Childbirth Online

The Mediation of Contrasting Discourses

Ranjana Das

Abstract

This article provides an account of the digital mediation of childbirth in the UK. Findings reveal that online discussions offer a cathartic, empowering and questioning space as women prepare for and make sense of childbirth. In contrast, they also often work to silence and shut down as "horror stories" experiences which do not fit into narratives of "good" birthing. I also find that multimodal repertoires are used skilfully to produce visual cultures through which a highly specific maternal subjectivity is mediated. Online discussions of birthing display the juxtaposition of two value laden narratives. The one emphasizes the necessity and superiority of a drug-free vaginal birth and sits within the feminist rebuttal of obstetric domination of birthing and is an empowering discourse. The other which seeks to silence those whose births did not fit within this model, and presents them with the task of silencing the "horror-story" narrative.

Keywords: childbirth, social media, maternal, wellbeing, motherhood, mediation

Introduction

This article reports from a small section of the material analysed in a project funded by the British Academy to run from 2016 till 2018[1]. The broader project has looked at the intersections of maternal wellbeing and new communication technologies (Das, forthcoming), but this brief article focuses solely on childbirth, and provides an account of the digital mediation of childbirth in the UK. I focus in this article on the digital mediation of childbirth and birthing in the British context, using illustrative instances from my work on Facebook birthing groups (Das, 2017a), Youtube amateur video channels (Das, forthcoming), and discussion threads from the childbirth section of an online parenting forum (Das, 2017b).

Birthing and motherhood in Western modernity has witnessed, like possibly all other spheres of life, a rapid and progressive entrance of media and communication technologies into its realm. Whether one looks at these processes as interruptions, or as developments in the solely positive sense of the term, arguably, like countless other societal processes, birthing itself, in the way it is represented, discussed, experienced and even managed, is increasingly mediated. Following Silverstone (1999), Thompson (1995), and Couldry (2008), in this chapter I understand mediation to encompass the whole host of communicative practices with media technologies, distinct from either media effects, or simply audience interpretations of texts, or even a general comment on media saturation in society. The format of this article does not allow a detailed discussion of my qualitative methodology, or an extensive presentation of analysis – so I extract from my work to present key findings, each accompanied with illustrative instances.

A cathartic, rationalising and empowering space?

The hearing, telling, recounting and circulating of birth stories works within a critical circuit of interpretive devices which are simultaneously the products of interpretation (of others' stories) and the devices/lenses through which one's own births and others' births are interpreted, contrasted and even compared. Speaking about birth, after birth, outside of the clinical and time-limited contexts of debriefing, serves cathartic and therapeutic purposes for many women. Rogers' (2015) terminology of "maternal essayists" draws attention to the syntactic and semantic textures of mothers' writing on the web – their narrative techniques, artistic self-expression and negotiations of agency. Lopez (2009) positions these writings as a radical act, Johnson (2015) as intimate mothering publics, Pedersen and Smithson (2013) as an articulation of new forms of femininity and Morrison (2011), as the grounds for an "intimate public" to become visible.

One poster says on a childbirth forum – "This thread has made me cry, which I think I haven't done enough of". Another says – "I've never wrote it all down like that before and it's actually upset me all over again. It obviously just doesn't go away. This is kind of like therapy though". The sense of community, camaraderie and solidarity that comes through on childbirth forums is striking, although, as the next section will evidence, this camaraderie often has other less-convivial dimensions attached to it. It is important here that we pay attention to the nature of online discussion groups – they afford an immediacy to the exchange of stories, the scope for a range of interpretations, prejudices and understandings to co-exist on the same visual unit (the full screen), the scope for messages to be removed and be replaced by deletion messages, and the very own language of emoticons, abbreviations and terminology specific to a particular forum.

Chen (2013) offers a critique of mothers writing, from a techno-feminist perspective which is reminiscent of the wider public derision around women's forums and women's online talk that can be traced back to the historical derision towards romance novels

for example (Radway, 1984). Offering a critique of the semantic connotations of the term "mummy blogging". Chen counters the terminology as reducing the authors of these blogs to nurturers and carers alone. As I have argued elsewhere (Das, 2017a) the *mommy* terminology paternalistically endows these social media practices of mothers writing – with qualities that move them from the centre of investigative priorities to the periphery by using the word mommy (instead of mother for example) and that this then works as a convenient, ready-to-employ device of light-hearted dismissal of these texts as anything to be seriously taken or analysed. There is, thus, a broader debate to be had about the words we use to refer to women's/mothers' textual practices on social media. This is reflected to an extent in the title of Brady & Guerin's (2010) work on online parenting discussions where they say these sites are "not all romantic, all happy, coochy coo".

Story-telling on childbirth forums is discursively recognised and analysed by posters as useful for those that will lurk but not post, read but not share, or those not pregnant yet. This links to the relationship between media, story and narrative in the context of digital media. This references developments on narrative, illness and social media within e-health studies which have theorized the power of narratives to both resource people to make sense of their own experiences, and, through constant reproduction, do important identity work, producing themselves and by extension others as subjects of differential value. Bamberg, Schiffrin, and de Fina (2007) develop theorisations of how this work outlined above is done by the use of narrative to present, produce, maintain and reproduce oneself and one's own identity by creating a coherent story to tell.

Illness narratives (Frank, 1993) are particularly relevant here – where it is increasingly evident, in many areas of e-health, that there is an emphasis on "coherent narratives with a positive outcome, hence favouring restitution and progressive narratives" (Page, 2012: 50). As one poster reminds everyone, of the importance of not just reading and expressing, but also of supporting and reaching out:

> There have been previous threads on which people have outpoured their experiences but acknowledgement and discussion is more than each of us telling our own experiences, so I ask that not only do we tell our own stories but we acknowledge other's and help them to discuss their past too.

Story-telling and listening to stories around childbirth becomes an important device through which women debate and disagree with institutions and structures, including medical systems, linguistic and discursive devices used socially in speaking about birth and of the systems within and against which women operate in birthing. One poster states categorically – "There are some problems I think in the language that is used around childbirth".

The emotional role played by story-telling is as significant. These anonymous spaces become areas where discussions of one's most private thoughts are (usually) acceptable. One mother who experiences a sense of disconnection with her own body, presents her narrative as one of disconnection, and a sense of not being with one's own physical

self – "That's the other thing; ordinarily your 'bits' are your private property, but after a birth... I felt totally alienated from that end of my body, like it wasn't mine any more, plus it was kind of rearranged". Similarly, a poster who has felt detached from her baby since birth, is able to speak of difficult and often socially-unacceptable emotions: "My daughter doesn't feel like mine. She feels like a child I'm babysitting for or something. That was why I couldn't carry on breastfeeding – it felt wrong and it still feels wrong sometimes to change her bum".

A space that also silences and shuts down?

Pedersen and Smithson's (2013) account of mothering on the parenting forum Mumsnet discusses how images of good and bad mothers are both constructed and critiqued on the forum. They converge discourses of intensive motherhood and mothering ideologies to analyse mothers' discussions and points outs that mothers re-work and resist the good mother ideal while being conscious of how all these ideals are increasingly mediated (see also Cheresheva's 2015 study on online narratives of infant feeding in Hungary and Bulgaria).

Attention to maternal work as a coherent set of tasks and functions (Ruddick, 1989) a few decades ago began to recognize the unconscious intersubjective dynamics involved in motherhood. Critical analysis of infant development (including the hyper-mediated nature of infant imagery) has shown to erase a discussion of maternal development except in relation to the well-being of the foetus and infant (Parker, 2009). Parker (2009) coined term "maternal ideal" where the emotional inability to ever separate from her baby is an ideal held up, which can be traced through conceptualizations of "good" mothering and "bad" mothering, relating to the "deviancy" debates on good and bad parenting as strongly classed discourses of neo-liberalism (Jensen, 2012). One of the key aspects of the mediation of birthing has been, Jensen argues, how childbirth TV has rendered birth affectively visible yet silenced the woman as caught between institutions, with birth as something to be feared and as highly medicalised.

Yet, as de Benedictis's (2017) account of the reception of One Born Every Minute reveals, the reverse – the enjoyable, peaceful, natural birth – prepared for in high-cost classes, often a resource for the middle-class mother – has become the ideal and idealized birth, tying very closely into discussions of good and bad mothering by invoking images of good and bad birthing. I draw attention particularly to the term "intensive mothering" which was coined in 1996 by Sharon Hays to represent a group of widely held beliefs about the necessity of investing vast amounts of emotional labour and energy into raising their children, which went above and beyond the perhaps obvious strength of emotions that would usually exist between mother and child (Arendell, 2000; Miller et al., 2007). This can be extended I argue to the discourses round intensive pregnancy (c.f. Tiidenberg & Baym, 2017) and a kind of intensive birthing as I suggest in this article.

Discussions online reflect these tensions, framed through the language of "positive" and "negative" stories, especially when people seek "positive" birth stories, display an aversion to traumatic or difficult stories being shared. The sharing of "horror" stories is not something actively encouraged (there are separate threads created for trauma support) and a number of discursively apparent rhetorical strategies are evident in the silencing of difficult accounts. One of these accounts is to paint the telling of a difficult story as a strategy, removing from the teller of the story any modicum of empathy and painting her instead as a plotter, or just someone sharing traumatic accounts for fun. As one poster says "When you are pregnant people always come out with the horror stories as they seem more interesting", or that "people definitely love to tell a gruesome story (or 12) to pregnant ladies". This is displayed often as an attempt to avoid and avert – what has not been heard will do no harm. A poster says "I remember telling everyone I don't want to know' before they started speaking if I knew where it was going". This is evident also in countless threads asking for solely positive accounts, and actively discouraging the sharing of horror stories.

Difficult experiences are as varied as they can be, and yet rhetorically, they are often grouped together, as though they were a homogenous mass that can be eliminated and avoided in the run-up to a birth. The use of language in group settings establishes a certain mode or set of practices as deserving of elimination and another as the *ideal* performs identity-work for the speaker. It manufactures the speaker as a value-laden subject and manufactures the addressee at its ideological antipode. This is a simplification of birthing experiences and accounts that becomes evident in comments which seek to enlist a very wide-ranging set of experiences into a single and often dismissive stream:

> It just seems like everyone has horror stories! And not just the people who are overly keen to share horrific stories for all my family and friends who have had babies over the past few years it's been a litany of forceps, 4-day labours, emcs, inductions with pain off the scale, filthy hospitals...!

Sharing "negative" stories is not simply a question of sharing experiences after birth. The voicing of fears and anxiety is often bounced back to the individual in a way that preserves fears and concerns as the individual's responsibility alone. This, by extension, becomes a device with which such manufacturing can be sustained longer term, and which contributes to identity-work in terms of both identity production and management. The sharing of "horror" stories as a strategy, the grouping together of "horror" stories into one homogenous narrative, the verbal shutting down of difficult accounts, the projection of fears as self-doubt or scaremongering are findings that align with the discursive silencing of negative accounts. The group is clear at the outset in that all posts must be about the gentleness and joy of birthing.

Language deserves close attention in these online spaces where linguistic devices of exclusions and inclusion are created subtly to filter out certain experiences and offer a voice to others. A Facebook birthing group says the word "pain" is forbidden from use

in the opening post by the moderator. The group moderator's words state this clearly: "Please use gentle language when you talk on here and refrain (sic) from posting references to 'pain' or 'hurt' would be very helpful". A simple rule – of avoiding the language of pain or anything difficult or traumatic – enables the production of a group identity which is simultaneously inclusive (of those that conform) and exclusive (of those who do not), reminding us of John Thompson's exposition of the management of visibility and the struggle for recognition (1995) in everyday life.

On the odd occasion a mother wishes to share her difficult experiences on a Facebook birthing group, this goes against the ethos of sharing only positivity and joy. The gist of a woman's birth story is summarised in one painful sentence: "I am currently in a rehab to walk because in all the manoeuvres to get her out. I have muscle and nerve damage. It's not what I ever expected and I'm just so glad she's alive with us". This story was unlike other stories and not allowed to be posted on the group directly. Instead the moderator made the original post using the word "trigger" – but the woman's story itself did not appear on the post. An edited, shortened version of the story was then posted in the comments. Immediately, a set of successive comments were posted in response to this powerful account of a woman's very real struggles – which involved abuse and chastising the woman for sharing negativity. Eventually these comments were taken down. Overall, however, this story disappeared into the history of the group drawing only very few comments from posters – a stark contrast to the overwhelming, sometimes tens or over a hundred comments in solidarity and support for "positive" accounts.

Multimodal repertoires of maternal subjectivities

Small-scale, inexpensive, personally-focused media productions celebrating or marking individual accomplishments, journeys and relationships have been at the heart of the *Digital Storytelling* project (Couldry, 2008; Lundby, 2008; Lambert, 2006). Of importance here is what Friedlander (2008) calls digital narratives' aspirations to speaking about 'a world' rather than simply one text being shared between author and audience. This is achieved through a range of means:

> Each of its elements – space, time, objects, beings and actions – can be selected, arranged and transformed for the needs of an aesthetic experience. (2008: 186)

The multimodal nature (Kress, 2003) of these compositions demarcates them from other maternal compositions, for instance, developed in textual form, even if online (c.f. Rogers, 2015; Pedersen & Smithson, 2013). They curate an audio-visual world, embedded in digital spaces of sharing, hyper-linking and circulating, in an endless process of semiosis (Kress, 2003) and these carefully curated stories collectively form parts of the narratives making up a mediated framework of reference (c.f. Silverstone, 1999) which are then accessed and referenced by others about to give birth, or those

seeking to make sense of their own birthing experiences. These narratives have critical roles to play in the mediation of social, political and cultural institutions by producing and maintaining hierarchies of voice and power – within which lies their great potential for critique and action, and equally, potential for in/exclusion.

Natural birthing is ritualized and presented online through amateur home videos (see also Mack, 2016) which use multimodality to produce birth as a near-mythic journey, through carefully chosen visual and audio aids, making use of textual devices to create a narrative of not the endurance of pain, but the erasure of it, producing birth not through the pain of labour, but rather as a journey that is ecstatic in going beyond pain at all.

In Video M the opening sequence involves a bright, silver starburst that rotates on the screen with uplifting music, erupting into particles of glittery stars – white on black, light on darkness. Multimodal communication helps mediate the narrative in Video M to produce the birth as a ritualistic experience of the mother who has prepared and practiced to not endure, but overcome any modicum of pain. This achieved as much by the addition of visual and audio devices, as by the textual removal and erasure of experiences, for instance the darkening, obscuration or non-inclusion of any difficult moments in labour, or the removal and editing out of vocalizations. Sound and voice of the actors (for instance regular conversation at a birth centre) is removed in Video M, to be replaced with calm, gentle music, creating (selectively) an ambience of peace, quiet and gentle labour, when, in reality, the text does not convey any of the actual sounds in the room at that particular point in the video because the audio tracks have been replaced with pre-edited music and voiceovers, overlaid by text.

In Video P, devices like soft focus, very slow zooming in on to the mother's pregnant belly, slowed down breathing, elimination of all natural noises, words and sounds, wide angle views that look in from the outside into a room where the birthing mother lies, produces, in attendance to the fading in of powerful instrumental music – the narrative of the gentle, calm birth. It is critical to investigate the syntactic and semantic features here, to make sense of how conventions are made use of, created and broken to produce a specific maternal subjectivity.

Video Y makes use of photographic conventions which make use of black and white still photography and near-still videography, with transcendental music, text and the interplay of light and dark to produce a birth video which eliminates any real sounds, colors or shades which one might expect in an "amateur" home video. Instead, the video is far from amateur. Camera, gaze, lighting, position and context have all been made artistic and well-thought out use of, which, sociologically speaking, of course, carry what Lister and Wells (2001) call "ideological weight". The use of conventions in this way mediates multimodality (Kress, 2003), an image of the enduring mother who has transcended pain and discomfort – who is at one with nature, and, yet, the constant interplay of edited music, edited audio, carefully edited photography and the use of text overlays produces a very intentional narrative.

Discussion

One of the overwhelming findings from this work has been the arrival in the UK, of the "good birth" and a digital curation of the near-idyllic and ideal circumstances and forms that a good birth comes with. The narrative around how good the birth is then draws most clearly from the emphasis on calm and quiet, the use of visuals and imagery to invite visions of nature and natural surroundings, and the use of music and audio editing to produce certain birth as the good birth, and the birthing woman as having achieved the ultimate in the entry to motherhood. This finding sits alongside critical feminist theorisations of women doing the "right" thing in motherhood and from the literature on bad and good parenting and mothering (Yadlon, 1997), including critiques of how normative and exclusionary this heavily gendered discourse can get. The mediation of childbirth increasingly sees an individualisation of birthing responsibilities and management of the self, complete with binaries like success/failure, and good/bad birthing and mothering.

My findings point to significant amounts of individual responsibility and self-censure and management being taken on by mothers invested in producing a performance of the good mother – both as a narrative that establishes and maintains itself through social discourse and as potentially silencing and exclusionary device. Mothers expressing guilt at having an "easier" time than others, indicating a subtle sense of competition and comparisons in birthing, mothers with positive experiences discursively demonstrating a stepping-away from praise of any kind, mothers who have had difficult experiences positioning a positive experience as down to individual luck, and a clear sense that traumatic experiences are often down to individual failings in some way.

Some of these discourses contradict each other, but that precisely is the nature of these discussions. At its clearest level, online discussions of birthing display the juxtaposition of two enormously value laden narratives which could even be interpreted as two sides of a single coin. The one which emphasizes the necessity and superiority of a drug-free vaginal birth and sits within the feminist rebuttal of obstetric domination of birthing and is an empowering discourse (c.f. Kitzinger, 2012); and the other which seeks to silence those whose births did not fit within this model, and presents them with the task of silencing the "horror-story" narrative.

Note
1. The material in this article reworks material previously used in Das, 2017a; 2017b; and 2018.

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