

Emily Kumler:

This week we're going to look at the idea of where you get your information and we're going to specifically focus on the information that is given to new moms and mothers in general. You know when you feel like you maybe are a little bit separated from the medical establishment because you don't have that much time with your doctors, now you have a new baby, you kind of rely on your own social networks and that's both people in real life as well as sort of crowdsourcing information online. How that sort of creates judgements and as much as it does create recommendations. I mean I think in some cases, which we'll hear about, this creates a really great environment for trying to tackle problems that you feel like nobody else is paying attention to. So we've heard this a lot in terms of like the endometriosis episode, so many women sort of commiserating about having the same symptoms and then being able to actually get to a place where they can not officially diagnose but gather enough data, good information, scientific research, and find also really good doctors who will be able to help them. And I think that's a really positive way of looking at this sort of massive information that we all have access to through the internet. However, we also know the flip side of that is when you go on social media and you look at other people's profiles and it seems like every day they're living their very best lives when you're having a crappy day or you're struggling with something that's really taxing on you psychologically in terms of the idea of judgment. When I was in Peru this summer, I had a really amazing opportunity to go down to Peru and study with the [Q'ero Indians](#), which are sort of the oldest Inca tribe. There's certainly a lot to talk about there, but one of the things that I was not expecting to experience, but I did profoundly while I was in Peru, was a recognition of how differently they treat mothers and children. Just as a culture. There's sort of a difference in women, like right when you arrive in Lima and you go through customs, all of the big posters around the airport show images of female police officers with big German shepherd dogs. So like right away you sort of realize like, Oh, there's this image of authority in women that's quite different there. But the big thing that stuck out to me, there was a mass that we went to and this sort of Andean mysticism tradition, they have incorporated a lot of Catholicism into their belief system. And so we spent time going to different masses. At one, there was a little girl who

was probably around five, which is how old my daughter is, and she was sort of walking around and then she was running around it and it's like the priest is up giving the mass and there is a child running around openly and she's not yelling, but she's definitely, you know, demanding some attention I would say. And her father is sort of following along behind her, but he's not trying to stop her. He's not telling her she's bad. He's kind of just letting her be. Then over to my right, there was three women sitting with a baby wrapped up as sort of like in a papoose, which was like actually a big blanket, which is how the women carry their babies and this woman was the older of the three women and the baby starts fussing and the woman to her left takes the baby out and tries to nurse it. Baby doesn't want a nurse, so she tries giving it a piece of string to play with the baby's sort of fussy, doesn't really want to play is definitely making a lot of noises. The people who are sitting behind them sort of try to help out, you know, making funny faces or doing different things to distract the baby or to play with the baby. Like maybe they weren't even distracting the baby. But what I was really struck by was that nobody turned and gave these women dirty looks. Nobody sort of assumed, which I think we would have done here, that she needed to get up and get the fussy baby out of church because it was a distraction from the service. It was like this was just how life is. People have babies, babies make noises, five-year-olds don't want to sit still. They want to run around. That's not bad. Like they're not trying to turn the kids into grownups prematurely. I'm a big believer in manners and children need to learn the right sort of protocols for behavior and that that's sort of a socialization that needs to happen with children. But the way we do it with such a negative view here was really put in contrast for me when I was in Peru in Peru. It seemed like this wasn't something that is like just exposed with children. It's like the incorporation of children into church life where kids get to just be kids was also replicated in all of the sort of market places that I went to. Kids were with their parents, their moms and their dads. Everybody sort of brings their kids to work. This is not obviously ideal. The kids should be in school and you know, we can get into sort of the level of poverty, which is extensive and Peru, especially in some of the areas that we were traveling in. But what was striking to me was the lack of judgment and I want to really explore that this week. Our sources this week are really experts in studying both how people get information, how people get good information, how they get bad information, how sort of judgment is formed both in terms of medical

interactions as well as sort of mom life. This started as a conversation really wanting to talk to them about their new book, which we will talk about, but it ended up expanding into this sort of greater way of thinking about where do we gather our information and how does the information that we're gathering and the places that we're choosing to gather that information really culminate in judgment and criticism that may not actually be helpful and may not really be accurate.

Bethany Johnson: My name is [Bethany Johnson](http://uncc.academia.edu/BethanyJohnson)¹. Most currently, I've been an instructor in the Department of History and an Associate Member of the Graduate Faculty and a Research Affiliate in the Department of Communication Studies at the [University of North Carolina at Charlotte](https://communication.uncc.edu/people/affiliate-faculty/johnson-bethany)². My focus is on women's and gender health history, particularly the history of infertility and also the history of epidemics, but that's another podcast episode. And I've been working with Dr. Quinlan for the last five years. We recently put out a book and we've done almost a dozen articles together on a series of issues related to women's health and doctor patient communication.

Emily Kumler: Terrific. We're so excited to have you. Okay. Dr Quinlan, take it away.

Dr. Quinlan: I'm [Maggie Quinlan](https://pages.uncc.edu/margaret-quinlan/)³ and I'm an Associate Professor in the Department of Communication Studies at the University of North Carolina at Charlotte. In terms of my research, I explore how communication creates, resists and possibly transforms knowledge is about the body, particularly women's bodies. I'm interested in critiquing through feminist and narrative lenses the structures that potentially marginalized bodies within and outside the health care systems.

Emily Kumler: Great. We are so excited to have you guys on. I feel like there's a lot of different stuff we could talk about, but I want to start by just sort of figuring out how did you guys come up with the idea for this book that you've written that's called: [You're Doing it Wrong: Mothering, Media, and Medical Expertise](https://www.rutgersuniversitypress.org/youre-doing-it-wrong/9780813593784).

⁴Dr. Quinlan: The title just sort of fell on our laps and I would say the book kind of did, too. It just kind of wrote itself. We started our research related to

¹ <http://uncc.academia.edu/BethanyJohnson>

² <https://communication.uncc.edu/people/affiliate-faculty/johnson-bethany>

³ <https://pages.uncc.edu/margaret-quinlan/>

⁴ <https://www.rutgersuniversitypress.org/youre-doing-it-wrong/9780813593784>

infertility. You know, we kept coming across all of these discourses throughout history as well as today on social media that kept giving passages to us about the ways in which we were doing things wrong. We see that throughout what we term the "life cycle of early motherhood," which is preconception all the way through early toddlerhood. And so, no matter what decision individuals make or even if it's not something that's a choice, the messages from lay individuals, from medical practitioners, and friends, and family, etc., somebody was there to tell you that you were doing it wrong.

Bethany Johnson: There are a lot of questions that we ask in our research, but you can kind of all boil it down to two things that Maggie and I have always said to each other. Maggie, coming from the comparative theory perspective always says this has to be happening for someone else. Let's find out about it, gather the stories, and figure out what we can learn about this. And from my perspective, I always say this has to have a history. This started somewhere. It's changed over time. We have to find out what that story is so that we can understand what's going on in the present.

Emily Kumler: I love that! I was a history major in college and I always joke that I like need context for everything or I really don't feel like I can understand it. Like my kids come home from school and I'm like, what did you do first period? Like we need to start at the top. And I also think the idea of like having a comparative analysis really allows you to, I like sort of isolate variables, right? And make a more fair comparison. But how do you measure something like this where it is such a personal kind of experience? I mean, I think every woman today would agree with you from all corners of the earth. She's getting told that she's not doing a good job, but at the same time like did moms always think that? I mean it's not like mothers were less thoughtful, right? Or that the world was more friendly, I don't think. I mean in some ways it was like more hostile, right, in past generations? So I'd be really curious to sort of hear both how you guys are measuring this stuff and also, you know, sort of what do you make of it just as like a 30,000 foot view?

Dr. Quinlan: Well, for me what's interesting is that we have access to so many more people through our smart phones, you know, through social media. So on a daily basis, I can interact with a midwife, a doula, a lactation consultant, a medical practitioner, somebody who sells Shakeology, you know, all in one Facebook post in a moms group about a child's rash. Throughout

history, you didn't quite have access to all of these voices in the way that we do today.

Bethany Johnson: You know what Maggie and I spend a lot of time wrestling with is from that 30,000 foot view, the overall message and issue is the same. And that is: no matter what the outcome is, we like to put the target on the individual as this individual people could solve all of the problems and the all of the standards that society places on us. If you look back at the early 20th century, there was a very similar narrative and this was at the height of newspaper and magazine popularity and this is actually when moms started publishing about health issues in Good Housekeeping and Ladies Home Journal and they were actually impacting health practice based on their lay expertise and saying to other mothers, look, we have to talk about these issues, this is something we think we should be doing or not doing. Talk to your doctor about it. So there's actually an old history for what we're seeing happen on social media, but at the time in the early 20th century, you know, the right way to be a mother was to be you know, straight, which we understood very differently at the time. We thought that was virtually the only option. You were a straight, white, educated, woman who quit school or job as soon as you were able to get pregnant. You were married in a nuclear family, and you lived that way, and you had a certain amount of money, and you went to church, and you did these certain things. Any aberration from that model was considered a kind of failure. And the policies directed at people who were "failing" to live this very particular certain kind of motherhood were helpful in the sense that they offered resources and not helpful in the sense that they offered an enormous amount of shame and judgment.

Emily Kumler: Well, and limitation, right? I mean, I think there was probably a huge amount of depression then as, you know, I think there probably is today. It seems like everybody today is anxious. Everybody describes their experience 50 years ago as being depressing. And I think we've created this culture and I think one of the things that you guys do such a great job of in the book is not just talking about the impact of social media and I think, you know, you're not saying it's good or bad, you're just sort of saying like it's here and this is the experience, but also this idea of people weighing in as experts. Like, I know you have that thing about nurses like sort of saying like, well you know your kid's rash. Like, I'm a nurse. Sort of

like a qualifier that like maybe gives them more points to be diagnosing over social media. Right?

Bethany Johnson: Yeah. And right away, Maggie and I are both going, well, what's the lighting? Did you use a filter? Are you outside? Are you inside? Is it fluorescent or a public bathroom? You know, even if I knew the lighting, I couldn't diagnose and wouldn't diagnose anything. But you know, just thinking about how images shift, what you're seeing based on where you are. That's a big deal with something like a rash. It can be the difference between, oh that's you know, a horrible allergic reaction or maybe the detergent is an irritant.

Emily Kumler: And yet at the same time when you're a worried mom and you post something on social media, you're like looking for instant feedback.

Bethany Johnson: 100% because you can't get it from your doctor at that moment. You can't text them a picture and say what is this this? They'll say I need to see it in person, I'll see you tomorrow. You know? And that doesn't make anyone less anxious at three in the morning.

Emily Kumler: And I think you guys have a statistic that like [46% of people are using like social media or the internet](#)⁵, like sort of web based platforms for medical advice or feedback. I mean, that's startling.

Dr. Quinlan: You can't tell mothers or individuals that you can't Google something. Like that is just an archaic phrase to say to people. But doctors say that to people all the time because it's such a part of our lives. So I think as a system we have to look at these conversations and take them seriously because this is where people are getting their health information.

Bethany Johnson: We've said to doctors, you know, the ship sailed 10 years ago for you to be telling people not to Google. What you don't understand is that people go to Google after they're talking to their fellow moms and private Facebook groups and on Instagram. So the conversation I think that a lot of sort of traditional medical practitioners are having or their understanding of how this works is fully a decade behind what is actually happening.

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/28085513>

Emily Kumler: It's interesting because the way you guys break the book apart into sort of different stages of life as a mom, I guess, early life as a mom, it's like that all starts in pregnancy. You know, when people are starting to Google, like how their body is changing and what's going on. And I mean again, I sort of, I want you guys to say like it's terrible or it's fantastic and it's like, it probably depends a lot on the individual and what they're taking from that information, which I imagine is really hard to study. But as an overall sort of comparative to either other cultures or other time periods, like where does this lead us?

Dr. Quinlan: Today on social media confidence tends to be read as the person's actual level of knowledge about something and that can be really unhelpful, particularly if someone disagrees with the particular methodology that you're using or your approach. While social media can be a really great thing and really be supportive of people, we found, particularly during pregnancy in the postpartum period. You know, we really look at crises during each of these moments in the life cycle because that tends to be the time when people feel most anxious or desperate about something and will most likely go to the thing where they can get instant feedback and that's social media. We struggled with this a lot in our child loss chapter when we looked at people who lost babies unexpectedly at birth in the hospital. They didn't go home with a baby, you know, they went home with some mementos, some tokens that the hospital and staff helped them put together. We interviewed someone whose midwife had to bring them to the hospital, where their daughter unexpectedly died of a heart issue. And they had pictures that were taken by [Now I Lay Me Down To Sleep](#)⁶ who was at the hospital volunteering that day. People want to post these pictures on social media because it's the only way they can say, I had a baby. When we get uncomfortable with our grief and, you know, it can trigger something in us that fear of loss that can sit really heavy and these images are being reported and taken down. They're beautiful, beautiful black and white images, just so tender. And that I think can retraumatize parents all over again.

Emily Kumler: Can you talk about why they're being taken down? Like what does that, you know, what's sort of happening on that end?

⁶ <https://www.nowilaymedowntosleep.org/>

Dr. Quinlan: They're being reported as offensive and [Facebook takes them down](#)⁷ as offensive material. Not anymore. Usually Facebook has had to issue a public apology to a couple of families that this happened to. But you know when this happens to a family and they receive a notification that the image has been taken down for being offensive and violating community standards, you're left with the knowledge that someone that follows your feed, reported it.

Emily Kumler: Right. So that's what I was trying to get at. It has to be like a friend or somebody who's seen it. It's not an algorithm that's picking it up.

Dr. Quinlan: Right.

Emily Kumler: Which is so obnoxious. I cannot even.

Dr. Quinlan: And I think the one thing that this research has taught me is when I first started that chapter, those images made me uncomfortable. And it was through, you know, conversations with Bethany about the history of [memento mori](#)⁸ and child loss photography and how this was not always, but you know, since the 1900s [a part of our culture](#)⁹, if there was a high chance that your child would not make it past two, that this was something that families did. And so, having that history helped me to process friends and family members who were posting these images or sending birth announcements with the mourning image, you know? So having that context also helped me to contextualize it.

Emily Kumler: Let's stay on that for a second. Because I think that's actually really a fascinating point because what you're touching on is that like once you have the context that this is sort of normal, for lack of a better word, it makes you feel more comfortable with it. But your initial response, you know, and I'm blaming you, but then you know, I have no idea if this is accurate or not. But like the idea being that like if it's not normal, then it's kind of exhibitionist, right? Or it's kind of like you're making me feel uncomfortable about your tragedy. That, I think, is symptom of our modern life that is systemic and isolating, but also incredibly damaging, right? Because it's like then people feel like they need to overexplain and, and I think that can be overwhelming and then people decide, well, I

⁷ <https://katv.com/archive/facebook-deletes-baby-pictures-family-outraged>

⁸ <https://www.merriam-webster.com/dictionary/memento%20mori>

⁹ <https://www.amazon.com/Sleeping-Beauty-Memorial-Photography-America/dp/0942642325>

want to post this picture of my baby that died and people are going to think badly of me, then I'm not going to do it. You know what I mean? I feel like there's so much in that sort of idea of like, do I tolerate this? Do I not tolerate it? And I think, you know, the extreme of that is reporting the image, right? Which is like, I'm not going to call this person and say like, you must be really hurting. I saw that picture that you posted on Facebook. Like, it made me feel incredibly uncomfortable and sad to see it. I can only imagine how you must be feeling. Please let me know what I can do or just know that I'm thinking of you. Instead, the person is anonymously reporting it to a corporation, right? That's then taking action against an individual who's grieving. Like that is so backwards as far as any kind of humanity goes. But I think there is a judgment that we make instantly. I mean there was this great Instagram post going around a couple weeks ago that was basically like don't, which I'm sure is like a hundred years old, been recirculating, but it was like, don't judge your life based on a snapshot of somebody else's perfect day.

Dr. Quinlan: Yeah. Yeah.

Emily Kumler: And it's like, right? Like that's what we usually see on social media is like beautiful, you know, maybe styled filtered, blah blah blah. You know, when your kids are screaming or vomiting on you or whatever else, you're like, how come my life isn't like that? But this is the other side of it. And I think this is really important because I think this does get to the idea of even some of the mom bullying stuff that happens where like you see a bunch of friends out on social media and you weren't invited and your feelings get hurt and it's like, who cares? Like you're exhausted and you wouldn't have gone anyway. Do you know what I mean? But all of a sudden it creates this self doubt that's like omnipresent in our lives with social media. And when you get into the medical sphere it becomes really toxic, I think, and dangerous.

Bethany Johnson: It absolutely can. And one of the things that we observed with the memento mori pictures, and you know these pictures are often, they look like sleeping babies. They're black and white, soft focus. This is how they looked in the Victorian era. People are just wearing more updated clothing and these are professional photographers working with organizations like Now I Lay Me Down To Sleep. So you're not looking at something very graphic in the way that I think people might think about it if they haven't seen some of these images. But I think what it speaks to

also is that Americans have a real discomfort with death and loss. All the parents were trying to do in these moments is to celebrate a life that was a part of their family for however long. And when we were interviewing people for this chapter, which I can't imagine what it's like for the people actually going through it because it felt emotionally draining. I remember Maggie and I both talking about having to take naps after some of these interviews, just trying to hold space for the parents to express their grief and also to not make our feelings the center of the conversation. One of the things I learned that I'm so thankful for, as a result of this research, is that people just wanted individuals to use their child's name. About a month ago, someone posted in a private mom's group for academic mamas, I think it was. And there's a beautiful picture of her and her daughter and she said, you know, my daughter was born sleeping two weeks ago. I'm still pumping and donating my milk to NICU babies. And there's a beautiful image there and people were so lovely. And were going on and saying, I'm so sorry, you know, that's so generous of you and just really wanting to connect with this mom. And I felt like I had been given this gift by the other people that we interviewed. And I said, thank you for sharing your daughter with us. What is her name? You know, and she said, oh, her name is Hannah Lucille, please think of her when the weather is beautiful and you see bees and she reminds me of this and just the dam sort of broke open. And I knew that, okay, I learned something really helpful here. And I went back a week later and I said, I'm thinking of Hannah today. It's a beautiful sunny day.

Emily Kumler: That is so sweet. And I feel like that's such a nice way to connect and be helpful to somebody else.

Bethany Johnson: You know, she had a daughter, her daughter had a name. So in this scenario you can see what can be the best of social media and what can be the worst when we can't sit with our discomfort. But, here's the best thing about social media. You can scroll past it. You know, if it's someone else sitting with their grief, scroll past it and talk to them in person. If it's something that's really hard, without reporting it, you know, or maybe ask yourself, what does this trigger in me and why is this so difficult for me? Well, it touches on the deepest fear you have as a parent, which is losing your child.

Emily Kumler: Absolutely. Right? Yeah. I think that's spot on.

Dr. Quinlan: I think we also have to think about the pressure on women to produce perfect children. You mentioned, you know, sort of starting at pregnancy. Well, Bethany and I learned through this that it really starts at preconception, right? How do you prepare your body for this perfect human? And that's not the case for everybody. And again, the focus on female bodies, right? That we're not thinking about how can we prepare sperm to be the healthiest it can be and things like that. And so, where did these conversations start? Right? Were you eating slurpees as a 16 year old and you know, and that's going to make your body the healthiest fertile body it can be. It just trickles down all the way through conception, through pregnancy, through the postpartum stage, you know, into childbirth, you know, etc. All those different stages that we talk about.

Emily Kumler: Right. And you know, I feel like there is very little of that pressure on men. I mean maybe there's more pressure of them, like are you earning enough money to support a family? Like that might be the sort of old hangover. But can you guys talk a little bit about the work you did looking at Dr. Martin Couney and how his work has sort of shaped the perspective that we have of moms today?

Bethany Johnson: Well, [Dr. Martin Couney](#)¹⁰ was an immigrant from Europe in the early 20th century. It's hard to find the exact date because he gave a number of them. There wasn't really an accurate paper trail at the time, so it's hard to actually pin down.

Emily Kumler: Which wasn't as sketchy as it would be today.

Bethany Johnson: Exactly. It would be very sketchy today, but no one had ID cards, driver's licenses, birth certificates, so he could have literally not really known the date at some point. He started bringing incubators, German incubators, [he did not create them](#)¹¹, to World's Fairs to demonstrate how you would keep babies alive that were born too soon and underweight and he ended up at the Buffalo exposition and then finally had a permanent exhibit for about, you know, [over 25 years in Coney Island](#)¹² in Luna park and in Dreamland. He had two of them. Over the course of the decades he was there, thousands of babies who would have died in the hospitals

¹⁰

<https://www.smithsonianmag.com/history/man-who-pretended-be-doctor-ran-worlds-fair-attraction-saved-lives-thousands-premature-babies-180960200/>

¹¹ <http://neonatology.org/pdf/7200377a.pdf>

¹² <https://www.nytimes.com/2005/06/12/nyregion/and-next-to-the-bearded-lady-premature-babies.html>

that couldn't keep them alive, their parents brought them to Coney Island and they lived in these little incubators and people paid 25 cents to go through a line and look at them. And they grew up to be productive adults. Now, the story of Martin Couney is this maverick operating outside of the medical system because no one would listen to him. And that's partially true, although he worked with some pretty famous people like [Arthur Gesell](#)¹³, who pretty much defined 20th century child development. But also he wasn't a doctor, we don't think. And he still reported on as a doctor. Now, in the last couple of years, you know, since we've had our book in press, at least one book has come out also illustrating that we don't think he was actually a doctor. So, we talk about lay in technical expertise in the book and he painted himself and he put himself out there as a technical expert who had a lot to critique about mothers and how they raised their children. And he wasn't a technical expert. And he also didn't do most of the caring for the children. He took the audience through it and the nurses did the caring. But, we imagine the start of the NICU as this one brave man working against the odds, you know? And it's sort of, the story was more complicated than that.

Emily Kumler:

And so how do you think about that kind of legacy, to sort of connect back to what we were just talking about? Like for me, there feels like a link there. But I feel like the first time I ever heard about him, I think it was an [NPR story](#)¹⁴, and they were talking about how like the medical world had rejected this technology or couldn't afford it or for some reason it was not allowed or not offered to people. And that women basically had this choice. And I, if I'm remembering correctly, and this was a while ago, but there were like two moms, they both had children who needed this, like sort of extra life support and one decided to send the kid, you know, off to what was sort of like the circus, right? And the other one let her baby die. The juxtaposition in that storytelling was stark. The undertone was sometimes you need to do things outside of what the medical establishment tells you and it's life or death. And like, here is this guy, maverick as you're saying, is a perfect word for the way that they were portraying him, who not only did that, but there were these brave moms who had to make this tough decision and they went with the right

¹³ <https://gesellinstitute.org/pages/gesell-theory>

¹⁴

<https://www.npr.org/sections/thetwo-way/2017/02/25/517221933/lucille-horn-who-was-nursed-to-health-in-a-coney-island-sideshow-dies-at-96> - original story Emily mentioned was not an NPR piece

choice or the wrong choice. Right? And like that is so loaded from every angle. But the fact that a) he wasn't a doctor and b) he was making money off of this. So, he saved kids. Like, I mean I'm always for that. That's great. But it is interesting how we tell the story and I also think like the idea that some moms didn't want their kids to go be on show for some, you know, sort of unproven medical device. Today, what would happen if we had something like that, right? Where like preemie babies had a greater, like some dude was saying, come to Chelsea pier and I'll fix your preemie, right? Like, what? I don't, you know what I mean? He would be arrested. So, it's so interesting to put him in the context of what you guys have been studying. I think that's like fascinating, but I also think it goes to this idea of like sometimes you need to override your maternal instincts. Sometimes you need to be distrusting. In some ways, that's exactly what social media is like really good at is sort of stirring the pot or having people, I mean like you look at like all the Alt-Reich stuff on YouTube, right? I feel like that's a great example. They are literally making up history. And it's compelling, right? And they're using footage from like other wars to talk about what they're making up essentially. And it's like just, it's bonkers, but people are like, oh, I saw it. Like, they have footage of it. You know what I mean? And it's very compelling and I think it's what you guys do a really good job of is sort of saying like, let's look at how these modern factors are playing into the way not just moms are treated or motherhood is thought of, but also like how we decide about care.

Dr. Quinlan:

I mean also look at the messages he was giving to women. You know, he [was quoted in newspapers as saying some pretty offensive things to women](#)¹⁵ for having caused this. He thought he could train wet nurses by feeding them the best diet and you know, doing all these things that I'm sure gave mothers no confidence in their ability to be able to bring these little babies home when it was time. They were, you know, on the outside looking through glass at their baby and not knowing how to do that. And we see in NICU today, you know, really encouraging kangaroo care and skin-to-skin and being in the hospital much as possible, but not too much. You know? So we see a lot of these conflicting messages today and you know, sort of the fear, right? The technology could be a better mother than, you know, our human body. So, you know, we hope through that chapter we sort of complicated some of those messages.

¹⁵ <https://www.newspapers.com/newspage/57556702/>

Bethany Johnson: And you're right, the narrative is really the issue here. So when you heard that NPR illustration, the narrative is that there was a hero in the story, when the truth of what happens in the NICU is that doctors are vital but nurses and parents actually keep the baby alive while they're in the hospital and after they get home. By making it sound like you need a hero driving the story, one person, it really erases who else is playing a role there. Just like on these Alt-Reich videos, you can take a clip of anything, but if you erase the actual narrative and context with which it was created and supplant it with your own, the actual experiences of the people involved gets erased. And when you erase the actual experiences of the people involved, no one's story is getting told and that's what's isolating

Emily Kumler: Well and that's propaganda. So I think that in some ways is what's happened. You know, I don't want to go so far as just saying that he like created propaganda against mothers. But some of the quotes you guys have are stark, right? Like you can't tell a girl a thing or like something where he's like basically saying like, you know, women don't know squat about mothering. But, like, I do. I mean I feel like anybody who's had anybody who's had a baby, I feel like when I had my son it was like unbelievable. I mean it was like a very long labor, which I don't need to get into all of the gory details of, but I was with a nurse and for like an hour and then she left because it was like her day off. She came back to check on me and I was still in labor and I was like, what are you doing here? I thought it was your day off. And she was like, I took my day off and you're still in labor. By the time that my son was born, it was like the OB came in the room. My husband jokes that he came in for like 30 seconds. The final nurse who was with me like, you know, told my husband she was going to need his help and he was like, I think you need to call the doctor, like what is going on? And it was like he and I, you know, obviously had not had any kids before and like didn't know what we were doing. But it's like you spent all this time with your OB and very rarely is it the OB that you're going to deliver with. And secondarily, even if it is, like with my daughter, I had a really great relationship with my OB and she happened to be on call that day and so we like played games and she actually like hung out with me for a lot of the labor. But I think that was really exceptional. With my son, like my husband's still mad that that doctor gets all the credit for delivering Max and like he wasn't there at all. The nurses and I, like I feel like we went through war together. Like if I

ever saw them out, I would buy them a drink, buy them dinner or like thank them. The doctor, I don't know if I'd even recognize him.

Dr. Quinlan: Absolutely. And you know what's really ironic about Couney, and we get to this, we're not totally sure how to say it. Also, he spelled it differently because everyone's spelled their name however they felt like in the 18th and 19th centuries, but his only child was born prematurely. He had to go get an incubator out of storage during the winter season and bring it to his apartment where his daughter spent a couple of months. It's interesting, he never mentioned to the news what his wife did wrong.

Emily Kumler: Yeah. And he didn't charge people to see his own daughter.

Dr. Quinlan: Right. And yet, thousands of people lived that wouldn't have lived, you know, so, and this was probably also an issue with social media. Even if it allows you to step outside of some of these boundaries and find these alternate narratives, it also strips most things of context. And that's what we work so hard to do in this book. Because if you understand the longer history of these messages, it gives you the freedom to walk away from them when they are not helping you. So when you're in these mom groups or you're talking about infertility and there are people in the dialogue that probably don't understand, don't know what to say, and come out with, well, my sister went on a cruise and then she got pregnant. Which I had definitely been told the four years I was in treatment. I was also told, do you want some of my husband's sperm? Try a bottle of wine. Go on vacation, quit your job. You know, all of these things. The helpful thing for me as a historian is always to know, you know, this is probably why people say these things. This is where it started. So that can just brush it off. It's harder sometimes than others, but that's what we want to empower people with through our book. This is what you know you can release when you read it and it's not helpful to you or when someone says it to you and it's not helpful.

Emily Kumler: Which is such a gift. I mean it's such a gift. The only thing I worry about in that regard is this idea of like everybody goes into their own echo chambers, right? I mean I feel like we're living through this strange period, which I'm not sure I'm gonna articulate this properly, but hopefully you guys will understand what I mean and be able to articulate it better. And you bring this up really well and like in a couple of different examples, it's like everybody's an expert, right? And like we don't value

experts anymore. And so it's like there's this white washing of people who have really gone to medical school really deeply studied something. I mean, the point of our podcast is to like really look at like good research versus bad research. And unfortunately there is a lot of sort of, I would say like corruption of the academic peer review journals, I mean a lot, right? We could go down a whole rabbit hole with like why medicine is not as evidenced based as it probably should be. Okay. All that aside, somebody who's gone to medical school understands the body much better than I do. Right? I could focus in on a certain kind of aspect of the body and maybe I could self-educate myself, you know, I could educate myself rather, but my instinct is the people who are going on Facebook to post advice for other people, that they're not spending their time reading medical textbooks, right? Or even like historical texts to try to understand like, you know, is this a new phenomenon or not? And it's like this, you know, armchair expert kind of bullshit that I think drives me crazy and I think it's really dangerous. And so you know, it's like talking about motherhood in some ways. It sort of reminds me of like when you look at nutrition research, which I think is one of the worst areas of sort of scientific rigor. One of the things that comes up when you talk to people about what they're eating is that everybody thinks they're an expert. Because everybody eats, right? And so there's all this like self experimentation, well that doesn't work for me or that doesn't make any sense. Like, my sister did this and she looks great, whatever. And I think that, you know, we've done ourselves a disservice in that department because we've put out so many conflicting sort of news headlines. Eat eggs today, eggs are going to kill you tomorrow. Right? And so like, and nobody's going back and really looking at the original data, which is what we're trying to do. But I think the same is probably true for mothering. Right? So like I can talk to my mom like, I mean I actually, I feel like I'll get in trouble for saying this, if she's listening, I don't know if she actually listens or not, but there were four kids in my family and when my kids were having trouble sleeping through the night, my mom would be like, I don't understand. And my mother in law said the same thing. They were like, you know, by the time you were like one years old, you slept for like 10 hours. And I am a great sleeper. Right? So like I was like, oh, that's cool, but not all four of us. Like statistically that's impossible. Right? But then I was like, but you didn't have baby monitors and you have a big house. So maybe it wasn't that we actually were asleep. Maybe it's that you didn't hear us, but then that like fires up this sort of sense that I'm

judging, right? Or in a negative like, oh you think you were just crying and nobody cared about and nobody paid attention to you. Like, poor neglected Emily, right? And it's like, no, like the, I think technically that might be more likely, right? Not that you were a bad mom, but that you didn't have that technology so you didn't have to be woken up in the middle of the night by a baby, like screaming in your ear via a monitor that I keep next to my bed. And so like that idea of like judgment and expertise is really like a self experimentation one on one in every case of motherhood. You know, it's funny because like even just anecdotally, again, like the people who I love to get mothering advice from, some of whom I like went to high school with and I haven't seen for a hundred years, but they have a lot of kids. And I sort of feel like they know how to handle this in a way that I don't, I have two and I'm totally overwhelmed and like if they have six and they are alive, like I bet they know more than I do about this, right? But that also is like, not based on any kind of scientific rigor. I mean I think, you know, just to sort of wrap up a little bit, I feel like one of the things that I really want you guys to talk about is, and I love the idea of like once you know the context for this stuff and you realize that if you're asking for information versus you're just receiving unsolicited advice, like I think those are important distinctions to make, too. Like how did the process of working on this change the way you all look at social media as a mom? Or even just as your life, like did it change your perspective on it at all?

Dr. Quinlan:

We both wrote this while we were pregnant with our second children and so it was interesting to go through it, just sort of like be living it all again as we were writing it. And we also had to write certain chapters at different times, not knowing what our paths were going to be. You know, we were like, let's do the baby loss chapter now because we're in a place that we could write it that would be healthy for us where it's certain points that wouldn't have been a healthy chapter to write or you know, not knowing what our infertility journeys would be. But I'm pretty open that I have a pretty unhealthy relationship with social media that I tend to get pretty caught up in some of these conversations. And you know, I've had to take social media off my phone while pregnant and while going through the postpartum period. I have actually very limited today social media on my phone as a result of it. And so, you know, all of the developmental milestone comparison that happens, whether or not, I don't think people are aware, you know, it's painful to me at certain

points. And so, you know, I've had to do certain things to protect myself. But I think writing this book helped me to figure out what I need to do to be able to listen to my gut more and to be able to be more present in the moment.

Emily Kumler: And so is that because when you are viewing stuff it makes you feel bad about your own life or it makes you confused? Can you explain the emotion that you feel that made you decide that you needed to take a break?

Dr. Quinlan: One of our participants, Rohan, who identifies as a queer single parent, it was really hard for Rohan to quiet the noise. And you know, that really resonated with me that it is hard to not get caught up in looking like everybody has it together, that they are giving their children all of these amazing opportunities. And you know, I also don't want to participate in making somebody else in my life feel that way too. So I'm not really good about posting as much as family would like to see more pictures of my family, but I just am not at a good place to be able to do that. And so, you know, I think now that I know how complicated each post is and the potential ramifications of it makes me more aware of the decisions that I make.

Bethany Johnson: I think for me, I'm actually struggling with my use right now and trying to back off of it. Maggie and I both felt like we needed a break because we were studying it all the time and just taking hundreds of screenshots and sending it to each other and having dialogues about it and uploading them into files and coding them and doing all this transcribing. So we just, you know, we wanted a break, but then when you have a book you have to go talk about it on social media. So, there we were right back. And we have an Instagram account and you know, so right now I feel like my usage is probably the most unhealthy it's been in a long time. Thankfully I have a lot of shifts coming up this fall in terms of my job and where my kids are going to school and all these things. I'm hoping I can just take a big step back while I focus on those shifts. But there are a couple of things I took away from this that are helping me through what I feel like is an unhealthy moment for me. I'll give you an example. My daughter is four and she's going to a Pre-K program at a public Montessori, which is so cool, that we have in Charlotte and there's a lottery. It's a wild. So here I'm from the North, I don't understand it, but

she had a 1 in 400 chance of getting in. I put her name in the pot and she got a spot and I to this day don't know how.

Emily Kumler: Congratulations.

Bethany Johnson: Thank you. I'm super excited and also have like survivor guilt about it because I know so many people wanted their kids to go. You know, so she has to take the bus and I started taking the bus when I was five or six. So she seems so young to me and there's no way you can practice taking a bus in our city. That's a school bus. You know, she's been on other buses at the airport and city buses and things. I was looking up videos to show her getting on and off the bus. And so many of the videos are like SUV hits kid waiting at the bus stop. Like so many horrific, why do these kids in Kansas get, you know, trapped in their bus WSTV video. And I'm just scrolling through all this and I started panicking, you know, and I was like, okay, statistically this is unlikely. Lots of lots and lots of people ride the bus, look up some safety measures, but like get off your phone, do not watch these videos, Bethany, you will not be able to put her on the bus. You can see that most of the videos are about these horrific topics. But that doesn't mean most bus rides end up that way. So I had to really take a step back and get off the internet, particularly on that issue. And they haven't allowed myself to look up that stuff unless it was like 'Bus Safety: PDF' so that I know it's not a video or something like that. So, because of all the issues we talked about on this podcast today, how do you find this good information and what really can you get from social media? I think the research Maggie and I have been doing, you know in the last couple of months of the book coming out, we've been working a lot on Instagram and the infertility community there and a lot of people set up other accounts for their fertility journeys, particularly if they have maybe [IVF treatment](#)¹⁶. What your doctor isn't trained to do and what your medical staff isn't trained to do at a reproductive endocrinology and infertility clinic is provide really sort of deep peer and emotional support. While they do do that, they do have to focus first and foremost on particular aspects of your health and treatment cycle and they can offer you support while you are there, but you also can't stay there for hours processing with them, even if you have just the most caring nurse. And so I would encourage people to find these sub-communities on social media and look for emotional support. Not informational support necessarily.

¹⁶ <https://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716>

Because emotional support is something that can really be in what's called the care gap. And sometimes you really need to talk to somebody else who's done these abdominal shots and who got that bruising, you know, do I use a heating pad? Did you use Tylenol? Low level, the responses to you, but also someone saying, you've got this, you can do this, I believe in you. I was so scared too, and then I did it and it went okay, check back in with us tomorrow. These are the types of conversations we're seeing in the infertility community on Instagram and Facebook and I think those are the places that we can really gain something without jeopardizing the kind of information that we're taking on. So that's something that I do. I will post something and say, hey, I just need someone to tell me that my response, that I'm normal. That this is a hard day and this is normal. Those are the moments that I really feel like I get something and watching videos of accidents at bus stops, is not going to be helpful.

Emily Kumler:

I think the bus example is such a good one for so many reasons because it's like it's so accidental, right? Like you're not asking like, hey, does anybody have advice for like how my daughter should learn to get on and off the bus? You're like, hey look, this is amazing. We have this library of videos, we can watch something together and it's like you just don't know what you're going to find and how that informs your sort of way of thinking about stuff. I've often thought that like just our exposure to violence scenes or to things that we would probably not come across or that would happen in our own communities. We have like an empathetic response to that in a really strong way and I think that bus example is so good. I think that you should definitely use that over and over again. It's really good. But it also, it reminded me, and Jill is also reminding me, that the other question that I wanted to make sure I asked, because I think it's still a big part of our culture and it's sort of, you know, tagging off on the sort of infertility information is how, you know, you guys do a good job documenting and how like sort of 20th century medicine had this idea about masculinity and women and that like women could be infertile because they were pursuing their intellectual curiosity too much. Right? Or, they were interested in work or school more than they should be. And how, you know, in some ways that sort of is like, that is probably the etymology of the ditz, right? You know, is anybody really a ditz in real life? Like, no, I've never met anybody who's like a woman who's not smart at all. Like I've never. But it was something that was like sort of a

persona cultivated by a lot of us when we were younger as a way of being attractive. And I think that's fascinating, right? When you were doing that research, what did you learn? If you could share any like bits of information about that sort of I guess attitude or perception of women in intelligence or women in ambition, you know, making them biologically masculine and therefore unable to conceive?

Bethany Johnson: Well, I wish I could say it was super different today. One of the things I think that surprised Maggie and I both, so there was a public movement to keep women from attending university. And by women I mean cis white women because those were the only people really allowed to attend university even the like, four places, that we let them attend university in the 1870s and 80s but as women started going to college more and more and as women's colleges, Smith and all these other places started to be taken more seriously. There was real fear in the medical community of exactly what you said. You have a certain amount of energy, your fallopian tubes and your ovaries are a battery. And every time you take a science class, it zaps that battery and so then, you'll want to get pregnant and you won't be able to. Now, from everything we read at the time, one of the big problems with fertility was actually, not shockingly, men who were practicing having sex before they were married so that they would be ready and that was acceptable. [And many of them had gonorrhea.](#)¹⁷

Emily Kumler: I liked that you just said practicing having sex. They were actually having sex but just not with their wives or whatever, right? Okay.

Bethany Johnson: They were paying for prostitutes. And the idea was that they were practicing for marriage, but yeah, they were having sex.

Emily Kumler: How nice of them.

Bethany Johnson: Yeah, so lovely. And then they had gonorrhea, you know, and that says nothing about like how the sex worker was treated horribly, horribly abused, horribly. You know, so you're a woman I can discard. And what happens to you if you become pregnant or have children? No one cares because you're not a good woman and you could never be a good mother. So then I'm going to go infect the good mother in my house and then she won't be able to have children. And then I will tell her she failed

¹⁷ <https://www.amazon.com/Infertility-Tracing-Transformative-Transdisciplinary-Rhetoric/dp/0271076208>

because she studied English literature for two semesters. You know, this is a real dangerous constructs that we had, but by keeping women in their place, we also didn't have to have men feel challenged. We didn't have to deal with male fragility so much because they could be made to feel superior as they were told that they were. And today women are still told you're putting your career ahead, you know, shouldn't put it off too far or you won't be able to have children and you shouldn't take such a high stress job. And we still hear today that people are told maybe you should work less. Maggie and I certainly find our jobs stressful sometimes, but we also get great joy and purpose from our work and I think it makes us both better mothers.

Emily Kumler: Amen. I totally agree with that. Again, it goes back to the sort of how many women in the 1940s started using heroin because they were so depressed, right? Because they didn't have any, you know, options and their sense of purpose was raising children as their only option and like wow, that's a wonderful sense of purpose for some people, but for some it's not enough.

Bethany Johnson: And you know what, if it is enough for you, that's great. And I also want to fight for a society that allows that to just be okay as it is, but it's very hard to have both ends of that spectrum at the same time because people want you to pick and then if you do pick, no matter what the choice is, someone will tell you you're wrong.

Emily Kumler: Yeah, no, we had Sarah McColl on, who wrote [Joy Enough](#)¹⁸ and that book was really about her mother dying while she was going through a divorce. But it's not actually a depressing book. It's like a really beautiful book about finding joy in your sort of day to day life. When I was [interviewing her](#)¹⁹, we got into this conversation about how like her mom had four kids and it was, and I think my mom felt this way too, like she was raising the next generation that that was like a real, not only like privilege but like a very deep responsibility that like, you know, kids had to be well rounded and they had to learn all these different things and if they weren't learning it in school, it fell to them and inspiring and you know, all these sort of like adjectives that you'd see on some sort of cheesy CEO type poster means. I think that's another challenge today is

¹⁸ <https://www.latimes.com/books/la-ca-jc-joy-enough-sarah-mccoll-review-20190119-story.html>

¹⁹ <https://www.stitcher.com/podcast/empowered-health/e/60652421?autoplay=true>

that moms aren't validated for the role that they play when they do stay home, right? And when we did the working moms episode, the big takeaway for me that episode really was like it matter what you do, people are going to judge you negatively. So like do what's right for you. And at least then you won't be judging yourself negatively because that's like maybe the only control we all have is that you can try to control your own thoughts by doing what feels right for you and your family.

Bethany Johnson: Yeah. And I think, you know, honoring that people, I've tried to rephrase, Maggie I talked about this a lot, how do we ask someone what they do without it sounding like we're making a hierarchy? So I think I've said some really awkward things like do work inside of your home or outside of your home? Trying, like, I take seriously that if you stay at home, that, too, is important and difficult work.

Emily Kumler: Yeah. I think when we were doing the working moms episode, I went back and forth like a hundred times and then I ended up just being like, do you get paid for your job or not? Because you're working no matter what. It's a matter of like, are you paid for it? And I guess, you know, stay at home moms who get an allowance like that becomes like a whole different, that's another episode.