstream visual media in films not solely produced for educational purposes. (Segal 2009). Exploitation films, which became popular in the 1930s and 40s, are most typically defined as films that promote exploitation of lurid subject matter, relying heavily on sensationalist promotion (Feaster 1994). Additionally, even mainstream films were often disguised as having a mission to educate the audience, especially in regards to sexual education. Other than the short-lived popularity of exploitation films about childbirth, the birthing process has had a very limited role in visual media, especially mainstream visual media produced for the audiences’ entertainment. For an extended period of time any form of film or television show that dealt with pregnancy, childbirth or babies, swiftly skipped over the birthing process and moved directly on to the challenges of parenthood. It was not until recent years that the birthing process began to find its way back into popular visual media like films and television shows. According to Shira Segal, an expert in film and media studies a liberal and feminist cultural shift in American society during the 1970s and 80s led to the
increase of the representation of the maternal body, which subsequently grew into the representation of birth in film and television shows (Segal 2009). Despite the rise in the representation of childbirth in visual media, mainstream films were more frequently inhuman, or played on other forms of dramatic genres, like horror, comedy, melodrama, among others (Segal 2009, 1). In recent decades there has been a rise in popularity of the representation of childbirth in different types of genres in visual media. For the sake of this research, I will focus on the representation of childbirth in reality television and fictional films and television shows.

In the subsections that follow I highlight certain themes and how they are represented in the examples of visual media, the three themes are: authoritative knowledge, the pregnant body as pathological and a machine, and representations of genres in these forms of media. I will begin by discussing the power relations between the birthing mother and medical personnel with the use of Brigette Jordan’s theories of authoritative knowledge (which was defined in the literature review and will be discussed in greater detail in the coming section). The notion of authoritative knowledge is present in all of these forms of visual media but in many ways these representations differ, which I will explain in greater detail throughout the following section.

Throughout the analysis of these examples I will discuss how the medical personnel and birthing mother are positioned through the use of authoritative knowledge. Then I will analyze how these forms of visual media represent childbirth as mechanical and pathological, by using Emily Martin and Robbie Davis- Floyd’s theories. Lastly, I will be looking at how the genres of these two different forms of visual media influence how childbirth is represented and portrayed to the audience. Throughout these subsections I will make comparisons and contrasts between the depictions of the themes in reality television shows and fictional films and television shows. I
will begin by first giving examples from the visual media followed by a close analysis of the representation of these themes.

**Authoritative Knowledge**

In the sixth episode of the first season, “Catelynn”, of *16 & Pregnant*, Catelynn the sixteen year old expecting mother, goes to her final doctor’s appointment around the time of her due date. During this visit the obstetrician tells her that she will be induced in three days. As defined by the television show being induced is to “jump-start labor with drugs”. From the point of view of the audience, Catelynn is not given an explanation by the obstetrician for the scheduled delivery date. The pregnant mother is surprised by this change of events, but does not appear to resist the change in plans, instead she openly accepts them. The day of her scheduled induction, Catelynn gets to the hospital at 5 am while accompanied by her support system, her mother, her boyfriend, and her boyfriend’s mother. When she first arrived she is quickly given pitocin, “drugs to induce baby” (as defined by the television show) through an IV fluid. As she is given pitocin, Catelynn asks the medical attendant if that makes the contractions stronger, the attendant tells her that it does indeed make them stronger and closer together. After two hours of her contractions still pretty far apart, the female doctor comes in and says, “What I would like to do is check your cervix and break the water for you”. The doctor uses a very declaratory and clear tone to inform Catelynn of what she plans on doing, without giving her the reasoning for her actions. Throughout the unraveling of events Catelynn appears compliant and does not seem to resist the interventions and openly follows the doctor’s orders without question.

In these series of events the viewer can see how Catelynn complies with the obstetrician and medical attendants’ authoritative figure. From what the audience can tell the obstetrician
does not give Catelynn explanations for the induction or breaking her water, she simply declares to Catelynn her plan of action, with little or no room for flexibility. The use of declaratory statements is representative of authoritative knowledge; by using these statements the doctor exercises her privileged role and ‘ownership’ of medical knowledge and technology (Jordan 1993, 151).

Within the field of anthropology of childbirth there is a lot of discussion surrounding the concept of authoritative knowledge. According to Jordan, there are different types of knowledge in all societies (Jordan 1993), much like Bourdieu, argues that there are different forms of cultural capital (Bourdieu 1986), but some of these forms of knowledge are valued more in different types of settings. What problematizes this is the idea that there is a hierarchal concept of what is more commonly accepted as the ‘right’ and ‘natural’ types of knowledge (Jordan 1993, 152-158). The authoritative aspect comes in when these ‘right’ and ‘natural’ forms are used to devalue or dismiss other forms of knowing, thus creating a structurally superior position over other forms of knowledge. In the case of the medical field, Jordan states that “the acquisition of cultural authority by doctors had the consequence that they came to be in charge of ‘the facts,’ that is to say they acquired the authority to define when somebody is dead or alive, sick or well, competent or not” (1993, p153). Authoritative knowledge is dependent on who has access to medical knowledge and technologies, because non-medical personnel are less likely to have access and to be stakeholders of the resources of both physical and intellectual knowledge to handle the childbirth process.

From what is shown in this episode it becomes clear that Catelynn is not given sufficient information about the birthing process to fully understand what is happening, thus she is forced to rely on the medical attendants for their knowledge and access to the technologies involved. By
relying on and complying with the information she is given, Catelynn takes a passive and compliant role towards the medical attendants’ orders and commands. As she becomes passive and compliant, Catelynn reinforces the medical personnel’s dominant role, and enforces the socially accepted understanding as medical attendants being the sole stakeholders of the ‘naturally correct’ form of knowledge. Catelynn’s passive role reinforces the power and dominance the medical personnel have over her birthing body and the process taking place. The language utilized by the obstetrician, promotes and emphasizes her authoritative role, and thus naturalizes her actions as “natural, reasonable and consensually correct” (Jordan 1993, 153). This scenario is representative of Jordan’s theories that “the constitution of authoritative knowledge is an ongoing social process that both builds and reflects power relationships within a community of practice” (Jordan 1993, 152). In other words by complying with the medical personnel’s authority, Catleynn builds onto the ongoing social process that builds and reflects the power relationship.

In the second episode of the first season, “Farrah”, of 16 & Pregnant we see a different example of authoritative knowledge play out. During her twenty-eighth week of pregnancy the sixteen year old expecting mother, Farrah, is accompanied by her mother and elder sister to visit the hospital and birthing room where Farah will give birth. The purpose of this visit is to familiarize the expecting mother with the medical equipment and space she will be in during the birthing process; this is a tactic to familiarize patients with what they will encounter during the life-altering moment. The scene begins with the three women accompanied by a nurse, as they tour around the room. As they leave the room Farrah asks about inductions, which the nurse quickly answers that she must wait until the due date to have an induction. This is when the story becomes increasingly problematic. Debra, Farrah’s mother, responds in a disgusted tone by
saying, “Do we have to go through all of this?” From her tone it is clear that Debra does not understand the purpose of Farrah’s medical concerns. In a distressed but firm voice, Farrah answers “Yes. I might need to know.” Debra in an attempt to be quirky but serious responds by saying, “You won’t need to be induced. The baby will shoot out there like a damn banana in a banana peel. And you just think they [medical personnel] are going to handle this, I do not need to ask all of these grotesque questions.” Farrah’s mother understands her daughter’s questions about the process as unnecessary and unappealing because they are topics that should only be of concern for the medical attendants rather than the birthing mother and her support group. In a highly concerned voice the nurse quickly responds to Farrah by telling her that they can talk about her concerns privately if these questions make Farrah’s mother and sister uncomfortable. In attempts to defend herself, Farrah responds to her mother in a sheepish but deliberate tone stating her need to know these things.

In this representation we see how Farrah attempts to enact her role as an active expecting mother by educating herself about the birthing process. As she tries to do this it is not the medical attendants that force her to comply into her expected submissive role, but instead it is her mother who wants her to conform to enact a passive role. In contrast to the previous example, in this scenario the medical attendant encourages Farrah to ask questions and educate herself about the process she will soon experience. One aspect of the hegemonic process relies on the medical personnel’s authoritative figure. While another aspect of the hegemonic process is dependent on a population that does not hold this authoritative knowledge to police one another when there are signs of noncompliance. Jordan states that authoritative knowledge is how medical personnel make it visible to themselves and to others “what the grounds are for their proceedings” (Jordan 1993, p154). Jordan’s argument states that authoritative knowledge is
reproduced and maintained by having everyone, individuals with and without authoritative knowledge, police one another. Through the policing process individuals punish those that appear to go against the accepted cultural norms, which in this case mean complying with the authoritative knowledge of medical attendants. In this scenario Debra does the policing by discouraging and shaming her daughter for attempting to educate herself. Instead Farrah’s mother encourages Farrah to submit to a passive role, and think that the medical personnel will handle it, so she should not even think about these “grotesque” questions. Authoritative knowledge is reinforced through the display of who should have possession of this knowledge and have the power over decision-making (Jordan 1993, 151; Davis-Floyd 1997), in this example Debra reminds her daughter that she does not and should not have the knowledge or power over decision-making. Essentially Debra is vigorously persuading her daughter to comply with the biomedical world instead of taking an active role and informing herself.

From these two examples derived from reality television shows, we note the different ways in which authoritative knowledge are enacted. In one we see how, Catelynn automatically takes a passive role during her childbirth experience; whereas in the example with Farrah, we see how she attempts to take an active role by asking questions about the birthing process, but is highly encouraged by her mother to dismiss this role and submit fully to the medical world. In the next example I will delve into how authoritative knowledge is portrayed in fictional films and television shows.

The popular film, Knocked Up, is a great example of what happens when the birthing woman enforces an active role during her birthing experience. In this film Allison, the character played by Katherine Heigl, goes through a lengthy and comedic process of trying to find the ‘right’ obstetrician for her, and after much searching, she finally finds one in tune with her hopes
and expectations for her childbirth process. Allison goes into her birth with a well designed birth plan, hashing out the details of her expected birth process, one with minimal medical intervention, like pharmaceutical inductions and pain management. A birth plan is a written list of what the mother-to-be prefers and how she hopes her childbirth experience plays out; most birth plans tend to focus on having a natural process with little to no interventions. During the birth process Allison is forced to accept a change of plans, when her chosen obstetrician is not present at the time of her birth process. As her labor progresses, the baby’s fetal heart rate show that the baby is in distress, which forces the obstetrician to encourage medical interventions. Allison’s obstetrician insists she needs an induction and to have her water broken because the baby has the cord wrapped around its neck, she attempts to dissuade him from using these interventions because they go against her birth plan. The obstetrician insists that the interventions are necessary and when both Allison and the baby’s father, Ben, attempt to object the obstetrician reacts in an authoritative manner. The doctor tells the couple, in a sarcastic and annoyed tone, “Fine, do what you want to do. Should I leave? Do you want to be the doctor?” When Ben attempts to calm down the obstetrician and explain that they simply want to discuss their options, the doctor replies by saying “No, you mean you want to take a second to tell me how to do my job. My job is to get that baby out safely, or I can go home. Just let me know, you be the doctor.” After a short discussion in the hallway between on the obstetrician and Ben, in which the obstetrician refers to Allison as a control freak who cannot accept her expected role in the birthing process, the obstetrician agrees to deal with the matter calmly and simply respect that Allison must now face a new birth plan for the sake of a healthy baby. When the two return into the room with Allison, the obstetrician calmly, and in a somewhat condescending manner, explains why she must adhere to the interventions for the sake of the baby, and she complies in a
silent and conforming tone, “Whatever, do whatever you have to do.” The birth process is followed by Allison expressing extreme pain and begging for an epidural, and finally birthing a healthy baby girl.

In this scenario, we see how an active woman attempts to consciously create a birthing experience allowing herself greater decision-making power by choosing the right obstetrician for her, and creating a birth plan in attempts to ensure a natural childbirth process. Her active role is especially noticeable as she argues with the obstetrician in attempts to avoid interventions. According to Jordan, “those who espouse alternative knowledge systems tend to be seen as backward, ignorant, or naïve trouble makers” (1993, 152). In this fictional film, the obstetrician outwardly tells Allison that he is the one in charge and she has no authority over what happens when complications arise, thus devaluing her knowledge and authority and deeming her ignorant and incorrect. In contrast, the obstetrician enforces his authority by yelling at the couple and insisting for respect from his patients. The obstetrician reprimands the birthing woman because, by saying that if they insist on defying his authority, they can take control of the process and put the baby at risk. The obstetrician not only plays into the concept of making the birthing woman appear as backwards and ignorant, but he also reinforces his authoritative knowledge by stating that he knows what is best for the baby and everyone must comply with his knowledge. The obstetrician in this scene tells Allison that he must intervene for the sake of a healthy baby, and if she fails to comply with his demands then she is putting the baby’s health at risk. By mentioning the baby’s health, the obstetrician forces his patient to comply with his knowledge.

In the sixth episode of the first season of *Up All Night*, “Birth”, a similar situation as that of *Knocked Up* occurs. The birthing woman enters her birthing process with a very detailed birthing plan, specifically focusing on avoiding medical interventions. In many ways the mother-to-be is
represented as over-controlling and obsessed with micromanaging every aspect of her childbirth experience. The character’s childbirth went more or less according to plan, until it came time to push and this ended up unsuccessful. Once again, for the sake of the baby’s health, the expecting mother is forced to accept medical interventions, which in this case is a Cesarean section.

Similarly as the previously mentioned example, we see how the birthing woman taking an active role in her childbirth experience are portrayed as crazy and as a naïve trouble maker, and throughout her birth experience, due to the baby’s well-being the woman is forced to accept a change of birth plan and comply with the medical authority. In both of these forms of fictional visual media representing childbirth, the women attempt to defy the authoritative knowledge through loud and emotional altercations with their medical attendants.

Authoritative knowledge is similarly represented in both reality television shows, and fictional films and television shows. In both forms of visual media we can interpret how the birthing woman’s role is to act passive and to accept the medical personnel’s dominant role and knowledge. In the episodes of *16 & Pregnant*, we can see that the teenage expecting mothers are more likely to take a passive role in the birthing experience than the active role portrayed by the women from the fictional films and television shows. The expecting women that enact a passive role are accepted by medical attendants and other members of society as taking the appropriate and expected roles. Whereas the women that take active roles are policed by both the medical attendants, as we can see in scenario from *Knocked Up*, and other actors involved in the process, as is visible in the example of *16 & Pregnant*, when Farrah’s mother insists that Farrah should take a passive role. From both of these examples we can begin to understand how authoritative knowledge is maintained by constant policing from all actors involved, and not only by the holders of the ‘appropriate’ knowledge.
Class Stratification in Authoritative Knowledge

The demographics represented in these forms of visual media tend to be pretty consistent. There tends to be a correlation between the roles enacted by the birthing women and their demographics. In her research, Lazarus studies how women from different economic backgrounds are likely to expect and have different childbirth experiences (1994). In the case of the ethnographic examples presented earlier, we can see that the girls from 16 & Pregnant, who come from unstable economic and familial backgrounds, are more likely to enact complying roles during their birthing experience. According to Lazarus research, poor women have limited choices and expectations, “they rarely reach the point at which they had sufficient knowledge to manipulate the system to obtain more influence over their childbirth” (1994, 39). Following these theories it seems that the teenage expecting mothers represented in the reality television shows are already put in a position with limited authority, thus reinforcing their lack of authoritative knowledge. These young women are given limited access to information, whether it might be from the medical attendants, like it is in the scenario with Catelynn, in which the doctor does not appear to give her information about the medical process about to occur. Or in the case of Farrah, were Farrah attempts to become educated about the process she will soon endure, but is forced to stop as her mother insists that the educated role should only be held by medical personnel.

Whereas in the scenarios from fictional films and television shows, the women come from privileged educational and economic backgrounds, by having these privileged situations have more access to control their experiences. Lazarus states that “the consumer and feminist movements have created a consciousness among pregnant middle-class woman in that they must control their own lives, that they must assert themselves and make choices—in doctors, in
hospitals, in treatment options” (1994, 39). This is especially represented in the scenes in *Knocked Up*, in which Allison struggles to find an obstetrician that will allow her to maintain her control. It is once again visible in the use of birth plans in both *Knocked Up* and *Up All Night*. By exercising their ability to choose an obstetrician and to construct a birth plan, these middle-class women are enacting their access of “choosing a doctor who they believed would guide them through not only pregnancy and birth, but also through the medical system” (Lazarus 1994, 27). These women are in a socio-economic position that allows them the power of choice during the childbirth experience. But this becomes problematic when both of the middle-class women are forced to confront authoritative knowledge and submit to the authority (even as they seem to be accorded more face time with the doctors who discuss the reasoning behind medical procedures unlike the teen mothers’ cases). These women are forced to accept authoritative knowledge’s view that “if a woman does not do ‘everything’; (which means availing herself of technological birth), the process is her individual responsibility, and ultimately she must be blamed if she does not have the ‘perfect’ birth” (Lazarus 1994, 27).

As we note in both of these examples the class and age, which are two socially constructed divisions in this society through which authority is allocated, demographics of the birthing women has an influence on how the authoritative knowledge is not only enacted but also manipulated. From these examples of visual media, we can conclude that middle-class women have more access to manipulating authoritative knowledge and taking an active role in their birth process, whereas women from vulnerable and unstable backgrounds are more likely to comply with authoritative knowledge and take a passive role in the process. But at the end of this life-changing journey, both are forced by the dominating authoritative knowledge to take a submissive and passing role in their childbirth experience.
The Birthing Body as a Machine of Production

The concept of the birthing body as a machine of production was first introduced by Emily Martin in her book *The Woman in the Body: A Cultural Analysis of Reproduction* (1987). She argues that medical texts refer to the birthing body as a metaphor for a machine of production in need of fixing (Hahn; Martin 1987). Reproduction itself is viewed as a type of production, stating that “the doctor is only a mechanic or perhaps supervisor, the woman might be a ‘laborer’ whose ‘machine’ (uterus) produces the ‘product,’ babies,” (Martin 1987, 57). These notions reinforce how authoritative knowledge is produced and maintained, by having medical personnel be the sole supervisor and have full control over the manipulation of the production of a baby. Thus the production of the healthy baby is the end goal of a successful birth, allowing the legitimization of medical interventions for the sake of the baby’s wellbeing.

Similar themes are represented in *Knocked Up* and the “Birth” episode of *Up All Night*. In the birthing process in *Knocked Up*, we see an example of how the baby’s wellbeing is valued over the mother’s experience of childbirth. As the birthing mother lies on the hospital bed working through the pains of childbirth, the fetal monitor strapped on her belly suddenly begins to beep frantically. Just as quickly the medical attendants rush into the room and inform her that they must perform medical interventions or her baby’s life will be at risk, she is then forced to submit to the doctor’s authoritative knowledge. This scene depicts imagery of how the woman’s pregnant body is expected to produce a healthy baby, and when complications arise her body must be subjected to medical interventions and technologies to manipulate the body into producing a successful product.

A very similar scene of the body portrayed as a machine of production is also represented in *Up All Night*. Except in this scene the birthing mother begins to push, but after a long,
tiresome and unsuccessful attempt at giving birth the doctors insist that she must forego her birth plans to successfully produce a viable baby. In this scene the pregnant woman is forced to submit to the medical and technological interventions, because her body is incapable of effectively generating a viable product. Thus her body must be manipulated and ‘fixed’ with the help of the medical attendants and their medical technologies to ‘manage’ the labor process (Martin 1992, 63). In the example of *Up All Night*, the medical attendants deem her birth progression at an insufficient pace, thus warranting medical intervention, in this case a C-section (Martin 1992, 63). By finalizing the birth process with a Cesarean the medical attendants intervene because it implies the delivery of a perfect baby (Martin 1992, 64).

These scenarios represent how a woman’s body is projected as machine generating a product. The notion of how the failing or inefficient body that must be manipulated by medical interventions will be expanded in the following section. In this section I analyze how childbirth is depicted as pathological and can potentially go awry at any instance, and thus must be fixed or properly manipulated by medical interventions to function correctly. This is similar to how a machine can break down and must be repaired by a mechanic knowledgeable of its parts and how the properly function.

**Childbirth as Pathological**

Another consistent theme depicted in these two types of visual media, is that of childbirth as a pathological. According to West, at “the core of the ideology shaping hospital birth practices lies a view of pregnancy and birth as inherently pathological,” (West 2011, 106). The examples of visual media that I am analyzing all take place within a hospital setting and follow the technocratic model of birth. This is best described by West, a media studies analyst, when she
says, “images of birth in American popular culture tend to replicate the medical model’s insistence as a crisis to be managed, while simultaneously affirming what anthropologist Brigette Jordan has described as authoritative knowledge,” (West 2011, 107). From what is portrayed in the shows and films these are not exceptional representations of childbirth, but rather embody the overall pattern of childbirth practice in the United States. According to the Center for Disease Control (CDC) a total of about 99% of births in the United States take place in hospitals (MacDorman, et al., 2012). Thus the representation of childbirth in these forms of visual media align with the trends of childbirth in the United States, for those reasons it is significant to take a closer look at how these forms of visual media represent childbirth.

Davis-Floyd defines a technocratic model of birth as taking place in a hospital setting with increased use of technological instruments; she also states that this model tends to describe the female pregnant and birthing mother as a machine (1993, 1994). In many cases when a woman first arrives at the hospital she will be asked to sit in a wheelchair and then she will wheeled up to her room. This scene was apparent in Juno, Baby Mama, Up All Night, and most of the episodes of 16 & Pregnant, as we see the expecting mothers being greeted at the hospital entrance with a wheelchair. According to Davis-Floyd the purpose of this wheelchair ride is to prevent the woman from falling if she faints or stumbles, in hopes to protect the mother and the baby (1992, 77). But the use of the wheelchair promotes the mentality that childbirth is pathological, “to place a woman in a wheelchair instead of allowing her to walk on her own is to tell her that at the very least the hospital thinks of her as disabled and weak” (Davis-Floyd 1992, 77). Thus welcoming the birthing mother to the hospital with a wheelchair in these forms of visual media, encourage the viewer and the pregnant mother to view childbirth as pathological and an abnormal process, instead of the natural biological process it is.
In the first scenes of childbirth in the episodes of *16 & Pregnant* a common image is the insertion of an intravenous feeding (IV) tube in the pregnant woman’s hand. The insertion of needles is always graphically depicted with the close-up of the needle penetrating the skin and vein; the mother is then always connected to IV fluids. In the fictional films and show we do not see this close up of the needle insertion, but the mother is always connected to some form of IV fluid. Davis-Floyd states that this IV fluid is “supposed to compensate for the food and drink she is denied during her four- to thirty-four hour labor, to correct or prevent the occurrence of ketosis, to facilitate the administration of analgesics and pitocin, and to prepare for epidural anesthesia. Keeping the IV line open is also viewed as important ‘just in case’ blood is suddenly needed or other emergencies arise,” (1992, 92). The argumentation for preserving this IV line open is to prevent any complications that might occur. This notion of ‘just in case’ is significant in the depiction of childbirth as having the ability to go awry at any given moment, thus pathologizing childbirth.

Davis-Floyd states that the increased use of medical advancements devalues women’s role in the birthing process; this is especially the case when medical personnel use language that alludes to the body as a machine whose only goal is to produce a healthy viable baby (1993, 1994). In the scenes portrayed in both reality television shows and fictional films and television shows, the audience sees an increased use of medical technologies such as the fetal monitor, IV fluids, induction, ultrasounds, among others. The use of these medical interventions reinforces the notion that women’s body is a failing machine not apt to give birth, thus her body must be assisted and manipulated by medical personnel and medical interventions.

Lastly, we can take a closer look at the consistent use of fetal monitors in all of the scenes of the visual media’s I am analyzing. In all of the *16 & Pregnant* episodes, in *Knocked Up, Baby*
Mama, and Juno, the women have a fetal monitor strapped across their bellies. These monitors keep track of the baby’s heart rate, in hopes of predicting fluctuations in the fetal heart rate that could potentially signal complications. In Knocked Up we see the fetal monitor spewing a consistent trail of paper that supervises the baby’s heart rate fluctuations. During one of the scenes in Knocked Up the birthing mother is on her side, and all of a sudden the fetal monitor begins to beep loudly and frantically, requiring the medical personnel’s immediate attention. The medical attendants explain their reaction towards the abrupt fluctuation of the heart rate as the high possibility that the baby’s health is at risk. Davis-Floyd argues that this represents a notion to the birthing mother (and viewers) that “technology is supreme, and you are utterly dependent upon it and the institutions that control and dispense it,” (1992, 109). Essentially the use of fetal monitors in all of these childbirth scenes reinforce the notion that birth may go awry at any given moment, thus women must subject their birthing experience to the authoritative knowledge which has the potential to handle the pathological possibilities of childbirth.

The increased use of wheelchairs, IV fluids, and fetal monitor create an imagery of childbirth as abnormal. Davis-Floyd argues the following: “these procedures serve as rituals and are so widely used in hospital birth because they successfully fulfill several important needs: (1) the individual psychological needs of the hospital personnel officially responsible for birth for constant confirmation of the rightness of the technocratic model, and for reassuring ways to cope with birth’s constant threat to upset that model; (2) the individual needs of birthing women for psychological reassurance in the face of these same unknowns, for official recognition by society of their personal transformations, and for official confirmation of the rightness and validity of their belief systems; and (3) the need of
the wider culture to ensure the effective socialization of its citizen and thus its own perpetuation”, (1992, 75).

These depictions of childbirth ritualize the childbirth process as a hegemonic process symbolizing the childbirth process as pathological and abnormal. The use of these medical interventions subtly suggests to the mother and the viewer that what is occurring is abnormal and can become dangerous at any moment. Construing childbirth as a pathological process reinforces society’s need to subject to the authoritative knowledge of medical personnel and technologies in hopes to avoid the impending complications that might arise from childbirth.

**Genres of Visual Media**

The forms of visual media can be categorized into two types of genres; the fictional films and shows that fall under comedic, and the reality television shows that resemble a modern day melodrama. The genres of visual media influence who is the targeted audience and what message is being produced. The fictional films and television shows tend to captivate a wider audience, which in regards to *Knocked Up* and *Juno*, their overall popularity is evidenced by the variety of awards they received. Melodramas on the other hand, like *16 & Pregnant*, attract a more limited audience interested in the particular storyline. In the following chapter I will delve deeper into the results of the survey and focus-group responses, but nonetheless the popularity of comedic genres versus melodrama is represented in both results. The participants of my focus-group are a significant example since only one out of the four participants had previously seen *16 & Pregnant*, but all of them had seen *Knocked Up, Juno*, and *Baby Mama*. And from the survey responses of approximately 170 individuals, 77% had seen *Juno*, 58% had seen *Knocked Up,*
30% had seen *Baby Mama*, and 40% had seen *16 & Pregnant*. The genres in these forms of visual media are important because it influences the message being portrayed and who is the targeted audience.

**Melodramas**

Melodramas as a genre in visual media have always been a high-selling point; this type of genres is purposely produced to captivate the attention and emotions of the audience. The use of editing shots utilized by *16 & Pregnant* fits into Lila Abu-Lughod’s definition of melodramas; despite her focus on soap-operas, reality television shows have begun to represent the modern and western form of melodramas. According to Abu-Lughod, the editing, production, and plotlines of melodramas are purposely manipulated by the producers and editors to influence the viewers intimate feelings. This is especially done through the use of close-ups, sensationalized emotional outbursts, and dramatic use of music (Abu-Lughod 2002: 117). In all of the *16 & Pregnant* episodes the editors and videographers take close-up shots of the birthing mother’s face as she experiences the pains and anxieties of the birthing process, especially during contractions, medical interventions with needles, and pushing. These scenes are playing on the emotional and dramatization aspects of the moment as they focus on the intimate feelings of change, and the emotions evoked as the young mothers see their babies for the first time.

Melodramas are fictional dramatizations of real life events to captivate and entertain the audience. This becomes increasingly significant since reality television shows are actual renditions of individuals’ daily lives, they have simply been edited to increase the dramatic effects of everyday experiences, thus they have “led us to see our own lives as dramas” (Abu-Lughod 2002, 118). This sheds light on how we think about reality television shows as a genre,
which takes real life events and manipulates them into a television show made to capture the attention of a greater general audience, for example, *16 & Pregnant* is a television show produced and broadcast on *MTV*, a popular network targeting a young-adult audience of varied socio-economic demographics. In her text, Abu-Lughod discusses how “the growing cultural hegemony of television melodrama (…) might be engendering new modes of subjectivity and new discourses on personhood, ones that we could recognize as ‘modern’ in their emphasis on the individual,” (2002, 118). This relates back to how melodrama functions as a way to create a new discourse or understanding of personhood, much like how the reality television show has the potential to redefine how childbirth is understood by the audience. This leads the viewer to interpret what they view on the show and to translate it onto their own life, thus interpreting childbirth process as a sensationalized life event. This argument can be translated to the role of reality television in the lives of younger generations in the United States; the television series can influence individuals to implement what they see on the screen as something that should become part of their daily lives, similar to the idea of ‘media effect’, which will be explored further in the next chapter.

I will further explore notions of editing techniques of melodramas in the following chapter, due to the enlightening comments made by the participants of the focus-group. I will explore the effects that close-up shots of faces and the music have on the audience, and how they analyze these editing techniques.

**Comedies**

Comedies on the other hand, use a different strategy to capture the attention of the audience. Rather than attracting the audience by dramatic depictions of real life events, they sensationalize these events to create a comedic effect; a depiction that pokes fun at the mishaps
of these events. This is apparent in the scene in *Knocked Up*, when Allison and the obstetrician argue over the use of medical interventions. While this scene deals with a scary topic, the well-being of the baby, the editors were capable of sensationalizing the argument into a comedic shouting match in which the obstetrician ends up calling Allison a ‘control freak’. In real life this would likely be an overwhelmingly scary moment, but through strategical use of language, positioning, and plotline build-up, the moment became more comedic than dramatic. The same was done throughout later scenes when Allison is pushing, and again in the “Birth” episode in *Up All Night*, when the birthing mother has a similar argument with the doctor. These representations “depend upon a logic in which behavior is both logical and illogical, both appropriate and inappropriate given the situation in which it takes place. In both instances, however, there are also overt ‘social’ implications to the gags and to the structure upon which they depend,” (Neale 1981, 11). In this scenes we see how a logical moment, the birthing mothers attempting to mediate the use of medical interventions, become illogical through a dramatic and comedic argument with the obstetricians; but they also amplify a greater social trend in which the birthing mother must mediate for her agency and having to submit to the authoritative knowledge of the obstetrician. Comedy generates an entertaining genre for a greater audience by turning a logical behavior illogical and amplifying this inconsistency to create a funny and entertaining effect.

**Editing Effects of Visual Media Genres**

While the purpose of comedies and melodramas are produced as different forms of entertainment, the first being a light-hearted drama and the latter an emotional and captivating plotline, both utilize similar editing techniques to create diverse entertainment effects. Both genres use close-up shots of the characters’ faces to amplify the emotions and physical feelings
of the scene. In the reality television this is done so as to bring the viewer to “surrender to the mood of what was being watched,” (Mankekar 1999, 25) and empathize with what is happening. Reality television goes further by also showing close-up shots of the needles, which is likely to create a grotesque imagery that affects the audiences’ reactions and emotions. Whereas in the comedies these serve as a technique to both get the viewer to empathize with the character, but through subtle usage of comedic language, actions and buildup, these moments also take a funny meaning. While both use similar strategies the manner in which they are delivered are drastically shifted through subtle usage of other forms of editing techniques and plotline buildup.

Music is yet another significant editing techniques used in both genres. The music and sound effects guide the viewer through a rollercoaster of emotions. When the pregnant mother begins to feel the first childbirth pangs, the editors tend to utilize a dramatic and anxious melody to once again magnify a moment disrupting the status quo. In the “Catelynn” episode of 16 & Pregnant, the editors used a loud heartbeat sound effect prior to the delivery of the baby. The sound effects utilized in this scene buildup the dramatic moment that was occurring, symbolically marking the momentous moment of delivery; while subsequently creating a tension filled moment of anticipation and fear that suggests anything can go wrong at any given time. In these forms of visual media the editors conclude the birth scene with a cheery, optimistic melody, which transform the scene into a happy ending. This music amplifies the joyful feelings of the successful outcome of a healthy baby, after a climatic storyline. This music is subtly used in both forms of media, yet they guide the viewer through a similar emotional ride. I will again address the effects of the music in the next chapter through the use of enlightening comments of the focus-group participants.

Accuracy
A significant aspect of both of these genres in visual media is the necessary depiction of an accurate portrayal of the childbirth process. The audience must believe the ‘factual’ presentation of the characters. Through the use of strategic “selection, cinematic techniques, and artifice” the producers and writers are able to “achieve verisimilitude that emphasizes some truths over others,” (Reagan et. all. 2007, 10). The editing effects mentioned previously are employed in attempts to produce the most accurate imagery and information (Reagan et. all. 2007, 10), as well as to create an entertaining and dramatized representation. Through an accurate portrayal of childbirth the audience can be guided through a captivating emotional ride with empathy towards the characters. After all, “to enjoy and be able to immerse yourself into it, you need to forget the mistakes and forget that it is fictional,” (Jemma Benson 4/3/2012). The comedic films rely on exaggerating and dramatizing the truth, but must still maintain their accuracy to preserve their category as realistic fiction. The films and televisions shows I am closely analyzing in my research are great examples of popular visual forms that retain an accurate portrayal of childbirth for the sake of entertainment and dramatic effect. *Knocked Up, Up All Night,* and *16 & Pregnant,* all have dramatic childbirth scenes; clearly the images from *16 & Pregnant* are much more accurate, since it is a reality television show.

Nonetheless *16 & Pregnant* is still manipulated with a great deal of editing, due to logistics, the entire birth process must be cut down to a mere 5-20 minute scene (Sears and Godderis 2011; Jewitt and Van Leewen 2001). In the reality television show the editor represent the passing of the time during the labor process through the use of mock torn notebook paper on the bottom of the screen stating the amount of time that have gone by since the start of labor. To intensify this notion of waiting and the hours going by, the editors use camera shots of outside of the hospital, the waiting room, the lobby, the room number, clocks, etc. These still images
illustrate to the viewer the amount of waiting that childbirth entails. By depicting subtle imagery, such as time passing by, the editors are able to depict a more accurate portrayal of childbirth.

Most fictional films and television shows build up to the climactic moment, but never actually portray the momentous event, other than hastened images of “the woman’s water breaks, and chaos ensues, including a frantic drive to the hospital, the woman hysterically demanding drugs from her hospital bed, and after a lot of heavy Lamaze-style breathing, a series of agonizing screams that results in a spotless, usually twelve-pound, one-month-old infant… the arrival of the baby puts everything in the romantic universe right again,” (West 2011, 109). This is the case in most forms of popular visual media depicting childbirth, including Juno and Baby Mama. Despite having spent the whole film building up to this moment it is dismissed. West states that images of childbirth have been marginalized through an ‘unspeakable’ and ‘private’ event in American society, in which case it symbolizes why childbirth is often skipped in most fictional films and shows (West 2011, 108).

In both Knocked Up and Up All Night the women struggle to create the perfectly detailed birth plan, but as complications arise all of this hard work must be dismissed. The medical complications that arise are both an attempt to create a dramatic plotline, as well as maintaining a precise rendering of what can occur in real life.

Knocked Up is one of the most, if not the most, realistic example because it portrays a very graphic scene of the baby’s head crowning. In an interview, Judd Appatow, the director of Knocked Up expresses his reasoning for such a realistic depiction. He states the following:

“In terms of the comedy and what I’ll show or what I won’t show, I just want it to seem real. So the reason that I show the crowning shot is if I don’t, if I don’t show it I just look like an episode of Friends and I am trying to make you feel the pain of that experience. Because it is the most
intense moment in people’s lives and I had to do something that hadn’t been done before. My original goal was to find a woman who would allow me to shoot the baby coming out and then match it into Katherine – the same sheets, the same bed.” (Judd Apatow, 2006)

In this interview Apatow, clearly states that he wanted to render the most realistic image of childbirth possible. He later stated that he created these images because the audience never sees that, it is always the knees and her face, so instead he decided to use a more graphic depiction “to show that it’s really painful and it bonds people,” (Rodrick, May 27, 2007)

In the media and theme analysis of the diverse types of visual media, it is significant that there is a consistent theme of the need for an accurate depiction of what occurs during the birth in order to captivate the audience, and influence them to be more empathetic to the characters. Despite a notion of accuracy the different forms of genres and editing effects, similar themes appear to be represented in each. The first is the notion of how authoritative knowledge is consistently depicted in subtle manners, as the medical personnel negates the birthing mother’s authority and often utilizes a melodramatic effect of putting the unborn baby’s life at risk. These popular visual media portray a childbirth process that is commonly deemed as pathological, thus referring to the birthing body as unable and inadequately prepared to produce a baby.

In the fourth and final chapter, I will explore what are some of the possible effects these themes can have on the viewer, especially in regards to their understanding and expectations of the childbirth process.
Chapter 4: The Viewers Interpretations

In the previous chapter, I closely analyzed the themes represented in some of the clips from the reality television shows and fictional films and shows depicting childbirth scenes. In this chapter I will be exploring the themes that came from the survey, interviews and focus-group. I will begin by discussing the results of the survey, but I must clarify that the majority of the respondents of the survey do not align or represent the individuals that participated in the focus-group. For those reasons, I will only discuss the results of the survey, but they will not have a significant role in the rest of the analysis. This section will be followed by a brief introduction to the participants of the focus-group, followed by an in-depth analysis of some of the themes that came up during the interviews and focus-group. In the section about the focus-group, I will begin with an analysis of the participants’ questions and concerns about medical terms and their implications, and how these relate to the use of visual media as a source for learning. I will then expand on the participants’ fulfilled and unfulfilled expectations about childbirth in visual media; in this subsection I will explore the concept of ‘media effect’ (which will be explained in greater detail in that section). I will then transition to an exploration based on the participants’ discussion about the purpose of editing effects and how they influence the viewers’ reactions and emotions. Lastly, I will enter into the discussion during the interviews and focus-group about why they watch (or do not) watch visual media containing scenes of childbirth.

Survey Results

The first portion of my methodology incorporates an online survey which was distributed throughout different online social networks. The survey involves questions about individual’s
demographics, their experience about childbirth, their knowledge about childbirth, where they acquired their knowledge about childbirth, and their visual media consumption habits (a copy of this survey is provided in the appendix). Through this survey I received a varied response from approximately 170 anonymous individuals. A total of 60% of the respondents had given birth, and 39% had not given birth. The majority of the respondents identified as female (91%), and 95% had an education higher than a high school degree (or equivalent). From the responses I received from this survey, most of the respondents graded their knowledge on the childbirth process as a 3 or 4 on a scale of 0 to 5, with 0 meaning none at all and 5 meaning expert on the topic. About 43% of the respondents stated that they learned at least a minimal amount about childbirth from reality television shows and films, and about 40% stated they learned at least a minimal amount from fictional shows and films. The responses about the types of visual media (educational sources, documentaries, fictional, reality television, etc.) depicting childbirth that individuals consumed were quite varied. Despite these variations a significant number of respondents stated that they learned about childbirth from visual media, even if it was a minimal amount of knowledge. About 43% stated that they learned at least minimal amount from reality television shows and films, 65% said the same about documentary shows and films, and 40% from fictional shows and films. While much can be determined from the responses I received from the questionnaire, the demographic of the respondents are not representative of the focus-group participants. For that reason, I have chosen to minimally use the results of the survey. After all, as I stated in the second chapter, one of the main purposes of this survey was to recruit participants for the focus-group. Nonetheless a more detailed summary of the survey responses can be found in the appendix.
Focus-group Participants

For the sake of my research, as explained in the methodology, I decided to use a focus-group to have a better understanding of what the participants understood about childbirth from viewing visual media. The participants for the focus-group were recruited through the use of the previously mentioned survey. Due to logistics and accessibility, as mentioned in the second chapter, it is important to consider that the demographics represented by the focus-group volunteers, are very limited, so I cannot make generalized conclusions about the influences of the visual media. These participants were four Caucasian middle class women between the ages of 20 and 22 years-old, all of whom are currently in the process of completing their undergraduate degrees at an elite liberal arts college in the suburbs of Philadelphia. The four women that partook in my focus-group are aware of my upbringing surrounding childbirth and my position as a proponent of a holistic process of childbirth. The four women made it clear that their knowing of my biases would not affect what they would say in the interviews or the focus-group. For example during the interview Gloria, one of the participants, stated “please don’t judge me for not knowing anything about childbirth” (Gloria 2/7/2012), and similar comments were made by all the participants during the interviews. Their comments represent their awareness about my biases, as well as acknowledgment that their comments will not be influenced by their knowledge of my position about childbirth. Nonetheless it is still necessary to consider these limitations. None of the individuals made any requests about maintaining their identity private, but I have chosen to use pseudonyms to protect their identity and opinions.

From the focus-group sample, only one out of four participants is an active viewer of 16 & Pregnant. This participant, Gloria, stated in her interview that she is an active viewer of a variety of television shows and films that portray childbirth such as Glee, Grey’s Anatomy,
Knocked Up, and Juno, among many others. Gloria said, “I don’t watch them [shows and films] for the birth, and I don’t really care about the baby as much. I watch them for entertainment, the drama, and the storyline,” (Gloria 2/7/2012). Her comments expose that she watches them for entertainment and their plot. Gloria also mentioned that she learned a little bit about childbirth from her mother’s stories about her experiences of childbirth. Both of her mother’s experiences of childbirth were in a hospital and consisted of interventions such as pain medication. Her mother told her that “she thinks that women who screamed during childbirth are sissies” (Gloria 2/7/2012). Gloria mentioned that while she does not always agree with her mother’s opinions, much of her understanding about childbirth is framed by what her mother has told her and what she has seen in visual media and some educational sources.

The other three participants are not very active viewers of any form of visual media, but have seen Juno, Knocked Up, Baby Mama, (and other shows or films, like Glee, Grey’s Anatomy, etc.) and a few episodes of A Baby Story. Jackie, another participant, mentioned that when she was younger she used to watch A Baby Story for entertainment and curiosity. She has also watched the films and shows mentioned previously, and much like Gloria, she said it was for entertainment and not for their incorporation of childbirth. Jackie also mentioned that a lot of what she does know about childbirth is from watching A Baby Story, and some from what her mother told her about her experience giving birth to Jackie. Her mother’s childbirth story will be mentioned in the subsection about the participants’ questions and concerns because of its relevance to the comments she made during the focus-group.

The next participant, Rachael, also stated that she rarely watches visual media, but she has also seen the fictional films mentioned previously. Rachael is an English major; while this clarification might appear unimportant, I found her comments and forms of analysis to be...
heavily influenced by her academic training. When she introduced her first comment during the focus-group, she swiftly stated “this is probably my English major speaking… [Comments discussing the gaze of the camera (Rachael 3/2/2012)]. In her interview, Rachael mentioned that she does not like to watch reality television shows because “they are not realistic, they are sensationalized, and edited for entertainment. They just aren’t what I am interested in. But I do watch fictional films for entertainment,” (Rachael 2/10/2012). When asked if she felt that she had learned something about childbirth from visual media (documentaries, reality television, and fictional films and shows) she stated that she had only learned a minimal amount from them. Rachael mentioned that she had not learned anything from hearing her mother’s childbirth experience, and that she barely knew anything about it.

The fourth participant, Cristina, stated that she is not avid watcher of most forms of visual media, especially not reality television shows. Cristina stated that she had seen the fictional films that I am discussing, but had never watched 16 & Pregnant, while she did find fictional films entertaining she did not watch them for the birth, but for entertainment. Cristina, much like Rachael, said that she did not like watching reality television shows because she doesn’t find them entertaining. Cristina did state that she had learned a minimal amount about childbirth from fictional shows and films, and had a minimal recollection of her mother telling her childbirth narratives, but not enough to learn much from them.

It is important to take into account that only one of the four participants is an active viewer of 16 & Pregnant, but they all have seen fictional films and shows depicting childbirth, including the films that I analyze throughout my thesis. It is important to take participants’ visual media consumptions into account when considering the conclusions made during the focus-group, because their comments might not be representative of active viewers 16 & Pregnant.
Later in this chapter I will delve deeper into questions surrounding why the participants thought people would and do watch visual media representing childbirth, especially in regards to 16 & Pregnant.

**Participant’s Questions and Concerns**

I began the focus-group by first showing one of the clips I described in the third chapter from the episode “Catelynn” from 16 & Pregnant. I then followed the showing of this clip with an informal and minimally guided discussion about the 16 & Pregnant clip. After this discussion I then showed them a clip of Knocked Up (a longer version of the scene I analyzed in the third chapter). I then held another informal and minimally guided discussion about the clip, concluding with a brief comparison of the two clips. This was then followed by another informal and minimally guided discussion about the clip, and concluded with a brief comparison of themes between the two clips. In the earlier episodes of 16 & Pregnant, the editors define medical intervention terminology such as an epidural, inductions, or pitocin, the editors once again use the mock notebook page to define the three terms. An induction is defined as “jump-start labor with drugs”, and epidural is defined as a “medicine to ease pain during labor”, and pitocin as “drugs to induce baby”. The editors’ constant need to define medical terms, both remind us that the viewer does not have access to the authoritative knowledge, but they also suggest that the audience is likely to learn from these shows. Despite the editors definitions of medical terminology my focus-group participants had more in-depth questions.

In this section, I will focus primarily on the responses of one particular participant, Jackie. While all of the participants asked questions about the medical terms and their implications, she had the majority of the questions and comments about this topic.
During the interview, Jackie stated that she had very little knowledge about the process of childbirth. She said, “I realize that I probably do not know as much about childbirth because I was a C-section baby, so my mother has no experience about pushing a baby out of her vagina” (Jackie 2/9/2012). In this quote, Jackie suggests that her limited knowledge on the topic might be because of the circumstantial process of her mother’s childbirth experience. During the interview, Jackie mentioned that she was born very prematurely, so her mother experienced a great number of medical interventions, which ultimately resulted in a worrisome C-section. In the previous quote, Jackie attributed her limited knowledge on the topic to her mother’s uncommon childbirth experience, because “I never heard normal childbirth stories from my mom” (Jackie 2/9/2012). From the results of the survey mentioned previously, 82% of the respondents stated they learned at least a minimal amount from personal accounts told to them by people who have experience childbirth. In my interviews with the focus-group participants, they all mentioned they had heard their mother’s childbirth narratives, and that many of the things they knew about childbirth were directly connected to those narratives. From the data from the survey and interviews it appears that many individuals learn about childbirth from hearing personal narratives of childbirth. Jackie’s comments remind us that childbirth narratives are intimately related to our own personal stories and understanding of life, because it is our entrance to the world.

During the interview Jackie stated that she used to watch reality television shows about childbirth because “I don’t know anything about that, so I learned from it (specifically referring to A Baby Story)” (Jackie 2/9/2012). Jackie stated, “I felt more curious than disturbed because I haven’t watched many clips like this, and I didn’t know many things, like ‘the urge to push’,[another term she asked me to clarify], and there are a lot of things I don’t know, so I am more of
an observer” (Jackie 3/2/2012). This idea of interest is especially significant since Jackie mentioned that she watches these forms of visual media because she is curious about the childbirth process. The term curiosity means a desire to learn about something; thus, when Jackie was watching *A Baby Story*, she is fulfilling her interests in learning about childbirth.

Jackie’s quotes confirm my own speculation that individuals watch reality television shows about childbirth as a way to learn about the topic. Her comments are representative of West’s argument, stating that “outside of our own lived experiences, many of us must be learning about having a baby in the place where narratives and images of it are most widely circulated: popular culture,” (West 2011, 108). Jackie was also the participant who asked the most questions about the medical terms (induction, etc.). I tried my best to answer her questions as objectively and thoroughly as possible. Jackie, and the rest of the participants, appeared to be satisfied with these answers, and at times seemed to better understand the trajectory of the plotline of the clip. These examples shed light on Morris and McInerney’s observation that “media representations are likely the only opportunity most women have to watch an actual birth” (2010, 134). These questions and comments are representative of the concept of using reality television shows as means of education (Reagan et. al. 2007). After all, Jackie states that she watches these forms of visual media to learn about what to expect during the childbirth process.

**Participants’ Expectations**

During the discussion the focus-group participants made comments about what they expected to see in the clips. The conversation during *16 & Pregnant* was especially focused on what they expected to see in the scenes but did not occur. When we later transitioned to the
discussion about *Knocked Up* the participants were quick to mention that the portrayal of childbirth that was depicted in the fictional film were more in line with what they anticipated seeing in the clip from the reality television show. This section will be focused on their expectations of fear, especially Cristina’s anticipation of a scarier representation of childbirth in the reality television show.

After viewing the clips, I began the discussion by asking the participants what caught their attention. Interestingly enough, what caught their attention while viewing the clip from *16 & Pregnant*, “Catelynn,” were things they anticipated would happen, but never did. Chief among these expectations was a portrayal of a frightening and dramatic birth experience. The first comment came from Cristina: “they framed the whole thing as less scary than when she originally got to the hospital. Like, I am sure it was scary, but I would have thought it would be way scarier, like to actually have the baby. Like the way they were shooting it [camera angles] and the sounds [sound effects] was more like anticipation than scary” (Cristina 3/2/2012). In this comment Cristina states how she has come to expect birth scenes to be dramatic and frightening but was surprised to see otherwise. Her expectations of fear and more dramatic events derive from what Mankekar argues as Cristina having been “habituated” to expect and empathize with while watching such shows (1999, 25). While Mankekar’s research is focused on melodramas in India, her participants state that “not everyone... Could learn from watching television: one had to have a particular ‘bhaav’ (loosely, ‘feeling’ or ‘emotion,’ although neither word quite captures the meaning) in one’s heart” (199, 24). Thus the viewer of these forms of visual media must have a certain emotion (or empathy) in their hearts to watch the specific shows; the viewer must have specific expectations when entering the role of an active and participating audience. Cristina’s comment demonstrates that she was entering her role as a viewer with the expectations of scary
and dramatic childbirth clips, especially in the opening scenes of the clip, but was astonished when the actual birth scene failed to deliver in scariness and dramatic plotline.

These comments made me question what viewers have experienced while watching clips involving childbirth. So I asked them, what patterns they had come to identify from films and clips representing childbirth, and again if these patterns influenced them to expect these patterns in other films and television shows involving birth. These were some of their responses:

“They all involve screaming, always screaming and an understanding that it was very painful.” (Gloria 3/2/2012)

“If they do not skip over the birth, it’s like SOOOO dramatic [screaming and facial expressions], so I didn’t really have a concept of what childbirth looked like and I noticed that this one was less dramatic.” (Cristina (3/2/2012)

“The birth happened super fast, she was not screaming. I was really tense and built-up because I was expecting for all of these things to come, and it just did not happen. And I don’t know if they skipped over it or what….I was expecting more of the screaming and Push, push, push [the verbal reinforcement many women get from the medical personnel during the actual birth], and it wasn’t.” (Rachel 3/2/2012)

These comments reflect a sense of expectations that the participants were awaiting, but in the clip from 16 & Pregnant these expectations were unfulfilled. All these comments encompass a sense of confusion because the scenes represented in 16 & Pregnant did not align with the scenes they had become accustomed to seeing in popular visual media.

Despite the unfulfilled expectations of the reality television shows, their expectations were quickly fulfilled by the birthing scene in Knocked Up. The focus-group participants quickly stated that this clip was what they expected to see in a depiction of childbirth. Rachael stated “this was a lot more like what I expected to see, because this is more of like what I have seen before, screaming and buildup and all the drama surrounding it…like not so realistic but in terms of the actual birthing it is was a lot more like what I expected,” (Rachel 3/2/2012). In this
comment, Rachael expresses her expectations for a childbirth scene to be similar to other fictional depictions she has seen previously. Throughout the focus-group every participant referenced to the expectations they had of the *16 & Pregnant* clip and how they formulated by the portrayals they had become accustomed to seeing in fictional birth scenes. West problematizes these expectations by stating that “women have been socialized to understand birth as a scary process,” (2011, 120).

These expectations reiterate a more general argument made by some childbirth anthropologists (Kitzinger 2006; Davis-Floyd 1992, 1994) in regards to the increase of women entering childbirth with extreme fears about the process. The participants’ expectations support West’s theories on how “images of a particular kind of technologically managed hospital birth come to stand in as the unquestioned norm, and medical technology becomes the vehicle through which that norm is achieved,” (West 2011, 106). Ina May Gaskin, a famous midwife and childbirth activist in the United States, writes:

“The demands of commercial television and film have lead to the propagation of many myths and misconceptions about labor and birth…Women and girls raised on this sort of thing without a source of more accurate knowledge learn to equate labor pain with danger. Pain is portrayed as if could be fatal” (Gaskin 2003, 164)

Her comments are representative of the opinions of childbirth activists who criticize the negative impact that sensationalized and scary depictions of childbirth create in individuals’ understanding of childbirth.

While the term ‘media effect’ is a controversial topic in the field of anthropology, it is a general theory in all forms of media study that depictions in media are likely to influence or
increase popular trends (Gingsburg et. all 2002; Reagan et. al 2007; Mankekar 1999; West 2011; van Leeuwen and Jewitt 2001; Kruse 2010; Spitulnik 1993; Wilk and Askew 2002). This term is controversial because some argue that while the same message is being portrayed by the visual media, it does not automatically translate the message that the viewer receives and understands (Reagan et. al2007; Mankekar 1990; Gingsburg et al 2002). Nonetheless, in this research we see how the message being created for the viewer, what childbirth should look like, has formulated the expectations of the participants. For example, after watching _16 & Pregnant_, the group was surprised to see that their expectations were not fulfilled. At this point Gloria said that the close-up shots of the mother’s face made her feel uneasy because they looked unpleasant (Gloria 3/2/2012). Jackie responded by saying “that’s also the reality. I think it would be dishonest not to show it,” (Jackie 3/2/2012), to which the whole group nodded in agreement. These comments reference back to this notion of accuracy, while the viewers are aware that this is a real life birth being editing, they have still come to understand childbirth in the way that it has been depicted in fictional visual media. During this same discussion Cristina stated “I was expecting less on that [medical interventions]. I didn’t expect them to induce her or break the water, because I always hear and see stories of women’s water breaking in public and people being rushed to the hospital,” (Cristina 3/2/2012). Despite being aware that the stories they are likely to see in visual media’s are dramatized portrayals of childbirth, they still come to believe them as what the birth process looks like in real life.

**Participant’s Understandings of Editing Techniques**

In previous chapter, I delved into the effects of editing techniques and how they influence the accuracy of the childbirth portrayal. In this section I focus on how these editing techniques
were understood by the focus-group participants. It is interesting to note that this discussion was spontaneously introduced by the participants themselves, specifically the participants who are not avid consumers of *16 & Pregnant*.

**Time**

During the focus-group the participants discussed their expectations of time and their previous understandings of how long the birth process took. After watching *16 & Pregnant*, Gloria mentioned how she was paying attention to the time stamps, mentioned in the previous chapter, at the bottom of the screen. She said, “It was really long, like 5 hours. It seemed like it went on for a long time…but I recognize that it isn’t like that in real life,” (Gloria 3/2/2012). Gloria, along with the rest of the participant believes that childbirth only took several minutes to a couple of hours, as she grew older she was surprised that it was never several minutes but rather that it could take several dozen hours. Despite knowing the reality of the length of time birth could take, she was still found five hours to be a long labor process. Rachael on the other hand, felt that Catleynn was not giving birth\(^1\) for a long time, “she was not screaming for very long, I don’t know if she didn’t experience that, or they just edited out,” (Rachael 3/2/2012). In this comment, she is acknowledging the editors authority to manipulate how much of the birth process is revealed on the show. Jackie followed this statement by enforcing her previous beliefs of the time length of childbirth after watching fictional visual media and *A Baby Story*. She mentioned how much the editing techniques affected the depiction of the birth process. “They speed it up a lot. I always thought it was a quick process, but when I heard that people can be hours upon hours, it’s like, what?! I thought it takes ten minutes,” (Jackie 3/2/2012). In this comment, Jackie sheds light on the notion that Rachael previously mentioned, that due to the

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\(^1\) Although Rachael uses the phrase ‘giving birth’ she is referring to the pushing and delivery process, and not labor as a whole.
editing techniques, she used to believe that childbirth only took a few minutes. While the participants were clearly aware of these manipulations by editors it still affected their understanding of childbirth. These are the same arguments made by West (2011), Reagan et. al (2007), and van Leeuwen and Jewitt (2001), mentioned in the previous chapter.

Music

Another example of editing techniques is the use of sound effects and music to guide the audience through the emotional ride of the storyline. All of the respondents commented on the use of this sound and the emotional effects it had. Most of the comments were in regards to the intensified use of the heartbeat sound prior the birth of the baby in the episode of 16 & Pregnant, which I discussed in the previous chapter. Some of the comments included:

“It made me nervous, and she was nervous, and there were needles” (Jackie 3/2/2012)

“It emphasizes the frightening medical aspect, it doesn’t have to be frightening, but that just emphasizes it. But that sound itself, it kind of feels foreboding, and then after she gave birth they transitioned to this cheesy music” (Rachael 3/2/2012)

The effects of these comments are best verbalized by Cristina when she said, “I think they want to let the audience know how to feel and what emotions to feel throughout the whole process,” (Cristina 3/2/2012). These comments illuminate how music influences the emotions of the audience.

It is important to note that the participants who first noticed this are not active viewers of 16 & Pregnant, whereas the active viewer, Gloria, states the following:

“I didn’t notice any of those things for the record… I definitely noticed that when she first got into the hospital, I was so tense. I didn’t know why, but I was. After it was pointed out, I was like, oh, that’s probably why I was feeling that way. I didn’t even notice the music they put on afterwards, but then suddenly I felt so relieved, and everything was going to be okay” (Gloria 3/2/2012)
Her comments emphasize how being unaware of the editing techniques her reactions and emotions were guided in a manner that would allow her to empathize with the characters. As a result, it captivates her to feel somewhat dependent and involved in the characters outcome. Gloria’s comment also reinforces my analysis in the previous chapter about how the sound effects encourage the viewer to feel anxious during the birthing process and then to feel relieved once the baby is born.

The participants expand on this discussion as they grapple with understanding why and how these sound effects were used by the editors of a reality television show to represent the plotline of a fictional show. The music was used to create the climactic moment that in most other plotlines is done through a visual dramatic event; for example, this climactic moment is similar to how the climactic moment in *Knocked Up* occurs when the baby’s wellbeing is put at risk and Allison argues with the doctor. The comments made by the participants in regards to both the time and sound effects elucidate the analysis I made in Chapter Three about the editing effects of genres.

Why We Watch?

The final topic of the focus-group was: why do they watch these forms of visual media? I found their answers to be quite enlightening. Some of reasons included curiosity as I mentioned previously. Jackie found herself watching shows like *A Baby Story*, because she was curious about what childbirth entailed. Although she was aware of the many misconceptions she had due to watching these shows as well as fictional visual media, she still felt like she had learned more about birth through them, than she had from other mediums. These comments are supported by various theorists who discuss how audiences gain knowledge from these representations,
similarly to the analysis I made earlier in this section (West 2011, Gaskin 2003, and Reagan et. al, 2007). This concept of curiosity was specific to the reality television shows, and not so much the fictional representations.

When it comes to the fictional films and shows the participants stated that the main reason they watched them was for entertainment. Rachael mentioned how:

“everything about it [Knocked Up] is more appealing, like the people are just more beautiful… it’s just the film that is more consumable and a story that is nicely polished and a funny dialogue, it’s more in-line to something I would watch, and do watch,” (Rachael 3/2/2012).

In this comment she reflects on how the visual and plotline aesthetics captivate her personal preferences, motivating her to watch these films for entertainment. Similar comments were made by the other participants in regards to Knocked Up, for example:

“I feel like this one was not as difficult to watch [than 16 & Pregnant]. Emotionally it is pretty entertaining to watch, but it made me emotionally uncomfortable for me to watch 16 & Pregnant, and it is reality and their situation is a lot messier [referring to the overall plotline of the show] than the fictional shows, where you know it is going to come together in a few minutes. You expect the happy ending, MTV is a lot rawer and the colors were a lot darker and greyer looking. In Knocked Up, they use a prettier colors and a lot more lighting in the room. It was a more jovial feeling, while the other one was more depressing.” (Gloria 3/2/2012)

“I didn’t feel deeper emotions in the comedy. The tone is very light, she isn’t thinking about the deeper implications of motherhood. It is just funny, and it is a comedy.” (Jackie 3/2/2012)

These notions about how their emotional attachments to the storyline reflect back to the fictional films and television shows as entertainment. Comedies use different plotline and editing tactics to maintain a jovial mood during dramatic and emotional moments; by inserting jokes or comedic twists the producers are able to remind the viewer that these are dramatizations that are meant to be funny and to be taken light-heartedly (Dalton and Linder 2005). In the discussion of Knocked Up one can see how the strategies used in melodramas, like reality television shows, are dismissed in comedies to create the opposite effect and distant the viewer from the plotline. This
distancing of the audience is what the participants say they favor about these forms of media; Rachael clearly mentions that those are the exact reasons why she prefers to watch the fictional shows and films over the reality television show.

The participants briefly discussed how the fictional visual media is produced to make money as well as pushing the boundaries. Gloria mentions how the production of these genres of depicting childbirth are, “definitely made to make money… It [pregnancy and childbirth] is a pretty recent topic to cover [in visual media], and it is kind of taboo and new. And it is a really dramatic situation to have an unplanned pregnancy, and viewers like to see others in really dramatic situations,” (Gloria 3/2/2012). In this comment she alludes to the producers motivations to generate these types of visual media is to attract a greater audience by creatively portraying new themes that are not commonly shown in popular visual media, and consequently gaining a greater revenue. As I mentioned in Chapter Three, the director of Knocked Up mentions how he had set out to make this film showing a graphic depiction of the crowning process because it was something that had never been done before. His choice was a brave one, but his valor paid off attracting a large audience and even winning several awards.

As we concluded the discussion after 16 & Pregnant, the concept of watching the reality television shows for its voyeuristic effect was discussed. Gloria, the only active viewer of the show, said that she does not watch “for the birth, and I don’t really care about the baby as much. A lot of the reason I watch it is for voyeurism. It is not really a lifestyle I live and I don’t have those experiences. It is probably very classist, but I find it entertaining and dramatic to observe and judge them [the pregnant women in 16 & Pregnant]. It is maliciously fun for me. The pregnancy and childbirth are just added drama,” (Gloria 3/2/2012). In the case of 16 & Pregnant what catches her attention is that the experiences that these young women are facing are not
things she is likely to encounter, and thus she becomes enthralled in entering these women’s world and thoughts through a reality television show. But when it comes to *Knocked Up*, she views the voyeuristic aspect “in very different ways. She [Allison] is very different than the rest of America, because she has a very glamorous job [at Entertainment Tonight, a television show]. More people, including myself, go to the movie theater and want to be like her. So it is a different type of voyeurism, because we want to be more like *Knocked Up*, well except the unexpected pregnancy part, than *16 & Pregnant*,” (Gloria 3/2/2012). Gloria’s comment elucidates the notion of watching these two types of genres for different reasons, while they are both a form of voyeurism. The melodrama has an aura of judgmental voyeurism, whereas the comedy is one of envy.

**Focus-Group Conclusions**

From the analysis of the focus-group I have concluded that my participants are likely examples of the media effect. With the help of editing techniques, like music, camera angles, and plotlines, the individuals have come to have specific expectations of childbirth, similar to those depicted in popular fictional visual media. Although the participants were aware that the ‘accuracy’ being portrayed in the fictional and reality television shows is manipulated by the editors and producers, they still came to understand what was portrayed were real depictions of childbirth. Their knowledge of the editing techniques and the improbable representation of an accurate childbirth process in these forms of visual media did not affect how much they came to understand about childbirth from these depictions. The participants stated that they watched for voyeuristic entertainment, and expected to see a frightening and dramatic rendition of childbirth from *16 & Pregnant*, when these expectations were unfulfilled they were surprised by their misunderstandings of childbirth. These expectations were quickly realized by childbirth scenes in
Knocked Up, when they became aware of the misconceptions, the participants themselves pointed out what I had set out to investigate, that their misconceptions were based in the depictions they had seen in popular fictional visual media. Therefore, despite the participants’ awareness of the edited and sensationalized representations in popular media, they had still used those images as means of education to learn about childbirth. By understanding childbirth as being the same as it is in popular visual media, the participants have indeed been subjected to media effect, despite their awareness of the unrealistic childbirth portrayals.

While the participant’s were aware that most depictions of childbirth in the mainstream visual media are often sensationalized, they still were susceptible to their media effect, coming to understand childbirth as frightening, dramatic, and pathological. The participants are active enactors of West (2011), Reagan et. al (2007), Gaskin (2003), as well as my own theories, which becomes increasingly problematic when we take the biomedical world into account. Using Stuart Hall West argues that “representations, especially through mass media, are one way meanings are produced in a culture, and through the interpretation and consumption of such representation,” (West 2011, 105). In this quote she argues that individuals come to understand meaning through mass media consumption, which is exactly what my participants proved they have done with childbirth. She expands on this notion even further with the help of Reagan et. al (2007), when she states, “much of what the public learns about those disciplines [science and medicine] come in the form of popular media,” but she problematizes this notion further by discussing the greater effects of this gaining of knowledge through mass media, “but as a number of scholars in science and medicine studies [Reagan et. al (2007)] have argued, the institutions of science and medicine themselves are also being influenced by mainstream representation” (West 2011, 105). West discusses notions that not only the general audiences’ understanding of
childbirth is shaped by mass media but that also the field of science and medicine are subtly shaped by these depictions and understanding as well, thus giving us yet another avenue to continue to explore about the effects of visual media.

As I was finalizing my research I came to realize that the theory of authoritative knowledge applies on a greater scale in regards to the actual depictions of childbirth in visual media. Consequently, similarly to how medical attendants are the holders of authoritative knowledge over childbirth, media producers are the stakeholders and distributors of how childbirth is represented in visual media. While the medical personnel and producers can be held parallel, so can the birthing mother and the audience. Similarly to how the birthing mother is forced to subjecting herself to the biomedical model’s knowledge and dominance, the viewer is also forced to conform to messages dispersed by the producers and accept the misconceived depictions of childbirth as accurate.
Conclusion

When I first began my research I started out thinking that I would specifically focus on a heavy criticism of the inaccurate portrayal of childbirth in popular visual media, particularly reality television and fictional films and shows. I wanted to further discuss how these inaccurate portrayals can have a negative impact on how the audience understands childbirth. But as I continued my investigation I began to focus on specific themes that consistently appeared in these forms of visual media, and instead of a criticism it became an in-depth analysis of these themes. Concluding with how the audience comes to understand and identify these particular concepts. My research involved a comprehensive analysis of the childbirth and visual media themes present in 16 & Pregnant, Up All Night, and Knocked Up. Then I explored how these themes were understood by the audience by hosting a focus-group and a discussion about specific clips of the films and shows mentioned previously.

In my work I focused on analyzing who has authoritative knowledge of the birth process in these forms of visual media. I base my analysis on theories by Brigette Jordan, Emily Martin, Robbie Davis-Floyd, Sheila Kitzinger, and Ellen Lazarus, among many other childbirth anthropologists. In the both genres the medical personnel are the holders of authoritative knowledge and this is maintained by their declaratory language and policing by other participants. In both 16 & Pregnant, Up All Night and Knocked Up these are examples of the birthing mothers assuming a more active role in attempts to exercise their agency, but due to complications or policing by other characters, they are forced to accept a passive role during their experience. Through the analysis of authoritative knowledge I explored how socio-economic class stratifications influenced how the birthing mothers performed their agency and interacted with the authoritative knowledge. Through a theoretical lens based on Emily Martin
and Robbie Davis-Floyd’s work, I continued to investigate how the language and actions of the medical attendants and technocratic model of birth, creates a notion of the birthing body as a machine of production and childbirth as pathological. With the use of a media analysis lens based on Mankekar, Reagan et. al, Abu-Lughod, among others’ work, I explored how editing techniques influence how the previous themes are portrayed to the audience. For example in all of the forms of visual media, the editors use close-up shots of the women’s faces to captivate the empathy, and exaggerate the fear and pain of childbirth. In the fictional visual media the editors rely more on the sensationalized close-up shots, while in the reality television show, they guide the viewers’ emotion with the use of dramatic sound effects and voiceovers.

With the help of a focus-group I was able to identify that viewers despite being aware of editing techniques of visual media, still confirmed that most of what they know about childbirth is based on what they have seen from popular visual media, specifically fictional depictions. From the participants I discovered that many of their expectations of childbirth were unfulfilled by the clip from the reality television show, because they expected to see a more frightening and dramatic depiction of childbirth, as they had become accustomed to seeing in fictional visual media. Through the lens of the previously mentioned visual media theorists, I explored how the participants’ comments about their reactions and what captivated them from the shows, were shaped by the editing techniques and plotlines. Throughout the focus-group and interviews, I investigated why the audience would watch these representations of childbirth, concluding that they watch them for curiosity (educational purposes), voyeurism, and entertainment. Despite the participants’ awareness of the sensationalized depictions of birth in visual media, they were still susceptible to the media effect, as they came to actively learn and expect specific portrayals of childbirth as scary, dramatic, and pathological. Taking into account all of my research, I became
aware that similar to how the medical personnel holds authoritative knowledge during the process of childbirth, visual media producers are the stakeholders and dispensers of how childbirth is represented in visual media. Consequently, similar to how the birthing mother is forced to conform to the medical attendants’ authority; the audience must subject themselves to the message distributed by the producers and accept the depictions of childbirth as accurate.

Taking my conclusions into considerations, it is still necessary to be aware of both my personal biases, in regards to my previous experiences and beliefs about childbirth, as well as the limitations of my research. The analysis about the focus-group responses is solely based on a very small and limited population, with a minimal variation in demographics. Acknowledging these limitations, one can come to understand that some of the ways to expand on this research to explore these theories with broader varied demographics, with diverse media consumption habits. These limitations elucidate on the need to expand on this research to fill this gap within the field of anthropology, especially since there has been an increase in mainstream (and non-mainstream) discussions about how childbirth is portrayed in popular visual media. Ina May Gaskin, a well-known and respected natural childbirth activist and midwife, who is considered an influential figure in the rise of popularity of midwifery in the U.S. during the 1970s, briefly discusses the topics in one of her books. She writes:

“It’s probable that you’ve already heard some scary birth stories from friends or relatives. This is especially true if you live in the United States where telling pregnant women gory stories has been a national pastime for at least a century. Now that birth has become a favorite subject of television dramas and situation comedies, this trend has been even more pronounced.” (Gaskin 2003: 3)

“The demands of commercial television and film have lead to the propagation of many myths and misconceptions about labour and birth…Women and girls raised on this sort of thing without a source of more accurate knowledge learn to equate labour pain with danger. Pain is portrayed as if it could be fatal” (Gaskin 2003: 164)
Gaskin refers to the same portrayals I am analyzing throughout my thesis, as being harmful to the audiences understanding of childbirth; consequently the audience is likely to understand these depictions as unquestioned truths (Gaskin 2003; Kruse 2010; Reagan et. al 2007). According to Gaskin, these truths and understandings are then enacted in individuals’ real-life experiences of childbirth. These expectations are most commonly extreme fear and pain, with the process having the potential to go fatally awry at any moment. These notions also give rise to the assumptions that medical interventions and Cesarean sections are natural and expected aspects of everyday childbirth experiences, which might account for the United States having some of the highest rates of Cesarean sections in the world. As well as why terms like tokophobia, an extreme fear of childbirth, have come into being.

From this research I have encountered more questions than answers. I understand that this research is only a minimal step towards addressing the significant gap in anthropology regarding anthropology of childbirth in media. Although I have recently encountered numerous blogs (and other forms of popular media) addressing concerns about the misrepresentation of childbirth (Don 2011; Elson 2009), it is important to note that critiques from a media studies and sociological analytical perspectives have been made, they have not been made form an anthropological perspective. Some of the questions I encountered include: Are the trends that I identified in my focus-group representative of a greater social trend? Is it representative of a broader demographic? It would also be interesting to explore how much the expectations individuals have over birth, due to the portrayals in visual media, translate to their real-life experiences of childbirth. I am also curious about where these expectations and representations stem from, and why the audience seems to be so enthralled and dependent on these misconceived depictions.
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Appendix & Endnotes

*A Copy of the survey can be found at the end of the Appendix and Endnotes section

*To maintain the anonymity of the survey respondents I have chosen the responses for the following questions:

1. What is your experience with childbirth?
2. Would you like to participate in further research for this study?
3. If you would like to participate in further research for this study, please include your contact information.
4. Additional comments, suggestions or questions
5. As well as the responses for, Other:

You can view the published form here: https://docs.google.com/spreadsheet/viewform?formkey=dEJEZ21WSGxYOU11Rh0tSW52RzBzNGc6MQ

169 responses
Summary See complete responses

Please check this box to indicate that you have read the information above and that you voluntarily consent to have your responses below included in the data for this research.

Yes 169 100%

Background Information
What sex are you?

Female 153 91%
Other 0 0%
Prefer not to say 0 0%

How old are you?

2020 122118191919191926242121126403514922302427212124212019202928472627332131212358223232372724422834246037292818192222212221222122212221185567204229215433233029282829203763827353138302723...
What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree: 0 (0%)
- High school degree or equivalent (e.g., GED): 10 (6%)
- Some college but no degree: 65 (38%)
- Associate degree: 6 (4%)
- Bachelor degree: 60 (36%)
- Graduate degree: 28 (17%)

What is your race or ethnic identity?

- White (Non-Hispanic): 70 (41%)
- Black or African-American: 2 (1%)
- American Indian or Alaskan Native: 0 (0%)
- Asian: 5 (3%)
- Native Hawaiian or other Pacific Islander: 1 (1%)
- Latino/Hispanic: 81 (48%)
- From multiple races: 12 (7%)
- Prefer not to say: 3 (2%)

People may select more than one checkbox, so percentages may add up to more than 100%.

What is your current marital status?

- Married: 70 (41%)
- Widowed: 3 (2%)
- Divorced: 8 (5%)
- Separated: 4 (2%)
- Never married: 81 (48%)
- Prefer not to say: 3 (2%)
### What is your family’s approximate household annual income?

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>30</td>
<td>18%</td>
</tr>
<tr>
<td>$20,000-$34,999</td>
<td>29</td>
<td>17%</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>22</td>
<td>13%</td>
</tr>
<tr>
<td>$50,000-$74,000</td>
<td>26</td>
<td>15%</td>
</tr>
<tr>
<td>$75,000-$99,999</td>
<td>12</td>
<td>7%</td>
</tr>
<tr>
<td>$100,000-$149,999</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>16</td>
<td>9%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>23</td>
<td>14%</td>
</tr>
</tbody>
</table>

### In what state or U.S. territory do you live?

- **Alabama**: 0, 0%
- **Alaska**: 0, 0%
- **American Samoa**: 0, 0%
- **Arizona**: 0, 0%
- **Arkansas**: 0, 0%
- **California**: 13, 8%
- **Colorado**: 2, 1%
- **Connecticut**: 0, 0%
- **Delaware**: 0, 0%
- **District of Columbia (DC)**: 2, 1%
- **Florida**: 4, 2%
- **Georgia**: 0, 0%
- **Guam**: 0, 0%
- **Hawaii**: 0, 0%
- **Idaho**: 0, 0%
- **Illinois**: 2, 1%
- **Indiana**: 0, 0%
- **Iowa**: 0, 0%
- **Kansas**: 0, 0%
- **Kentucky**: 0, 0%
- **Louisiana**: 1, 1%
- **Maine**: 1, 1%
- **Maryland**: 7, 4%
- **Massachusetts**: 5, 3%
- **Michigan**: 1, 1%
- **Minnesota**: 1, 1%
- **Mississippi**: 0, 0%
- **Missouri**: 0, 0%
- **Montana**: 0, 0%
- **Nebraska**: 0, 0%
- **Nevada**: 1, 1%
- **New Hampshire**: 0, 0%
- **New Jersey**: 2, 1%
- **New Mexico**: 0, 0%
- **New York**: 9, 5%
- **North Carolina**: 1, 1%
- **North Dakota**: 0, 0%
- **Northern Mariana Islands**: 0, 0%
- **Ohio**: 1, 1%
- **Oklahoma**: 1, 1%
- **Oregon**: 3, 2%
- **Pennsylvania**: 16, 9%
- **Puerto Rico**: 83, 49%
- **Rhode Island**: 0, 0%
- **South Carolina**: 0, 0%
South Dakota: 0 (0%)
Tennessee: 0 (0%)
Texas: 1 (1%)
Utah: 1 (1%)
Vermont: 0 (0%)
Virginia: 4 (2%)
Virgin Islands: 0 (0%)
Washington: 5 (3%)
West Virginia: 1 (1%)
Wisconsin: 0 (0%)
Wyoming: 0 (0%)
Other: 2 (1%)

Experience with Childbirth
Have you ever given birth?

- Yes: 102 (60%)
- No: 66 (39%)
- Prefer not to say: 1 (1%)

How much do you feel you know about the birthing process?

- 0: 3 (2%)
- 1: 11 (7%)
- 2: 23 (14%)
- 3: 59 (35%)
- 4: 53 (31%)
- 5: 18 (11%)

What feelings does childbirth invoke for you?

- Pleasure (Orgasmic Birth): 13 (8%)
- Extreme Happiness: 75 (45%)
- Happiness: 88 (53%)
- Neutral: 14 (8%)
- Sadness: 21 (13%)
- Anger: 16 (10%)
- Physical Pain: 81 (49%)
- Emotional Pain: 28 (17%)
- Extreme Physical Pain: 37 (22%)
- Other: 25 (15%)

People may select more than one checkbox, so percentages may add up to more than 100%.

What notions do you relate with childbirth?
Childbirth should happen with the woman in complete isolation 10 6%

Childbirth is a natural process best done at home attended only by family members 52 31%

Childbirth should take place at home with a midwife 96 57%

Childbirth should happen in a hospital birth with only a nurse midwife 49 29%

Childbirth should take place in a hospital with medical personnel (OB/GYN) with minimal medical interventions (Pharmaceutical interventions and pain medication) 76 46%

Childbirth should take place in a hospital with medical personnel in complete control with a lot of medical interventions (i.e. Epidural, Pitocin, other pharmaceutical forms of inductions and pain medication) 29 17%

Childbirth should take place in a hospital through a cesarean section and a lot of medical interventions 15 9%

Other 74 44%

People may select more than one checkbox, so percentages may add up to more than 100%.

<table>
<thead>
<tr>
<th>From what sources have you learned about childbirth?</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Experience</td>
<td>86</td>
</tr>
<tr>
<td>Educational Films</td>
<td>102</td>
</tr>
<tr>
<td>Educational Books</td>
<td>111</td>
</tr>
<tr>
<td>Health Classes</td>
<td>107</td>
</tr>
<tr>
<td>Other Educational sources (please specify in other box)</td>
<td>41</td>
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<tr>
<td>Personal Accounts told to me by people who have experienced childbirth</td>
<td>104</td>
</tr>
<tr>
<td>Documentary shows and films</td>
<td>79</td>
</tr>
<tr>
<td>Reality Television shows and films</td>
<td>43</td>
</tr>
<tr>
<td>Fictional Shows and films</td>
<td>35</td>
</tr>
<tr>
<td>Family</td>
<td>109</td>
</tr>
<tr>
<td>Friends</td>
<td>102</td>
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<tr>
<td>Mentors</td>
<td>54</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
</tr>
</tbody>
</table>

People may select more than one checkbox, so percentages may add up to more than 100%.
up to more than 100%.

Please rate how much you have learned from EACH source using the following scale - Experience

<table>
<thead>
<tr>
<th>Rating</th>
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<th>Percentage</th>
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<tbody>
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<td>3%</td>
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<td>2</td>
<td>7</td>
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<td>14%</td>
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<tr>
<td>4</td>
<td>66</td>
<td>39%</td>
</tr>
</tbody>
</table>

Please rate how much you have learned from EACH source using the following scale - Educational Films

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<th>Percentage</th>
</tr>
</thead>
<tbody>
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<tr>
<td>1</td>
<td>25</td>
<td>15%</td>
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<tr>
<td>2</td>
<td>35</td>
<td>21%</td>
</tr>
<tr>
<td>3</td>
<td>44</td>
<td>26%</td>
</tr>
<tr>
<td>4</td>
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<td>15%</td>
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</tbody>
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Please rate how much you have learned from EACH source using the following scale - Educational Books

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
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</tr>
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Please rate how much you have learned from EACH source using the following scale - Educational Classes

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<td>36</td>
<td>21%</td>
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<tr>
<td>4</td>
<td>31</td>
<td>18%</td>
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</tbody>
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Please rate how much you have learned from EACH source using the following scale - Health Classes

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<th>Percentage</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please rate how much you have learned from EACH source using the following scale - Other Educational Sources

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<thead>
<tr>
<th>Source</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>Learning (%)</th>
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<tbody>
<tr>
<td>0</td>
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<td>18</td>
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<td>14%</td>
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<tr>
<td>4</td>
<td>26</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>23</td>
<td>15%</td>
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</table>

Please rate how much you have learned from EACH source using the following scale - Personal Accounts told to me by people who have experienced childbirth

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>Learning (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>30</td>
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<td>37</td>
<td>38</td>
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<td>18%</td>
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<td>23</td>
<td>15%</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
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<td>22</td>
<td>23</td>
<td>23</td>
<td>22%</td>
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<tr>
<td>3</td>
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<td>4</td>
<td>39</td>
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<td>23</td>
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<td>23%</td>
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</table>

Please rate how much you have learned from EACH source using the following scale - Documentary Shows and Films

<table>
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<th>Source</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>Learning (%)</th>
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<tbody>
<tr>
<td>0</td>
<td>59</td>
<td>21</td>
<td>30</td>
<td>40</td>
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<td>35%</td>
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<tr>
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<td>24</td>
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<td>24</td>
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<td>24%</td>
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<tr>
<td>4</td>
<td>19</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11%</td>
</tr>
</tbody>
</table>
Please rate how much you have learned from EACH source using the following scale:

### Reality Television Shows and Films

- 0: 96 (57%)
- 1: 38 (22%)
- 2: 15 (9%)
- 3: 12 (7%)
- 4: 8 (5%)

### Fictional Shows and Films

- 0: 101 (60%)
- 1: 43 (25%)
- 2: 12 (7%)
- 3: 9 (5%)
- 4: 4 (2%)

### Family

- 0: 28 (17%)
- 1: 34 (20%)
- 2: 42 (25%)
- 3: 43 (25%)
- 4: 22 (13%)

### Friends

- 0: 30 (18%)
- 1: 35 (21%)
- 2: 41 (24%)
- 3: 37 (22%)
- 4: 25 (15%)
Please rate how much you have learned from EACH source using the following scale - Mentors

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
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<tr>
<td>4</td>
<td>35</td>
<td>21%</td>
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</tbody>
</table>

Please rate how much you have learned from EACH source using the following scale - Other

<table>
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<th>Percentage</th>
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<tbody>
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<td>3%</td>
</tr>
<tr>
<td>2</td>
<td>13</td>
<td>8%</td>
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<tr>
<td>3</td>
<td>13</td>
<td>8%</td>
</tr>
<tr>
<td>4</td>
<td>23</td>
<td>14%</td>
</tr>
</tbody>
</table>

Please list the names of television shows that you have seen which mention, discuss or show childbirth.

- A Baby Story/ Birth Day (TLC) 92 54%
- 16 & Pregnant (MTV) 67 40%
- One Born Every Minute (Lifetime) 26 15%
- I Didn't Know I Was Pregnant (TLC) 65 38%
- Private Practice/ Grey's Anatomy (ABC) 47 28%
- Up All Night (NBC) 16 9%
- None 49 29%
- Other 16 9%
Please list the names of films that you have seen which mention, discuss or show childbirth.

- Juno (2007) 130 (77%)
- Knocked Up (2007) 97 (58%)
- Waitress (2007) 25 (15%)
- Twilight: Breaking Dawn (2011) 37 (22%)
- Baby Mama (2008) 50 (30%)
- None 29 (17%)
- Other 15 (9%)

People may select more than one checkbox, so percentages may add up to more than 100%.

Please list the names of documentaries that you have seen which mention, discuss or show childbirth.

- Orgasmic Birth (2008) 36 (21%)
- Business of Being Born (2008) 63 (38%)
- In the Womb (2005) 38 (23%)
- Pregnant in America (2008) 31 (18%)
- None 83 (49%)
- Other 18 (11%)

People may select more than one checkbox, so percentages may add up to more than 100%.
Add item

Theme:
Spiral Shells

Share Email this form See responses

More actions

Saved
You can view the published form here: https://docs.google.com/spreadsheet/viewform?formkey=dEJEZ21WSGxYOU1RHotSW52RzBzNGc6MQ

Please check this box to indicate that you have read the information above and that you voluntarily consent to have your responses below included in the data for this research. *

- Yes

Page 2

Background Information
What sex are you? *
- Male
- Female
- Other
- Prefer not to say

How old are you? *

What is the highest level of school you have completed or the highest degree you have received? *
- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

What is your race or ethnic identity? *
- White (Non-Hispanic)
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Latino/Hispanic
- From multiple races
- Prefer not to say

What is your current marital status? *
- Married
- Widowed
- Divorced
- Separated
- Never married
- Prefer not to say

What is your family's approximate household annual income? *
- Less than $20,000
- $20,000-$34,999
- $35,000-$49,999
- $50,000-$74,000
- $75,000-$99,999
- $100,000-$149,999
- $150,000 or more
- Prefer not to say
In what state or U.S. territory do you live? *If outside of the United States please specify under the Other category.

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia (DC)
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Marianas Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Virgin Islands
- Washington
- West Virginia
- Wisconsin
- Wyoming
Experience with Childbirth
Have you ever given birth? *
• Yes
• No
• Prefer not to say
What is your experience with childbirth? *Please be detailed.
How much do you feel you know about the birthing process? *0-Nothing and 5-Expert

What feelings does childbirth invoke for you? *Please check as many categories as apply.
• Pleasure (Orgasmic Birth)
• Extreme Happiness
• Happiness
• Neutral
• Sadness
• Anger
• Physical Pain
• Emotional Pain
• Extreme Physical Pain
• Other:
What notions do you relate with childbirth? *Please check as many categories that apply.
• Childbirth should happen with the woman in complete isolation
• Childbirth is a natural process best done at home attended only by family members
• Childbirth should take place at home with a midwife
• Childbirth should happen in a hospital birth with only a nurse midwife
• Childbirth should take place in a hospital with medical personnel (OB/GYN) with minimal medical interventions (Pharmaceutical interventions and pain medication)
• Childbirth should take place in a hospital with medical personnel in complete control with a lot of medical interventions (i.e. Epidural, Pitocin, other pharmaceutical forms of inductions and pain medication)
• Childbirth should take place in a hospital through a cesarean section and a lot of medical interventions
• Other:
From what sources have you learned about childbirth? *
• Experience
• Educational Films
• Educational Books
• Health Classes
• Other Educational sources (please specify in other box)
• Personal Accounts told to me by people who have experienced childbirth
• Documentary shows and films
• Reality Television shows and films
• Fictional Shows and films
• Family
• Friends
• Mentors
• Other:
Please rate how much you have learned from EACH source using the following scale *0 equals none, 1 equals least and 4 equals most.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
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<tr>
<td>Educational Films</td>
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</table>
Giving Birth to Misconceptions

Educational Books
Educational Classes
Health Classes
Other Educational Sources
Personal Accounts told to me by people who have experienced childbirth
Documentary Shows and Films
Reality Television Shows and Films
Fictional Shows and Films
Family
Friends
Mentors
Other

Please list the names of television shows that you have seen which mention, discuss or show childbirth. *This is in reference to television shows (documentary, reality, and fictional).

- A Baby Story/ Birth Day (TLC)
- 16 & Pregnant (MTV)
- One Born Every Minute (Lifetime)
- I Didn't Know I Was Pregnant (TLC)
- Private Practice/ Grey's Anatomy (ABC)
- Up All Night (NBC)
- None
- Other:

Please list the names of films that you have seen which mention, discuss or show childbirth.

- Juno (2007)
- Knocked Up (2007)
- Waitress (2007)
- Twilight: Breaking Dawn (2011)
- Baby Mama (2008)
- None
- Other:

Please list the names of documentaries that you have seen which mention, discuss or show childbirth.

- Orgasmic Birth (2008)
- Business of Being Born (2008)
- In the Womb (2005)
- Pregnant in America (2008)
- None
- Other:

My further research will consist of an in-depth study of individual's personal experience and understanding of childbirth. I am interested in determining what influence television shows and films have on people's conception
and perceptions about the childbirth process. If you are interested in participating in focus-groups or more
detailed questionnaires that investigate these topics more in-depth, please provide your contact information.

Would you like to participate in further research for this study? *

- Yes
- No

If you would like to participate in further research for this study, please include your contact
information. Email or First Name and Phone Number

Thank you for participating in this survey!

If you have any questions or suggestions in regards to this research please contact Coral Walker at
cwalker@haverford.edu

Additional comments, suggestions or questions

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i A birth plan is a written list of preferences to guide how the woman would like her birth experience to

ii Cervix: the narrow lower or outer end of the uterus. (As defined by Merriam-Webster Online

iii Placenta: a flattened circular organ in the uterus of pregnant eutherian mammals, nourishing and
maintaining the fetus through the umbilical cord. (As defined by Merriam-Webster Online Dictionary)

iv The term to push in childbirth refers to making a strenuous pushing movement during birth to expel the
baby.

v IV: (Intravenous Fluids) an apparatus used to administer a fluid (as of medication, blood, or nutrients)
intravenously. (As defined by Merriam-Webster Online Dictionary)

vi Epidural: The most common method of pain relief used during childbirth. A needle is inserted through
the lower back into the spinal cord. Anesthesia is administered into the needle, which decreases sensation
from the waist.

vii The countdown to ten during the pushing stage of labor, is a technique utilized to maintain a rigid pattern
of breathing and consistent exerted energy during pushing.

viii Cesarean section: surgical incision of the wall of the abdomen and uterus for delivery of offspring. (As
defined by Merriam-Webster Online Dictionary)

ix National Center for Health Statistics (NCHS) is a branch of the Center for Disease and Control (CDC).

x “A direct-entry midwife is an independent practitioner educated in the discipline of midwifery through
self-study, apprenticeship, a midwifery school, or a college- or university-based program distinct from the
discipline of nursing.” (Midwives Alliance of North America 2012)

xi Induction: induction of labor involves using artificial means to assist the mother in delivering her baby.
(As defined by the Merriam-Webster Online Dictionary)

xii Pitocin: a synthetic version of oxytocin used especially to initiate or increase uterine contractions (as in
the induction of labor). (As defined by Merriam-Webster Online Dictionary)

xiii Breaking her water means to rupture the membrane of the amniotic sac. This is a technique used to
speed up the birth process.

xiv Fetal Monitor (Fetal Heart Rate Monitor) tracks and records the baby’s heart rate during labor and
delivery. These can be either externally or internally. In almost all of these examples the woman has an
external fetal monitor strapped to their bellies.

xv The phrase ‘urge to push’ is an overwhelming to push, caused by the baby pressed onto the cervix.

xvi “Push, push, push” is a common chant used to encourage the birthing mother to push quickly and with
all of her might.